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INTEDRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILNESS

FACILITATOR GUIDE FOR OUTPATIENT CLINICAL PRACTICE

Ministry of Health, Pakistan

NTEGRATED MANAGEMENT OF NENOTAL & CHILDHOOD ILLNESS

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CONTENTS

1. Clinical Practice Objectives

Clinical practice is an essential part of the *Integrated Management of Childhood Illness* course. The course provides daily practice in using case management skills so that participants can perform them proficiently when they return to their own clinics. Participants learn about the skills by reading information in the modules or seeing demonstrations on videotape. They then use the information by doing written exercises or case studies. Finally and most importantly, in clinical practice, participants practice using their skills with real sick children and young infants.

General Objectives: During clinical practice sessions, participants will:

* see examples of signs of illness in real children.
* see demonstrations of how to manage sick children and young infants according to the case management charts.
* practice assessing, classifying and treating sick children and young infants and counselling mothers about food, fluids, and when to return.
* receive feedback about how well they have performed the skill and guidance about how to strengthen particular skills.
* gain experience and confidence in using the skills as described on the case management charts.

Outpatient Sessions take place in outpatient clinics. Each small group of participants travels to an outpatient clinic each day and is supervised by its facilitators. The focus of the outpatient session is to provide practice of the case management process with sick children and young infants.

In outpatient sessions, participants will:

- see sick children and young infants who have been brought to the clinic by their mothers.

- practice assessing and classifying sick children and young infants according to the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts.

- practice identifying the child's treatment by using the "Identify Treatment" column on the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts.

- practice treating sick children and young infants according to the *TREAT* and *YOUNG INFANT* charts.

- practice counselling mothers about food, fluids, and when to return according to the *COUNSEL* chart.

- practice counselling mothers of sick young infants according to the *YOUNG INFANT* chart.

- practice using good communications skills when assessing, treating and counselling mothers of sick children and young infants.

Inpatient Sessions take place on an inpatient ward. There each small group is led by the inpatient instructor. The focus of the inpatient sessions is to practice assessing and classifying clinical signs, especially signs of severe illness.
During inpatient sessions, participants will:

- see as many examples as possible of signs of severe classifications from the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts, including signs not frequently seen.

- practice assessing and classifying sick children and young infants according to the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts, focusing especially on the assessment of general danger signs, other signs of severe illness, and signs which are particularly difficult to assess (for example, chest indrawing and skin pinch).

- practice treating dehydration according to Plans B and C as described on the *TREAT* chart.

- practice helping mothers to correct positioning and attachment.

Participants practice the case management steps as part of a case management process. The clinical practice skills are presented in the order they are being learned in the modules. In each clinical session, participants use the skills they have learned up to and including that day's session. This allows participants to gain experience and confidence in performing skills introduced in earlier sessions.

To make sure that participants receive as much guidance as possible in mastering the clinical skills, the outpatient facilitator and inpatient instructor give particular attention and feedback to the new skill being practiced that day. If any participant has difficulty with a particular skill, the facilitator or inpatient instructor continues working with the participant on that skill in subsequent sessions until the participant can perform the skill with confidence.

SCHEDULE OF CLINICAL PRACTICE SESSIONS

Outpatient Sessions	Inpatient Sessions
Day 2 Outpatient Session: Check for general danger signs Assess and classify cough or difficult breathing	Day 2 Inpatient Session: Check for general danger signs Assess and classify cough or difficult breathing
Day 3 Outpatient Session: Assess and classify diarrhoea	Day 3 Inpatient Session: Assess and classify diarrhoea
Day 4 Outpatient Session: Assess and classify Throat Problem ,Ear Problem & Fever	Day 4 Inpatient Session: Assess and classify Throat Problem & Ear Problem
Day 5 Outpatient Session: Check for malnutrition and anemia	Day 5 Inpatient Session: Assess and classify Fever
Day 6 Outpatient Session: No outpatient session scheduled	Day 6 Inpatient Session: Assess and classify malnutrition and anemia
Day 7 Outpatient Session: Identify treatment Teach the mother to give oral drugs Advise mother when to return immediately	Day 7 Inpatient Session: Assess and classify sick children
Day 8 Outpatient Session: Plan A: Treat diarrhoea at home Plan B: Treat some dehydration with ORS	Day 8 Inpatient Session: Plan B: Treat some dehydration with ORS Plan C: Treat severe dehydration quickly Assess and classify additional children
Day 9 Outpatient Session: Counsel the mother about feeding Problems	Day 9 Inpatient Session: Plan B and Plan C Assess and classify additional children
Day 10 Outpatient Session: Assess and classify young infants for bacterial infection and diarrhoea	Day 10 Inpatient Session: Assess and classify young infants for bacterial infection and diarrhoea
Day 11 Outpatient Session: Assess breastfeeding attachment and suckling Correct positioning and attachment	Day 11 Inpatient Session: Assess breastfeeding attachment and suckling Assess and classify young infants

2. Role of Facilitator During Outpatient Sessions

The role of the facilitator during outpatient sessions is to:

1. **Do all necessary preparations** for carrying out the outpatient sessions.

