INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

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

MOPH&P WHO/CHD UNICEF HCMC/CDP

SICK YOUNG INFANT
AGE 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

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

ASSESS

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:

CLASSIFY

IDENTIFY TREATMENT

CHECK FOR GENERAL DANGER SIGNS

ASK:
- Is the child able to drink or breastfeed?
- Does the child vomit everything?
- Has the child had convulsions?

LOOK:
- See if the child is lethargic or unconscious.
- See if the child is convulsing now.

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print.)
• **Any general danger sign.**	**VERY SEVERE DISEASE**	➢ ***Treat convulsions if present now.*** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Complete assessment immediately.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Refer URGENTLY to hospital*.***

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

IF YES,ASK:
- For how long?

LOOK AND LISTEN:
- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.
- Look and listen for wheeze

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

• **Any general danger sign OR** • **Stridor in calm child OR** • **Chest indrawing** **(If chest indrawing and wheeze go directly to "Treat Wheezing" then reassess after treatment.**	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**	➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Treat wheezing if present.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Refer URGENTLY to hospital.****
• **Fast breathing** **(If wheeze, go directly to "Treat Wheezing" then reasess after treatment.**	**PNEUMONIA**	➢ ***Give an appropriate antibiotic for 5 days.*** ➢ ***Treat wheezing if present.*** ➢ If coughing more than 30 days, refer for assessment. ➢ Soothe the throat and relieve the cough with a safe remedy. ➢ Advise mother when to return immediately. ➢ Follow up in 2 days.
• **No signs of pneumonia or very severe disease** **(If wheeze, go directly to "Treat Wheezing" .**	**NO PNEUMONIA: COUGH OR COLD**	➢ ***Treat wheezing if present.*** ➢ If coughing more than 30 days, refer for assessment. ➢ Soothe the throat and relieve the cough with a safe remedy. ➢ Advise mother when to return immediately. ➢ Follow up in 2 days if wheezing. ➢ 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: • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	➢ If child has no other severe classification: - Give fluid for severe dehydration (Plan C). OR ***If child also has another severe classification:** Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.*** If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.
Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly.	**SOME DEHYDRATION**	➢ Give fluid and food for some dehydration (Plan B). ➢ **If child also has a severe classification:** **- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.** ➢ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera. ➢ Advise mother when to return immediately. ➢ Follow-up in 5 days if not improving.
Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➢ Give fluid and food to treat diarrhoea at home (Plan A). ➢ Advise mother when to return immediately. ➢ 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. ➢ Refer to hospital.
• No dehydration.	**PERSISTENT DIARRHOEA**	➢ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ➢ Give multivitamin, mineral supplement. ➢ Advise mother when to return immediately. ➢ 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.** ➢ Advise mother when to return immediately. ➢ Follow-up in 2 days.

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

** If the other severe classification is based ONLY on lethargy , or unconsionus , not able to drink or drinking poorly go to plan C

Check for throat problem (In All children)

ASK:

- Does the child have fever? (by history or feels hot or temperature 37.5˚c or above)
- Does the child have sore thoat?

LOOK AND FEEL:

- Feel for enlarged tender lymph node(s) in the front of the neck.
- Look for red (congested) throat
- Look for white or yellow exudate on the throat and tonsils

Classify THROAT PROBLEM

• **Fever OR** Sore throat AND ***TWO* of the following:** • Red (congested) throat • White or yellow exudate on the throat or tonsils. • Enlarged tender lymph node(s) in the front of the neck.	**STREPTOCOCCAL* SORE THROAT**	➢ ***Give benzathine penicillin intramuscular**. (one dose) or Phenoxy methyl penicillin (penicillin V) orally for 10 days.*** ➢ Soothe the throat with a safe remedy. ➢ Give paracetamol for pain or fever. ➢ Advise mother when to return immediately. ➢ Follow up in 5 days if not improving.
• Insufficient criteria to classify as streptococcal sore throat	**NON STREPTOCOCCAL SORE THROAT**	➢ Soothe the throat with a safe remedy. ➢ Give paracetamol for pain or fever. ➢ Advise mother when to return immediately. ➢ Follow up in 5 days if not improving.
• No throat signs or symptoms (with or without fever)	**NO THROAT PROBLEM**	➢ No treatment needed.

Does the child have an ear problem?

IF YES, ASK:

- Are there ear pulling and irritability ?
- Is there severe ear pain (for older children)?
- Is there ear discharge? If yes, for how long?

LOOK AND FEEL:

- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

Classify EAR PROBLEM

• Tender swelling behind the ear.	**MASTOIDITIS**	➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Give first dose of paracetamol for pain.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Refer URGENTLY to hospital.***
• Pus is seen draining from the ear and discharge is reported for less than 14 days, **OR** • Ear pulling and irritabitity or severe ear pain.	**ACUTE EAR INFECTION**	➢ **Give an antibiotic for 10 days.** ➢ Give paracetamol for pain. ➢ Dry the ear by wicking. ➢ Advise mother when to return immediately. ➢ 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. ➢ Refer to ENT specialist.
• No ear pain **and** • No pus seen draining from the ear.	**NO EAR INFECTION**	➢ Advise mother to go to ENT specialist for assessment.

*STREPTOCOCCAL SORE THROAT is the most important bactarial infection that affecting the throat which lead to rheumatic heart disease and must be treat vigorously.

**Give benzathine penicillin intramuscular after sensitivity test . If sensitivity test is positive give erythromycin orally for 10 days (SEE TREAT THE CHILD).

Does the child have fever?

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

IF YES :

Decide Malaria Risk high or low

THEN ASK

- For how long?
- If more than 5 days, has fever been present every day?
- Has the child had measles within the last 3 months?

LOOK AND FEEL:

- Look or feel for stiff neck.
- Look for runny nose .

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

LOW MALARIA RISK

if MEASLES now or within last 3 months, Classify

HIGH MALARIA RISK

• Any general danger sign OR . • Stiff neck .	**VERY SEVERE FEBRILE DISEASE**	➢ ***Give first dos ofchloroquine or Quinine intramuscularly*** ** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for fever (38ºC or above).*** ➢ ***Refer URGENTLY to hospital******
• Fever (by history or feels hot or temperature 37.5ºc** or above).	**MALARIA**	➢ **Give oral antimalarial .** ➢ **Give one dose of paracetamol in clinic for high fever(38 C*or above).** ➢ Advise mother when to return immediately. ➢ Follow-up in 2 days if fever persists. ➢ If fever is present every day for more than 5 days, refer for assessment.

