Quick Reference for Overseas Medical Examinations for Refugees with Significant Medical Conditions

This resource is for panel physicians who conduct health assessment for U.S.-bound refugees. It is an addendum to: [Guidance for Overseas Medical Examinations for Refugees with Significant Medical Conditions | Immigrant and Refugee Health | CDC]

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Quick Reference for Overseas Medical Examinations for Refugees with Significant Medical Conditions

Congenital Heart Disease or Congestive Heart Failure

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC, ADL (if applicable)
Health Assessment	Attention to cardiac exam, blood pressures, jugular venous distention, lower extremity edema, nutritional status, oxygen saturation (SpO2, and SpO2 after 6-minute walk test [6MWT]) *In addition to routine immunizations, also offer vaccines recommended in USRAP schedule for medical indications*.
Medical Referrals	Cardiologist + echocardiogram (required for all children <18 years old; required for symptomatic/unstable adults). For stable or corrected conditions, recent report (within past 6 months) is acceptable.
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	
PDE	Medical exam, cardiologist referral (if symptomatic/unstable or at risk of decompensation. For stable conditions, updated referral needed only if >6 months since last cardiologist visit). Airline clearance/MEDIF form required. Special approval from IOM needed if ejection fraction (EF)<40 or New York Heart Association (NYHA) grade IV. Recheck nutritional/growth parameters, especially for children; worsening nutritional status or edema are red flags for worsening cardiac condition and should prompt referral to cardiologist to assess or reassess travel fitness.
Oxygen	Based on SPO2/cardiologist recommendations (pay specific attention to target saturation to maintain). Also, for all cases with pulmonary hypertension. Oxygen flow/type should always be documented.
Medical Escort	If oxygen is required or monitoring/in-flight interventions potentially needed
Mobility Assistance	Wheelchair (WC)--consider for symptomatic cases
Post-arrival Follow-up	Within one week or sooner. Flag whether hospitalization will be needed post-arrival. Shortest itinerary possible.
Documentation	See “Documentation” section. Also, describe condition, baseline O2 saturation, procedures (if any), medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs. Document whether nutritional status is optimal (i.e., if acute malnutrition or low weight for height).

Persons known to be living with HIV

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC to ensure access to HIV treatment programs after arrival. ADL if applicable.
Health Assessment	Documentation of CD4 count and/or viral load, current treatment. Full physical exam, attention to temperature, SPO2, nutritional status, lymph nodes, oral exam (for signs of Kaposi's sarcoma (KS) or leukoplakia), skin exam (for rash or KS lesions), lung exam, cardiac exam, organomegaly. Attention to any signs of acute or opportunistic infection as per WHO clinical guidance[1]. Attention to Tuberculosis (TB) exam as per CDC Technical Instructions. *Please check USRAP vaccination schedule for medical conditions for vaccination guidance.*
Medical Referrals	To HIV clinic or generalist/specialist who manages HIV, if not already enrolled. Coordinate with IOM. To other specialist or nutrition program if other chronic medical diagnoses or acute malnutrition. Promptly refer pregnant or breastfeeding refugees, or exposed infants, for antiretroviral therapy (ART).
SMC Counseling	Regarding any recommended follow-up, travel and post-arrival arrangements and the importance of adherence to treatment
Regular Follow-up	Follow up monthly (by panel physician, IOM, or HIV program) if elevated viral load, CD4 <200, advanced clinical stage or evidence of opportunistic infection (or--if referred to specialist or HIV program, obtain these reports). Stable pregnant or breastfeeding refugees should be followed every 3 months (by panel physician, IOM, or HIV program). Stable exposed infants should have testing at appropriate intervals in consultation with HIV program.
PDE	Full physical exam; special attention to temperature, SPO2, nutritional status (ensure stable/not worsening), lymph nodes, oral exam (for signs of KS or leukoplakia), skin exam (for any rash or KS lesions), lung exam, cardiac exam, organomegaly. Attention to any signs of acute or opportunistic infection[2]. Scabies check as per USRAP protocol. Ensure CD4 count (and/or viral load) done within past 6 months. Ensure adherence with ART and any opportunistic infection (OI) prophylaxis and/or treatment.

