

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

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Ministry of Health
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SICK YOUNG INFANT AGE LESS THEN 2 MONTHS

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

Assess, Classify and Identify Treatment

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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 FOLLOW-UP chart.
 - if initial visit, assess the child as follows:

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

CHECK FOR GENERAL DANGER SIGNS

ASK:

- Is the child not 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

- Any general danger sign

CLASSIFY AS

VERY SEVERE DISEASE

TREATMENT

(Urgent pre-referral treatments are in bold and italic print.)

- ▶ **Treat convulsions if present now.**
- ▶ **Complete assessment immediately**
- ▶ **Give first dose of an appropriate antibiotic.**
- ▶ **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, 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
12 months up to 5 years

50 breaths per minute or more
40 breaths per minute or more

If wheezing and either fast breathing or chest indrawing:

Give a trial of rapid acting inhaled bronchodilator up to three times 15-20 minutes apart. Count the breaths and look for chest indrawing gain, and then classify

- Any general danger sign or
- Stridor in calm child

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 and/or Lower Chest Indrawing

PNEUMONIA

- ▶ Give an appropriate Oral antibiotic for 5 days
- ▶ If wheezing (even if it disappeared after rapidly acting bronchodilator) give oral bronchodilator for 5 days
- ▶ Sootle the throat and relieve the cough with a safer remedy
- ▶ If coughing for more than 3 weeks or if having recurrent wheezing, refer for assessment for TB or Asthma
- ▶ Advise mother when to return immediately.
- ▶ Follow up in 3 days.

- No sign of pneumonia or very severe disease. (if wheeze go directly to treat wheezing)

NO PNEUMONIA: COUGH OR COLD

- ▶ If wheezing (even if it disappeared after rapidly acting bronchodilator) give a oral bronchodilator for 5 days.
- ▶ If coughing more than 3 weeks or if having recurrent wheezing refer for assessment for TB or Asthma.
- ▶ Sootle the throat and relieve the cough with a safer remedy.
- ▶ Advise mother when to return immediately.
- ▶ Follow up in 3 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

if diarrhoea is for
14 days or more

and if blood
in stool

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	<ul style="list-style-type: none"> ▶ If child has no other severe classification: - Give fluid for severe dehydration (Plan C). - Give appropriate dose of Zinc Suspension for 10 days. 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 • Drink eagerly thirsty • Skin pinch goes back slowly	SOME DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluid and food for some dehydration (Plan B). ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ If child also has any other severe classification: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding. ▶ Advise mother when to return immediately ▶ Follow-up in 2 days if not improving.
Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluid and food to treat diarrhoea at home (Plan A). ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Advise mother when to return immediately ▶ Follow-up in 2 days if not improving.
• Dehydration present.	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Treat dehydration before referral unless the child has any other severe classification. ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Refer to hospital.
• No dehydration.	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Give multivitamin/mineral supplement for two weeks ▶ Advise mother when to return immediately ▶ Follow-up in 5 days.
• Blood in the stool.	DYSENTERY	<ul style="list-style-type: none"> ▶ Treat for 3 days with an oral antibiotic recommended for <i>Shigella</i>. ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Advise mother when to return immediately ▶ 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 throat problem:

IF YES, ASK:

- Does the child have sore throat?
- Is the child not able to drink?
- Does the child have fever?

LOOK AND FEEL:

- Fever (temperature 37.5° C or above)
- Feel the front of the neck for tender enlarged lymph nodes.
- Look for red, enlarged tonsils
- Look for exudate on the throat.

Classify SORE THROAT

<ul style="list-style-type: none"> • Sore throat AND not able to drink 	THROAT ABSCESS	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat the child to prevent low blood sugar. ▶ Give first dose of paracetamol for high fever or pain. ▶ Refer URGENTLY to hospital.
Fever and/ or sore throat AND at least two of the following signs. <ul style="list-style-type: none"> • Tender, enlarged lymph nodes on neck. • Red, enlarged tonsils. • White exudate on throat. 	STREPTOCOCCAL SORE THROAT	<ul style="list-style-type: none"> ▶ Give benzathine penicillin or Amoxycillin. ▶ Give paracetamol for high fever or pain. ▶ Give safe, soothing remedy for sore throat. ▶ Advise mother when to return immediately ▶ Follow-up in 5 days if not improving
<ul style="list-style-type: none"> • Not enough signs to classify as throat abscess or streptococcal sore throat. 	VIRAL SORE THROAT	<ul style="list-style-type: none"> ▶ Give safe, soothing remedy for sore throat. ▶ Give paracetamol for high fever or pain. ▶ Advise mother when to return immediately ▶ Follow-up in 5 days, if not improving.
<ul style="list-style-type: none"> • No signs present (with or without fever) 	NO THROAT PROBLESM	<ul style="list-style-type: none"> ▶ No additional treatment.

Does the child have an ear problem?

IF YES, ASK:

- Is there severe ear pain?
- 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

<ul style="list-style-type: none"> • Tender swelling behind the ear. 	MASTOIDITIS	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat the child to prevent low blood sugar. ▶ Give first dose of paracetamol for high fever or pain. ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Pus is seen draining from the ear and/or discharge is reported for less than 14 days, OR • Severe ear pain. 	ACUTE EAR INFECTION	<ul style="list-style-type: none"> ▶ Give an appropriate oral antibiotic for 5 days. ▶ Give paracetamol for high fever or pain. ▶ Dry the ear by wicking. ▶ Advise mother when to return immediately. ▶ Follow-up in 5 days.
<ul style="list-style-type: none"> • Discharge is reported for 14 or more days (pus is seen or not seen draining from the ear). 	CHRONIC EAR INFECTION	<ul style="list-style-type: none"> ▶ Dry the ear by wicking if pus seen draining from the ear ▶ Give appropriate topical quinolone ear drops for 2 weeks ▶ Give paracetamol for high fever or pain ▶ Refer to Ear Nose & Throat specialist. ▶ Follow-up in 5 days.
<ul style="list-style-type: none"> • No ear pain and No pus draining from the ear. 	NO EAR INFECTION	<ul style="list-style-type: none"> ▶ If any other ear problem present give appropriate treatment or refer to Ear Nose & Throat specialist.

Does the child have fever?

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

IF YES:
Malaria transmission in the area = Yes
Transmission season = Yes
In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes
Yes _____ No _____
(if yes, use the treatment instructions for the relevant malaria risk area)

THEN ASK:

- Fever For how long?
- If more than 7 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 of measles AND
- One of these: cough, runny nose, or red eyes.