2. **Explain** the session objectives and make sure the participants know what to do during each outpatient session.

3. **Demonstrate** the case management skills described on the charts. Demonstrate the skills exactly as participants should do them when they return to their own clinics.

4. **Observe** the participants' progress throughout the outpatient sessions and provide feedback and guidance as needed.

5. **Be available** to answer questions during the outpatient sessions.

6. **Lead discussions** to summarize and monitor the participants' performance.

7. **Complete the Checklist for Monitoring Outpatient Sessions** to record participants' performance and the cases managed.

* * *

(There should be 1 to 2 facilitators for every group of 2 to 6 participants.)

3. Before the Course Begins

1. Visit the clinic where you will conduct outpatient sessions. The purpose of the visit is to introduce yourself and your co-facilitator and make sure all the necessary arrangements have been carried out.

2. Meet with clinic staff to confirm all administrative and logistical arrangements made in advance.

3. Make sure that a regular clinic staff member such as a nurse has been identified to assist with the clinical practice activities. The nurse will:

   --identify children and young infants who are appropriate for the clinical session as they come into the outpatient department.
   --arrange for the child and mother to leave the regular clinic line and be seen by the participants.
   --return the child to the appropriate station in the clinic for treatment and care.

4. Confirm plans for making sure that patients seen during the outpatient session receive the treatment they need. Determine whether participants or facilitators will dispense drugs to mothers and give the first dose, or whether patients will be passed to regular clinic staff for treatment.

5. Check to see that clinic staff have been briefed on what participants will be doing during the practice sessions.

6. Post the following adapted case management wall charts in the clinic -- *ASSESS AND CLASSIFY THE SICK CHILD, TREAT THE CHILD, COUNSEL THE MOTHER* and *MANAGEMENT OF THE SICK YOUNG INFANT*.

7. During the preliminary visit, check to see that the clinic has the drugs and supplies that are essential for clinical practice activities.

   Participants will need only a very few drugs and supplies to do the clinical practice activities. The drugs should be in the most common formulation listed on the adapted chart. (A single formulation is adequate even if several are listed on the chart.) If you will need any drugs or other supplies in addition to what is available in the clinic, you will need to bring them with you for each session.

DRUGS AND SUPPLIES ESSENTIAL FOR CLINICAL PRACTICE IN OUTPATIENT SESSIONS

Drugs:	ORS packets - a least 8 per participant First-line oral antibiotic for pneumonia First-line antimalarial First-line oral antibiotic for dysentery Mebendazole Vitamin A capsules Zinc Suspension Multivitamin /Mineral supplements Paracetamol Iron (tablet and syrup if possible)
Supplies:	Plastic cups (one for each participant – to offer drinks to child with diarrhoea) Clean water supply (for mixing ORS, for offering fluid to child when assessing signs of dehydration; and for making crushed drugs) Enough watches or other timing devices (participants will usually use their own watches) Mother's cards Banana or other acceptable food to use when mixing crushed tablets. Banana is handy, portable and children like it.
Other essential supplies for ORT Corner	Containers for use to demonstrate how to mix ORS (and to mix ORS for Plan B administration) Spoons Oral Rehydration Salts premixed packets[1]
Other essential clinic supplies	Thermometer Wash basin, towel, soap Functional scale for weighing children and young infants accurately

[1]If pre-mixed packets of ORS are not available, use the following ingredients with amounts specified for mixing with 1 litre of water:

- Glucose (20.0 g) -- (or 40 g sucrose)
- Sodium chloride (3.5 g)
- Trisodium citrate, dihydrate (2.9 g) - (or 2.5 g sodium bicarbonate)
- Potassium chloride (1.5 g)

Desirable for use in clinical practice:	Chloramphenicol eye ointment* - 1 tube per group Gentian violet* - small bottle of 0.5% Soft cloths for applying gentian violet and washing eyes with pus (*These are unlikely to be used during the session. However, facilitators can keep a small supply to use when demonstrating treatments of local infections.)
Desirable for ORT corner if IV fluids to be given:	Ringer's Lactate solution for IV administration Beds or tables with wires above for hanging bottles of IV fluid IV supplies such as scalp vein (butterfly) needles

* * *

Note: It would be an ideal situation if clinics where outpatient sessions are held are stocked with **all** the drugs listed on the adapted case management charts and with the necessary equipment for administering them. The drugs which are needed for doing all the steps as described on all of the case management charts include the following (less would be required after charts are adapted):

TO PROVIDE CARE AS TAUGHT IN THE COURSE *Integrated Management of Childhood Illness*:

Antibiotics:

* Amoxycillin
-- Syrup (250 mg)
-- Syrup (125 mg per 5 ml)
* Cephradine
-- Syrup (250 mg)
* -- Syrup (125 mg per 5 ml)
* Ciprofloxacin
-- Tab (500 mg)
* -- Syrup (250 mg per 5 ml)
* Metronidazole
-- Tab (200 mg)
-- Syrup (200 mg per 5 ml)
Chloramphenicol Intramuscular (1000 mg vial)
Gentamicin Intramuscular
-- (2 ml vial containing 20 mg) OR
-- (2 ml vial containing 80 mg)
Ampicillin intramuscular (500 mg vial)