[1] See WHO Consolidated Guidelines, 9789241549684_eng.pdf Annex 10—Clinical Stages
[2] See WHO Consolidated Guidelines, 9789241549684_eng.pdf Annex 10—Clinical Stages

	Ensure 8-12-week supply of ART and any other prescribed medications.
Oxygen	If otherwise indicated
Medical Escort	If otherwise indicated
Mobility Assistance	If otherwise indicated
Post-arrival Follow-up	Within 2-4 weeks after arrival for stable patients who are adherent to medications and have sufficient ART supply. Within a week after arrival for patients with low CD4, WHO clinical stage 3 or 4, or other measures of disease severity/risk, or patients who have not started on ART/those with limited or no supply of ART.
Documentation	See "Documentation" section. Also, document clinical status, medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations and laboratory testing (e.g., CD4, viral load or VL), and any travel needs. Document whether nutritional status is optimal (i.e., if acute malnutrition or low weight for height)

Hypertension

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC needed only for poorly controlled or severe hypertension
Health Assessment	Attention to cardiac exam, jugular venous distention, lower extremity edema, blood pressures, SpO2 (and SpO2 after 6MWT)
Medical Referrals	For adults with poorly controlled hypertension Required for all children with severe or poorly controlled hypertension
SMC Counseling	Regarding the importance of adhering to treatment, lifestyle modifications
Regular Follow-up	Monthly if unstable
PDE	Physician FTT exam if unstable
Oxygen	If otherwise indicated/based on clinical judgment
Medical Escort	In rare cases. Pre-departure stabilization is preferred.
Mobility Assistance	If otherwise indicated
Post-arrival Follow-up	Within one week for poorly controlled or severe/malignant hypertension
Documentation	See “Documentation” section. Must document baseline blood pressure (BP) range, medications, adherence; most recent specialist recommendations if applicable.

COPD (chronic obstructive pulmonary disease) and other conditions with continuous oxygen (O2) Needs

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC, ADL (indicate oxygen equipment/support details)
Health Assessment	Attention to x-ray, pulmonary exam, SPO2 (and SPO2 after 6MWT) In addition to routine immunizations, also offer vaccines recommended in USRAP schedule for medical indications.
Medical Referrals	Pulmonologist
SMC Counseling	Regarding recommended follow-up, travel and post-arrival arrangements. Specific attention to ensure that oxygen equipment will work in U.S. (plug, voltage)
Regular Follow-up	Monthly (specialist visits can count towards these monthly check-ins if reports are received in timely fashion)
PDE	Pulmonologist. Airline clearance/MEDIF form required
Oxygen	Based on SPO2/pulmonologist review. Oxygen flow/type to be properly documented. In-flight oxygen flow should typically be 2x the usual flow.
Medical Escort	Always request in-transit IOM support Ensure any needed rescue medications are available onboard/in carry-on luggage
Mobility Assistance	Consider wheelchair and extra seat
Post-arrival Follow-up	Immediate hospitalization/medical handover typically required
Documentation	As above in “Documentation” section. Also describe condition, baseline O2 saturation, procedures (if any), medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs.

Disorders with Psychotic Features/Behavioral Issues

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC, ADL
Health Assessment	Attention to mental health components of the exam
Medical Referrals	Psychiatrist referral required for all major or persistently symptomatic psychiatric conditions
SMC Counseling	Regarding the recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	If unstable/poorly controlled
PDE	Psychiatrist stabilization if poorly controlled, no travel for non-controlled
Oxygen	Only if otherwise needed
Medical Escort	Yes. Plan for managing potential in-flight issues should be created/discussed with the consulting psychiatrist. Avoid over sedation. Ensure the patient's regular and PRN medications are available onboard.
Mobility Assistance	If otherwise indicated
Post-arrival Follow-up	Within one week for major psychiatric conditions.
Documentation	As above in "Documentation" section.