LOW MALARIA RISK

• Any general danger sign OR • Stiff neck	**VERY SEVERE FEBRILE DISEASE**	➢ ***Give first dose ofchloroquine or Quinine intramuscularly*** ** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for fever (38º C or above).*** ➢ ***Refer URGENTLY to hospital******
• Fever (by history or feels hot or temperature 37.5ºc*or above). • No Runny nose. • No Measles . • No apparent bacterial causes of fever (e.g.pneumonia,dysentery, acute ear infection, streptococcal sore throat..****	**MALARIA**	➢ **Treat with oral antimalarial.** ➢ ***Give paracetamol for fever (38º C or above).*** ➢ Advise mother when to return immediately. ➢ Follow-up in 2 days if fever persists. ➢ If fever is present every day for more than 5 days, refer for assessment.
• Runny nose or . • Measles or . • Other bacterial causes of fever .	**FEVER MALARIA UNLIKELY**	➢ ***Give one dose of paracetamol for fever (38º C or above).*** ➢ Treat apparent bacterial causes of fever ➢ Advise mother when to return immediately. ➢ Follow-up in 2 days if fever persists. ➢ If fever is present every day for more than 5 days, refer for assessment.

if MEASLES now or within last 3 months, Classify

• Any general danger sign OR • Clouding of cornea OR. • Deep or extensive mouth ulcers OR • Measles now and pueumonia .	**SEVERE COMPLICATED MEASLES*****	➢ ***Give Vitamin A (three doses), see oral drug at home*** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for fever(38º C or above).*** ➢ ***If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment.*** ➢ ***Refer URGENTLY to hospital.***
• Pus draining from the eye OR • Mouth ulcers.	**MEASLES WITH EYE OR MOUTH COMPLICATIONS*****	➢ ***Give Vitamin A(three doses), 'see oral drug at home'.*** ➢ ***Give paracetamol for fever (38º C or above).*** ➢ ***If pus draining from the eye, treat eye infection with tetracycline eye ointment for 7 days.*** ➢ If mouth ulcers, treat with gentian violet maximally for 5 days. ➢ Follow-up in 2 days. ➢ Advice the mother to feed the child.
• None of the above signs .	**MEASLES**	➢ ***Give paracetamol for fever (38º c or above) .*** ➢ ***Give Vitamin A.*** ➢ Advice the mother to feed the child. ➢ Advice mother when to return immediately . ➢ Follow - up in 2 days , if fever not improved.

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

** First dose of intramuscular chloroquine or Quinine ,must be given by medical Doctor, or well trained paramedical staff.

*** If the referral to hospital is not possible, the course of antimalarial and the antibiotic should be continued as prescribed in treatment given in clinic only (chart booklet)

**** Other apparent becterial causes of fever include cellulitis, abscess, or boil.

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

SORE THROAT / EAR PROBLEM / FEVER , MESALES

THEN CHECK FOR MALNUTRITION AND ANAEMIA

LOOK AND FEEL:

- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine weight for age.

Classify NUTRITIONAL STATUS

• Visible severe wasting or • Oedema of both feet.	**SEVERE MALNUTRITION**	➢ **Give Vitamin A.** ➢ **Treat the child to prevent low blood sugar..** ➢ **Refer URGENTLY to hospital.**
• Low weight for age.	**LOW WEIGHT**	➢ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. - If feeding problem, follow-up in 5 days. ➢ Advise mother when to return immediately. ➢ Follow-up in 30 days.
• Not low weight for age and no other signs of malnutrition.	**NOT 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. - If feeding problem, follow-up in 5 days.

LOOK :

- Look for palmar pallor and mucous membrane pallor Is it:

  Severe palmar pallor and /or mucous membrane pallor?
  Some palmar pallor and /or mucous membrane pallor?

Classify ANEMIA

• Severe palmar and /or mucous membrane pallor	**SEVERE ANEMIA**	➢ Treat the child to prevent low blood sugar ➢ Refer URGENTLY to hospital
• Some palmar and /or mucous membrane pallor	**ANEMIA**	➢ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. ➢ Give Iron for 14 days. ➢ Give Mebendazole if child is 2 years or/older and has not had adose in the previous 6 months . ➢ Advise mother when to return immediately. ➢ Follow-up in 14 days.
• No palmar and /or mucous membrane pallor	**NO ANEMIA**	➢ If child is aged from 6 - 30 months, give one dose of Iron weekly.

IMMUNIZATION SCHEDULE:

AGE	VACCINE
At birth	BCG opv-0
At 6 weeks	OPV-1 DPT-1 HB-1
At 10 weeks	OPV-2 DPT-2 HB-2
At 14 weeks	OPV-3 DPT-3
At 9 months	Measles Vit A HB-3
At 18 months	OPV-4 DPT (booster dose)

VITAMIN A SUPPLEMENTATION SCHEDULE:

9 months : one dose of vitamin A (100,000 IU)

ASSESS OTHER PROBLEMS

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 practise 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.**
- **Explain that all the oral drug 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 phenoxymethyl penicillin Orally For Streptococcal Sore Throat (Give for 10 days)*

Age or wieght	Phenoxymethyl Penicillin (penicillin V) syrup 400.000 Units per 5 ml = 250 mg/5 ml Give 4 times daily for 10 days
2 months up to 12 months (4-<10 kg)	2.5 ml
12 months up to 5 years (10-19 kg)	5.0 ml

➢ Give an Appropriate Oral Antibiotic

➢FOR PNEUMONIA (give for 5 days), OR ACUTE EAR INFECTION (give for 10 days):
FIRST-LINE ANTIBIOTIC: **AMOXYCILLIN**
SECOND-LINE ANTIBIOTIC: **COTRIMOXAZOLE**

AGE or WEIGHT	AMOXYCILLIN ➢Give three times daily for 5 or 10 days		COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) Give two times daily for 5 or 10 days
	SYRUP 250 mg per 5 ml	SYRUP 125 mg per 5 ml	SYRUP 40 mg trimethoprim +200 mg sulphamethoxazole per 5 ml
2 months up to 12 months (4 - <10 kg)	2.5 ml	5 ml	5.0 ml
12 months up to 5 years (10 - 19 kg)	5 ml	10 ml	7.5 ml