Antimalarials:

* Chloroquine Tablets
  -- 150 mg base
  -- 100 mg base
  -- Syrup (50 mg base per 5 ml)
* Artisunate Tablets
  -- 50 mg base

* Sulfadoxine and Pyrimethamine Tablets
  (500 mg sulfadoxine + 25 mg pyrimethamine)

Quinine Intramuscular
  -- 300 mg/ml (in 2 ml ampoules using quinine salt) OR
  -- 150 mg/ml (in 2 ml ampoules using quinine salt)

* Artimether intramuscular
  -- 40 mg/ml
  -- 80 mg/ml

* Paracetamol
  -- Tablet (500 mg) OR
  -- Tablet (100 mg)

Other drugs

* Small bottles of safe, soothing cough remedy *(optional)*

Vaccines:

* Adequate supplies of BCG, OPV, Pentavalent and Measles vaccines

Other supplies:

* Sugar
* Cloth for wicking draining ears
* Large drum (5, 10, or 15 litre size) with cover and side tap for holding large quantities of ORS in ORT corner

Food to give patients on Plan B

* Nasogastric tube
* Sterile syringes and sterile needles:
* -- 5 cc sterile syringes and sterile needles
  -- 10 cc sterile syringes and sterile needles

Sterile water for diluting IM antibiotics and IM
* antimalarials

Cotton swabs and alcohol or spirits

* All appropriate cold chain supplies such as a reliable
* refrigerator or cold box, sterilizers, sterile syringes and sterile needles, immunization cards.

4. General Procedures: How to Prepare for the Session

1. Based on the visit you made to the clinic before the course began, plan to obtain the drugs and supplies you will need. Make sure you bring the relevant supplies to each day's session.[2]

2. Check with the Course Director or other designated course staff to find out the transportation schedule for travel to the clinical practice sessions.

3. At the end of each day's module work, tell your group of participants where to meet in the morning for transportation to the clinical sessions. Also remind the participants to bring their chart booklets, pencils, and timing devices.

4. Read the participant objectives and facilitator procedures for leading the session that are included with these guidelines. (The objectives and procedures are listed on one-page summary tables for your easy reference during the session.) Also read the special notes that follow each table and provide some more detailed instructions.

5. When you arrive at the clinic, meet with the clinic staff who will intercept patients in the triage area. Explain the objectives for the day's session and tell the clinic staff the type of cases participants will need to see today. Any child with a general danger sign should be seen first by the regular clinic staff.

   Note: During your training, you and the Course Director may have already established contact with a nurse or other clinic staff member who will help by identifying cases to send to the area where participants are working. Staff responsibilities often change in large clinics so you may need to explain again to clinic staff information such as the purpose of the course, arrangements made, and who gave permission.

6. You or your co-facilitator should check to see if all the necessary supplies for today's session are available where the participants will be working. You may need to find a tray or table on which to set up any supplies or equipment; do this before the session begins.

7. When you have finished discussing arrangements with the clinic staff, begin the day's session.

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[2] A list of supplies needed for every outpatient session and for specific sessions is included at the end of these guidelines.

5. General Procedures: Conducting The Outpatient Session

1. Gather the participants together. Explain what will happen during the session. Describe the skills they will practice and answer any questions they might have. Be sure participants have their chart booklets and pencils with them.

2. Distribute sufficient copies of the appropriate Recording Form (either for children 2 months up to 5 years or for young infants 1 week up to 2 months). Tell participants they will use the Recording Form to record information about the cases they see. Tell them they should assume all the children they work with during the outpatient sessions have come for an **initial visit**. Also explain that they will need to keep their Recording Forms from each session to use later in the classroom. They will use them to complete a Group Checklist of Clinical Signs.

3. Before participants practice a clinical skill for the first time, they should see a demonstration of the skill. To conduct a demonstration:

   -- Review the case management steps that will be practiced in today's session. Show where the steps are located on the chart.

   -- Describe how to do the steps and review any special techniques to be practiced today such as doing a skin pinch, identifying a child's treatment, or counselling a mother about food, fluids and when to return.

   -- As you demonstrate the case management steps, do them exactly as you want the participants to do them. Describe aloud what you are doing, especially how you decide that a sign is present and how to classify the illness.

   -- At the end of your demonstration, give participants an opportunity to ask any questions before they begin practicing with patients.

4. Assign patients to participants. Participants should practice doing the steps relevant to each session's objectives with ***as many children and young infants as possible***.

   It is best if participants work individually. If necessary, participants can work in pairs. When working in pairs, they can take turns so that one participant assesses a case while the other observes. Or after one participant does the steps, the other participant also does them.

   When participants work in pairs, you are responsible for making sure that every

participant, and not just each pair of participants, practices assessing, classifying, and treating sick children and young infants correctly. Every participant should also practice counselling mothers.

