# INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

## SICK CHILD
## AGE 2 MONTHS UP TO 5 YEARS



**WHO/CHD** **FMOH/SUDAN** **unicef**

### *ASSESS AND CLASSIFY THE SICK CHILD*

**Assess, Classify and Identify Treatment**



### *TREAT THE CHILD*

**Teach the Mother to Give Oral Drugs at Home**



**Teach the Mother to Treat Local Infections at Home**



**Give These Treatments in Clinic Only**



### *TREAT THE CHILD,* continued

**Give Extra Fluid for Diarrhoea and Continue Feeding**





**Give Follow-up Care**



### *COUNSEL THE MOTHER*

**Food**



**Fluid**



**When to Return**





## SICK YOUNG INFANT
## AGE 1 WEEK UP TO 2 MONTHS

### *ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT*

**Assess, Classify and Identify Treatment**



**Treat the Young Infant and Counsel the Mother**



**Give Follow-up Care for the Sick Young Infant**



**RECORDING FORMS**

# ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

## ASSESS

## CLASSIFY

## IDENTIFY TREATMENT

**ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE**

- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions on *TREAT THE CHILD* chart.
  - if initial visit, assess the child as follows:

## CHECK FOR GENERAL DANGER SIGNS

| ***ASK and CHECK:*** | ***LOOK:*** |
|---|---|
| • Is the child able to drink or breastfeed?<br>• Does the child vomit everything?<br>• Has the child had convulsions? | • See if the child is lethargic or unconscious.<br>• See if the child is convulsing now. |

- **If the child is convulsing now, manage the airway and treat the child with diazepam. Then rapidly assess, classify and provide other treatment before referring to hospital.**
- **A child with any general danger sign needs *URGENT* attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.**

**USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.**

## THEN ASK ABOUT MAIN SYMPTOMS:

### Does the child have cough or difficult breathing?

| ***IF YES, ASK:*** | ***LOOK, LISTEN, FEEL:*** |
|---|---|
| • For how long? | • Count the breaths in one minute<br>• Look for chest indrawing.<br>• Look and listen for stridor.<br>• Look and listen for wheezing |

CHILD MUST BE CALM

***Classify COUGH or DIFFICULT BREATHING***

| **If the child is:** | **Fast breathing is:** |
|---|---|
| 2 months up to 12 months | **50** breaths per minute or more |
| 12 months up to 5 years | **40** breaths per minute or more |

| SIGNS | CLASSIFY | TREATMENT (Urgent pre-referral treatments are in bold print) |
|---|---|---|
| • Any general danger sign<br>or<br>• Chest indrawing or<br>• Stridor in a calm child. | **SEVERE PNEUMONIA OR VERY SEVERE DISEASE**<br>(Wheezing) | ►***Give first dose of an appropriate antibiotic.***<br>►***Refer URGENTLY to hospital.****<br>►***Treat wheezing if present.***<br>►***Prevent low blood sugar.*** |
| • Fast breathing. | **PNEUMONIA**<br>(Wheezing) | ►***Give an appropriate antibiotic for 5 days.***<br>►Soothe the throat and relieve cough with a safe remedy.<br>►***Treat wheezing if present.***<br>►Advise mother when to return immediately.<br>►Follow-up in 2 days. |
| • No signs of pneumonia or very severe disease. | **NO PNEUMONIA: COUGH OR COLD**<br>(Wheezing) | ►If coughing more than 30 days, refer for assessment.<br>►Soothe the throat and relieve cough with a safe remedy.<br>►***Treat wheezing if present.***<br>►Advise mother when to return immediately.<br>►Follow-up in 5 days if not improving. |

# Does the child have diarrhoea?

***IF YES, ASK:***

- For how long?
- Is there blood in the stool?

***LOOK AND FEEL:***

- Look at the child's general condition. Is the child:

  Lethargic or unconscious?
  Restless and irritable?

- Look for sunken eyes.
- Offer the child fluid. Is the child:

  Not able to drink or drinking poorly?
  Drinking eagerly, thirsty?

- Pinch the skin of the abdomen. Does it go back:

  Very slowly (longer than 2 seconds)?
  Slowly?

***Classify DIARRHOEA***

| | | |
|---|---|---|
| ***for DEHYDRATION*** | | |
| Two of the following signs:<br>• Lethargic or unconscious<br>• Sunken eyes<br>• Not able to drink or drinking poorly<br>• Skin pinch goes back very slowly. | **SEVERE DEHYDRATION** | ► ***If child has another severe classification:***<br>***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.***<br>***Advise the mother to continue breastfeeding.***<br>► ***If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.***<br>► If child has no other severe classification:<br>- Give fluid for severe dehydration (Plan C).<br>- Give Zinc. |
| Two of the following signs:<br>• Restless, irritable<br>• Sunken eyes<br>• Drinks eagerly, thirsty<br>• Skin pinch goes back slowly. | **SOME DEHYDRATION** | ► ***If child has a severe classification:***<br>***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.***<br>***Advise the mother to continue breastfeeding.***<br>► If child has no severe classification:<br>- Give fluid and food for some dehydration (Plan B).<br>- Give Zinc.<br>- Advise mother when to return immediately. |
| • No enough signs to classify as severe or some dehydration. | **NO DEHYDRATION** | ►Give fluid and food to treat diarrhoea at home (Plan A).<br>► Give Zinc.<br>►Advise mother when to return immediately.<br>►Follow-up in 5 days if not improving. |
| ***and if diarrhoea 14 days or more*** | | |
| • Dehydration present. | **SEVERE PERSISTENT DIARRHOEA** | ►***Treat dehydration before referral unless the child has another severe classification.***<br>► Give Zinc<br>►***Refer to hospital.*** |
| • No dehydration. | **PERSISTENT DIARRHOEA** | ►Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.<br>► Give Zinc<br>►Follow-up in 5 days. |
| ***and if blood in stool*** | | |
| • Blood in the stool. | **DYSENTERY** | ►***Treat for 5 days with an oral antibiotic recommended for Shigella in your area.***<br>► Give Zinc<br>►Follow-up in 2 days. |

**If referral is not possible, manage the child as described in **Integrated Management of Childhood Illness**, Treat the Child, Annex: Where Referral Is Not Possible, and WHO guidelines for inpatient care.*

# Does the child have fever?

(by history or feels hot or temperature 37.5°C** or above)

***IF YES:***

***THEN ASK:***

- For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

Decide Malaria Risk: high or low

***LOOK, FEEL AND CHECK:***

- Look or feel for stiff neck.
- Look for runny nose.
- Check BF result * +ve -ve

Look for signs of MEASLES

- Generalized rash and One of these: cough, runny nose, or red eyes.

.....

***If the child has measles now or within the last 3 months:***

.....

- Look for mouth ulcers. Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

**Classify Fever**

**High Malaria Risk**

***available laboratory. services***

**Low Malaria Risk**

***No available laboratory. services***

**If MEASLES now or within last 3 months, classify**

*A child with general danger sign or severe classification should be referred urgently, don't do BF for malaria

* Send the child to do BF for malaria after completion of the assessment.