➢ **FOR DYSENTERY:**
GIVE ANTIBIONTIC RECOMMENDED FOR SHIGELLA FOR 5 DAYS.
FIRST - LINE ANTIBIOTIC FOR SHIGELLA : **COTRIMOXAZOLE**
SECOND-LINE ANTIBIOTIC FOR SHIGELLA: **NALIDIXIC ACID**

AGE or WEIGHT	COTRIMOXAZOLE SYRUP (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 5 days	NALIDIXIC ACID ➢ Give four times daily for 5 days
	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	SYRUP 150 mg/5 ml
2 months up to 4 months (4 - <6 kg)	5.0 ml	2.5 ml
4 months up to 12 months (6 - <10 kg)	5.0 ml	5.0 ml
12 months up to 5 years (10 - 19 kg)	7.5 ml	7.5 ml

➢ **FOR CHOLERA:**
GIVE ANTIBIONTIC RECOMMENDED FOR CHOLERA FOR 5 DAYS.
FIRST - LINE ANTIBIOTIC FOR CHOLERA: **COTRIMOXAZOLE**
SECOND-LINE ANTIBIOTIC FOR CHOLERA: **ERYTHROMYCIN**

AGE or WEIGHT	COTRIMOXAZOLE SYRUP (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 5 days	ERYTHROMYCIN ➢ Give four times daily for 5 days
	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	SYRUP 200 mg/5 ml
2 months up to 4 months (4 - <6 kg)	5.0 ml	1.25 ml
4 months up to 12 months (6 - <10 kg)	5.0 ml	2.5 ml
12 months up to 5 years (10 - 19 kg)	7.5 ml	5 ml

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 Paracetamol for Fever (≥ 38ºC) or Throat Pain or Ear Pain.

- Give paracetamol every 6 hours until fever or throat pain or ear pain is gone.

PARACETAMOL	
AGE or WEIGHT	**SYRUP** (120 mg / 5 ml)
2 months up to 12 months (4-<10 kg)	5 ml
12 months up to 3 years (10 - <14 kg)	7.5 ml
3 years up to 5 years (14 - 19 kg)	10 ml

Give Iron

- For treatment of anaemia: give one dose daily for 14 days, then reassess.
- For Iron supplementation: give one dose per week.

AGE or WEIGHT	IRON SYRUP Iron syrup 30 mg/ 5 ml (6 mg elemental iron per ml)
2 months up to 4 months (4 - <6 kg)	2.5 ml
4 months up to 12 months (6 - <10 kg)	5 ml
12 months up to 3 years (10 - <14 kg)	7.5 ml
3 years up to 5 years (14 - 19 kg)	10 ml

Give Mebendazole

- Give 500 mg mebendazole tablets as a single dose in clinic if :
  - hookworm/whipworm are a problem in children in your area , and
  - the child is 2 years of age or older , and
  - the child has not had a dose in the previous 6 months .

Give an Oral Antimalarial:

FIRST LINE ANTIMALARIAL : chloroquine
SECOND LINE ANTIMALARIAL: sulfadoxinet + pyrimethamine

- **IF CHLOROQUINE :**
- Explain to the mother that she should watch her child carefully for 30 minutes after giving a dose of chloroquine. if the child vomits within 30 minutes, she should repeat the dose and return to the clinic for additional tablets or syrup.
- Explain that itching is a possible side effect of the drug, but is not dangerous.
- **IF SULFADOXINET + PYRIMETHAMINE :** Give single dose in clinic .

AGE OR weight	CHLOROQUINE give for 3 days									SULFADOXINE PYRIMETHAMINE Give single dose in Clinic
	TABLET (150 mg base)			TABLET (100 mg base)			SYRUP (50 mg base) per 5ml			TABLET (500 mg suifadoxine+ 25 mg pyrimethamine)
	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3	
2 months up to 12 months (4-< 10 kg)	1/2	1/2	1/2	1	1	1/2	7.5ml	7.5ml	5.0ml	1/2
12 months up to 3 years (10-< 14 kg)	1	1	1/2	1 1/2	1 1/2	1/2	15.0ml	15.0m	5.0ml	1
3 years up to 5 years (14 - 19 kg)	1 1/2	1 1/2	1/2	2	2	1				1

Give Vitamin A (for treatment)

- ***Give 3 doses***
- Give first dose of vitamin A in the clinic.
- Give mother two doses more of vitamin (A) to give her child at home. The second dose on the next day and the third after 14 days (or in one month).

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

Give Oral Salbutamol

Give Salbutamol syrup three times daily for 5 days.

AGE or WEIGHT	SALBUTAMOL SYRUP (Salbutamol syrup = 2 mg / 5 ml)
2 months up to 4 months (4 - <6 kg)	1.0 ml
4 months up to 12 months (6 - <10 kg)	2 ml
12 months up to 3 years (10 - <14 kg)	2.5 ml
3 years up to 5 years (14 - 19 kg)	5 ml

- Give multivitamin/ mineral supplement
- For persistent diarrhea, give one dose 5 ml daily of multivitamin / mineral mixture for two weeks

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.**

➢ *Treat Eye Infection with Tetracycline Eye Ointment For 7 Days.*

➢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.

➢ *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.

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

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Home made remedies e.g. tea with lemon and honey, anise, tileo, guava leaves decoctions, chicken soup.
- Harmful remedies to discourage:
  - Cough syrups containing: codeine, antihistamines, alcohol, atropine and expectorants.
  - Oil, ghee.

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:

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

IF REFERRAL IS NOT POSSIBLE:

- Repeat the chloramphenicol injection every 12 hours for 5 days.
- Then change to an appropriate oral antibiotic to complete 10 days of treatment.