5. Steps such as identifying chest indrawing can be difficult for participants at first. The first time a participant does a new step, supervise him carefully to make sure he can do the step correctly. Provide guidance as needed.

6. Observe each participant working with his assigned patient.[3] Make sure he is doing the clinical skills correctly. Also check the participant's Recording Form to see if he is recording information correctly. Provide feedback as needed. Remark on things that are done well in addition to providing guidance about how to make improvements.

7. When you have not been able to observe the participant's work directly, take note of the patient's condition yourself. Then:

   * Ask the participant to present the case to you. He should refer to his Recording Form and tell you the child's main symptoms, signs, and classifications. Later in the course, the participant should also summarize his treatment plan.

   * If time is very limited, look at the participant's Recording Form. Compare your observation of the child's condition with the participant's findings. Ask clarifying questions as needed to be sure the participant understands how to identify particular signs and classify them correctly.

   Discuss the case with the participant and verify the assessment and classification of the case. If treatment has been specified, verify that it is correct. In some clinics, the participant will be allowed to treat the child.

8. Provide specific feedback and guidance as often as necessary. Provide feedback for each case that the participant sees. Mention the steps the participant does well and give additional guidance when improvement is needed.

   Note: If any children requiring urgent referral are identified during the session, assist in transport if this is feasible. Make sure all urgent pre-referral treatment has been given.

9. When a participant finishes a case, assign him to another patient. If no new

[3] At the end of the session, you will complete a monitoring checklist to record each participant's performance during the outpatient session. Detailed instructions for using the Checklist for Monitoring Outpatient Sessions are in the next section.

patient is available, ask the participant to observe management of other patients. As soon as another patient is available, assign a participant to that patient. ***Your emphasis should be on having participants see as many children as possible during the session.*** Do not let participants become involved in discussions of cases or wander off after managing just one or two patients.

10. If a child has symptoms and signs which the participants are not yet prepared to assess and classify, return the child to regular clinic staff for continuation of assessment and treatment.

11. If the child is returned to the regular clinic staff for treatment, you may need to write a brief note on the findings and likely diagnosis or briefly discuss the case with the clinician in charge to make sure the child receives correct and prompt care. ***It is important that the mother receive appropriate treatment for her child before leaving the clinic.***

12. At anytime during any session, if a child or young infant presents with a sign which is seen infrequently, or with a particularly good or interesting example of a sign being emphasized that day, call all the participants together to see the sign in this child or young infant. Because the signs listed below are seldom seen, any opportunity to see them must be taken.

INFREQUENTLY SEEN SIGNS

Sick Children 2 months up to 5 years	➢ stridor in a calm child ➢ very slow skin pinch ➢ stiff neck ➢ measles rash	➢ mouth ulcer ➢ severe palmar pallor ➢ corneal clouding ➢ pus draining from the eye
Young infants 1 week up to 2 months	➢ severe chest indrawing ➢ nasal flaring ➢ grunting ➢ red umbilicus or draining pus ➢ umbilical redness extending to the skin ➢ bulging fontanelle ➢ less than normal movement	➢ problems with attachment or suckling ➢ not able to feed, no attachment at all, or not suckling at all ➢ thrush ➢ many or severe skin pustules
Treating Local Infections	➢ treating eye infection with tetracycline eye ointment ➢ drying the ear by wicking	➢ treating mouth ulcers ➢ treating skin or umbilical infection or thrush in young infants

-- If the participants have not yet learned the sign and how it is assessed and

classified, show them the sign and tell them discussion of its classification will take place later in the course. Some signs which are only used in the classification of young infants can be observed in older infants or young children, such as grunting, nasal flaring or bulging fontanelle.

-- Participants can take part in the assessment of the child or young infant and, as time allows, observe the relevant therapy (as in the case of a child with diarrhoea with SEVERE DEHYDRATION).

-- Return these children to regular clinic staff for further assessment and treatment.

13. Because local infections are seen infrequently, demonstrate treatment of any local infection which presents during an outpatient session. Gather participants and show the signs of the local infection (such as eye infection, mouth ulcers) and demonstrate their treatment (such as drying the ear by wicking, treating skin or umbilical infection or thrush in young infants).

Make sure you or your co-facilitator have the supplies needed to provide treatment of local infection: tetracycline eye ointment, gentian violet, soft cloths or gauze for cleaning pus from an eye and for applying gentian violet.

6. General Procedures: At The End of the Session

1. Lead a discussion to summarize the session.

   Gather participants together and discuss the cases seen and specific skills practiced that day. If problems occurred, discuss what happened and how the problem was corrected. Encourage the participants to discuss their observations about the day's cases. Answer any questions and discuss any concerns that participants have about the case management skills or cases seen that day.

2. Reinforce the use of good communication skills. Discuss words that mothers understand for terms used on the charts.

   Local terms which are well understood for cough, diarrhoea, fever and signs for when to return are usually identified before the course and included on the Mother's Card. They may also be on the adapted charts. Briefly discuss the new terms used in the session with participants and obtain their feedback on whether these are the words they normally use to talk with mothers and whether they are well understood.