| | | |
|---|---|---|
| • Any general danger sign or<br>• Stiff neck. | **VERY SEVERE FEBRILE DISEASE** | ► ***Give quinine for severe malaria (first dose).***<br>► ***Give first dose of an appropriate antibiotic.***<br>► ***Treat the child to prevent low blood sugar.***<br>► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► ***Refer URGENTLY to hospital.*** |
| • Fever (by history or feels hot or temperature 37.5° C** or above). | **MALARIA** | ► ***Give oral antimalarial.***<br>► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► Advise mother when to return immediately.<br>► Follow-up in 2 days if fever persists.<br>► If fever is present every day for more than 7 days, refer for assessment. |
| • Any general danger sign or<br>• Stiff neck. | **VERY SEVERE FEBRILE DISEASE** | ► ***Give quinine for severe malaria (first dose).***<br>► ***Give first dose of an appropriate antibiotic.***<br>► ***Treat the child to prevent low blood sugar.***<br>► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► ***Refer URGENTLY to hospital.*** |
| • Positive thick blood film for malaria. | **MALARIA** | ► ***Give oral antimalarial.***<br>► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► Advise mother when to return immediately.<br>► Follow-up in 2 days if fever persists.<br>► If fever is present every day for more than 7 days, refer for assessment. |
| • Negative thick blood film for malaria. | **FEVER - MALARIA UNLIKELY** | ► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► ***Treat other causes of fever.***<br>► Advise mother when to return immediately.<br>► Follow-up in 2 days if fever persists.<br>► If fever is present every day for more than 7 days, refer for assessment. |
| • Any general danger sign or<br>• Stiff neck. | **VERY SEVERE FEBRILE DISEASE** | ► ***Give quinine for severe malaria (first dose).***<br>► ***Give first dose of an appropriate antibiotic.***<br>► ***Treat the child to prevent low blood sugar.***<br>► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► ***Refer URGENTLY to hospital.*** |
| • NO runny nose and<br>• NO measles and<br>• NO other cause of fever | **MALARIA** | ► ***Give oral antimalarial.***<br>► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► Advise mother when to return immediately.<br>► Follow-up in 2 days if fever persists.<br>► If fever is present every day for more than 7 days, refer for assessment. |
| • Runny nose PRESENT or<br>• Measles PRESENT now or<br>• Other cause of fever PRESENT. | **FEVER - MALARIA UNLIKELY** | ► ***Give one dose of paracetamol in clinic for high fever (≥38.5°C ).***<br>► ***Treat other causes of fever.***<br>► Advise mother when to return immediately.<br>► Follow-up in 2 days if fever persists.<br>► If fever is present every day for more than 7 days, refer for assessment. |
| • Any general danger sign or<br>• Clouding of the cornea or<br>• Deep or extensive mouth ulcers. | **SEVERE COMPLICATED MEASLES*** ** | ► ***Give Vitamin A.***<br>► ***Give first dose of an appropriate antibiotic.***<br>► ***If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment.***<br>► ***Refer URGENTLY to hospital.*** |
| • Pus draining from the eye or<br>• Mouth ulcers. | **MEASLES WITH EYE OR MOUTH COMPLICATIONS*** ** | ► ***Give Vitamin A.***<br>► ***If pus draining from the eye, treat eye infection with tetracycline eye ointment.***<br>► If mouth ulcers, treat with gentian violet.<br>► Follow-up in 2 days.<br>► Advise the mother to feed the child. |
| • Measles now or within the last 3 months. | **MEASLES** | ► ***Give Vitamin A.***<br>► Advise the mother to feed the child. |

** *These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.*

*** *Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.*

# Does the child have an ear problem?

| ***IF YES, ASK:*** | ***LOOK AND FEEL:*** |
|---|---|
| • Is there ear pain?<br>• Is there ear discharge? If yes, for how long? | • Look for pus draining from the ear.<br>• Feel for tender swelling behind the ear. |

***Classify EAR PROBLEM***

| | | |
|---|---|---|
| • Tender swelling behind the ear. | **MASTOIDITIS** | ►***Give first dose of an appropriate antibiotic.***<br>►***Give first dose of paracetamol for pain.***<br>►***Refer URGENTLY to hospital.*** |
| • Pus is seen draining from the ear and discharge is reported for less than 14 days, or<br>• Ear pain. | **ACUTE EAR INFECTION** | ►***Give an antibiotic for 5 days.***<br>►Give paracetamol for pain.<br>►Dry the ear by wicking.<br>►Follow-up in 5 days. |
| • Pus is seen draining from the ear and discharge is reported for 14 days or more. | **CHRONIC EAR INFECTION** | ►Dry the ear by wicking.<br>►Follow-up in 5 days |
| • No ear pain and<br>• No pus seen draining from the ear. | **NO EAR INFECTION** | ►treat according to condition or.<br>►Refere for further assessment. |

# THEN CHECK FOR MALNUTRITION AND ANAEMIA

***LOOK AND FEEL:***

- Look for visible severe wasting.
- Look for clouding of the cornea.
- Look for palmar pallor. Is it:
  Severe palmar pallor?
  Some palmar pallor?
- Look for oedema of both feet.
- Determine weight for age.

***Classify NUTRITIONAL STATUS***

| | | |
|---|---|---|
| • Visible severe wasting or<br>• Cloudiness of the cornea or<br>• Oedema of both feet or.<br>• Severe palmar pallor | **SEVERE MALNUTRITION OR SEVERE ANAEMIA** | ►***Give Vitamin A.***<br>►***Refer URGENTLY to hospital.***<br>►***Treat the child to prevent low blood sugar*** |
| • Some palmar pallor or<br>• Very low weight for age. | **ANAEMIA OR VERY LOW WEIGHT** | ►Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart.<br>– If feeding problem, follow-up in 5 days.<br>►If pallor:<br>– Give iron*.<br>– ***Give oral antimalarial. (If High Risk Malaria Area)***<br>– Follow-up in 14 days.<br>►If very low weight for age, follow-up in 30 days.<br>► Advise mother when to return immediately. |
| • Not very low weight for age and no other signs of malnutrition.<br>• No palmar pallor. | **NO ANAEMIA AND NOT VERY LOW WEIGHT** | ►If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart.<br>– If feeding problem, follow-up in 5 days.<br>►Advise mother when to return immediately. |

* A child with sickle cell anaemia should not be given iron

# THEN CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS

**IMMUNIZATION SCHEDULE:**

| AGE | VACCINE | |
|---|---|---|
| Birth | BCG | OPV-0 |
| 6 weeks | penta-1 | OPV-1 |
| 10 weeks | penta-2 | OPV-2 |
| 14 weeks | penta-3 | OPV-3 |
| 9 months | Measles | |

**Reminder: Give a dose of DT & OPV at 5 years**

**VITAMIN A SUPPLEMENTATION STATUS:**

- Is the child's age 6 months or older?
- Has the child received a dose of vitamin A in the previous 6 months?

# ASSESS OTHER PROBLEMS

**MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED** after first dose of an appropriate antibiotic and other urgent treatments.

**Exception:** Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.

# TREAT THE CHILD

## CARRY OUT THE TREATMENT STEPS IDENTIFIED ON THE *ASSESS AND CLASSIFY* CHART

## TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

**Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug's dosage table.**

- **Determine the appropriate drugs and dosage for the child's age or weight.**
- **Tell the mother the reason for giving the drug to the child.**
- **Demonstrate how to measure a dose.**
- **Watch the mother practice measuring a dose by herself.**
- **Ask the mother to give the first dose to her child.**
- **Explain carefully how to give the drug, then label and package the drug.**
- **If more than one drug will be given, collect, count and package each drug separately.**
- **Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the child gets better.**
- **Check the mother's understanding before she leaves the clinic.**

## ➢ *Give an Appropriate Oral Antibiotic*

➢ **FOR PNEUMONIA, ACUTE EAR INFECTION, MASTOIDITIS OR VERY SEVERE DISEASE:**

FIRST-LINE ANTIBIOTIC: ***COTRIMOXAZOLE***
SECOND-LINE ANTIBIOTIC: ***AMOXYCILLIN***

| AGE or WEIGHT | COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) Give two times daily for 5 days | | | AMOXYCILLIN ➢Give three times daily for 5 days | |
|---|---|---|---|---|---|
| | ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole | PEDIATRIC TABLET 20 mg trimethoprim +100 mg sulphamethoxazole | SYRUP 40 mg trimethoprim +200 mg sulphamethoxazole per 5 ml | TABLET 250 mg | SYRUP 125 mg per 5 ml |
| 2 months up to 12 months (4 - <10 kg) | 1/2 | 2 | 5.0 ml | 1/2 | 5 ml |
| 12 months up to 5 years (10 - 19 kg) | 1 | 3 | 7.5 ml | 1 | 10 ml |

➢ **FOR DYSENTERY:**

Give antibiotic recommended for Shigella in your area for 5 days.