AGE or WEIGHT	**CHLORAMPHENICOL** Dose: 40 mg per kg Add 5.0 ml sterile water to vial containing 1000 mg = 5.6 ml at 180 mg/ml
2 months up to 4 months (4 - < 6 kg)	1.0 ml = 180 mg
4 months up to 9 months (6 - < 8 kg)	1.5 ml = 270 mg
9 months up to 12 months (8 - < 10 kg)	2.0 ml = 360 mg
12 months up to 3 years (10 - < 14 kg)	2.5 ml = 450 mg
3 years up to 5 years (14 - 19 kg)	3.5 ml = 630 mg

➢ *Give Intramuscular Benzathine Penicillin (single dose) For Streptococcal Sore Throat*

Benzathine Penicillin ** Add 5 ml sterile water for vial containing 1.200.000 Unit/ml =6ml at 200.000 Unit/ml
< 5 years= 3.0 ml = 600.000 units **single dose intramuscular**

Note:*must be given by medical doctor or well trained paramedical staff.
Note: **Skin sensitivity test must be done before every intramuscular injection.
If the skin test is positive give erythromycin orally (see treat the child module).

➢ Give intramuscular chloroquine for Severe Malaria.

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRIL DISEASE:

- Use undiluted chloroquine for injection.
- Use only chloroquine ampoules containing 200mg base in 5ml at 40mg base/ml.
- Dose: 3.5 mg base per kg intramuscular.
- Give first dose of intramuscular chloroquine then refer the child to the hospital.

IF REFERRAL IS NOT POSSIBLE

- Use undiluted chloroquine for injection.
- Use only chloroquine ampoules containing 200 mg base in 5 ml at 40 mg base/ml.
- Dose: 3.5mg base per kg intramuscular.
- Give first dose of intramuscular chloroquine.
- The child should remain lying down for one hour.
- Repeat the chloroquine injection every 6 hours until the child is able to take oral antimalarial then complete the remaining of the total dose with oral chloroquine 5 mg base/kg/day to complete a3-days course of treatment.
- The total dose is 25 mg base/kg.

AGE OR WEIGHT	INRAMUSCULAR CHLOROQUINE Total dose: 25mg base/kg Dose: 3.5mg base/kg Ampoule: containing 200mgbase in 5ml ate 40mg base pre ml
1 kg	0.1 ml
2 kg	0.2 ml
3 kg	0.3 ml
4 kg-5 kg	0.4 ml
4 month up to 9 months (6 kg-<8kg)	0.5-0.6 ml
9 month up to 12 months (8 kg-<10kg)	0.7-0.8 ml
12 month up to 3 years (10 kg-<14kg)	1 ml
3 years up to 5 years (14 kg-<19kg)	1.2-1.7 ml

➢ Give intramuscular Quinine* for Severe Malaria

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE :

- Check which quinine formulation is available in your clinic. Quinine should be diluted in normal saline to a concentration of 60- 100 mg salt/ml.
- Give first dose of intramuscular quinine and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE :

- Quinine should be diluted in normal saline to a concentration of 60- 100 mg salt/ml.
- Give first dose of intramuscularly quinine.
- The child should remain lying down for one hour.
- Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week.
- If low risk of malaria, do not give quinine to a child less than 4 months of age.

AGE OR WEIGHT	INTRAMUSCULAR QUININE (dose :10 mg/kg)	
	150 mg/ml* (in 2 ml ampoules) Add the ampoule of quinine(150mg/ml) to 1 ml of normal saline to make a concentration 100 mg/ml	300 mg/ml* (in 2 ml ampoules) Add the ampoule of quinine(300 mg/ml) to 4 ml of normal saline to make a concentration 100 mg/ml
1 kg< 2 kg	0.1 ml	0.1 ml
2 kg< 3 kg	0.2 ml	0.2 ml
3 kg< 4 kg	0.3 ml	0.3 ml
4 kg< 5 kg	0.4 ml	0.4 ml
5 kg< 6 kg	0.5 ml	0.5 ml
4 month up to 9 months (6 -<8kg)	0.7 ml	0.7 ml
9 month up to 12 months (8 -<10kg)	0.9 ml	0.9 ml
12 month up to 3 years (10 -<14kg)	1.2 ml	1.2 ml
3 years up to 5 years (14 -<19kg)	1.6 ml	1.6 ml

* Quinine salt

➢ *Treat a Convulsing Child With Diazepam Rectally*

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 : use diazepam ampoules for injection .

- ➢ Do not dilute diazepam ampoules containing 5 mg / ml.
- ➢ Draw up the needed dose of diazepam into small syringe. Then remove the needle.
- ➢ Attach a piece of nasogastric tubing to the syringe if possible.
- ➢ Insert 4 to 5 cm of the tube or the tip of the syringe into the rectum and inject the diazepam, then inject 1ml of water to flush the tube.
- ➢ Hold buttocks together for a few minutes.

If High Fever, Lower the Fever

- ➢ Sponge the child with room temperature water

Treat the child to prevent low blood sugar

AGE or WEIGHT	DIAZEPAM ampoule for injection 1ml =5 mg Dose = 0.2-0.5 mg/kg Give rectally
1 month up to 4 months (3-<6 kg)	0.5 ml (2.5 mg)
4 months up to 12 months (6 - <10 kg)	0.75 ml (3.75 mg)
12 months up to 3 years (10-<14 kg)	1.0 ml (5 mg)
3 years up to 5 years (14-19 kg)	1.5 ml(7.5 mg)

➢ *Treat Wheezing*

➢ Children with wheeze and
GENERAL DANGER SIGN
OR STRIDOR
→ Give one dose of rapid acting bronchodilator and refer immediately

➢ Children with wheezing and
NO GENERAL DANGER SIGN
AND NO STRIDOR
→ Give rapid acting bronchodilator and reassess the child 30 minutes later

IF:

- CHEST INDRAWING PERSISTS → Treat for SEVERE PNEUMONIA (Refer)
- FAST BREATHING ALONE → Treat for PNEUMONIA
  Give further dose of rapid acting bronchodilator
  Give oral salbutamol for 5 days
- NO FAST BREATHING → Treat for NO PNEUMONIA:
  COUGH OR COLD.
  (Give oral salbutamol for 5 days).