MEASLES NOW OR WITH IN 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

IF YES

IF NO

<ul style="list-style-type: none"> Any general danger sign or Stiff neck. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Take the slide (thick and thin) immediately before giving IM artemether or quinine and send it with the patient. Give first dose of IM artemether or quinine for suspected severe or complicated malaria. Give first dose of an appropriate antibiotic. Treat the child to prevent low blood sugar. Give one dose of paracetamol in clinic for high fever (38.5° C or above). Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Fever (by history or feels hot or temperature 37.5° C*** or above). 	SUSPECTED (CLINICAL) MALARIA****	<ul style="list-style-type: none"> Confirm through RDTs or Microscopy if available. Treat the child with appropriate antimalarial. Give one dose of paracetamol in clinic for high fever (38.5° C or above). Advise mother when to return immediately Follow-up in 3 days if fever persists. If fever is present every day for more than 7 days, refer for assessment.
<ul style="list-style-type: none"> Any general danger sign or Stiff neck. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Take the slide (thick and thin) immediately before giving IM artemether or quinine and send it with the patient. Give first dose of IM artemether or quinine for suspected severe or complicated malaria. Give first dose of an appropriate antibiotic. Treat the child to prevent low blood sugar. Give one dose of paracetamol in clinic for high fever (38.5° C or above). Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Fever for more than two days. AND Runny nose PRESENT or Measles PRESENT or Other cause of fever PRESENT 	FEVER - MALARIA UNLIKELY	<ul style="list-style-type: none"> Give one dose of paracetamol in clinic for high fever (38.5° C or above). Treat other cause of fever accordingly Advise mother when to return immediately Follow-up in 3 days if fever persists. If fever is present every day for more than 7 days, refer for assessment.
<ul style="list-style-type: none"> Any general danger sign or Clouding of cornea or Deep or extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES****	<ul style="list-style-type: none"> Give first dose of an appropriate antibiotic. Give one dose of paracetamol in clinic for high fever (38.5° C or above). If clouding of the cornea or pus draining from the eye, apply chloramphenicol eye ointment. Treat the child to prevent low blood sugar. Give Vitamin A. Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Pus draining from the eye or Mouth ulcers. 	MEASLES WITH EYE AND / OR MOUTH COMPLICATIONS****	<ul style="list-style-type: none"> Give one dose of paracetamol in clinic for high fever (38.5° C or above). If pus draining from the eye, treat eye infection with chloramphenicol eye ointment. If mouth ulcers, treat with gentian violet Give Vitamin A. Advise mother when to return immediately Follow-up in 2 days.
<ul style="list-style-type: none"> Measles now or within the last 3 months. 	MEASLES	<ul style="list-style-type: none"> Give one dose of paracetamol in clinic for high fever (38.5° C or above). Give Vitamin A. Advise mother when to return immediately Follow-up in 2 days if not improving or if measles now follow-up in 2 days

* ACT Artesininhe based Combination Therapy.
 ** These temperatures are based on axillary temperature.
 **** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables

** RDT is Rapid Diagnostic Test.
 **** All Suspected (Clinical) Malaria cases may be confirmed through RDTs or Microscopy for determining whether it is a Vivax or Falciparum Malaria and then treat appropriately (Give Chloroquine for Vivax Malaria and ACT for Falciparum Malaria)

SORE THROAT EAR PROBLEM FEVER, MALARIA, MEASLES,

DDF

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

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

Classify NUTRITIONAL STATUS

<ul style="list-style-type: none"> • Visible severe wasting or • Oedema of both feet. 	SEVERE MALNUTRITION	<ul style="list-style-type: none"> ▶ Give Vitamin A. ▶ Treat the child to prevent low blood sugar ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Very low weight for age. 	VERY LOW WEIGHT	<ul style="list-style-type: none"> ▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. ▶ Advise mother when to return immediately ▶ If feeding problem, follow-up in 5 days. ▶ Follow-up in 30 days.
<ul style="list-style-type: none"> • Not very low weight for age <i>AND</i> no other signs of malnutrition/. 	NOT VERY LOW WEIGHT	<ul style="list-style-type: none"> ▶ 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. ▶ Advise mother when to return immediately ▶ If feeding problem, follow-up in 5 days.

THEN CHECK FOR ANAEMIA

LOOK

- Look for palmar pallor Is it:

Severe palmar pallor?
Some palmar pallor?

Classify ANAEMIA

<ul style="list-style-type: none"> • Severe palmar pallor 	SEVERE ANAEMIA	<ul style="list-style-type: none"> ▶ Treat the child to prevent low blood sugar ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Some palmar pallor 	ANAEMIA	<ul style="list-style-type: none"> ▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. ▶ Give iron. ▶ Give oral antimalarial if high malaria risk. ▶ Deworm if child is two years or older & has not had a dose in previous six months, or has evidence of worm infestation ▶ Advise mother when to return immediately
<ul style="list-style-type: none"> • No palmar pallor 	NO ANAEMIA	<ul style="list-style-type: none"> ▶ No additional treatment.

THEN CHECK CHILD'S IMMUNIZATION, VITAMIN A SUPPLEMENTATION, AND DEWORMING STATUS

IMMUNIZATION SCHEDULE:	AGE	VACCINE		VITAMIN A SUPPLEMENTATION STATUS:	<ul style="list-style-type: none"> • if child is 6 months or older and has not received a dose in the last 6 months, give a dose of vitamin A in the clinic 	DEWORMING STATUS:	<ul style="list-style-type: none"> • if child is 1 year or older and has not received deworming dose in the last 6 months, give a dose of Mebendazole 500mg (single dose)
	Birth	BCG	OPV-0				
	6 weeks	PENTA/LENT-1	OPV-1				
	10 weeks	PENTA/LENT-2	OPV-2				
	14 weeks	PENTA/LENT-3	OPV-3				
	9 months	MEASLES-1					
15 months of age	MEASLES-2						

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 AND ACUTE EAR INFECTION:

FIRST-LINE ANTIBIOTIC: AMOXYCILLIN
SECOND-LINE ANTIBIOTIC: CEPHRADINE

AGE or WEIGHT	AMOXYCILLIN ▶ Give two times daily for 5 days		CEPHRADINE ▶ Give three times daily for 5 days	
	SYRUP	SYRUP	SYRUP	SYRUP
	125 mg per 5 ml	250 mg per 5 ml	125 mg per 5 ml	250 mg per 5 ml
2 months up to 12 months (4 - <10 kg)	5 ml	2.5 ml	5 ml	2.5 ml
12 months up to 5 years (10 - 19 kg)	10 ml	5 ml	10 ml	5 ml

▶ FOR DYSENTERY AND CHOLERA: Give recommended antibiotic for 5 days.

FIRST-LINE ANTIBIOTIC: CIPROFLOXACIN
SECOND-LINE DRUG: METRONIDAZOLE (REFER TO FOLLOW UP BOX)

AGE or WEIGHT	CIPROFLOXACIN ▶ Give two times daily for 3 days		METRONIDAZOLE ▶ Give three times daily for 5 days	
	TABLET 500 mg	SYRUP 250 mg per 5 ml	TABLET 200 mg	SYRUP 200 mg per 5 ml
2 months up to 4 months (4 - <6 kg)				
4 months up to 12 months (6 - <10 kg)	1/5	1.5 ml		
12 months up to 3 years (10 - <14 kg)	1/3	3.5 ml	1/2	2.5 ml
3 years up to 5 years (14 - 19 kg)	1/2	5 ml	1	5 ml

ANTIBIOTICS

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

ANTIMALARIAL FOR FALCIPARUM MALARIA : ACT (Artemesinine based Combination Therapy),
ANTIMALARIAL FOR VIVAX MALARIA: CHLOROQUINE

- IF Artemesinine based Combination Therapy (ACT), which is Artesunate + SULFADOXINE - PYRIMETHAMINE:
 - Give the first dose as directly observed therapy in the clinic.
 - If the child vomits the drug within 30 minutes of intake, repeat the dose.
- 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.
 - Explain that itching is a possible side effect of the drug, but is not dangerous.