FIRST-LINE ANTIBIOTIC FOR SHIGELLA: ***COTRIMOXAZOLE***
SECOND-LINE ANTIBIOTIC FOR SHIGELLA: ***NALIDIXIC ACID***

| AGE or WEIGHT | COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 5 days | NALIDIXIC ACID ➢ Give four times daily for 5 days |
|---|---|---|
| | See doses above | TABLET 250 mg |
| 2 months up to 4 months (4 - <6 kg) | | 1/4 |
| 4 months up to 12 months (6 - <10 kg) | | 1/2 |
| 12 months up to 5 years (10 - 19 kg) | | 1 |

➢ **FOR CHOLERA:**

Give antibiotic recommended for Cholera in your area for 3 days.
FIRST-LINE ANTIBIOTIC FOR CHOLERA: ***TETRACYCLINE***
SECOND-LINE ANTIBIOTIC FOR CHOLERA: ***COTRIMOXAZOLE***

| AGE or WEIGHT | TETRACYCLINE ➢ Give four times daily for 3 days | COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 3 days |
|---|---|---|
| | TABLET 250 mg | See doses above |
| 2 months up to 4 months (4 - <6 kg) | | |
| 4 months up to 24 months (6 - <12 kg) | | |
| 2 4months up to 5 years (12- 19 kg) | 1 | |

# TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug's dosage table.

## ➢ *Give an Oral Antimalarial*

FIRST-LINE ANTIMALARIAL: ***{ARTESUNATE (AS) + SULFADOXINE-PYRIMETHAMINE (SP)} .***
SECOND-LINE ANTIMALARIAL: ***{ ARTEMETHER 20MG +LUMEFANTRINE 120MG (COARTEM) .***

***DO NOT COMBINE THE FIRST LINE OF ANTI-MALAIRAIL WITH CO-TRIMOXAZOLE ,IN CASE OF PNEUMONIA AND DYSENTERY SHIFT TO SECOND LINE ANTIBIOTIC ,AMOXICILLINE AND NALIDIXIC ACID RESPECTIVELY.***

| **Artesunate (AS) +Sulfadoxine-pyrimthamine (SP)** **Give for 3** days | | | | | | Artemether 20 MG Lumefantrine 120 mg (Coartem) Give with fatty meals to enhance the absorptiion | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age in year | Weight in kg | DAY 1 | | DAY 2 | DAY 3 | Age in | Weight | DAY 1 | | DAY 2 | | DAY 3 | | Total NO |
| | | SP (500 S+25 P mg tab ) | AS ( 50 mg tab ) | AS ( 50 mg tab ) | AS (50 mg tab ) | | | Initially | 8 hours | Morning | Evening | Morning | Evening | |
| < 1 | < 10 | 1/2 | 1/2 | 1/2 | 1/2 | < 1 | < 10 | The use is not recommended . Give oral quinine instead. | | | | | | |
| | | | | | | 1-< 3 | 10– 14 | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| 1-< 7 | 10-< 20 | 1 | 1 | 1 | 1 | 3-< 8 | 15– 24 | 2 | 2 | 2 | 2 | 2 | 2 | 12 |
| 7-<14 | 20- 40 | 2 | 2 | 2 | 2 | 8- 10 | 25 –34 | 3 | 3 | 3 | 3 | 3 | 3 | 18 |
| 14+ | 40 + | 3 | 4 | 4 | 4 | 11+ | 35 + | 4 | 4 | 4 | 4 | 4 | 4 | 24 |

## ➢ *Give Paracetamol for High Fever (≥ 38.5°C) or Ear pain*

➢ Give paracetamol every 6 hours until high fever or ear pain is gone.

| AGE or WEIGHT | PARACETAMOL | | |
|---|---|---|---|
| | TAB-LET (100 | TABLET (500 mg) | SYRUP (125 mg/ 5 ml) |
| 2 months up to 3 years (4 - <14 kg) | 1 | 1/4 | 5 ml |
| 3 years up to 5 years (14 - <19 kg) | 1 1/2 | 1/2 | 7.5 ml |

## ➢ *Give Iron*

➢ Give one dose daily for 14 days.

| AGE or WEIGHT | IRON/ FOLATE TABLET Ferrous sulfate 200 mg + 250 mcg Folate (60 mg elemen-tal iron) | IRON SYRUP Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per ml) |
|---|---|---|
| 2 months up to 4 months (4 - <6 kg) | | 1.00 ml (< 1/4 tsp.) |
| 4 months up to 12 months (6 - <10 kg) | | 1.25 ml (1/4 tsp.) |
| 12 months up to 3 years (10 - <14 kg) | 1/2 tablet | 2.00 ml (<1/2 tsp.) |
| 3 years up to 5 years (14 - 19 kg) | 1/2 tablet | 2.5 ml (1/2 tsp.) |

## ➢ *Give Zinc*

➢ Give one dose daily for 10-14 days.

| Age | Zinc SYRUP (10 mg\5 ml) | Zinc TABLET (10 mg\tablet) |
|---|---|---|
| <6 Month | 5 ml | 1tab |
| ≥ 6 Month | 10 ml | 2 tabs |

## ➢ *Give Vitamin A*

- ➢ For measles, give three doses.
  - Give first dose in clinic.
  - Give mother two doses to give at home, the next day and two weeks later.
- ➢ For severe malnutrition, give one dose before referral to hospital.
- ➢ For vitamin A supplementation of child age 6 months or older who has not received vitamin A in previous 6 months:
  - Give one dose in clinic.

| AGE | VITAMIN A CAPSULES | | |
|---|---|---|---|
| | 200 000 IU | 100 000 IU | 50 000 IU |
| Up to 6 months | | 1/2 capsule | 1 capsule |
| 6 months up to 12 months | 1/2 capsule | 1 capsule | 2 capsules |
| 12 months up to 5 years | 1 capsule | 2 capsules | 4 capsules |

# TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- **Explain to the mother what the treatment is and why it should be given.**

- **Describe the treatment steps listed in the appropriate box.**
- **Watch the mother as she does the first treatment in the clinic (except remedy for cough or sore throat).**

- **Tell her how often to do the treatment at home.**
- **If needed for treatment at home, give mother the tube of tetracycline ointment or a small bottle of gentian violet.**

- **Check the mother's understanding before she leaves the clinic.**

## ➢ *Dry the Ear by Wicking*

- Dry the ear at least 3 times daily.
  - Roll clean absorbent cloth or soft, strong tissue paper into a wick.
  - Place the wick in the child's ear.
  - Remove the wick when wet.
  - Replace the wick with a clean one and repeat these steps until the ear is dry.

## ➢ *Treat Mouth Ulcers with Gentian Violet*

- Treat the mouth ulcers twice daily.
  - Wash hands.
  - Wash the child's mouth with clean soft cloth wrapped around the finger and wet with salt water.
  - Paint the mouth with half-strength gentian violet
  - Wash hands again.

## ➢ *Treat Eye Infection with Tetracycline Eye Ointment*

- Clean both eyes 3 times daily.
  - Wash hands.
  - Ask child to close the eye.
  - Use clean cloth and water to gently wipe away pus.
- Then apply tetracycline eye ointment in both eyes 3 times daily.
  - Ask the child to look up.
  - Squirt a small amount of ointment on the inside of the lower lid.
  - Wash hands again.
- Treat until redness is gone.
- Do not use other eye ointments or drops, or put anything else in the eye.

## ➢ *Soothe the Throat, Relieve Cough with a Safe Remedy*

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Karkadeh, Lemon juice, Bee honey, Ginger.
- Harmful remedies and practices to discourage:
  - All cough medicines
  - Removal of the uvula
  - The use of oil as nasal drops

# GIVE THESE TREATMENTS IN CLINIC ONLY

- **Explain to the mother why the drug is given.**
- **Determine the dose appropriate for the child's weight (or age).**
- **Use a sterile needle and sterile syringe. Measure the dose accurately.**
- **Give the drug as an intramuscular injection.**
- **If child cannot be referred, follow the instructions provided.**

## ➢ *Give An Intramuscular Antibiotic*

**FOR CHILDREN BEING REFERRED URGENTLY WHO CANNOT TAKE AN ORAL ANTIBIOTIC:**

- Give first dose of intramuscular chloramphenicol and refer child urgently to hospital.