GIVE RAPID ACTING BRONCHODILATOR	
Nebulized Salbutamol 5 mg/ml	0.5ml Salbutamol plus 2.0ml normal saline
Metered Dose Inhaler (MDI) with spacer device (100 mcg/dose)	2-3 puffs

GIVE ORAL SALBUTAMOL Three times daily for 5 days	
AGE or WEIGHT	2 mg / 5 ml syrup
2 months up to 4 months (4 - <6 kg)	1.0 ml
4 months up to 12 months (6 - <10 kg)	2 ml
12 months up to 3 years (10-<14 kg)	2.5 ml
3 years up to 5 years (14 - 19 kg)	5 ml

➢ *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.

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 at 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 vegetables soup, (Potato, Pamya, kousa, carrot) rice water, yoghurt drink, carrot juice, banana, or clean boiled water after cooling it.

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 A BOX OF 3 PACKETS OF ORS (special for Yemen) TO USE AT HOME and each packet mix with cleaned water in the bottle measured 750 ml .**

➢ **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 boiled water after cooling it.

➢ **SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**
- Give frequent small sips from a cup or cup and spoon (one spoon every 1-2 minutes) , or dropper
- 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 a box of 3 packets of ORS as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

1. GIVE EXTRA FLUID
2. CONTINUE FEEDING
3. WHEN TO RETURN } **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), divided as follows:

AGE	First give 30 ml/kg in:	Then give 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

* 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? — NO ↓

Can the child drink? — NO ↓

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 ↓

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 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?
- Is the child still wheezing?

Treatment:

- **If child has a general danger sign or stridor or chest indrawing or has fast breathing and wheeze,** give a dose of pre-referral intramuscular antibiotic. If wheezing also give dose of rapid acting bronchodilator. Then refer URGENTLY to hospital.
- **If child is not wheezing but 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 in the last three months,refer).
- **If breathing slower, less fever, or eating better,** complete the 5 days of antibiotic. If child is wheezing,also treat as below.
- **If child is wheezing but has no general danger signs, fast breathing or chest indrawing:**
  - If this is the first episode of wheezing or if the child has had previous episodes but has not been referred, continue salbutamol and refer for assessment.
  - If the child has had at least one episode of wheezing before this and has already been referred for assessment, advise mother to continue with treatment prescribed by the referralhospital.Advisethe mother to return if the child's breathing becomes more difficult.If this child returns because condition has worsened, refer for further treatment.

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.
- Tell the mother to continue giving the child the multivitamin mineral supplement.

NO PNEUMONIA- WHEEZE

After 2 days

Check the child for general danger signs.
Assess the child for cough or difficult breathing.

Treatment:

If any danger sign or stridor or chest indrawing-

Treat as SEVERE PNEUMONIA OR
VERY SEVERE DISEASE, give one dose of pre-referral intramuscular antibiotic. } See ASSESS & CLASSIFY chart
Give one dose of rapid acting bronchodilator and refer URGENTLY to hospital.

- **If fast breathing**-treat as PNEUMONIA, also give oral salbutamol.
- **If child is wheezing but has no general danger signs, fast breathing or chest indrawing:**
  - If this is the first episode of wheezing or if the child has previous episodes but has not been referred. continue salbutamol and refer for assessment.
  - If the child has already been referred for a pervious episode of wheezing advise the mother to continue with treatment prescribed by the referral hospital. Advise the mother to return if the child's breathing becomes more difficult. If this child returns because condition has worsened, refer URGENTLY to hospital for further treatment.
- **If no wheezing**- complete 5 days of oral salbutamol.

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.
  Give it for 5 days. Advise the mother to return in 2 days.
  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 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.
- 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 available refer to hospital.) Advise the mother to return again in 2 days if the fever persists.
  -If fever has been present for 5 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.
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 first-line oral antimalarial.(If the first-line antimalarial is not available give second line)
Advise the mother to return again in 2 days if the fever persists.
-If fever has been present for more than 5 days, refer for assessment.

➢ 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 (38.5ºC or above), refer URGENTLY to hospital.**
- **Acute ear infection: if ear pulling and irritability or severe ear pain or discharge persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up once again in 5 days. If ear pain or discharge persists refer.**
- **If no ear pain or discharge, praise the mother for her careful treatment. Ask the mother to continue the same antibiotic for other 5 days.**
- **If discharge, for 14 days or more, refer to ENT specialist 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.
- Ask the mother, if the child has given vitamin (A) see treat the child.

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.
- Ask the mother, if the child has given vitamin (A) see treat the child.

➢ 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.**

➢ MEASLES

After 2 days:
Do a full reassessment of the child > see ASSESS & CLASSIFY chart.

Treatment:

- ➢ If general danger sign or clouding of the cornea or deep extensive mouth ulcers or pneumonia, treat as SEVERE COMPLICATED MEASLES.
- ➢ If pus draining from the eye or mouth uclers,treat as MEASLES WITH EYE OR MOUTH COMPLICATIONS.
- ➢ If none of the above signs, advise the mother when to return immediately.
- ➢ Follow up in two days if not improving.

* If the child received already the dose of vitamin A in the previous visit, do not repeat.

➢ 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 low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

➢ Anemia

After 14 days:

- ➢ Give iron. Advise mother to return in 14 days for more iron.
- ➢ Continue giving iron daily for 2 months.
- ➢ If the child has palmar pallor and / or mucous membrane pallor after 2 months, refer for assessment.

➢ LOW WEIGHT

After 30 days:

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

Treatment:

- ➢ If the child is ***no longer low weight for age***, praise the mother and encourage her to continue.
- ➢ If the child is still ***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 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 OF 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 during the day?
- Do you also 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 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

MEASLES, FEEDING PROBLEM
PALLOR, LOW WEIGHT

COUNSEL

Feeding Recommendations During Sickness and Health

Since birth up to 6 Months of Age

- **Start breastfeeding through the first half hour after birth.**
- **Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.**
- **Do not give other foods or fluids, or water.**
- Breast milk can be expressed with high hygienic care (in the absence of mothers)
- Only if the child is 4 months of age and is not gaining weight adequately :
  - Add complementary foods (listed under 6 months up to 12 months)
  - Give these foods 1 or 2 times per day after breast feeding in small amounts gradually.

