**Supplementary Digital file 1: Measurement of anthropometric parameters**

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| The following anthropometric measurements were analyzed: weight for age (WFA), height for age (HFA), body mass index (BMI), mid upper arm circumference (MUAC), triceps skinfold (TSF) and subscapular skinfold (SSF) thickness for all subjects, and weight for height (WFH) only for those between 3 months to 5 years age. Weight was measured using electronic pan type scale (infants) and electronic scale with a digital readout for children more than 1 year or 10 kg to an accuracy of 0.01 kg with minimum clothing (without diapers). The estimated dry weight (patient’s weight without ascites or pedal edema) was estimating by subtracting 5% of the patient’s weight in the presence of non-tense ascites and 10% in the presence of tense ascites. An additional 5% was subtracted if bilateral pedal edema was present. Length for children younger than 2 years was measured using infantometer with a fixed head piece, horizontal backboard, and an adjustable foot piece. For children older than 2 years, a manual stadiometer with a mobile cursor was used (without shoes) nearest of 0.1 cm. BMI value was obtained using the Quetelet formula calculated by the weight (kg)/height2 (m2). Premature children were assessed at their respective corrected age up to 2 years of age. An inelastic non-stretchable tape was used to measure the MUAC to an accuracy of 0.1 cm at midway between the acromion and olecranon process on the non-dominant side with the flexed arm. Patients younger than 2 years were evaluated in sitting position, on the lap of the mother or guardian. TSF and SSF thickness was measured using Harpenden’s calipers. TSF thickness was measured at the same position of MUAC (non-dominant arm) along longitudinal axis of the limb with arm extended on the sides. SSF thickness was measured two centimeters below the lower angle of the scapula obliquely to the longitudinal axis, following the orientation of the ribs. Three readings were performed at the same position, and the mean of the values was noted to avoid possible errors, as recommended. From MUAC and TSF, MAMC, MAFA and MAMA were calculated using the established equations. MAMC (cm) = MUAC – (TSF × 0.314)MAMA (cm2) = [MAC (cm) – (TSF × 3.14)]2 / (4 × 3.14)MAFA (cm2) = mid upper arm area − MAMA, where, mid upper arm area = MUAC2 (cm)/(4 × 3.14)All anthropometric parameters were classified based on WHO standards and Z scores for weight for age (WFA), height for age (HFA), body mass index (BMI) and weight for height (WFH) were calculated by the WHO Anthro, version 3.2.2 for less than 5 years and WHO Anthroplus personal computers software computer programs for 5-19 years respectively (World Health Organization, Geneva, Switzerland; 0-19 years) Additionally mid arm muscle circumference (MAMC), mid arm fat area (MAFA) and mid arm muscle area (MAMC) were derived from TSF and MUAC using the formulas mentioned below. For the purpose of analysis, the z scores (continuous data) of various anthropometric measurements was divided into 3 categories: no malnutrition i.e z scores > -2, moderate malnutrition i.e z score between -2 to -3, and severe malnutrition i.e z score < -3 z scores. As WFH z scores are available only till 5 years of age, only children under 5 years were included (n=57) for analyzing this parameter.All measurements were performed within 24 hours of hospital admission with the use of calibrated equipment and standardized techniques. The collection of anthropometric data for all patients, as well as their classification according to the WHO curves was performed by the first author trained for this purpose.  |