3. At the end of each session, you will do two steps for monitoring of the participants' performance in the outpatient sessions.

   -- You will complete the Checklist for Monitoring Outpatient Sessions.

   -- You will remind participants to keep their Recording Forms to use when they return to the classroom. They will monitor their own clinical experiences by using a Group Checklist of Clinical Signs.

   Detailed instructions for carrying out these two monitoring activities begin on the next page.

7. Monitoring Outpatient Sessions

Checklist for Monitoring Outpatient Sessions

You will use a Checklist for Monitoring Outpatient Sessions to monitor each participant's progress in learning the case management process. Refer to the checklists which follow these instructions as you read about how to use them.

There is a checklist to use in sessions with sick children (age 2 months up to 5 years) and a checklist to use in sessions with young infants. Each checklist is arranged so you can record results for 3 participants who manage up to 6 patients each without turning the page. If there are more than 6 patients managed by a participant in a morning, use a second checklist.

Do not spend all your time in the outpatient session completing the checklist. Concentrate on actually observing participants and giving feedback. You can complete the checklist for each child from memory after the case is completed since you only need to record the child's age, classifications and treatments or counselling given.

To use the checklist:

1. Tick (✓) each classification the child actually has (according to your assessment). Tick the true classifications, not the ones assigned by a participant if he is in error.

2. If there is an error in the participant's classification, circle the tick that you have entered by the correct classification. The participant's error could be in the assessment or could be misclassification based on correct assessment. Even if the classification is correct, if there was an error in the assessment, circle the tick and annotate the assessment problem.

3. For the step "Identify Treatment Needed" tick if the participant performed this step and wrote the correct treatment on the Recording Form. If he made an error, circle the tick mark. (Common errors are skipping treatments, not crossing off treatments that are not needed, or recording treatments that are not needed because the conditional "if" was ignored.)

4. For the rows for doing treatments (oral drugs, Plan A, Plan B and treating local infections), for "Counsel When To Return" and for the steps for counselling on feeding, tick if the participant actually performed the step.

   Note: Giving the treatment means teaching the mother how to give it and administering first dose or the initial treatment.

If there is any error in the treatment or counselling, circle the relevant tick. There could be an error in the treatment (either the dosage or explanation to the mother) or counselling.

5. For each circled tick, note the problem in the space at the bottom of the checklist. Note the problems very briefly. You can use letters or numbers next to the circles to annotate the problems. These notes will help you when you discuss the participants' performance at the facilitator meeting. These notes will also help you keep track of the skills that need further practice.

6. If you did not see the participant manage the case, take note of the child's condition yourself. Then ask the participant to present the case or refer to the participant's Recording Form. Tick the checklist as described above.

7. When you complete the checklist and record information about the case:

   -- If the child does not have a main symptom, do not tick that section. There is no classification to record.

   -- If the participant has not yet learned the steps related to certain rows of the checklist, leave these rows blank. If there was no time for the treatment or counselling, leave these rows blank.

   -- Draw a line under the row for the last step that the group practiced.

   An example of a completed checklist is on the next page.

CHECKLIST FOR MONITORING OUTPATIENT SESSIONS

This is an example of a monitoring checklist that has been completed after a busy clinic session. The facilitator has used a simple lettering system to annotate the problems.

{Guide 03 – page 017.jpg}

11 Day Clinical Course in Integrated Management of Neonatal and Childhood Illnes (IMNCI)

Checklist for monitoring **Outpatient Session**- Sick Child age 2 months up to 5 years

Day :	Date :	Name of Facilitateur :	Group :
Venue :			

Tick Correct classifications
Circle if any assesment or classification problem
Annote below

Participants Initial																					
SICK CHILD (NUMBER MANAGED)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sick Child Age (months):																					
Danger Sings	**VERY SEVERE DISEASE**																				
Cough or Difficult Breathing	**VERY SEVERE DISEASE**																				
	PNEUMONIA																				
	NO PNEUMONIA: COUGHOR COLD																				
Diarrhea	**SEVERE DEHYDRATION**																				
	SOME DEHYDRATION																				
	NO DEHYDRATION																				
	SEVERE PERSISTENT DIARHOEA																				
	PERSISTENT DIARHOEA																				
	DYSENTERY																				
Thorat Problem	**THROAT ABSCESS**																				
	STREPTOCOCCAL SORE THROAT																				
	VIRAL SORE THROAT																				
	NO THROAT PROBLEM																				
Ear Problem	**MASTOIDITIS**																				
	ACUTE EAR INFECTION																				
	CHRONIC EAR INFECTION																				
	NO EAR INFECTION																				
Fever	**VERY SEVERE FEBRILE DISEASE**																				
	SUSPECTED (CLINICAL)MALARIA																				
	FEVER-MALARIA UNLIKELY																				
	SEVERE COMPLICATED MEASLES																				
	MEASLESWITH EYE/MOUTH COMPLICATIONS																				
	MEASLES																				
Malnutrition	**SEVERE MALNUTRITION**																				
	VERY LOW WEIGHT																				
	NOT VERY LOW WEIGHT																				
Anemia	**SEVERE ANAEMIA**																				
	ANAEMIA																				
	NO ANAEMIA																				
IDENTIFY TREATMENTS NEEDED																					