Seizure Disorder / Epilepsy

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC, ADL (if applicable)
Health Assessment	Attention to neurological components of the exam. Always document medication regimen, last seizure date, seizure frequency/types and duration.
Medical Referrals	Neurologist required if symptomatic/unstable; recent neurologist report acceptable for stable conditions (within 6 months).
SMC Counseling	Regarding recommended follow-up, travel and post-arrival arrangements
Regular Follow-up	Monthly for poorly controlled seizures (e.g., last seizure within one month) (specialist visits can count towards some of these monthly check-ins if reports are received in timely fashion)
PDE	Medical exam; neurologist evaluation for poorly controlled epilepsy. Delay travel for seizures within 24 hours.
Oxygen	Consider having available for PRN use for patients at high risk of seizures in-transit
Medical Escort	For poorly controlled seizure disorder or high risk of generalized seizures in transit. Have travel plan/rescue medication ready.
Mobility Assistance	If needed at baseline
Post-arrival Follow-up	Within one week or earlier for poorly controlled seizure disorder/frequent seizures
Documentation	See “Medical Documentation” section. Also describe condition, procedures or instrumentation (if any), medications and adherence, whether any complications or hospitalizations, most recent seizure date, most recent specialist recommendations, and any travel needs.

Cerebral Palsy; Paraplegia; Hydrocephalus; Hypotonia

SMC Item	Details: See the "Documenting significant medical conditions" section here: [hyperlink]
Medical Forms	DS, SMC, ADL (provide details regarding the caregiver and existing equipment if applicable)
Health Assessment	Attention to neurological, pulmonary, and cardiac components of the exam. SPO2. Document nutritional status, feeding, catheter, and diapering needs. Follow the seizure/epilepsy SMC table when applicable. For hydrocephalus, document shunt type and functioning. Check and document head circumference (HC) and compare with last measurement, if known. For suctioning/tracheostomy, document cannula type and size, suction catheter size, required frequency, and suction machine details (including U.S. plug/voltage). Consider effects of gas expansion at altitude; consider filling cuffs with saline. For gastric tubes, document type of feeding, frequency, volume, and rate (if applicable)
Medical Referrals	Neurologist: pulmonologist if patient has frequent chest infections or other concern for aspiration For children <18 years old: Pediatrician and/or neurologist referral is required
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	Monthly (specialist visits can count towards some of these monthly check-ins if reports are received in timely fashion)
PDE	Doctor exam, neurologist preferred. Attention to pulmonary issues/aspiration pneumonia/choking risk. Airline clearance/MEDIF form required For patients with hydrocephalus: Recheck (and document) head circumference; compare to measurement from health assessment. Urgent pre-travel neurology/neurosurgery referral if unexpected increase in HC or signs of increased intercranial pressure such as vomiting, headache, vision changes, spike in blood pressure Ensure sufficient supply of formula or tube feeds (if indicated) during travel and after arrival Ensure sufficient supply of diapers and other sanitary items available for travel
Oxygen	If needed by patient at baseline, or if patient with high likelihood of seizure on flight
Medical Escort	Usually required
Mobility Assistance	*WCHC: 3 seats or stretcher if cannot sit for 30 minutes*

	For children with CP with poor neck control, request a neck support and a stroller /wheelchair.
Post-arrival Follow-up	Within one week
Documentation	See "Documentation" section. Also describe condition, baseline O2 saturation, procedures (if any), medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs.

Insulin-dependent Diabetes

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Confirm if any recent hypo- or hyperglycemic episodes; if yes, include date and whether hospitalization or emergency room visit was required. Document recent lab results and medications. In addition to routine immunizations, also offer vaccines recommended in USRAP schedule for medical indications.
Medical Referrals	Adults: Endocrinologist, if poorly controlled Children <18 years old: Referral required for all if not already under regular endocrinologist care
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements. Remind travelers about medication supply and snacks that should be in their carry-on baggage, and that insulin does not require refrigeration during travel. Review time zone changes and how they relate to medication doses, meals, and snacks.
Regular Follow-up	Monthly, if poorly controlled (specialist visits can count towards some of these monthly check-ins if reports are received/reviewed in timely fashion)
PDE	Medical exam
Oxygen	If otherwise indicated
Medical Escort	If poorly controlled with frequent hypo- or hyperglycemia
Mobility Assistance	Wheelchair if patient has diabetic peripheral neuropathy
Post-arrival Follow-up	In one week, or sooner if poorly controlled
Documentation	See “Documentation” section. Also describe condition, typical blood sugar range, most recent laboratory test results, procedures (if any), medication regimen and adherence, any complications or hospitalizations, most recent specialist recommendations, and any travel needs (including any travel medication regimen considerations).