**IF REFERRAL IS NOT POSSIBLE:**

- Repeat chloramphenicol injection every 6 hours for 5 days and continue orally for 5 days.
- Give Benzyl Penicillin 6 hourly for 2 days followed by Procaine Penicillin (50 000 unit/kg) daily for 8 days.

| AGE or WEIGHT | CHLORAMPHENICOL<br>Dose: 40 mg per kg<br>Add 5.0 ml sterile water to vial containing 1000 mg = 5.6 ml at 180 mg/ml | BENZYL PENICILLIN<br>Dose 50 000 units per kg<br>Add 3.6 ml sterile water to vial containing 600 mg (1 000 000 units) |
|---|---|---|
| 2 months up to 4 months (4 - < 6 kg) | 1.0 ml = 180 mg | 0.6 ml |
| 4 months up to 9 months (6 - < 8 kg) | 1.5 ml = 270 mg | 0.8 ml |
| 9 months up to 12 months (8 - < 10 kg) | 2.0 ml = 360 mg | 1.0 ml |
| 12 months up to 3 years (10 - < 14 kg) | 2.5 ml = 450 mg | 1.0 ml |
| 3 years up to 5 years (14 - 19 kg) | 3.5 ml = 630 mg | 1.5 ml |

## ➢ *Give Quinine for Severe Malaria*

**FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:**

- Check quinine formulation available in your clinic.
- Be sure the child is well hydrated.
- Give first dose of intramuscular quinine and refer child urgently to hospital.

**IF REFERRAL IS NOT POSSIBLE:**

- Give first dose of intramuscular quinine.
- The child should remain lying down for one hour.
- Repeat quinine injection every 8 hours until the child is able to take orally, and then continue quinine orally to complete 10 days. Do not continue injection for more than one week.

| AGE or WEIGHT | INTRAMUSCULAR QUININE 300 mg/ml* (in 2 ml ampoules) | | |
|---|---|---|---|
| | Amount of undi-luted Quinine | Add this amount of Normal saline | Total diluted solution To administer (60mg/ml) |
| 2 months up to 4 months (4 - < 6 kg) | 0.2 ml | 0.8 ml | 1.0 ml |
| 4 months up to 12 months (6 - < 10 kg) | 0.3 ml | 1.2 ml | 1.5 ml |
| 12 months up to 2 years (10 - < 12 kg) | 0.4 ml | 1.6 ml | 2.0 ml |
| 2 years up to 3 years (12 - < 14 kg ) | 0.5 ml | 2.0 ml | 2.5 ml |
| 3 years up to 5 years (14 - < 19 kg) | 0.6 ml | 2.4 ml | 3.0 ml |

* quinine salt

## ➢ *Treat Wheezing*

**Children with First Episode of Wheezing**

If in respiratory distress ➔ Give a rapid-acting bronchodilator and refer

If not in respiratory distress ➔ Give oral salbutamol

**Children with Recurrent Wheezing (Asthma)**

- Give a rapid acting bronchodilator
- Assess the child's condition 30 minutes later:

IF:

RESPIRATORY DISTRESS or CHEST or INDRAWING or ANY DANGER SIGN ➔ Treat for SEVERE PNEUMONIA VERY SEVERE DISEASE (refer)

NO RESPIRATORY DISTRESS, NO DANGER SIGN, NO CHEST INDRAWING AND FAST BREATHING ➔ Treat for PNEUMONIA Give oral salbutamol.

NO RESPIRATORY DISTRESS, NO COUGH DANGER SIGN, NO CHEST INDRAWING AND NO FAST BREATHING ➔ Treat for NO PNEUMONIA: OR COLD. Give oral salbutamol.

| RAPID ACTING BRONCHODILATOR | |
|---|---|
| Nebulized Salbutamol (5 mg/ml) | 0.5 ml Salbutamol plus 2.0 ml sterile water |
| Subcutaneous Epinephrine (adrenaline) (1:1000=0.1%) | 0.01 ml per kg body weight |
| Salbutamol Inhaler (Aerosol ) with spacer | 2 puffs |

| ORAL SALBUTAMOL Three times daily for five days | | | |
|---|---|---|---|
| **AGE or WEIGHT** | **SYRUP** 2 mg ( 5 ml ) | **TABLET** 2 mg | **TABLET** 4 mg |
| 2 months up to 12 months (<10 kg) | 2.5 ml | 1/2 | 1/4 |
| 12 months up to 5 years (10-19 kg) | 5 ml | 1 | 1/2 |

## ➢ *Treat the Child to Prevent Low Blood Sugar*

➢ ***If the child is able to breastfeed:***

Ask the mother to breastfeed the child.

➢ ***If the child is not able to breastfeed but is able to swallow:***

Give expressed breastmilk or a breastmilk substitute.
If neither of these is available, give sugar water.
Give 30-50 ml of milk or sugar water before departure.

**To make sugar water:**
**Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.**

➢ ***If the child is not able to swallow:***

Give 50 ml of milk or sugar water by nasogastric tube.

## ➢ *Treat a Convulsing Child with Diazepam*

**Manage the Airway**

- Turn the child on his or her side to avoid aspiration.
- Do not insert anything in the mouth
- If the lips and tongue are blue, open the mouth and make sure the airway is clear.
- If necessary, remove secretions from the throat through a catheter inserted through the nose.

**Give Diazepam Rectally**

- Draw up the dose from an ampule of diazepam into a small syringe, then remove the needle.
- Insert approximately 5 cm of nasogastric tube or the tip of the syringe into the rectum.
- Inject the diazepam solution into the nasogastric tube and flush it with 2 mls room-temperature water.
- Hold buttocks together for a few minutes.

**If High Fever, Lower the Fever**

| AGE or WEIGHT | DIAZEPAM GIVEN RECTALLY |
|---|---|
| 1 months up to 4 months (3-<6 kg) | 0.5 ml |
| 4 months up to 12 months (6-<10 kg) | 1.0 ml |
| 12 months up to 3 years (10-<14 kg) | 1.25 ml |
| 3 years up to 5 years | 1.5 ml |

# GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

***(See FOOD advice on COUNSEL THE MOTHER chart)***

## ➢ *Plan A: Treat Diarrhoea at Home*

***Counsel the mother on the 3 Rules of Home Treatment:***
***Give Extra Fluid, Continue Feeding, When to Return***

**1.** ***GIVE EXTRA FLUID*** (as much as the child will take)

➢ **TELL THE MOTHER:**
- Breastfeed frequently and for longer time each feed.
- If the child is exclusively breastfed, give ORS or clean water in addition to breastmilk.
- If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as soup, rice water, and yoghurt drinks), or clean water.

***It is especially important to give ORS at home when:***
- *the child has been treated with Plan B or Plan C during this visit.*
- *the child cannot return to a clinic if the diarrhoea gets worse.*

➢ **TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.**

➢ **SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:**

| | |
|---|---|
| Up to 2 years | 50 to 100 ml after each loose stool |
| 2 years or more | 100 to 200 ml after each loose stool |

**Tell the mother to:**
- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

***2. CONTINUE FEEDING***
***3. WHEN TO RETURN***

} ***See COUNSEL THE MOTHER*** **chart**

## ➢ *Plan B: Treat Some Dehydration with ORS*

***Give in clinic recommended amount of ORS over 4-hour period***

➢ **DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.**

| AGE* | Up to 4 months | 4 months up to 12 months | 12 months up to 2 years | 2 years up to 5 years |
|---|---|---|---|---|
| **WEIGHT** | < 6 kg | 6 -< 10 kg | 10 -< 12 kg | 12 - 19 kg |
| **In ml** | 200 - 400 | 400 - 700 | 700 - 900 | 900 - 1400 |

- *Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.*

- If the child wants more ORS than shown, give more.
- For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.

➢ **SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**
- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

➢ **AFTER 4 HOURS:**
- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

➢ **IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:**
- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

***1. GIVE EXTRA FLUID***
***2. CONTINUE FEEDING***

} **See Plan A for recommended fluids and See *COUNSEL THE MOTHER* chart**

# GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

***(See FOOD advice on COUNSEL THE MOTHER chart)***

## ➢ *Plan C: Treat Severe Dehydration Quickly*

➢ **FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.**

START HERE

**Can you give intravenous (IV) fluid immediately?** — YES →

- Start IV fluid immediately. If the child can drink, give ORS by mouth while the drip is set up. Give 100 ml/kg Ringer's Lactate Solution (or, if not available, normal saline),

| AGE | First give 30 ml/kg in: | Then give 70 ml/ kg in: 70 ml/kg in: |
|---|---|---|
| **Infants** (under 12 months) | 1 hour * | 5 hours |
| **Children** (12 months up to 5 years) | 30 minutes* | 2 1/2 hours |

divided as follows:

** Repeat once if radial pulse is still very weak or not detectable.*

- Reassess the child every 1- 2 hours. If hydration status is not improving, give the IV drip more rapidly.
- Also give ORS (about 5 ml/kg/hour) as soon as the child can drink: usually after 3-4 hours (infants) or 1-2 hours (children).
- Reassess an infant after 6 hours and a child after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

NO ↓

**Is IV treatment available nearby (within 30 minutes)?** — YES →

- Refer URGENTLY to hospital for IV treatment.
- If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip.