6 Months up to 12 Months

- **Breastfeed as often as the child wants.**
- **Give adequate semi solid servings of:-**
  - shebisa (Boar , Dokhn , Dora+ Fasolia Adass, few drops of oil+ some milk)
  - Asidah (Boar+ Lahma)
  - Harisa Boar +Milk or hakin)
  - Khodar(Patata , Gozar , Tamatem , kusa , Duba) and Rice .
  - Small amount of Dijaj or Laham or Samak or kibdah boiled egg and Jobnah.
  - Zabadi or hakin and khubz.
  - Natural fresh Seasonal Fruits Juice (Orange, Banana, Babay, Mango, lemon, Jawafa).
- **Give these foods:**
  - 3 times per day if breastfed
  - 5 times per day if not breastfed

12 Months up to 2 Years

- **Breastfeed as often as the child wants.**
- **Give adequate solid servings of:-**
  - shebisa or Asidah .
  - Harisa (Boar + laham)
  - Khodar and Rice.
  - Small amount of Dijaj or Laham or Samak or kibdah and boiled egg.
  - Zabadi or jobnah or hakin and khubz
  - Natural fresh Seasonal Fruits
- **or family foods 5 times per day, without spices.**
- **with continuing the breast feeding .**

2 Years and Older

- **Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:**

-Fresh milk or Hakin, Khubz, Zabadi, Jobnah
-Natural fresh seasonal fruites.

Avoid to give tea, sweets and shopping foods. Do not use bottle or teats.

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent 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 as rice, beans and vegetable soup.
  - give milk not more than 50 ml/kg.
  - give frequent small meals at least 6 times a day.
- 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 4 months old and is taking other milk or foods: or**

➢ **If the mother thinks she does not have enough milk**
- Assess breastfeeding:
- Build mother's confidence that she can produce all the breastmilk that the child needs (proper weight gain).
- Suggest giving more frequent, longer breastfeeds day and 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 as possible, and offer frequent small feedings.
- Clear a blocked nose if it interferes with feeding.
- Expect that appetite will improve as child gets better.
- Express breast milk if necessary, under good hygienic conditions, and keep it in cold place.

➢ **Follow-up any feeding problem in 5 days.**

➢ **Advise the mother to expose her child to sunlight for prevention of rickets.**

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 soup, rice water, yoghurt drinks,belila water, home fluids 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 NO PNEUMONIA- WHEEZE DYSENTERY MALARIA, fever persists MALARIA UNLIKLEY, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS MEASLES, if not improving	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
Pallor	14 days
LOW WEIGHT FOR AGE	30 days

NEXT WELL-CHILD VISIT

Advise mother when to return for next immunization according to immunization schedule.
Advise the mother to give the child (from 6 to 30 months) the weekly dose of iron after recovery.

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 • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	• Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	• Blood in stool • 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, and to avoid too much spices, tea or coffee.**
- ➢ **Check the mother's immunization status and give her tetanus toxoid if needed.**
- ➢ **Check the mother's supplementation with iron and vitamin A according to the national policy.**
- ➢ **Make sure she has access to:**

  - Family planning
  - Counselling on reproductive health problems.

- ➢ **Advise mother to use iodized salt for the family foods instead of the ordinary salt.**
- ➢ **Advise mother to avoid bad habits such as kat and smoking. (shisha or mada'h)**

FLUID
WHEN TO RETURN
MOTHER'S HEALTH

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

ASSESS — *CLASSIFY* — *IDENTIFY TREATMENT*

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:

CHECK FOR POSSIBLE SRIOUS BACTERIAL INFECTION

ASK:

- Has the infant had convulsions?
- Is the young infant not able to feed?
- Dose the young infant vomit every thing?

LOOK, LISTEN, FEEL:

YOUNG INFANT MUST BE CALM

- See if the infant is convulsing now.
- Count the breaths in one minute. Repeat the count if elevated.
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look and listen for wheeze.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look for pus draining from the eyes.
- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?
- Measure temperature (or feel for fever or low body temperature).
- Look for skin pustules. Are there many or severe pustules?
- See if the young infant is lethargic or unconscious.
- Look at the young infant's movements. Are they less than normal?

Classify ALL YOUNG INFANTS

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print)
• Convulsions OR. • Not able to feed OR • Vomit every thing OR • Fast breathing (60 breaths perminute or more) OR • Severe chest indrawing OR • Nasal flaring OR • Grunting OR • Wheeze OR • Bulging fontanelle OR • Pus draining from ear OR • Umbilical redness extending to skin OR • Fever(37.5ºC* or above or feels hot)or low body temperature(less than 35.5ºC* or feels cold)OR • Many or severe skin pustules OR • Lethargic or unconscious OR • Less than normal movement .	**POSSIBLE SERIOUS BACTERAIL INFECTION**	➢ ***Treat current convulsion with recta diazepam.*** ➢ ***Give first dose of intramuscular antibiotics.*** ➢ ***Treat to prevent low blood sugar.*** ➢ ***if vomiting every thing, give nothing by mouth*** ➢ ***Advise mother how to keep the infant warm on the way to the hospital.*** ➢ ***Refer URGENTLY to hospital.*****
• Red umbilicus or draining pus OR • Skin pustulesOR • Pus draining from the eyes.	**LOCAL BACTE-RIAL INFECTION**	➢ ***Give an appropriate oral antibiotic.*** ➢ Teach mother to treat local infections at home. ➢ Advise mother to give home care for the young infant. ➢ Follow-up in 2 days.
• None of the above signs	**BACTERAIL INFECTION UNLIKELY**	➢ Advise mother to give home care for the young infant. ➢ Follow-up in 2 days.

CHECK FOR SIGNIFICANT JAUNDICE

ASK:

- when did the jaundice start?

LOOK::

- At the palms and soles. Are they JAUNDICED?