Sickle Cell Disease, Severe Anemia, Thalassemia

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Attention to cardiac and pulmonary components of the exam, nutritional status, baseline gross neurologic exam, abdominal exam for splenomegaly (and see "Splenomegaly" table below), SpO2. Document recent lab results and medications. Document dates/frequency of sickle cell crises, complications (e.g., acute chest syndrome; stroke; transient ischemic attacks) and blood transfusions. In addition to regular immunizations (for live vaccines, observe appropriate interval after blood transfusions), also offer the vaccines recommended in USRAP schedule for medical indications.
Medical Referrals	Hematologist (required for all ages) + laboratory testing as below
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	Monthly (specialist visits can count towards some of these monthly check-ins if reports are received in timely fashion)
PDE	Medical exam (also check for increased pallor, enlarged spleen--which could be a sign of acute splenic sequestration); check hemoglobin (Hgb; required), hematologist review preferred. Airline clearance/MEDIF form required. Delay travel if Hgb <7.5 g/dl, has decreased by >2 g/dl from patient's baseline, or if it has been 10 days or less since their last vaso-occlusive pain crisis or acute chest episode. Check SPO2 and perform further evaluation if <95% or below patient's baseline Ensure patient has 8-12-week supply of any prescribed medications (e.g., folic acid; hydroxyurea; penicillin; albuterol; others)
Oxygen	Yes; oxygen flow/type to be properly documented
Medical Escort	Yes, required. Must develop and review in-transit pain crisis management plan with patient and medical escort (e.g., in consultation with hematologist)
Mobility Assistance	WCHS
Post-arrival Follow-up	Within one week. Flag if hospitalization will be needed post-arrival or scheduled transfusion.

Documentation	See “Documentation” section. Also describe condition, baseline Hgb and most recent level, frequency of transfusions and most recent transfusion date, procedures (if any), medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs.

Splenomegaly

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	If abdominal exam indicates splenomegaly: Perform complete blood count (CBC)/differential Consider evaluating for malaria (depending on origin of refugee and country of exam) and bloodborne pathogens (HIV, hepatitis B and C). Perform splenic ultrasound if available. For patients with sickle cell or thalassemia and splenomegaly, see "Sickle Cell Disease" table above In addition to regular immunizations (for live vaccines, observe appropriate interval after blood transfusions), also offer the vaccines recommended in USRAP schedule for medical indications.
Medical Referrals	Refer patients with anemia or thrombocytopenia for further evaluation, e.g., to hematologist or other specialist depending on patient presentation.
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	Depending on etiology
PDE	Yes. Recheck CBC and palpate spleen at PDE before departure. If Hgb drop of ≥2 g/dL, Hgb <7.5 g/dL, platelets <30,000, or spleen appears to have increased in size—refer for assessment and management and defer travel until patient is deemed stable/safe to fly.
Oxygen	If otherwise indicated
Medical Escort	If otherwise indicated/depending on etiology
Mobility Assistance	If otherwise indicated
Post-arrival Follow-up	Within one week to one month, depending on etiology. Flag if hospitalization will be needed post-arrival or if transfusion needs to be scheduled.
Documentation	See "Documentation" section.