AGE	Dose in mg (No. of tablets)					
	Artesunate (50 mg)			Sulfadoxine-Pyrimethamine (500/25mg)		
	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3
5 months up to 12 months	25 (½)	25 (½)	25 (½)	250 / 12.5 (½)		
1 year to 5 years	50 (1)	50 (1)	50 (1)	500/25 (1)		

AGE or WEIGHT	CHLOROQUINE ► Give for 3 days								
	TABLET (150 mg base)			TABLET (100 mg base)			SYRUP (50 mg base per 5 ml)		
	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	7.5 ml	7.5 ml	5.0 ml
12 months up to 3 years (10 - <14 kg)	1	1	1/2	1 1/2	1 1/2	1/2	15.0 ml	15.0 ml	5.0 ml
3 years up to 5 years (14 - 19 kg)	1 1/2	1 1/2	1 1/2	2	2	1			

► Give Paracetamol for High Fever ($\geq 38.5^{\circ}\text{C}$) or Sore Throat or Ear Pain

- Give paracetamol every 6 hours until high fever or sore throat or ear pain is relieved.

AGE or WEIGHT	PARACETAMOL	
	TABLET (500 mg)	SYRUP (120 mg per 5 ml)
2 months up to 6 months (4- <7 kg)		2.5 ml
6 months up to 3 years (7- <14 kg)	1/4	5 ml
3 years up to 5 years (14 - 19 kg)	1/2	10 ml

► Give Zinc Suspension

- Along with increased fluids and continued feeding, all children with diarrhoea should be given Zinc Suspension for 10 days

AGE	Zinc Sulphate (20mg / 5ml)
Up to 6 months	2.5ml
6 months up to 5 years	5ml

► Give Multivitamin / Mineral Supplement

- For persistent diarrhoea, give 5 ml (one tea spoon) once daily of multivitamin minerals for 2 weeks each 5 ml contains

Vitamin-A:	8000 IU (800 micrograms)
Folate:	100 micrograms
Magnesium:	150 mg
Iron:	20 mg
Zinc:	20 mg
Copper:	2 mg

► Give Vitamin A

- Give two doses.
 - Give first dose in clinic.
 - Give mother one dose to give at home the next day.

AGE	VITAMINA CAPSULES	
	200 000 IU	100 000 IU
Up to 6 months		50 000 IU
6 months up to 12 months	1/2 capsule	1 capsule
12 months up to 5 years	1 capsule	2 capsules

► Give Iron

- Give one dose daily for 14 days.

AGE or WEIGHT	IRON/FOLATE TABLET Ferrous sulfate 200 mg + 250 mcg Folate (60 mg elemental 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
4 months up to 12 months (6 - <10 kg)		1.25 ml
12 months up to 3 years (10 - <14 kg)	1/2	2.00 ml
3 years up to 5 years (14 - 19 kg)	1/2	2.5 ml

► Give Mebendazole

- FOR TREATMENT OF ANEMIA AND IF STOOLS POSITIVE FOR WORMS OR:
If the child is 1 year or older and has not had a dose in the previous 6 months or
If child is less than 12 months of age and has evidence of worm infestation, such cases should be referred and managed on case by case basis.
GIVE MEBENDAZOLE AS A SINGLE DOSE INCLINE.

AGE or WEIGHT	MEBENDAZOLE (500 mg)	ALBENDAZOLE (200 mg)
Above 12 months (10 - <19 kg)	1	1

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- ▶ Explain to the mother what the treatments are and why it should be given.
- ▶ Describe the treatment steps listed in the appropriate box.
- ▶ Watch the mother as she doses 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 chloramphenicol ointment or a small bottle of gentian violet.
- ▶ Check the mother's understanding before she leaves the clinic.

▶ **Treat Eye Infection with Chloramphenicol 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 Chloramphenicol eye ointment in both eyes 3 times daily

- Ask the child to look up.
- Squeeze 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.
Return to clinic immediately if infection becomes worse.

▶ **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 (0.25 %).
- Wash hands again.

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

• Safe remedies to recommend:

Breast milk for exclusively breastfed infant.
Honey with water : one tea spoon honey in half cup of luke warm water
Green tea, Soup etc.

• Harmful remedies to discourage:

Cough syrup containing codeine, antihistamines, alcohol, atropine and expectorants.
Oral and nasal decongestants
Do not massage or bind the chest
Do not give opium, alcohol etc.

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.

▶ Treat the convulsing Child with Diazepam

Manage the Airway:

Turn the child on the side to avoid aspiration

- ▶ Do not insert anything in the mouth
- ▶ If 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 of diazepam into a small syringe
- ▶ Add 2-3 ml water Then remove the needle
- ▶ Attach a piece of nasogastric tube to the syringe if possible.
- ▶ Insert 4 to 5 cm of the tube or tip of the syringe into the rectum and inject the diazepam solution.
- ▶ Hold buttock together for a few minutes

AGE or WEIGHT	Diazepam Given Rectally (10 mg = 2ml) Dose 0.5mg/kg
Less than 7 days (If weight < 2.5 kg)	0.25 ml
Less than 7 days (If weight > 2.5 kg)	0.5 ml
7 days up to 4 months (3 - < 6 kg)	0.5 ml
4 months up to 12 months (6 - < 10 kg)	1 ml
12 months up to 3 years (10 - < 14 kg)	1.25 ml
3 years up to 5 years (14 - 19 kg)	1.5 ml

If High Fever, Lower the Fever:

- ▶ Sponge the child with tap water
 - ▶ Give antipyretic
- Treat the child to prevent low blood sugar.

▶ Give Intramuscular Antibiotics

FOR CHILDREN BEING REFERRED URGENTLY:

- ▶ Give first dose of Intramuscular Ampicillin and Gentamicin and refer child urgently to hospital.
- IF REFERRAL IS NOT POSSIBLE:**
- ▶ Repeat the Ampicillin and Gentamicin Chloramphenicol Injection in divided doses every 12 hours for 7 and 5 days respectively
 - ▶ Then change to an appropriate oral antibiotic to complete 10 days of treatment.