Tick treatments or counselling actually given
Circle if any problem
Annote below

Refer																					
Treat	**REFER**																				
	ORAL DRUGS																				
	PLAN A																				
	PLAN B																				
	LOCAL INFECTION																				
Cousel Feeding	**ASKS FEEDING QUESTIONS**																				
	FEEDING PROBLEMS IDENTIFIED																				
	GIVES ADVICE ON FEEDING PROBLEMS																				
COUNSEL WHEN TO RETURN																					
Number of cases with problem																					
Number of classifications with problem																					
Proportion of cases managed without problem																					
Proportion of classifications made without problem																					

CHECKLIST FOR MONITORING OUTPATIENT SESSIONS
{Guide 03 – page 018.jpg}

11 Day Clinical Course in Integrated Management of Neonatal and Childhood Illnes (IMNCI)

Checklist for monitoring **Outpatient Session**- Sick Young Infant Age less than 2 months

Day :	Date :	Name of Facilitateur :	Group :

Venue :

Tick Correct classifications
Circle if any assesment or classification problem
Annote below

Participants Initial																					
Sick Young Infant (NUMBER MANAGED)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sick Young Infant age less than 2 months (days):																					
Possible Infection	**VERY SEVERE DISEASE**																				
	LOCAL BACTERIAL INFECTION																				
	BACTERIAL INFECTION UNLIKELY																				
Jaundice	**SEVERE JAUNDICE**																				
	JAUNDICE																				
	NO JAUNDICE																				
Diarrhea	**SEVERE DEHYDRATION**																				
	SOME DEHYDRATION																				
	NO DEHYDRATION																				
	SEVERE PERSISTENT DIARHOEA																				
	BLOOD IN STOOL																				
Feeding Assesment	**FEEDING PROBLEM OR LOW WEIGHT**																				
	NO FEEDING PROBLEM																				
OTHERS PROBLEM																					
IDENTIFY TREATMENTS NEEDED																					

Tick treatments or counselling actually given
Circle if any problem
Annote below

Treat and Counsel	Teach Correct Positioning and attachment																				
	Advise on home care																				
	Refer																				
COUNSEL WHEN TO RETURN																					
Number of cases with problem																					
Number of classifications with problem																					
Proportion of cases managed without problem																					
Proportion of classifications made without problem																					

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**
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS	• LETHARGIC OR UNCONSCIOUS • CONVULSING NOW **ANY DANGER SIGN PRESENT** Yes _____ No _____		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? For how long? ____ Days	Yes _____ No _____ • 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		
DOES THE CHILD HAVE DIARRHOEA? For how long? _____ Days Is there blood in the stools?	Yes _____ No _____ • 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?	---------- ----------	
DOES THE CHILD HAVE THROAT PROBLEM: Does the child have sore throat? Is the child not able to drink? Does the child have fever?	Yes ___ No___ • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat.		
DOES THE CHILD HAVE AN EAR PROBLEM? Is there severe ear pain? Is there ear discharge? If Yes, for how long? ___ Days	Yes ___ No___ • Look for pus draining from the ear. • Feel for tender swelling behind the ear.		
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Yes ___ No___ A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.	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) • 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.	----------	
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.		

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

ASSESS (Circle all signs present)	**CLASSIFY**	**TREAT**
THEN CHECK FOR MALNUTRITION • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low ____		
THEN CHECK FOR ANAEMIA • Look for palmar pallor Severe palmar pallor? Some palmar pallor?		
CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today. _____ BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV 0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2	Return for next immunization on: _____ (Date)	Immunization to be given today? _____
FOR CHILDREN 6 MONTHS OR ABOVE **CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS** Has the child received vitamin A in the last 6 months Yes___ No ___	Vitamin-A needed Yes____ No ____	Vitamin-A to be given today? Yes____ No ____
FOR CHILDREN 1 YEARS OR ABOVE **CHECK THE CHILD'S DEWORMING STATUS** Has the child received Mebendazole in the last 6 months Yes___ No ___	Mebendazole needed Yes____ No ____	Mebendazole to be given today? Yes____ No ____
ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY 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 ____ • 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? _____ _____ _____	FEEDING PROBLEMS	FEEDING ADVICE
ASSESS OTHER PROBLEMS		

Advice mother when to return immediately

Return for follow-up in ..... 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 then 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? ____