Bleeding Disorders (e.g., Hemophilia, Platelet Disorders)

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Attention to cardiac and pulmonary components of the exam, SPO2. Document recent lab results and medications. Document dates/frequency of blood transfusions or other treatment (e.g., factor infusion). Document description, frequency, and triggers for bleeding episodes, date of most recent episode. For live vaccines, observe appropriate interval after blood transfusions (see USRAP Vaccination Program guidance)
Medical Referrals	Hematologist + laboratory reports (required for child <18 years old, or for any age if ongoing treatment is needed or patient is unstable; within 6 months if stable and well-controlled disorder)
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	Monthly (specialist visits can count towards some of these monthly check-ins if reports are received in timely fashion)
PDE	Medical exam + CBC and other relevant lab tests, hematologist review preferred. Delay travel if platelets < 30,000/ml or concern for active bleeding episode
Oxygen	If otherwise indicated
Medical Escort	Yes. Travel management plan should be developed for potential bleeding episode in transit.
Mobility Assistance	WCHS
Post-arrival Follow-up	Within one week or earlier. Flag if hospitalization will be needed post-arrival or scheduled infusions are needed
Documentation	As above in “Documentation” section. Also describe condition, procedures (if any), most recent transfusions/dates if any, medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs.

ESRD Requiring Dialysis

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Confirm type of dialysis treatment (hemodialysis or peritoneal dialysis), its frequency and location of access (e.g., arteriovenous fistula, central line). Document recent lab results and medications. In addition to regular immunizations, also offer the vaccines recommended in USRAP schedule for medical indications.
Medical Referrals	Nephrologist (required for all ages), laboratory testing
SMC Counseling	Regarding recommended follow-up, travel and post-arrival arrangements. Specific attention to ensure that the patient understands how/when to access dialysis
Regular Follow-up	Monthly (specialist visits can count towards some of these monthly check-ins if reports are received in timely fashion)
PDE	Medical exam, nephrologist review with relevant lab tests recommended. Assure last dialysis treatment within 24 hours before departure. Check fistula/access site for any signs of infection during PDE and PEC
Oxygen	If otherwise indicated (e.g., for anemia); oxygen flow/type to be properly documented
Medical Escort	Yes, to address possible issues in transit and facilitate post-arrival dialysis
Mobility Assistance	WCHS (Wheelchair – Steps)
Post-arrival Follow-up	Post-arrival dialysis should take place within 24 hours after arrival. Travel should be by the shortest itinerary possible.
Documentation	See “Documentation” section. Also describe condition, procedures (if any), baseline blood pressures, medications and adherence, whether any complications or hospitalizations, most recent dialysis date, most recent specialist recommendations, and any travel needs. Document appearance/condition of fistula site (if applicable) during PDE and PEC.

Portal Hypertension, Esophageal Varices

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Document degree of portal hypertension, grade of varices, history of bleeding, details on previous banding/ligation.
Medical Referrals	Gastroenterologist (required), laboratory testing (e.g., complete blood count [CBC] or Hgb, other tests as recommended by specialist)
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	As determined by specialist evaluation
PDE	Yes, medical exam + laboratory testing (CBC/Hgb plus additional tests as recommended by specialist)
Oxygen	If indicated (e.g., for anemia); oxygen flow/type to be properly documented
Medical Escort	Yes
Mobility Assistance	If otherwise indicated
Post-arrival Follow-up	Within one week. Flag if post-arrival hospitalization will be needed.
Documentation	See “Documentation” section. Also describe condition, procedures (if any), baseline Hgb, medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs.