AGE or WEIGHT	AMPICILLIN Dose: 50 mg per kg Add 3 ml sterile water to vial containing 500 mg = 3.5 ml at 143 mg/ml	GENTAMICIN Dose: 7.5 mg per kg 1 vial = 40mg/2ml	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)	1.5 ml = 214 mg	1.5 ml = 30 mg	1.0 ml = 180 mg
4 months up to 9 months (6 - < 8 kg)	2 ml = 286 mg	2.5 ml = 50 mg	1.5 ml = 270 mg
9 months up to 12 months (8 - < 10 kg)	3 ml = 429 mg	3 ml = 60 mg	2.0 ml = 360 mg
12 months up to 3 years (10 - < 14 kg)	3.5 ml = 500 mg	4 ml = 80 mg	2.5 ml = 450 mg
3 years up to 5 years (14 - 19 kg)	5 ml = 715 mg	5 ml = 100 mg	3.5 ml = 630 mg

▶ Give Quinine HCL/ARTEMETHER INJ. for Severe Malaria

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- ▶ Check which quinine*/artemether formulation is available in your clinic.
- ▶ Give first dose of intramuscular quinine/artemether and refer child urgently to hospital.
- ▶ If low risk of malaria, do not give quinine/artemether to a child less than 4 months of age.

IF REFERRAL IS NOT POSSIBLE:

- ▶ Give first dose of intramuscular quinine/artemether.
- ▶ 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.
- ▶ In case of intramuscular artemether injection, give 1.6mg/kg body weight every day for 7 days.
- ▶ If low risk of malaria, do not give quinine to a child less than 4 months of age.

AGE or WEIGHT	INTRAMUSCULAR QUININE HCL (in 2 ml ampoules)			INTRAMUSCULAR ARTEMETHER (1ml ampoules)	
	AMPOULES (300 mg/ml)			AMPOULES (40 & 80 mg/ml)	
	Draw up this dose of undiluted quinine in syringe	Add this amount of normal saline	Total diluted solution to administer (60 mg/ml)	40 mg/ml	80 mg/ml
2 months up to 4 months (4 - < 6 kg)	0.2 ml	0.8 ml	1.0 ml	0.2 ml	0.1 ml
4 months up to 12 months (6 - < 10 kg)	0.3 ml	1.2 ml	1.5 ml	0.4 ml	0.2 ml
12 months up to 2 years (10 - < 12 kg)	0.4 ml	1.6 ml	2.0 ml	0.5 ml	0.25 ml
2 years up to 3 years (12 - < 14 kg)	0.5 ml	2.0 ml	2.5 ml	0.5 ml	0.25 ml
3 years up to 5 years (14 - 19 kg)	0.6 ml	2.4 ml	3.0 ml	0.5 ml	0.3 ml

* In Pakistan Quinine HCL is available in ampoules of 300mg / ml.

► Treat Wheezing:

► CHILDREN WITH WHEEZING AND GENERAL DANGER SIGN OR STRIDOR

- Give one dose of rapid acting bronchodilator and REFER immediately

► CHILDREN WITH WHEEZING AND CHEST INDRAWING AND/OR FAST BREATHING

- Give a rapid acting bronchodilator and reassess the child 30 minutes later

IF:

CHEST INDRAWING OR
FAST BREATHING PERSISTS



THEN:

Treat for PNEUMONIA
Give oral salbutamol for 5 days.

NO FAST BREATHING



Treat for NO PNEUMONIA COUGH OR COLD
Give oral salbutamol for 5 days.

CHILDREN WITH WHEEZING AND NO DANGER SIGNS, NO STRIDOR, NO CHEST INDRAWING NO FAST BREATHING

- Treat for no pneumonia: cough or cold
- Give oral salbutamol for 5 days

RAPID ACTING BRONCHODILATOR		
AGE or WEIGHT	Nebulized Salbutamol (5mg/ml)	Metered dose inhaler with spacer device (100mcg/dose)
2 months up to 6 months (4- <7 kg)	0.25 ml (plus 2.0 ml sterile water)	1 puff
6 months up to 12 months (7- <10 kg)	0.5 ml (plus 2.0 ml sterile water)	1 to 2 puffs
12 months up to 5 years (10- 19 kg)	0.5 ml (plus 2.0 ml sterile water)	2 to 3 puffs

ORAL SALBUTAMOL		
► Three times daily for five days		
AGE or WEIGHT	TABLETS (2 mg)	SYRUP (2 mg/5ml)
2 months up to 6 months (4- <7 kg)	1/4	1.25 ml
6 months up to 12 months (7- <10 kg)	1/2	2.5 ml
12 months up to 5 years (10- 19 kg)	1	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 breast milk or a breast milk 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 An Antibiotic for Streptococcal Sore Throat

- Give a single dose of Intramuscular Benzathine Penicillin

Age	Benzathine Penicillin (600,000 units add 5 ml sterile water)
< 5 years	600,000 unit

OR

- Give Amoxicillin for 10 days (see "Appropriate Oral Antibiotic" box for dose of Amoxicillin)

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 at each feed.
- If the child is exclusively breastfed, give ORS or clean water in addition to breast milk
- 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 (1000 ml) 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.

► GIVE ZINC SUSPENSION

- Along with increased fluids and continued feeding, all children with diarrhoea should be given Zinc Suspension for 10 days

AGE	Zinc Suspension (20mg / 5ml)
Up to 6 months	2.5ml
6 months up to 5 years	5ml

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:

► GIVE ZINC SUSPENSION

- Along with increased fluids and continued feeding, all children with diarrhoea should be given Zinc Suspension for 10 days