NO ↓

**Are you trained to use a naso-gastric (NG) tube for Rehydration?** — YES →

- Start rehydration by tube (or mouth) with ORS solution: give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).
- Reassess the child every 1-2 hours:
  - If there is repeated vomiting or increasing abdominal distension, give the fluid more slowly.
- If hydration status is not improving after 3 hours, send the child for IV therapy.
- After 6 hours, reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

NO ↓

**Can the child drink?** — YES →

NO ↓

**Refer URGENTLY to hospital for IV or NG treatment**

**NOTE:**

- If possible, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration by giving the child ORS solution by mouth.

**IMMUNIZE EVERY SICK CHILD, AS NEEDED**

# GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the *ASSESS AND CLASSIFY* chart.**

## ➢ PNEUMONIA

After 2 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing. } *See ASSESS & CLASSIFY chart.*

Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

- If ***chest indrawing or a general danger sign***, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer URGENTLY to hospital.
- If ***breathing rate, fever and eating are the same***, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)
- If ***breathing slower, less fever, or eating better***, complete the 5 days of antibiotic.

## ➢ PERSISTENT DIARRHOEA

After 5 days:

Ask:
- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Treatment:

- If ***the diarrhoea has not stopped (child is still having 3 or more loose stools per day)***, do a full reassessment of the child. Give any treatment needed. Then refer to hospital.
- If ***the diarrhoea has stopped (child having less than 3 loose stools per day)***, tell the mother to follow the usual feeding recommendations for the child's age and to continue giving Zinc until finished.

## ➢ DYSENTERY

After 2 days:

Assess the child for diarrhoea. *> See ASSESS & CLASSIFY chart.*

Ask:
- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:

- If the child is ***dehydrated***, treat dehydration.
- If ***number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse:***

  Change to second-line oral antibiotic recommended for Shigella in your area.
  Give it for 5 days. Advise the mother to return in 2 days.
  Advise the Mother to continue giving Zinc until finished.

  ***Exceptions - if the child:*** - is less than 12 months old, or
  - was dehydrated on the first visit, or
  - had measles within the last 3 months } Refer to hospital.

- If ***fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better,*** continue giving the same antibiotic ,Zinc until finished.

# GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem *as on the Assess AND CLASSIFY* chart.**

## ➢ MALARIA (Low or High Malaria Risk)

If fever persists after 2 days, or returns within 14 days:

Do a full reassessment of the child. > *See ASSESS & CLASSIFY chart.*
Assess for other causes of fever.

Treatment:

- If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE & Referr .
- If the child has any ***cause of fever other than malaria***, provide treatment.
- If ***malaria is the only apparent cause of fever:***
  - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available refer to hospital.) Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for 7 days, refer for assessment.

## FEVER- MALARIA UNLIKELY (Low Malaria Risk)

If fever persists after 2 days:

Do a full reassessment of the child. > *See ASSESS & CLASSIFY chart.*
Assess for other causes of fever.

Treatment:

- If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE & Referr .
- If the child has any ***cause of fever other than malaria***, provide treatment.
- If ***malaria is the only apparent cause of fever:***
  - Treat with first-line oral antimalarial. Advise the mother to return again in 2 days if fever persists.
  - If fever has been present for 7 days, refer for assessment.

## ➢ MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Smell the mouth.

Treatment for Eye Infection:

- If ***pus is draining from the eye***, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.
- If ***the pus is gone but redness remains***, continue the treatment.
- If ***no pus or redness***, stop the treatment.

Treatment for Mouth Ulcers:

- If ***mouth ulcers are worse, or there is a very foul smell from the mouth***, refer to hospital.
- If ***mouth ulcers are the same or better***, continue using half-strength gentian violet for a total of 5 days.

# GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the *ASSESS AND CLASSIFY* chart.**

## ➢ EAR INFECTION

After 5 days:

Reassess for ear problem. > *See ASSESS & CLASSIFY chart.*
Measure the child's temperature.

Treatment:

- If there is ***tender swelling behind the ear or high fever (38.5°C or above)***, refer URGENTLY to hospital.
- ***Acute ear infection:*** if ***ear pain or discharge*** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- ***Chronic ear infection:*** Check that the mother is wicking the ear correctly. Encourage her to continue.
- If ***no ear pain or discharge***, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

## ➢ FEEDING PROBLEM

After 5 days:

Reassess feeding. > *See questions at the top of the COUNSEL chart.*
Ask about any feeding problems found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

## ➢ PALLOR

After 14 days:

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmar pallor after 2 months, refer for assessment.

## ➢ VERY LOW WEIGHT

After 30 days:

Weigh the child and determine if the child is still very low weight for age.
Reassess feeding. > *See questions at the top of the COUNSEL chart.*

Treatment:

- If the child is ***no longer very low weight for age***, praise the mother and encourage her to continue.
- If the child is still ***very low weight for age***, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.

  ***Exception:***
  If you do not think that feeding will improve, or if the child has ***lost weight***, refer the child.

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER ABOUT THE
**NEXT FOLLOW-UP VISIT**
•
ALSO, ADVISE THE MOTHER
**WHEN TO RETURN IMMEDIATELY.**
(SEE *COUNSEL* CHART).

# COUNSEL THE MOTHER

## FOOD

### ➢ *Assess the Child's Feeding*

Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the ***Feeding Recommendations*** for the child's age in the box below.

***ASK -***

- Do you breastfeed your child?
  - How many times in 24 hours?
  - Do you breastfeed during the night?
- Does the child take any other food or fluids?
  - what food or fluids ?
  - How many times per day?
  - what do you use to feed the child?
  - If very low weight for age: How large are servings? Does the child receive his own serving? Who feeds the child and how?
- During this illness, has the child's feeding changed? If yes, how?

ASSESS FEEDING

**COUNSEL**

## ➢ *Feeding Recommendations During Sickness and Health*

### Up to 6 Months of Age

- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Do not give other foods or fluids even water.
- Start complementary feeding at the end of the fourth month only if the child shows any of the signs indicated in the box below.

Monitor the growth of your child at the nearest health facility.

### 6 Months up to 8 Months

- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Introduce co mplementary foods gradually, with one item at first, start with fluids, semi fluids, mashed foods.
- Give very small quantities (4 times per day) after breastfeeding.
- **Give:** - Orange, Lemon or Tomato juice after dilution with very small quantity of water and sugar.
- Custard, Rice, Banana, Potato or carrot mashed with milk
- Legumes (Broad, beans, Lentils,) add one or two drops of lemon or tomato juice
- Milk and milk products
- Boiled egg yolk,
- Vegetable soup.
- Mashed fruits.

Monitor the growth of your child at the nearest health facility.

### 8 Months up to 12 months

- Breastfeed as often as the child wants.
- Give adequate servings of:
  - Assida, Gorassa, Bread, Kissra, Rice
  **with**
  - mashed vegetables or fruits
  **with**
  - Milk, milk products **OR**
  - Eggs, **OR**
  - Minced meat, chicken, fish **OR**
  - Broad peans, Lentils or any Legumes ,
- Give small frequent meals 5-6 times per day. *
- Add one or two tea spoon of oil to the child food.

Monitor the growth of your child at the nearest health facility.

### 12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Give adequate servings of:
  - Assida, Gorassa, Bread, Kissra, Rice
  **with**
  - mashed vegetables or fruits
  **with**
  - Milk, milk products **OR**
  - Eggs, **OR**
  - Minced meat, chicken, fish **OR**
  - Broad peans, Lentils or any Legumes ,
  **OR**
  - Family foods free from spices
- Give small frequent meals 5-6 times per day. *
- Add one or two tea spoon of oil to the child food

Monitor the growth of your child at the nearest health facility.