If JAUNDICE

• Jaundice ***extending to*** palms or soles OR • Jaundice starting on first day of life OR • Jaundice still present after 14 days of age.	**SIGNIFICANT JAUNDICE**	➢ ***Encourage breastfeeding*** ➢ ***If breastfeeding poorly, provide extra fluid by cup and spoon*** ➢ ***Refer URGENTLY to hospital***

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:** • **Lethargic or unconscious** • **Sunken eyes** • **Skin pinch goes back very slowly.**	**SEVERE DEHYDRATION**	➢ ***If infant does not have SEVERE CLASSIFICATION:*** -Give fluid for severe dehydration (Plan C). OR ➢ ***If infant also has SEVERE CLASSIFICATION:*** ***-Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.***
	Two of the following signs: • **Restless, irritable** • **Sunken eyes** • **Skin pinch goes back slowly.**	**SOME DEHYDRATION**	➢ ***Give fluid and food for some dehydration (Plan B).*** ➢ ***If infant also has SEVERE CLASSIFICATION:*** - ***Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** - ***Advise mother to continue breasfeeding.***
	• **Not enough signs to classify as some or severe dehydration.**	**NO DEHYDRATION**	➢ ***Give fluids to treat diarrhoea at home (Plan A).***
and if diarrhoea 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 SEVERE CLASSIFICATION:*** ➢ ***Refer to hospital.***
and if blood in stool	• **Blood in the stool.**	**Blood in the stool.**	➢ ***Treat to prevent low blood sugar.*** ➢ ***Advise mother how to keep the infant warm on the way to the hospital.*** ➢ ***Refer URGENTLY to hospital.***

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

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

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

ASK:

- Is there any difficulty feeding?
- Is the infant breastfed? If yes, how many times in 24 hours?
- Is the infant breastfed during night?
- 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.
- In newborn: determine birth weight

Classify FEEDING

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, or low birth weight (2500 grams or less)
Is in the first week of life
***AND* Has no indications 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 the breastfeed 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.)

- Is the infant position correct?

poor positioning *good positioning*

TO CHECK POSITIONING , LOOK FOR:

- *Infant's neck is straight or bent slightly back,*
- *Infant's body is turned towards the mother,*
- *Infants's body is close to mother's body, and*
- *Infants's whole body supported.*

(If all of these signs are present, the infant's positioning is good)

- **IS the infant able to attach?**

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

TO CHECK ATTACHMENT, LOOK FOR:

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

(If all of these signs are present, the attachment is good.)

- 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).

• Not able to feed or • No attachment at all or • Not suckling at all or • Premature (Preterm) and not able to suck	**NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION**	➢ ***Give first dose of intramuscular antibiotics.*** ➢ ***Treat to prevent low blood sugar.*** ➢ ***Advise the mother how to keep the young infant warm on the way to the hospital.*** ➢ ***Refer URGENTLY to hospital.***
• Poor positioning or • Not well attached to breast or • Not suckling effectively .	**FEEDING PROBLEM OR LOW WEIGHT**	• **Teach the mother to correct positioning and attachment** • Follow up in 2 days
• Less than 8 breast feeds in 24 hours or • No breast feeding at night .		• Advise the mother to breastfeed as often and for as long as the infant wants, day and night. • Advise the mother to breastfeed at night . • Follow up in 2 days
• Not breast feeding at all. • Receives other foods or drinks		• If receives other foods or drinks ➢ Refer for breastfeeding counselling and possible relactation. ➢ Follow up in 2 days . • If not breastfeeding at all: ➢ Advise the mother about correctly preparing Breast milk substitutes and using a cup and a spoon .
• Low weight for age .		• Advise the mother to breastfeed as often and for as long as the infant wants, day and night. • Advise the mother to give home care for the young infant . • Follow-up low weight for age in 14 days.
• Thrush (ulcers or white patches in mouth).		• Teach the mother to treat thrush at home. • Follow up in 2 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. ➢ Praise the mother for feeding the infant well.

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION

IMMUNIZATION SCHEDULE:

AGE	VACCINE		
Birth	**BCG**	**OPV-0**	
6 weeks	**DPT-1**	**OPV-1**	**HBV-1**

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	AMOXYCILLIN Give three times daily for 5 days		COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) Give two times daily for 5 days
	Syrup 125 mg in 5 ml	Syrup 250 mg in 5 ml	Syrup (40 mg trimethoprim +200 mg sulphamethoxazole)
Birth up to 1 month (< 3 kg)	1.25 ml		1.25 ml
1 month up to 2 months (3-4 kg)	2.5 ml	1.25 ml	2.5 ml

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

➢ *Give First Dose of Intramuscular Antibiotics*

➢ Give first dose of both ampicillin and gentamicin Intramuscularly .

WEIGHT	GENTAMICIN* Dose: 2.5 mg per kg /dose Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml	AMPICILLIN Dose: 50 mg / kg / dose To a vial of 250 mg (add 2 ml of sterile water 1 ml = 125 mg
1 kg	0.25 ml	0.4 ml
2 kg	0.50 ml	0.8 ml
3 kg	0.75 ml	1.2 ml
4 kg	1.00 ml	1.6 ml
5 kg	1.25 ml	2.0 ml

➢ Referral is the best option for a young infant classified with POSSIBLE SERIOUS BACTERAL INFECTION.
If referral is not possible, give ampicillin and gentamicin intramuscularly every 8 hours for at least 5 days.
*Avoid using undiluted 40 mg /ml gentamicin vials .

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ ***To Treat Convulsing Young Infant, See TREAT THE CHILD Chart.***

➢ ***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 .
- The 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 before applied treatment
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint with gentian violet
- Wash hands after applied treatment

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

- Wash hands before applied treatment
- 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 after applied treatment

To Treat Eye Infection:

The mother should do the following 6-8 times daily:

- Wash her hands before applied treatment
- Wet clean cloth with water
- Use clean water and cloth to gently remove pus from the infant's eyes
- Wash her hands after applied treatment

Apply tetracycline eye ointment in both eyes 4times daily for 5days.

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ *Teach Correct Positioning and Attachment for Breastfeeding*

- Show the mother how to hold her infant
  - make sure that the mother is in comfortable position,
  - with the infant's neck straight or bent slightly back,
  - with infant's body close to her body,
  - with infant's body turned towards her, and
  - infant's whole body is supported, 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 in to 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.

➢ *Teach The Mother To Express Breast Milk If Indicated*

- Infant - mother separation e.g.
  - admitted infant to NICU or sick infant
  - sick or working mother
  - mother travelling away from home

- Breast engorgement

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

- **FOOD**
- **FLUIDS**

} - Breastfeeding (exclusive) frequently, as often and for as long as the infant wants, day or night, during sickness and health.
- Do not use bottle at all.