AGE	Zinc Suspension (20mg / 5ml)
Up to 6 months	2.5ml
6 months up to 5 years	5ml

1. GIVE EXTRA FLUID

2. CONTINUE FEEDING

3. WHEN TO RETURN



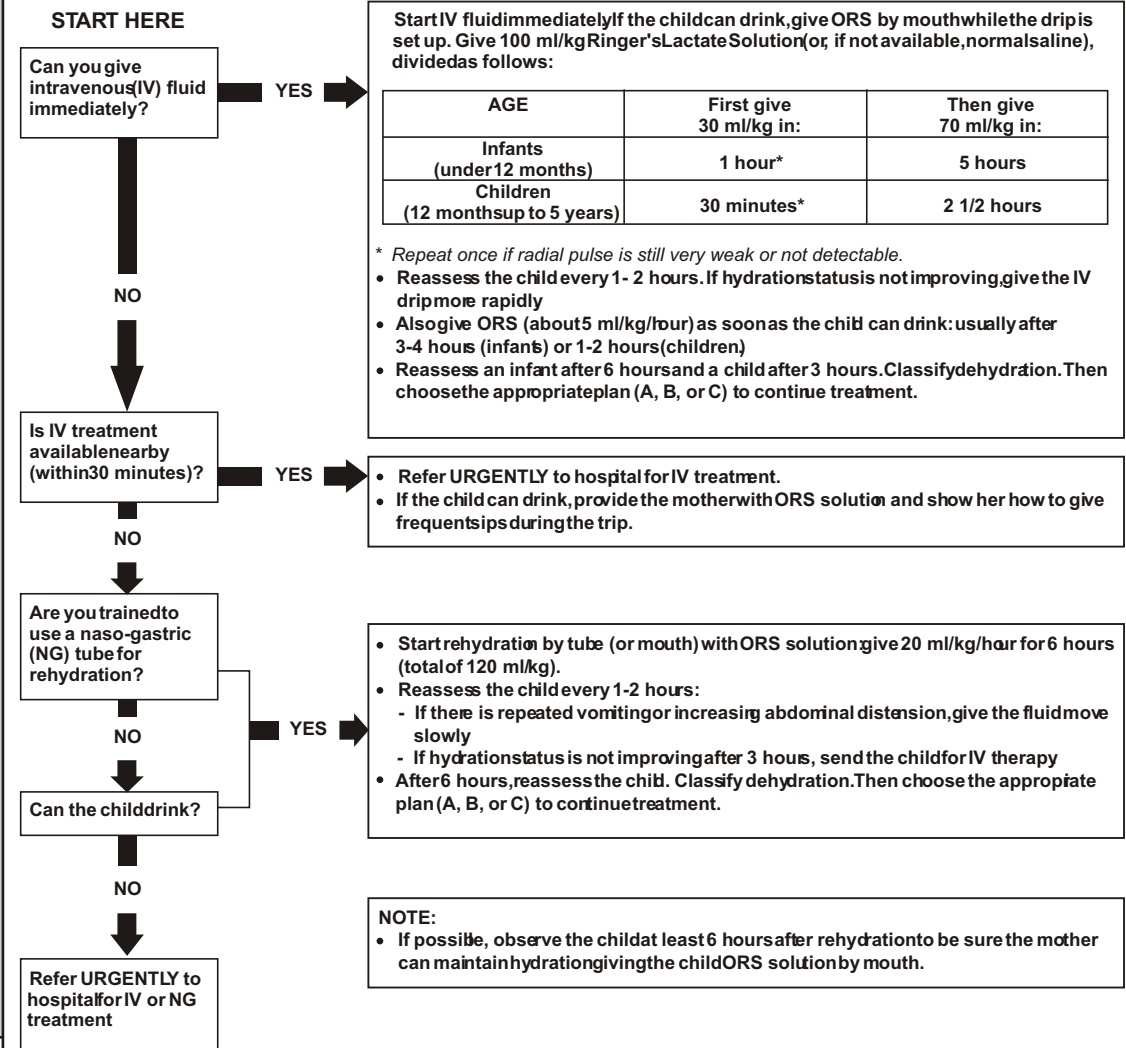
See Plan A for recommended fluids and
See COUNSEL THE MOTHER chart

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.



► GIVE ZINC SUSPENSION

- Along with increased fluids and continued feeding, all children with diarrhoea should be given Zinc Suspension for 10 days

AGE	Zinc Suspension (20mg / 5ml)
Up to 6 months	2.5ml
6 months up to 5 years	5ml

GIVE VITAMIN-A SUPPLEMENTATION, AS NEEDED

GIVE MEBENDAZOLE, AS NEEDED

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 3 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 wheezing?

Treatment:

- ▶ If child has chest indrawing or has fast breathing and with or without wheeze, give a dose of intramuscular Ampicillin and Gentamicin. If wheezing also give three cycles of rapidly acting bronchodilator
- ▶ If breathing rate, fever and eating are the same, with or without wheeze, change to the second-line antibiotic and advise the mother to return in 3 days. If wheezing now or had wheezing on first visit give/continue oral salbutamol (if this child had measles within the last 3 months, refer).
- ▶ If breathing rate slower, less fever, or eating better, with or without wheezing, complete the 5 days of antibiotic. If wheezing now or had wheezing on first visit give/continue oral salbutamol for five days.
- ▶ If child had no wheeze on the first visit but has wheeze now and had no general danger signs or stridor, or chest indrawing or fast breathing, treat as in "No Pneumonia: Cough or Cold - Wheeze" box.

▶ NO PNEUMONIA: COUGH OR COLD- WHEEZE

After 3 days:

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

} See ASSESS & CLASSIFY chart.

Treatment:

- ▶ If any general danger sign or stridor -, treat as VERY SEVERE DISEASE, give a dose of pre-referral intramuscular antibiotics. If wheezing now, give one dose of rapidly acting bronchodilator and refer URGENTLY to hospital.
- ▶ If fast breathing or chest indrawing, with wheeze also give a dose of rapidly acting bronchodilator and reassess according to "treat wheezing" box.
- ▶ If child is wheezing but has no general danger signs, no stridor, no chest indrawing or no fast breathing
 - if this is the first episode of wheezing or if the child had previous episodes but has not been referred, give salbutamol and refer for assessment.
 - If the child has already been referred for a previous 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 had wheeze and now 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 worse- refer to hospital.
- ▶ If number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same: Add metronidazole. Give 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.

▶ 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 recommendation for the child's age.
- ▶ Tell the mother to continue giving multivitamin mineral supplement for two weeks.

▶ MALARIA (Low or High Malaria Endemic Area)

If fever persists after 3 days, or returns immediately if the same symptoms reappear within 28 days: Do a full reassessment of the child. Assess for other causes of fever > See **ASSESS & CLASSIFY** chart.

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 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.

▶ 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 for 5 more days with 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. Check for compliance of treatment prescribed by the Ear Nose & Throat specialist.
- ▶ 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.

▶ FEVER-MALARIA UNLIKELY (Malaria non endemic Area)

If fever persists after 2 days:

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

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. Advise the mother to return again in 2 days if the fever persists.
 - If fever has been present for 7 days, refer for assessment.

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 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 (0.25 %) for a total of 5 days.

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

▶ ANAEMIA

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 FOR 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 answer 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 very low weight for age: How large are servings?

- ▶ During this illness, has the child's feeding changed? If yes, how?

► 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.
- Breastfeed at least for 10 minutes on each breast every time
- Do not give other foods or water
- Do not use bottles or pacifiers



6 Months up to 12 Months

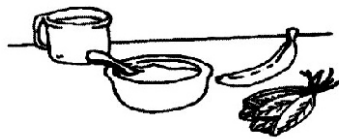


Breastfeed as often as the child wants.

Give adequate servings of:
Khichri*, Rice (Bhatt)* with seasonal vegetables (Carrot, Spinach, Potatoes etc.), or Minced Meat, Rice Kheer, Suji ka Halwa or Kheer*, Dalia*, Vermicelli*, Choori*, Mashed Potato or vegetables*, Egg, Banana and others Seasonal fruits.

(upto 9 months food should be mashed)

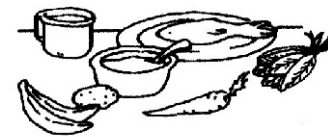
- 3 times per day if breastfed;
- 5 times per day if not breastfed.
- Each serving should be equivalent to 1/2-3/4 or a cup.



12 Months up to 2 Years



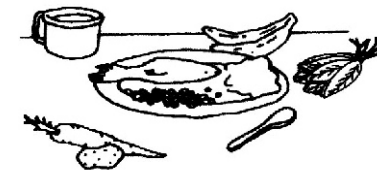
- Breastfeed as often as the child wants.
- Give adequate servings of:
Roti, Paratha, Khichri, Rice, Curry, Minced Meat, Chicken, Egg, Seasonal Vegetables, Choori, Vermicelli, and/or any food listed for 6-12 months child
- Give food at least 3 times per day AND
- Give also snacks 2 times per day between meals such as seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, home made Pakora or Samosa, Lassi, Yoghurt, Bread with Egg, Halwa etc.
OR
Family food 5 times per day



2 Years and Older



- Give family food at 3 meals each day. Also, twice daily give nutritious food between meals, such as:
- Seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora, Samosa, Lassi, Yoghurt, Bread with Eggs, Halwa etc.