### 2 Years and Older

- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:
  - Milk and milk products
  - Fruits or vegetables

Monitor the growth of your child at the nearest health facility.

** A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.*

**Give complementary foods at the end of the 4 month only if the child:**

- Show interest in semi solid food OR
- Appears hungry after breast feeding. OR
- Is not gaining weight adequately

- Soft drinks and manufactured juice are not effective in child feeding.
- Coffee and tea prevent iron absorption leading to anaemia

**Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA**

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yoghurt OR
  - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child's age.

## ➢ *Counsel the Mother About Feeding Problems*

**If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:**

- **If the mother reports difficulty with breastfeeding, assess breastfeeding. (See *YOUNG INFANT* chart.) As needed, show the mother correct positioning and attachment for breastfeeding.**
- **If the child is less than 6 months old and there are no signs to start complementary feedings and is taking other milk or foods:**
  - Build mother's confidence that she can produce all the breastmilk that the child needs.
  - Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.

  If other milk needs to be continued, counsel the mother to:
  - Breastfeed as much as possible, including at night.
  - Make sure that other milk is a locally appropriate breastmilk substitute.
  - Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
  - Finish prepared milk within an hour.
- **If the mother is using a bottle to feed the child:**
  - Recommend substituting a cup for bottle.
  - Show the mother how to feed the child with a cup.
- **If the child is not being fed actively, counsel the mother to:**
  - Sit with the child and encourage eating.
  - Give the child an adequate serving in a separate plate or bowl.
- **If the child is not feeding well during illness, counsel the mother to:**
  - Breastfeed more frequently and for longer if possible.
  - Use soft, varied, appetizing, favourite foods to encourage the child to eat as much a possible, and offer frequent small feedings.
  - Clear a blocked nose if it interferes with feeding.
  - Expect that appetite will improve as child gets better.
- **Follow-up any feeding problem in 5 days.**

# FLUID

## ➢ *Advise the Mother to Increase Fluid During Illness*

**FOR ANY SICK CHILD:**

- ➢Breastfeed more frequently and for longer at each feed.
- ➢Increase fluid. For example, give Nasha, Rice water, Roube, Ghobasha, Yoghurt drinks or clean water.

**FOR CHILD WITH DIARRHOEA:**

- ➢ Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on *TREAT THE CHILD chart.*

# WHEN TO RETURN

## ➢ *Advise the Mother When to Return to Health Worker*

***FOLLOW-UP VISIT***

Advise the mother to come for follow-up at the earliest time listed for the child's problems.

| **If the child has:** | **Return for follow-up in:** |
|---|---|
| PNEUMONIA<br>DYSENTERY<br>MALARIA, if fever persists<br>FEVER- MALARIA UNLIKELY, if fever persists<br>MEASLES WITH EYE OR MOUTH COMPLICATIONS | 2 days |
| PERSISTENT DIARRHOEA<br>ACUTE EAR INFECTION<br>CHRONIC EAR INFECTION<br>FEEDING PROBLEM<br>ANY OTHER ILLNESS, if not improving | 5 days |
| PALLOR | 14 days |
| VERY LOW WEIGHT FOR AGE | 30 days |

***NEXT WELL-CHILD VISIT***

Advise mother when to return for next immunization according to immunization schedule.


***WHEN TO RETURN IMMEDIATELY***

| **Advise mother to return immediately if the child has any of these signs:** | |
|---|---|
| Any sick child | • Not able to drink or breastfeed<br>• Becomes sicker<br>• Fever |
| If child has NO PNEUMONIA: COUGH OR COLD, also return if: | • Fast breathing<br>• Difficult breathing |
| If child has Diarrhoea, also return if: | • Blood in stool<br>• Drinking poorly |

## ➢ *Counsel the Mother About Her Own Health*

- **If the mother is sick, provide care for her, or refer her for help.**
- **If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.**
- **Advise her to eat well to keep up her own strength and health.**
- **Check the mother's immunization status and give her tetanus toxoid if needed.**
- **Make sure she has access to Family planning .**

### ➢ Counsel the mother about HIV /AIDS/STIs :

➢ Ask the mother :

- If she has one or more of the following: Vaginal discharge, lower abdominal pain, genital ulcer or any abnormal signs related to the reproductive organs? OR
- If her partner is complaining of any symptoms?
- If yes: refer her to the nearest place where she can access care.
- If no:
  - ➢ Educate her about symptoms and signs of STIs and the importance of early and prompt treatment to avoid HIV/AIDS.
  - ➢ Tell her about Importance of sexual practices as main mode of transmission of Sexually Transmitted Infections (STIs) including HIV.
  - ➢ Educate the mother about consequences of STIs (infertility, ectopic pregnancy, repeated abortions and premature labour) .
  - ➢ Educate the mother about the 4 Cs: Condom use, Contact tracing, Counseling and Compliance with treatment.

FLUID
WHEN TO RETURN
MOTHER'S HEALTH

# ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

## ASSESS

**ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE**

- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions on the bottom of this chart.
  - if initial visit, assess the young infant as follows:

## CLASSIFY

**USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.**

## IDENTIFY TREATMENT

## CHECK FOR POSSIBLE BACTERIAL INFECTION

| ***ASK:*** | ***LOOK, LISTEN, FEEL:*** |
|---|---|
| • Has the infant had convulsions? | • Count the breaths in one minute. Repeat the count if elevated.<br>• Look for severe chest indrawing.<br>• Look for nasal flaring.<br>• Look and listen for grunting.<br>• Look and listen for wheezing.<br>• Look and feel for bulging fontanelle.<br>• Look for pus draining from the ear.<br>• Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?<br>• Measure temperature (or feel for fever or low body temperature).<br>• Look for skin pustules. Are there many or severe pustules?<br>• See if the young infant is lethargic or unconscious.<br>• Look at the young infant's movements. Are they less than normal? |

} YOUNG INFANT MUST BE CALM

***Classify ALL YOUNG INFANTS***

| SIGNS: | CLASSIFY AS: | TREATMENT: (Urgent pre-referral treatments are in bold print) |
|---|---|---|
| • Convulsions or<br>• Fast breathing (60 breaths per minute or more) or<br>• Severe chest indrawing or<br>• Nasal flaring or<br>• Grunting or<br>• Wheezing or<br>• Bulging fontanelle or<br>• Pus draining from ear or<br>• Umbilical redness extending to the skin or<br>• Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) or<br>• Many or severe skin pustules or<br>• Lethargic or unconscious or<br>• Less than normal movement | **POSSIBLE SERIOUS BACTERIAL INFECTION** | ►***Give first dose of intramuscular antibiotics.***<br>►***Treat to prevent low blood sugar.***<br>►***Advise mother how to keep the infant warm on the way to the hospital.***<br>►***Refer URGENTLY to hospital.***** |
| • Red umbilicus or draining pus or<br>• Skin pustules. | **LOCAL BACTERIAL INFECTION** | ►***Give an appropriate oral antibiotic.***<br>►Teach the mother to treat local infections at home.<br>►Advise mother to give home care for the young infant.<br>►Follow-up in 2 days. |

* *These thresholds are based on axillary temperature. The thresholds for rectal temperature readings are approximately 0.5°C higher.*

** *If referral is not possible, see **Integrated Management of Childhood Illness**, Treat the Child, Annex: "Where Referral Is Not Possible."*

# THEN ASK:

## Does the young infant have diarrhoea?

***IF YES, ASK:***

- For how long?
- Is there blood in the stool?

***LOOK AND FEEL:***

- Look at the young infant's general condition. Is the infant:

  Lethargic or unconscious?
  Restless and irritable?

- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:

  Very slowly (longer than 2 seconds)?
  Slowly?