CHECK FOR VERY SEVERE DISEASE AND LOCAL BACTERIAL INFECTION • Has the infant had convulsions (fits)? • Is the infant having difficultly 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 ℃ or above)? • Low body temperature (less than 35.5 ℃) • 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.		
THEN CHECK FOR JAUNDICE **ASK: LOOK, LISTEN, FEEL:** Look for jaundice Look at the young infant's palms and soles. Are they yellow?		
DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes _____ No _____ • 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 imitable? • 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**
THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT • Is the infant breastfed? Yes _____ No _____ Determine wight for age. Low _____ Not Low _____. • If Yes, how many times in 24 hours?____ Times Does the infnat usually receive any other foods or drinks? Yes _____ No _____ If Yes, how often? **If the infant has no indications to refer urgently to hospital:** ASSESS BREASTFEEDING: • Has the infant breastfeed 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: - 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).		
CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS: Circle immunization needed today BCG OPV-0 PENTAVLENT-1 OPV-1	Return for next immunization on: _____ (Date)	immunization to given today _____
ASSESS OTHER PROBLEMS		

Advice mother when to return immediately

Return for follow-up in ..... days

Group Checklist of Clinical Signs

Participants will monitor their own clinical practice experience by using their Recording Forms to complete a Group Checklist of Clinical Signs.

A sample checklist is on the next two pages. The first page contains the signs to observe in children age 2 months up to 5 years. The second page lists additional signs that are usually seen in young infants age 1 week up to 2 months.

To use the group checklist:

1. Obtain or make an enlarged version of each page of the checklist and hang it on the wall of the classroom. (You can copy it onto flipchart paper.)

2. When participants return to the classroom after clinical practice each day, they should indicate the signs they have seen that day by writing their initials in the box for each sign. They should indicate signs that they have seen in either the outpatient session or the inpatient session.

3. Each day they will add to the same checklist.

4. Monitor the Group Checklist to make sure that participants are seeing all of the signs.

    -- If you notice that participants have not seen many examples of a particular sign, take every opportunity to show participants this sign when a child with the sign presents during an outpatient session.

    -- Or, in facilitator meetings, talk with the inpatient instructor and discuss locating in the inpatient ward a child or young infant with the sign the participants need to observe.

GROUP CHECKLIST OF CLINICAL SIGNS
Sick Child Age 2 Months Up To 5 Years

Not able to drink or breastfeed	Vomits everything	History of convulsions (with this illness)	Lethargic or unconscious
Fast breathing	Chest indrawing	Stridor in calm child	Restless and irritable
Sunken eyes	Drinking poorly	Drinking eagerly, thirsty	Very slow skin pinch
Slow skin pinch	Stiff neck	Runny nose	Generalized rash of measles
Red eyes	Mouth ulcers	Deep and extensive mouth ulcers	Pus draining from eye
Clouding of the cornea	Pus draining from ear	Tender swelling behind the ear	Visible severe wasting
Severe palmar pallor	Some palmar pallor	Oedema of both feet	

ADDITIONAL SIGNS IN YOUNG INFANTS

Age 1 Week up to 2 Months

(Note: These signs may also be observed in older infants and children age 2 months up to 5 years.)

Mild chest indrawing in young infant (normal)	Fast breathing in young infant	Severe chest indrawing in young infant	Nasal flaring
Grunting	Bulging fontanelle	Umbilical redness extending to the skin	Red umbilicus or draining pus
Many or severe skin pustules	Skin pustules	Lethargic or unconscious young infant	Less than normal movement
No attachment at all	Not well attached to breast	Good attachment	Not suckling at all
Not suckling effectively	Suckling effectively	Thrush	

8. Summary Tables: Daily Procedures for Conducting Outpatient Sessions

On the following pages you will find summary tables that describe the participant objectives and facilitator procedures for conducting each outpatient session. They are designed as 1-page summaries for easy reference when you are planning and conducting outpatient sessions.

Each day's summary table is followed by notes that describe any special information to help you to conduct that day's session.

When you plan for each session, refer to "Supplies to Bring for Each Session." It lists the supplies you need to bring to the clinic every day (unless you are certain they are in clinic) and particular supplies you will need for specific sessions.

DAY 2: OUTPATIENT SESSION

General Danger Signs - Cough or Difficult Breathing

To Prepare	- Ask participants to bring their chart booklets. - Bring 8 copies of Recording Form per participant. - Bring or make sure participants have timing devices.
Participant Objectives	- Check for general danger signs. - Assess and classify sick children through cough or difficult breathing. - Practice using Recording Form in outpatient setting. - Use good communication skills: Greet the mother, listen carefully, use clear language, use words the mother understands.
Facilitator Procedures	Choose sick children with cough or difficult breathing and any child with a general danger sign. 1. Introduce clinic facility and staff, describe general procedures for outpatient sessions, and show where supplies are located. 2. Demonstrate how to check for general danger signs and how to assess and classify child for cough or difficult breathing. 3. Assign patients to participants. 4. Supervise closely first time participant counts child's breaths, looks for chest indrawing and listens for stridor. 5. Observe each participant as he works with a patient. If you cannot observe, ask participant to present case or look at participant's Recording Form. Record case on Monitoring Checklist, if possible. 6. Give feedback and guidance as needed. 7. Return patient to clinic staff with note for treatment, or treat according to arrangements.
At the end of the session:	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for: convulsions, difficult breathing, fast breathing, pneumonia. 3. Tell participants to keep their Recording Forms to use when they return to the classroom. 4. Complete the Monitoring Checklist.