Wash your hands before preparing the child's food and use clean cooking utensils.

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

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 semi-solid 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 is taking other milk or foods OR:*
- *If the mother thinks she does not have enough milk:*
 - *Build mother's confidence that she can produce all the breast milk 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 breast milk substitute.*
- *Make sure other milk is correctly and hygienically prepared and given in adequate amounts.*
- *Prepare only an amount of milk which child can consume within one hour. If there is some left over milk, discard.*



- *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 being fed too small amounts*
 - *Recommend increasing the frequency and portion size for each meal day by day until recommended portion size achieved.*
 - *Recommend that the mother encourage the child to eat more.*
- *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.*
 - *Observe what the child likes and consider these for preparing the food. (consider energy rich, high density food).*



- *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, favorite foods to encourage the child to eat as much as possible, and offer frequent small feedings.*
 - *Add oil/ghee/butter to prepare foods. Also give green leafy and yellow vegetables and fruits to the child.*
 - *Clear a blocked nose if it interferes with feeding.*
 - *Expect that appetite will improve as child gets better.*
 - *Give expressed breast milk if necessary.*
- *Follow-up any feeding problem in 5 days.*
- *Advise mother not to give her child, harmful, contaminated and unhygienically prepared junk foods from vendors e.g. kulfi, ice cream, sodas/sherbet/drinks etc., paparrs, pakoras, samosas, nimkos etc.*

FLUID AND FOOD

► Advise the Mother to Increase Fluid and Continue Feeding 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 or clean water.
- Give small frequent meals of energy rich food.

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

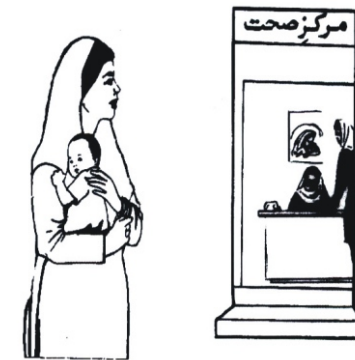
FOLLOW-UP VISIT

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 WITH WHEEZE if no improvement MALARIA, if fever persists FEVER-MALARIA UNLIKELY, if fever persists	3 days
DYSENTERY MEASLES WITH EYE OR MOUTH COMPLICATIONS MEASLES (if measles now)	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
ANAEMIA	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	<ul style="list-style-type: none"> • Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none"> • Chest indrawing • Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"> • 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 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*
- *Counseling on STD and AIDS prevention*



ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGE LESS THEN 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 FOLLOW-UP 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 INFECTION

<p>ASK:</p> <ul style="list-style-type: none"> • Has the infant had convulsion (fits)? • Is the infant having difficulty in feeding? 	<p>LOOK, LISTEN, FEEL:</p> <ul style="list-style-type: none"> • Count the breaths in one minute. Repeat the count if elevated. • Look for severe chest indrawing. • Look and listen for grunting. • Measure axillary temperature. • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. • Look at the young infant's movements. Does the infant move only when stimulated? Does the infant not move even when stimulated? 	<p>YOUNG INFANT MUST BE CALM</p>
---	---	----------------------------------

Classify ALL YOUNG INFANTS

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold)
Any one of the following signs <ul style="list-style-type: none"> • Convulsion OR • Not feeding well OR • Fast breathing (60 breaths per minute or more) OR • Severe chest indrawing OR • Grunting OR • Fever (37.5°C* or above) OR • low body temperature (less than 35.5°C*) OR • Movements only when stimulated or no movement even when stimulated 	VERY SEVERE DISEASE	<ul style="list-style-type: none"> ▶ Give first dose of Intramuscular antibiotics. ▶ Treat to prevent low blood sugar. ▶ Advise mother how to keep the infant warm on the way to the hospital. ▶ Refer URGENTLY to hospital.**
<ul style="list-style-type: none"> • Umbilicus red or draining pus • Skin pustules 	LOCAL BACTERIAL INFECTION	<ul style="list-style-type: none"> ▶ Give an appropriate oral antibiotic. ▶ Teach the mother to treat local infections at home. ▶ Advise mother to give home care for the young infant. ▶ Follow-up in 2 days.
<ul style="list-style-type: none"> • None of the signs of very severe disease • Local bacterial infection 	BACTERIAL INFECTION UNLIKELY	<ul style="list-style-type: none"> ▶ Advise mother to give home care for young infant.

THEN CHECK FOR JAUNDICE

<p>ASK</p>	<p>LOOK, LISTEN, FEEL:</p> <ul style="list-style-type: none"> • Look for jaundice • Look at the young infant's palms and soles. Are they yellow?
-------------------	---

Classify JAUNDICE

<ul style="list-style-type: none"> • Any jaundice if age less than 24 hours or • Yellow palms and soles at any age 	SEVERE JAUNDICE	<ul style="list-style-type: none"> ▶ Treat to prevent low blood sugar. ▶ Refer URGENTLY to hospital. ▶ Advise the mother how to keep the young infant warm on the way to the hospital.
<ul style="list-style-type: none"> • Jaundice appearing after 24 hours of age and • Palms and soles not yellow 	JAUNDICE	<ul style="list-style-type: none"> ▶ Advise the mother to give home care for the young infant ▶ Advise mother to return immediately if palms and soles appear yellow ▶ Follow-up in 1 day
<ul style="list-style-type: none"> • No jaundice 	NO JAUNDICE	<ul style="list-style-type: none"> ▶ Advise the mother to give home care for the young infant.

**THEN ASK:
Does the young infant have diarrhoea?**

IF YES, ASK LOOK AND FEEL:

- For how long? • Look at the young infant's general condition.
- Is there blood in the stool? Does the infant move only when stimulated?
Does the infant not move even when stimulated?
- Is the infant 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

and if diarrhoea
14 days or more

and if blood in
stool

<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Movement only when stimulated or no movement even when stimulated • Sunken eyes • Skin pinch goes back very slowly 	SEVERE DEHYDRATION	<p>▶ If infant does not have VERY SEVERE DISEASE: - Give fluid for severe dehydration (Plan C). OR</p> <p>▶ If infant also has VERY SEVERE DISEASE: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.</p>
<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Skin pinch goes back slowly 	SOME DEHYDRATION	<p>▶ Give fluid and food for some dehydration (Plan B). ▶ If infant also has VERY SEVERE DISEASE: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. - Advise mother to continue breastfeeding. ▶ Advise mother when to return immediately ▶ Follow up in 2 days if not improving.</p>
<p>• Not enough signs to classify as some or severe dehydration.</p>	NO DEHYDRATION	<p>▶ Give fluids to treat diarrhoea at home (Plan A). ▶ Advise mother when to return immediately ▶ Follow up in 2 days if not improving.</p>
<p>• Diarrhoea lasting 14 days or more.</p>	SEVERE PERSISTENT DIARRHOEA	<p>▶ If the young infant is dehydrated, treat dehydration before referral unless the infant has also VERY SEVERE DISEASE OR SEVERE JAUNDICE</p> <p>Refer to hospital.</p>
<p>• Blood in the stool.</p>	BLOOD IN STOOL	<p>▶ Treat to prevent low blood sugar ▶ Advise mother how to keep the infant warm on the way to hospital ▶ Refer URGENTLY to hospital</p>

* These thresholds are based on axillary temperature.