➢ *WHEN TO RETURN*

Follow-up Visit

If the infant has:	Return for follow-up in:
LOCAL BACTERIAL INFECTION BACTERIAL INFECTION UNLIKELY ANY FEEDING PROBLEM 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 Becomes sicker Develops a fever Fast breathing Difficult breathing Blood in stool

➢ **MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.**

- In cool 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?
Look for pus draining from the eye(s).

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.
- If ***pus is still draining from the eye(s),*** treat with oral antibiotic for 14 days.
- If ***discharge has improved,*** reassure the mother. Tell her to continue to gently clean the infant's eye until there is no pus at all.

➢ *BACTERIAL INFECTION UNLIKELY*

After 2 days:
Reassess the young infant for serious bacterial infection ⩾ see "Check for Possible serious bacterial infection" above.

Treatment:

- If ***signs of possible serious bacterial infection*** ⩾ refer to hospital.
- If ***signs of local bacterial infection,*** treat accordingly.
- If ***still not improving,*** continue to give home care.
- If ***improving ,*** praise the mother for caring the infant well.

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 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 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 CHILD AGE up to 2 MONTHS

Name:_____**Age:**_____**Weight:**_____**kg Temperature:**_____**ºC Initial visit?**_____ **Follow-up Visit?**_____

ASK: What are the infant's problems?_____

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

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION

.has the infant had convulsions?
.Is the young infant not able to feed?
.Does the young infant vomit every thing?
.Is the young infant convulsing now?
.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 wheeze.
.Look and feel for bulging fontanelle
.Look for pus draining from the ear.
.Look for pus draining from the eyes.
.Look at umbilicus. Is it red or draining pus?
Does the redness extend to the skin?
look at young infant movment Are they less than normal
.Fever (temperature 37.5ºC or feels hot) or low body temperature (below 35.5ºC or feels cool).
.Look for skin pustules. Are there many or severe pustules?
.See if young infant is lethargic or unconscious.

CHECK FOR SIGNIFICANT JAUNDICE

Yes ____ No ___

When did the jaundice start ? ____ day
.Look at the palms and soles .
Ary they JAUNDICED?

DOES THE YOUNG INFANT HAVE DIARRHOEA?

Yes ___ No ___

.For how long? _____ Days
.Is there blood in the stools?
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?

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
if Yes, is the infant breastfed by night?
.Does the infant usually receive any
other foods 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 or low birth weight (2500 gram or less) , or is in the first week of life AND has NO indications to refer urgently to hospital: ASSESS BREAST FEEDING

ASSESS BREASTFEEDING:

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 position correct? To check positioning,look for:
-Infant's neck straight or bent slightly back Yes ___ No ___
-Infant's body turned towards mother Yes ___ No ___
-Infant's body close to mother's body Yes ___ No ___
-Infant's whole body supported Yes ___ No ___

poor positioning *good positioning*

.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 ulcurs or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Circle immunizations needed today.

BCG Opv -0
OPV-1 DPT-1 HB-1

Return for next immunization on:
_____
(Date)

ASSESS OTHER PROBLEMS

TREAT

Return for follow-up in : _____

Advice mother when to return immediately. _____

Give any immunization needed today: _____

Feeding advice: _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS up to 5 YEARS

Name:_____Age:_____Weight:_____kg Temperature:_____ºC Initial visit?_____ Follow-up Visit?_____

ASK: What are the infant's problems?_____

ASSESS (Circle all signs present)	CLASSIFY
DOES THE CHILD HAVE ANY GENERAL DANGER SIGN? Yes __ No __ NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING HISTORY OF CONVULSIONS LETHARGIC OR UNCONSIOUS CONVULSING NOW	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes __ No __ .For how long? ____ Days . Count the breaths in one minute. ____ breaths per minute. Fast breathing? .Look for chest indrawing . .Look and listen for stridor. .Look and listen for wheeze.	
DOES THE CHILD HAVE DIARRHOEA? Yes __ No __ For how long? ____ Days .Is there blood in the stools? .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 dose it go back: Very slowly (longer than 2 seconds)? Slowly?	
CHECK FOR THROAT PROBLEM Dose the child have fever? (by history or feels hot/temperature 37. 5ºc or above) Dose the child have sore throat? .Feel enlarged tender lymph node (s) on the front of the neck .Look for red (congested)throat .Look for white or yellow exudate on The throat and tonsils	
DOES THE CHILD HAVE AN EAR PROBLEM? Yes __ No __ . Are their ear pulling and irritability? (for young infants) . Is there sever ear pain? (for older children) . Is their ear discharge? If yes, for how long? ____ Days .Look for pus draining from the ear. .Feel for tender swelling behind the ear.	
DOES THE CHILD HAVE FEVER? Yes __ No __ . (by history or feels hot/temperature 37. 5 ˚c or above) decide MALARIA RISK HIGH LOW . For how long? ____ Days If more than 5 days, has fever been present every day? . Has child had measles within the last three months? . Look or feel for stiff neck. . Look for runny nose. . 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. If yes, are they deep and extensive? . Look for pus draining from the eye. . Look for clouding of the cornea.	
CHECK FOR MALNUTRITION AND ANEMIA . Look for visible severe wasting . Look for oedema of both feet. Determine weight for age. Low____ Not low____ . Look for palmar and mucous membrane pallor. Severe palmar and/or mucous membrane pallor? Some palmar and/or mucous membrane pallor?	
CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMTATION STATUS.(circle immunizations and vitamin A needed today). At birth BCG OPV-0 At 6 weeks OPV-1 DPT-1 HB-1 At 10 weeks OPV-2 DPT-2 HB-2 At 14 weeks OPV-3 DPT-3 At 9 months Measles +VIT A HB-3 At 18 months OPV-4 DPT(booster dose)	Return for next immunization on: _____ (Date)
ASSESS CHILD'S FEEDING if child has ANEMIA OR LOW WEIGHT or is less than 2 years old. . Do you breastfeed your child? Yes __ No __ If yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes __ No __ . Dose 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? _____ If low weight for age: How large are serving? _____ .Dose the child receive his own serving? _____ Who feeds the child and how ? _____ .During the illness, has the child's feeding changed? If yes, how? _____	FEEDING PROBLEMS

ASSESS OTHER PROBLEMS:

TREAT

Return for follow-up in : _____

Advice mother when to return immediately. _____

Give any immunization needed today: _____

Feeding advice: _____

NOTES