***Classify DIARRHOEA***

| | | |
|---|---|---|
| ***for DEHYDRATION*** | | |
| Two of the following signs:<br>• Lethargic or unconscious<br>• Sunken eyes<br>• Skin pinch goes back very slowly. | **SEVERE DEHYDRATION** | ***►If infant has POSSIBLE SERIOUS BACTERIAL INFECTION:***<br>• ***Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.***<br>***- Advise mother to continue breastfeeding.***<br>***- Advise mother to keep the infant warm during trip***<br>***►If*** infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION:<br>• Give fluid for severe dehydration (Plan C).<br>• Give Zinc. |
| Two of the following signs:<br>• Restless, irritable<br>• Sunken eyes<br>• Skin pinch goes back slowly. | **SOME DEHYDRATION** | ***►If infant has POSSIBLE SERIOUS BACTERIAL INFECTION:***<br>• ***Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.***<br>***►If*** infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION:<br>- Give fluid for some dehydration (Plan B).<br>- Give Zinc |
| • Not enough signs to classify as some or severe dehydration. | **NO DEHYDRATION** | ►Give fluids to treat diarrhoea at home (Plan A).<br>►Give Zinc |
| ***and if diarrhoea for 14 days or more*** | | |
| • Diarrhoea lasting 14 days or more. | **SEVERE PERSISTENT DIARRHOEA** | ►If the young infant is dehydrated, treat dehydration before referral unless the infant has also POSSIBLE SERIOUS BACTERIAL INFECTION.<br>►Refer to hospital. |
| ***and if blood in stool*** | | |
| • Blood in the stool. | **BLOOD IN STOOL** | ***►Advise mother to keep the infant warm on the way to the hospital.***<br>***►Treat to prevent low blood sugar.***<br>***►Refer URGENTLY to hospital.*** |

# THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

## *ASK:*

- Is there any difficulty of feeding?
- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- What do you use to feed the infant?

## *LOOK, LISTEN, FEEL:*

- Determine weight for age.

IF AN INFANT: **Has any difficulty feeding,**
**Is breastfeeding less than 8 times in 24 hours,**
**Is taking any other foods or drinks, or**
**Is low weight for age,**
AND
**Has no indication to refer urgently to hospital:**

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?

If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe breastfeeding for 4 minutes.

(If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

*TO CHECK ATTACHMENT, LOOK FOR:*

- *Chin touching breast*
- *Mouth wide open*
- *Lower lip turned outward*
- *More areola visible above than below the mouth*

(All of these signs should be present if the attachment is good.)

- Is the infant able to attach?

*no attachment at all* *not well attached* *good attachment*

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?

*not suckling at all* *not suckling effectively* *suckling effectively*

Clear a blocked nose if it interferes with breastfeeding.

- Look for ulcers or white patches in the mouth (thrush).

***Classify FEEDING***

| | | |
|---|---|---|
| • Not able to feed or<br>• No attachment at all or<br>• Not suckling at all. | **NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION** | ***►Give first dose of intramuscular antibiotics.***<br>***►Treat to prevent low blood sugar.***<br>***►Advise the mother how to keep the young infant warm on the way to the hospital.*** |
| • Less than 8 breastfeeds in 24 hours or<br>• Receives other foods or drinks or<br>• Low weight for age or<br>• Not well attached to breast or<br>• Not suckling effectively or<br>• Thrush (ulcers or white patches in mouth) | **FEEDING PROBLEM OR LOW WEIGHT** | ►Advise the mother to breastfeed as often and for as long as the infant wants, day and night.<br>• If not well attached or not suckling effectively, teach correct positioning and attachment.<br>• If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding.<br>►If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup.<br>• If not breastfeeding at all:<br>– Refer for breastfeeding counselling and possible relactation.<br>– Advise about correctly preparing breastmilk substitutes and using a cup.<br>►If thrush, teach the mother to treat thrush at home.<br>►Advise mother to give home care for the young infant.<br>►Follow-up any feeding problem or thrush in 2 days.<br>➢ Follow-up low weight for age in 14 days. |
| • Not low weight for age and no other signs of inadequate feeding. | **NO FEEDING PROBLEM** | ►Advise mother to give home care for the young infant.<br>►Praise the mother for feeding the infant well. |

## THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

| | AGE | VACCINE | |
|---|---|---|---|
| **IMMUNIZATION SCHEDULE:** | Birth | BCG | OPV-0 |
| | 6 weeks | Penta -1 | OPV-1 |
| | 10 weeks | Penta -2 | OPV-2 |

## ASSESS OTHER PROBLEMS

# TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

## ➢ *Give an Appropriate Oral Antibiotic*

***For local bacterial infection:***

First-line antibiotic : ***AMOXYCILLIN***
Second-line antibiotic: ***COTRIMOXAZOLE***

| AGE or WEIGHT | COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) Give two times daily for 5 days | | | AMOXYCILLIN Give three times daily for 5 days | |
|---|---|---|---|---|---|
| | Adult Tablet single strength (80 mg trimethoprim + 400 mg sulphamethoxazole) | Pediatric Tablet (20 mg trimethoprim +100 mg sulphamethoxazole) | Syrup (40 mg trimethoprim +200 mg sulphamethoxazole) | Tablet 250 mg | Syrup 125 mg in 5 ml |
| Birth up to 1 month (< 3 kg) | | 1/2* | 1.25 ml* | | 1.25 ml |
| 1 month up to 2 months (3-4 kg) | 1/4 | 1 | 2.5 ml | 1/4 | 2.5 ml |

***** *Avoid cotrimoxazole in infants less than 1 month of age who are premature or jaundiced.*

***For blood in stool:***

Refer urgently to hospital, give ORS on the way
If referral is not possible give Cotrimoxazole for 5 days.

## ➢ *Give First Dose of Intramuscular Antibiotics*

➢ Give first dose of both benzylpenicillin and gentamicin intramuscular.

| WEIGHT | GENTAMICIN Dose: 2.5 mg per kg | | BENZYLPENICILLIN Dose: 50 000 units per kg | |
|---|---|---|---|---|
| | Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml OR Add 6 ml sterile water to 2 ml vial containing 80 mg* = 8 ml at 10 mg/ml | | To a vial of 600 mg (1 000 000 units): Add 2.1 ml sterile water = 2.5 ml at 400 000 units/ml | OR Add 3.6 ml sterile water = 4.0 ml at 250 000 units/ml |
| 1 kg | 0.25 ml* | | 0.1 ml | 0.2 ml |
| 2 kg | 0.50 ml* | | 0.2 ml | 0.4 ml |
| 3 kg | 0.75 ml* | | 0.4 ml | 0.6 ml |
| 4 kg | 1.00 ml* | | 0.5 ml | 0.8 ml |
| 5 kg | 1.25 ml* | | 0.6 ml | 1.0 ml |

** Avoid using undiluted 40 mg/ml gentamicin.*

➢ Referral is the best option for a young infant classified with POSSIBLE SERIOUS BACTERIAL INFECTION. If referral is not possible, give benzylpenicillin and gentamicin for at least 5 days. Give benzylpenicillin every 6 hours plus gentamicin every 8 hours. For infants in the first week of life, give gentamicin every 12 hours.

# TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ ***To Treat Diarrhoea, See TREAT THE CHILD Chart.***

➢ ***Immunize Every Sick Young Infant, as Needed.***

➢ ***Teach the Mother to Treat Local Infections at Home***

- Explain how the treatment is given.
- Watch her as she does the first treatment in the clinic.
- Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

**To Treat Skin Pustules or Umbilical Infection**

The mother should:

- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint with gentian violet
- Wash hands

**To Treat Thrush (ulcers or white patches in mouth)**

The mother should:

- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth with half-strength gentian violet
- Wash hands

ANTIBIOTICS
LOCAL INFECTIONS

**TREAT AND COUNSEL**

# TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

## ➢ *Teach Correct Positioning and Attachment for Breastfeeding*

- Show the mother how to hold her infant
  - with the infant's head and body straight
  - facing her breast, with infant's nose opposite her nipple
  - with infant's body close to her body
  - supporting infant's whole body, not just neck and shoulders.

- Show her how to help the infant to attach. She should:
  - touch her infant's lips with her nipple
  - wait until her infant's mouth is opening wide
  - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.

- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

## ➢ *Advise Mother to Give Home Care for the Young Infant*

- FOOD
  FLUIDS
  } Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

- WHEN TO RETURN

**Follow-up Visit**

| **If the infant has:** | **Return for follow-up in:** |
|---|---|
| LOCAL BACTERIAL INFECTION<br>ANY FEEDING PROBLEM<br>THRUSH | 2 days |
| LOW WEIGHT FOR AGE | 14 days |

**When to Return Immediately:**

| **Advise the mother to return immediately if the young infant has any of these signs:** |
|---|
| Breastfeeding or drinking poorly<br>Becomes sicker<br>Develops fever<br>Fast breathing<br>Difficult breathing<br>Blood in stool |

- MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.
  - In cold weather, cover the infant's head and feet and dress the infant with extra clothing.