** 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 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?

LOOK, LISTEN, FEEL:

- Determine weight for age.

Classify FEEDING

If an infant has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

- Has the infant breastfed 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 able to attach well?
not well attached good attachment

TO CHECK ATTACHMENT, LOOK FOR:

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

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

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
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 well attached to breast or not suckling effectively, OR
- Less than 8 breastfeeds in 24 hours, OR
- Receive other foods or drinks, OR
- Low weight for age, OR
- Thrush (Ulcers or white patches in month)

FEEDING PROBLEM OR LOW WEIGHT

- ▶ If not well attached or not suckling effectively, teach correct positioning and attachment.
- If not able to attach well immediately, teach the mother to express breast milk and feed by a cup.
- ▶ If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. Advise her to breastfeed as often and for as long as the infant wants, day and night.
- ▶ If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup.
- If not breastfeeding at all:
 - Refer for breastfeeding counseling and possible relactation
 - Advise about correctly preparing breastmilk substitutes and using a cup.
- ▶ Advise the mother how to feed and keep the low weight young infant warm at home.
- ▶ If thrush, teach the mother to treat thrush at home.
- ▶ Advise mother to give home care for the young infant.
- ▶ Follow-up any feeding problems or thrush in 2 days.

- Not low weight 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 STATUS:

IMMUNIZATION SCHEDULE:	<u>AGE</u>	<u>VACCINE</u>	
	<i>Birth</i> <i>6 weeks</i>	<i>BCG</i> <i>PENTAVALENT-1</i>	<i>OPV-0</i> <i>OPV-1</i>

ASSESS OTHER PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► TO TREAT CONVULSIONS, SEE TREAT THE CHILD CHART

► Give First Dose of Intramuscular Antibiotics

- Give first dose of Ampicillin or benzylpenicillin intramuscularly.
- Give first dose of Gentamicin intramuscularly.

WEIGHT	AMPICILLIN Dose: 50 mg per kg To a vial of 250 mg Add 1.3 ml sterile water = 250 mg / 1.5 ml	BENZYLPENICILLIN Dose: 50,000 mg per kg To a vial of 600 mg (1000000 units) Add 1.6 ml sterile water = 500000 units / ml	GENTAMICIN	
			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
			Age < 7 days Dose: 5 mg per kg	Age > 7 days Dose: 7.5 mg per kg
1 - 1.5 kg	0.4 ml	0.2 ml	0.6 ml	0.9 ml
1.5 - 2 kg	0.5 ml	0.2 ml	0.9 ml	1.3 ml
2 - 2.5 kg	0.7 ml	0.3 ml	1.1 ml	1.7 ml
2.5 - 3 kg	0.8 ml	0.5 ml	1.4 ml	2.0 ml
3 - 3.5 kg	1.0 ml	0.5 ml	1.6 ml	2.4 ml
3.5 - 4 kg	1.1 ml	0.6 ml	1.9 ml	2.8 ml
4 - 4.5 kg	1.3 ml	0.7 ml	2.1 ml	3.2 ml

* Avoid using undiluted 40 mg/ml gentamicin. The dose is 1/4 of that listed.

- Referral is the best option for a young infant classified with VERY SEVERE DISEASE. If referral is not possible, give ampicillin and gentamicin for at least 5 days. Give ampicillin every 2 times daily to infants less than one week of age and 3 times daily to infants one week or older. Give gentamicin once daily.

► Give an Appropriate Oral Antibiotic for local infection

FIRST-LINE ANTIBIOTIC:
SECOND-LINE ANTIBIOTIC:

AMOXYCILLIN
CEPHRADINE

AGE or WEIGHT	AMOXYCILLIN SYRUP (125 mg / 5 ml) ► Give two times daily for 5 days	CEPHRADINE SYRUP (125 mg / 5 ml) ► Give three times daily for 5 days
Birth up to 1 month (<3 kg)	1.25 ml	2.5 ml
1 month up to 2 months (3 - 4 kg)	2.5 ml	5 ml

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 (0.25 %)
- ▶ Wash hands

▶ *To Treat Eye Infection, See Treat the Child Chart*

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

- ▶ EXCLUSIVELY BREASTFEED THE YOUNG INFANT.
Give only breastfeeds to the young infant.
Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

- ▶ 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.

▶ WHEN TO RETURNED

Follow-up Visit

<i>If the infant has:</i>	<i>Return for follow-up in:</i>
LOCAL BACTERIAL INFECTION DIARRHOEA ANY FEEDING PROBLEM THRUSH	2 days
LOW WEIGHT FOR AGE LOW BIRTH WEIGHT	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
Depressed breathing

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?

Look at the skin pustules.

Treatment:

- ▶ If umbilical 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 skin pustules are same or worse, refer to hospital. If improved, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.

▶ DIARRHOEA

After 2 days:

Ask: Has the diarrhoea stopped?

Treatment:

- ▶ If the diarrhoea has not stopped, assess and treat the young infant for diarrhoea. >SEE "Does the Young Infant Have Diarrhoea?"
- ▶ If the diarrhoea has stopped, tell the mother to continue exclusive breastfeeding.

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► FEEDING PROBLEM

After 2 days:

Reassess feeding. > See "Then Check for Feeding Problem or low birth 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 birth weight 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.

I.D-No _____

MANAGEMENT OF THE SICK YOUNG INFANT AGE LESS THEN 2 MONTHS

Name: _____ Age: _____ days Present weight: _____ kg Birth weight _____ kg (for baby less than 7 days, if birth weight not know use present weight as birth weight)

Temperature: _____ °C _____ °F

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

<p>CHECK FOR VERY SEVERE DISEASE AND LOCAL BACTERIAL INFECTION</p> <ul style="list-style-type: none">• Has the infant had convulsions (fits)?• Is the infant having difficulty in feeding?• Count the breaths in one minute. _____ breaths per minutes. Repeat if elevated the count if elevated _____ Fast breathing?• Look for severe chest indrawing.• Look and listen for grunting.• Fever (temperature 37.5 °C or above)?• Low body temperature (less than 35.5 °C)• Look at the young infant's movements. Does the young infant move only when stimulated? Does the young infant not moved even when stimulated?• Look at the umbilicus. Is it red or draining pus?• Look for skin pustules.		
<p>THEN CHECK FOR JAUNDICE ASK: LOOK, LISTEN, FEEL: Look for jaundice Look at the young infant's palms and soles. Are they yellow?</p>		
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes _____ No _____</p> <ul style="list-style-type: none">• Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move even when stimulated? Is the infant restless or irritable?• Look for sunken eyes.• Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		