Pregnancy

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Document fundal height, last menstrual period (LMP), gestational age, and estimated due date (EDD). Indicate if complicated or multiparous pregnancy. Indicate if history of previous complicated pregnancy or premature labor.
Medical Referrals	Ultrasound evaluation Prenatal care (required; if not already receiving) OBGYN appointment/referral: Before travel for all pregnancies >12 weeks gestation Immediately (e.g., at health assessment) if current high-risk pregnancy (e.g., elevated blood pressure >140/90; age <17 years or >35 years; drug or alcohol use; fetal abnormality; gestational diabetes (GDM); multiple gestation; preterm labor <37 weeks; intrapartum infections such as HIV or syphilis; vaginal bleeding; Rh-negative blood; malnutrition with mid upper arm circumference (MUAC) <222 cm; small fundal height for gestational age) or if past history of medical conditions or complex/high-risk pregnancy (e.g., past history of caesarean section, uterine malformation, child with prematurity, pregnancy loss, GDM, pre-eclampsia)
SMC Counseling	Regarding recommended follow-up, travel, and post-arrival arrangements
Regular Follow-up	With antenatal care specialist/obstetrician
PDE	Doctor exam, confirmation of gestational age. Medical certificate to be issued for travel with EDD/gestational age clearly indicated. IOM will not arrange travel beyond 34 weeks and 6 days (or 32 weeks and 6 days for complicated or multiparous pregnancy) Check hemoglobin (Hgb); refer for urgent evaluation if <7.5 g/dl Review for emergency signs in pregnancy at PDE and PEC (e.g., elevated BP, lack of fetal movement, vaginal bleeding, early contractions, leaking fluid, swelling of hands/face, shortness of breath, headache, changes in vision)
Oxygen	If otherwise indicated
Medical Escort	If otherwise indicated
Mobility Assistance	WCHR (Wheelchair – Ramp) if needed

Post-arrival Follow-up	Within one week. Flag if post-arrival hospitalization will be needed
Documentation	As above in "Documentation" section. Also describe condition, risk factors (if any—e.g., GDM, hypertension, multiparity, past history of preterm births, etc.), procedures (if any), prenatal lab and u/s findings, medications and adherence, whether any complications or hospitalizations, most recent specialist recommendations, and any travel needs.

Severe Acute Malnutrition[3]

SMC Item	Details: For more information see: "Documenting significant medical conditions"
Medical Forms	DS, SMC
Health Assessment	Check length/height and weight. The following equipment is recommended: a. Electronic scales (e.g., *Seca* brand) with regular calibration (at least weekly, using lead weight) Including infant scale, if available--or, standing scale that also has a "parent reset button" (i.e., zeros the parent's weight so parent can hold child on scale if needed) b. Height-length boards of at least 130 cm in length for children (examples include Shorr, Seca or UNICEF). Children ≥2 years old should be measured standing with their feet on the floor; children <2 years old measured while lying flat (supine). c. A tape measure or special mid upper arm circumference (MUAC) tapes to measure MUAC in pregnant refugees and in children whose length cannot be accurately measured (e.g., cerebral palsy with contractures) Plot weight-for-length (WHZ) or BMI Z-score on WHO anthropometric charts or look it up on WHO z-score tables: Weight-for-length/height and Body mass index-for-age (BMI-for-age). Document Z-score values on DS forms. Check hemoglobin (Hgb) to assess for anemia, if malnutrition is confirmed. Assess closely on exam for signs and symptoms of comorbid health conditions such as cardiac, neurologic, endocrine, renal, pulmonary, hematologic/oncologic, TB, HIV, parasites, and other infections.
Medical Referrals	Urgent referral (required) to therapeutic feeding program or pediatrician; arrange inpatient hospital admission if the patient appears unstable or dehydrated Note that anemia in children with severe acute malnutrition should be managed/treated by the therapeutic feeding program, as there could be risk in treating anemia before nutritional status is otherwise improving.

[3] Defined as WHZ<-3 for children <5yo; BMIZ<-3 for children aged 5-<18 yo; bilateral oedema for any age; obtain mid upper arm circumference (MUAC) for pregnant refugees or refugees with severe contractures whose length is difficult to measure. See Weight-for-length/height, Body mass index-for-age (BMI-for-age).

SMC Counseling	Regarding recommended follow-up, travel and post-arrival arrangements
Regular Follow-up	Within a week (or, if hospitalized—within a week after discharge); then monthly until departure if nutritional status is improving
PDE	Doctor exam. Reweigh and remeasure patient and plot on growth charts/compare to previous measurements
Oxygen	If otherwise indicated
Medical Escort	If otherwise indicated
Mobility Assistance	If otherwise indicated
Post-arrival Follow-up	Within one week
Documentation	See "Documentation". Also document any underlying medical conditions, Hgb, procedures (if any), medications and adherence, most recent specialist or feeding program recommendations, and any travel needs. Document and plot weight, length, and WHZ or BMIZ at initial exam, PDE, and PEC at minimum.