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

## ➢ *LOCAL BACTERIAL INFECTION*

After 2 days:
Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?
Look at the skin pustules. Are there many or severe pustules?

Treatment:

- If ***pus or redness remains or is worse***, refer to hospital.
- If ***pus and redness are improved***, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

## ➢ *FEEDING PROBLEM*

After 2 days:
Reassess feeding. ➡ See "Then Check for Feeding Problem or Low Weight" above.
Ask about any feeding problem found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again.
- If the young infant is low weight for age, ask the mother to return 14 days after the initial visit to measure the young infant's weight gain.

***Exception:***
If you do not think that feeding will improve, or if the young infant has ***lost weight***, refer the child.

## ➢ *LOW WEIGHT*

After 14 days:
Weigh the young infant and determine if the infant is still low weight for age.
Reassess feeding. ➡ See "Then Check for Feeding Problem or Low Weight" above.

- If the infant is ***no longer low weight for age***, praise the mother and encourage her to continue.
- If the infant is ***still low weight for age, but is feeding well***, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.
- If the infant is ***still low weight for age and still has a feeding problem***, counsel the mother about the feeding problem. Ask the mother to return again in 14 days (or when she returns for immunization, if this is within 2 weeks). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

  ***Exception:***
  If you do not think that feeding will improve, or if the young infant has ***lost weight***, refer to hospital.

## ➢ *THRUSH*

After 2 days:
Look for ulcers or white patches in the mouth (thrush).
Reassess feeding. ➡ See "Then Check for Feeding Problem or Low Weight" above.

- If ***thrush is worse***, or the infant has ***problems with attachment or suckling***, refer to hospital.
- If ***thrush is the same or better***, and if the infant is ***feeding well***, continue half-strength gentian violet for a total of 5 days.

## *MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS*

Date: _____
Name: _____ Age: _____ Weight: _____kg. Temperature: _____ °C
ASK: What are the infant's problems? _____ Initial visit?_____ Follow-up Visit?_____

**ASSESS (Circle all signs present)** **CLASSIFY**

**CHECK FOR POSSIBLE BACTERIAL INFECTION**

• Has the infant had convulsions?

• Count the breaths in one minute_____ breaths per minute
Repeat if elevated_____Fast breathing?

• Look for severe chest indrawing.
• Look for nasal flaring.
• Look and listen for grunting.
• Look and listen for wheezing
• Look and feel for bulging fontanelle.
• Look for pus draining from the ear .
• Look at umbilicus. Is it red or draining pus?

Does the redness extend to the skin?

• Fever (temperature 37.5°C or feels hot) or low body temperature (below 35.5°C or feels cool).
• Look for skin pustules. Are there many or severe pustules?

• See if young infant is lethargic or unconscious.
• Look at young infant's movements. Less than normal.?

**DOES THE YOUNG INFANT HAVE DIARRHOEA?** Yes ____No_____

• For how long?_____Days
• Is there blood in the stool?

• Look at the young infant's general condition. Is the Infant:
Lethargic or unconscious?
Restless or irritable?
• Look for sunken eyes.
• Pinch the skin of the abdomen. Does it go back:
Very slowly (Longer than 2 seconds)?
Slowly.

**THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT**

• Is there any difficulty feeding ? Yes___No__
• Is the infant breastfed? Yes____No____
• If yes. How many times in 24 hours ? ____times.
• Does the infant usually receive any other food or drinks? Yes ____ No____
If yes, how often?
• What do you use to feed the child?
• Determine weight for age Low__ Not low__

**If the infant has any difficulty feeding , is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital :**

**ASSESS BREASTFEEDING:**

• Has the infant breastfed in the previous hour? If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.

• Is the infant able to attach? To check attachment, look for:
- Chin touching breast Yes ___ No ____
- Mouth wide open Yes ___ No ____
- Lower lip turned outward Yes ___ No ____
- More areola above than below the mouth Yes ___ No____

*no attachment at all not well attached good attachment*

• Is the infant suckling effectively ( that is, slow deep sucks, sometimes pausing)?

*not suckling at all not suckling effectively suckling effectively*

• Look for ulcers or white patches in the mouth (thrush).

**CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS** circle immunizations needed

BCG Penta1 Penta 2
OPV0 OPV1 OPV2

Return for next immunization on:

(Date)

**ASSESS OTHER PROBLEMS:**

## TREAT

- **Return for follow-up in:**
- **Immunizations needed :**
  - **Give ----------**
  - **Arrange later----------**
  - **Guide to service----------**

# MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

**Date:----------**

Name: _____ Age: _____ Weight: _____ kg Temperature: _____°C

ASK: What are the child's problems? _____ Initial visit? ___ Follow-up Visit? ___

| **ASSESS** (Circle all signs present) | **CLASSIFY** |
|---|---|
| **ASK AND CHECK FOR GENERAL DANGER SIGNS**<br>NOT ABLE TO DRINK OR BREASTFEED<br>VOMITS EVERYTHING<br>CONVULSIONS<br>LETHARGIC OR UNCONSCIOUS<br>CONVULSING NOW | General danger signs present?<br>Yes___ No___<br>**Remember to use danger sign when selecting classifications** |
| **DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?** Yes___ No___<br>• For how long? ____ Days<br>• Count the breaths in one minute. _____ breaths per minute. Fast breathing?<br>• Look for chest indrawing.<br>• Look and listen for stridor.<br>• Look and listen for wheezing. | |
| **DOES THE CHILD HAVE DIARRHOEA?** Yes ___ No __<br>• For how long? _____ Days<br>• Is there blood in the stools?<br>• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable?<br>• Look for sunken eyes.<br>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?<br>• Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? | |
| **DOES THE CHILD HAVE FEVER?** (by history/feels hot/temperature 37.5°C or above) Yes___ No___<br>• For how long? _____ Days<br>• If more than 7 days, has fever been present every day?<br>• Has child had measles within the last three months?<br>(Decide Malaria Risk: high low)<br>• Look or feel for stiff neck<br>• Look for runny nose.<br>• Check BF result: +ve -ve<br>• Look for signs of MEASLES:<br>• Generalized rash and<br>One of these: cough, runny nose, or red eyes. | |
| **If the child has measles now or within the last 3 months:**<br>• Look for mouth ulcers. If Yes, are they deep and extensive?<br>• Look for pus draining from the eye.<br>• Look for clouding of the cornea. | |
| **DOES THE CHILD HAVE AN EAR PROBLEM?** Yes___ No___<br>• Is there ear pain?<br>• Is there ear discharge? If Yes, for how long? ___ Days<br>• Look for pus draining from the ear.<br>• Feel for tender swelling behind the ear. | |
| **THEN CHECK FOR MALNUTRITION AND ANAEMIA**<br>• Look for visible severe wasting.<br>• Look for clouding of the cornea.<br>• Look for palmar pallor. Severe palmar pallor? Some palmar pallor?<br>• Look for oedema of both feet.<br>• Determine weight for age. Very Low ___ Not Very Low ___ | |
| **CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS**<br>Circle immunizations needed.<br>BCG Penta1 Penta 2 Penta 3<br>OPV 0 OPV 1 OPV 2 OPV 3 Measles Vitamin A Supplementation | Return for next immunization on:<br>_____<br>(Date) |
| **ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.**<br>• Do you breastfeed your child? Yes____ No ____ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes___ No___<br>• Does the child take any other food or fluids? Yes___ No ___ If Yes, what food or fluids? _____ How many times per day? ___ times. What do you use to feed the child? ____<br>▪ If very low weight for age: How large are servings? _____ Does the child receive his own serving? ___ Who feeds the child and how? _____<br>• During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? | FEEDING PROBLEMS |
| **ASSESS OTHER PROBLEMS:** | |

## TREAT

**Remember to refer any child who has a danger sign and no other severe classification.**

- **Return for follow-up in:**
- **Advise mother when to return immediately.**
- **Immunizations needed :**
  - **Give ----------**
  - **Arrange later----------**
  - **Guide to service----------**
- **vitamin A supplementation needed today:**
- **Feeding advice:**

# WEIGHT FOR AGE CHART