ASSESS (Circle all signs present)

CLASSIFY

TREAT

<p>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT</p> <ul style="list-style-type: none"> • Is the infant breastfed? Yes ____ No ____ Determine weight for age. Low ____ Not Low ____. • If Yes, how many times in 24 hours? ____ Times <p>Does the infant usually receive any other foods or drinks? Yes ____ No ____ If Yes, how often?</p> <hr style="border-top: 1px dashed black;"/> <p>If the infant has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - Mouth wide open Yes ____ No ____ - Lower lip turned outward Yes ____ No ____ - More areola above than below the mouth Yes ____ No ____ - Chin touching breast Yes ____ No ____ • not well attached good attachment • Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? • not suckling effectively suckling effectively • Look for ulcers or white patches in the mouth (thrush). 		
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS: Circle immunization needed today</p> <p> <input type="checkbox"/> BCG <input type="checkbox"/> OPV-0 <input type="checkbox"/> PENTAVALENT-1 <input type="checkbox"/> OPV-1 </p>	<p>Return for next immunization on:</p> <p>_____</p> <p>(Date)</p>	<p>immunization to given today</p> <p>_____</p>
<p>ASSESS OTHER PROBLEMS</p>		

Advice mother when to return immediately
Return for follow-up in days

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

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

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

ASSESS (Circle all signs present)

CLASSIFY

TREAT

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS 	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW <p>ANY DANGER SIGN PRESENT Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? For how long? _____ Days</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? For how long? _____ Days Is there blood in the stools?</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or 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? 	
<p>DOES THE CHILD HAVE THROAT PROBLEM: Does the child have sore throat? Is the child not able to drink? Does the child have fever?</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Is there severe ear pain? Is there ear discharge? If Yes, for how long? _____ Days</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history feels hot / temperature 37.5°C or above) Yes _____ No _____</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>A patient presenting with fever (continuous or intermittent) (temp > more than 37.5°C) or history of fever within the last 3 days associated with rigors, without features of other diseases and have one or more of the following: headache, nausea, vomiting.</p> </div>	<p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes _____ No _____ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? _____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. 	
<p>----- <i>If the child has measles now or within the last 3 months:</i></p>	<ul style="list-style-type: none"> • Look for mouth ulcers. Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	

ASSESS (Circle all signs present)

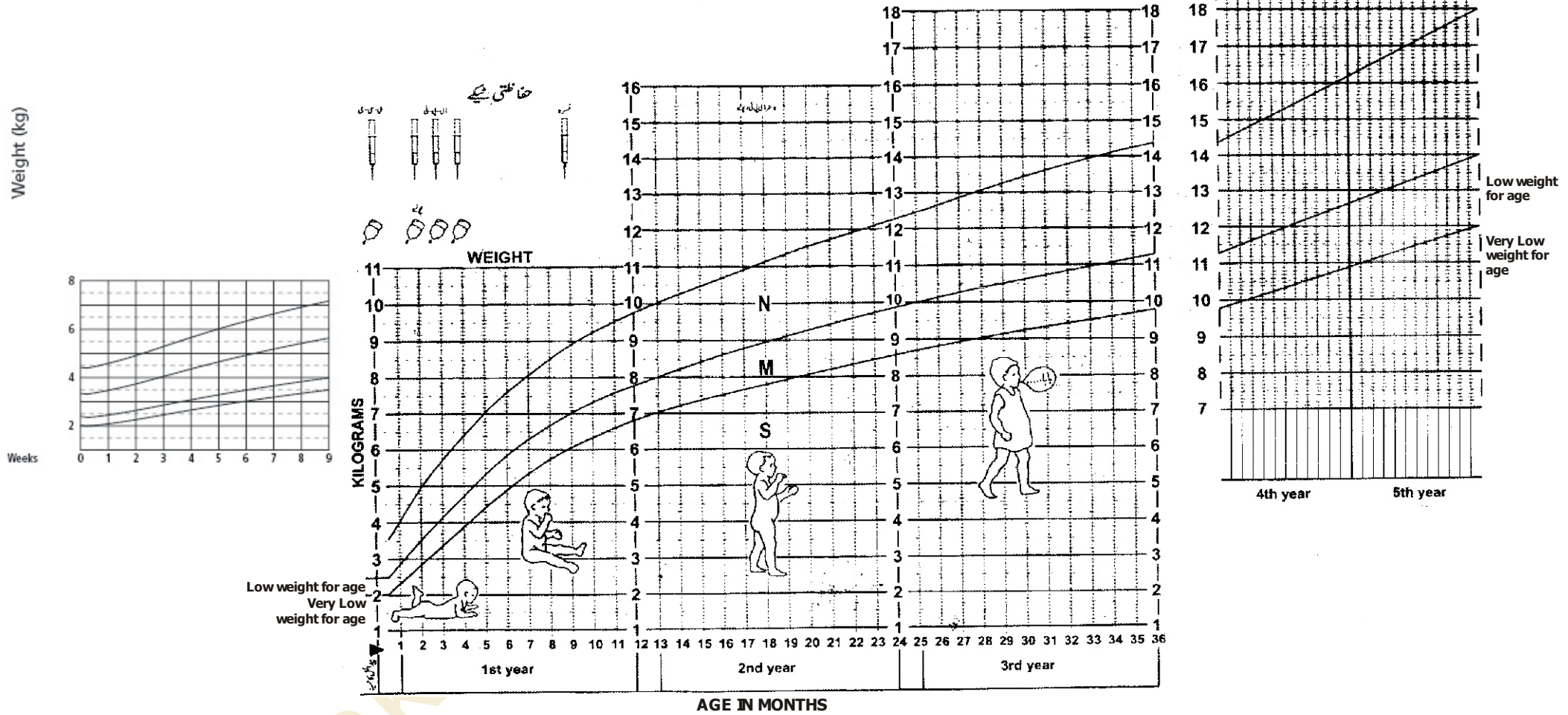
CLASSIFY

Remember to refer any child who has danger sign or severe classification
TREAT

<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low ___ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today</p> <p>BCG PENTAVALENT - 1 PENTAVALENT - 2 PENTAVALENT - 3 Measles-1</p> <p>OPV 0 OPV 1 OPV 2 OPV 3 Measles-2</p>	<p>Return for next immunization:</p> <p>_____ (Date)</p>	<p>Immunization to be given today?</p> <p>_____</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months</p> <p>Yes ___ No ___</p>	<p>Vitamin-A needed</p> <p>Yes ___ No ___</p>	<p>Vitamin-A to be given today?</p> <p>Yes ___ No ___</p>
<p>FOR CHILDREN 1 YEAR OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months</p> <p>Yes ___ No ___</p>	<p>Mebendazole needed</p> <p>Yes ___ No ___</p>	<p>Mebendazole to be given today?</p> <p>Yes ___ No ___</p>
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> • Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___ • 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? _____ • If very low weight for age: How large are servings? _____ Does the child receive his/her own servings? ___ Who feeds the child and how? _____ • During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		

Advice mother when to return immediately
Return for follow-up indays

WEIGHT FOR AGE CHART



Thank

PDF