SPECIAL NOTES FOR DAY 2 OUTPATIENT SESSION

Description of how outpatient sessions work:

Tell the participants that they will do clinical practice in both the outpatient clinic and the inpatient ward. You and your co-facilitator will lead the outpatient sessions; the inpatient instructor will lead the inpatient sessions.

When describing general procedures for outpatient sessions, refer to the general procedures section of this guide. Be sure to explain to participants how you or the co-facilitator will discuss the case with them. Answer any questions that participants have about general procedures, where they will be working, or how to use the Recording Form. Then begin the session.

Demonstration:

Tell participants the objectives for today's session. Also review the following phrases that describe age groups in this course:

-- "2 months up to 5 years" refers to children who are at least 2 months old and also any age between 2 months and 5 years of age. It does not include the child who is already 5 years old.

-- "1 week up to 2 months" includes infants who are at least 1 week of age and any age between 1 week and 2 months. It does not include the infant who is already 2 months old.

-- "2 months up to 12 months" includes children who are at least 2 months old and any age between 2 months and 12 months. It does not include a child who is already 12 months old.

-- "12 months up to 5 years" includes children who are at least 12 months old and any age between 12 months and 5 years. It does not include a child who is already 5 years old.

Review the cut-offs for determining fast breathing. Ask several participants in turn to tell you the definition of fast breathing in a child who is:

- at least 2 months of age up to 12 months of age
  ANSWER: 50 breaths per minute or more

- 12 months up to 5 years of age
  ANSWER: 40 breaths per minute or more.

- exactly 12 months old

ANSWER: 40 breaths per minute or more.

* Do the demonstration. Make sure participants know where to look in their chart booklets for the *ASSESS & CLASSIFY* boxes that describe how to check for general danger signs and how to assess and classify cough or difficult breathing.

* Ask participants to tell you if they identify a child with a general danger sign so you can alert the regular clinic staff.

Supervision and feedback:

Watch each participant while he counts the number of breaths, looks for chest indrawing and listens for stridor. If a participant's count is too high or too low, or if he had difficulty identifying chest indrawing or stridor, give him guidance based on your observation of his work. For example, you may have noticed that the participant did not time one minute correctly and needs instruction on how to time a minute. Or you may ask him about how he counted (for example, where he was watching for movement) and suggest how to do it better. If there are errors, ask the participant to do the step again.

To Prepare	- Ask participants to bring chart booklets, pencils, timing devices. - Bring 8 copies of Recording Form per participant. - Make sure the following are available in each room where participants are working: cup or spoon and clean water for offering fluid to assess dehydration.
Participant Objectives	- Assess and classify sick child through diarrhoea. - Use Recording Form. - Use good communication skills.
Facilitator Procedures	Choose children with diarrhoea or with cough or difficult breathing. 1. Demonstrate how to assess child for diarrhoea. (Preferably, do this demonstration with a child who is dehydrated.) Demonstrate technique for doing skin pinch. 2. Review steps for assessing cough or difficult breathing. 3. Assign participants to patients. 4. If child with SOME DEHYDRATION or SEVERE DEHYDRATION presents during session, demonstrate signs to all participants. 5. Supervise closely first time participant assesses a child with diarrhoea to be sure assessment is done correctly (especially skin pinch). 6. Observe each participant as he works with a case. If you cannot observe, ask participant to present case or look at Recording Form. 7. Give feedback and guidance as needed. Reinforce skills for assessing and classifying cough or difficult breathing. 8. Return patient with note to clinic for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for: diarrhoea, blood in the stool. 3. Remind participants to keep their Recording Forms to use when they return to the classroom. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 3 OUTPATIENT SESSION

Demonstration:

If possible, do the demonstration with a child who has diarrhoea with dehydration. To do the demonstration:

-- Explain to the participants that you will do the steps on the *ASSESS & CLASSIFY* chart through assessing and classifying diarrhoea.

-- Review the assessment steps for checking for danger signs, and for assessing and classifying cough or difficult breathing.

-- Then describe the steps for assessing and classifying a child for diarrhoea. Mention the signs of dehydration that you will assess: the child's general condition, whether the child has sunken eyes, the child's thirst and a skin pinch.

-- Review the technique for doing a skin pinch. Remind participants that they should:

- Use their thumb and first finger.
- The fold of the skin should be in a line up and down the child's body.
- Pick up all the layers of skin and the tissue underneath them.
- Hold the pinch for one second and then release it.
- Look to see if the skin pinch goes back very slowly (more than 2 seconds) or slowly or immediately.

-- State briefly that dehydrated children are treated with fluids, but that this practice session will focus on assessing and classifying signs of dehydration, dysentery, and persistent diarrhoea.

If a child with SOME DEHYDRATION or SEVERE DEHYDRATION presents during the practice session, gather all the participants to observe the signs.

If during the 2-hour session a child can be rehydrated to the extent that participants can see improvement in his clinical signs, demonstrate reassessment of his signs and discuss the improvements.

Since the participants are not yet prepared to treat patients with diarrhoea, return the children with a note to the regular clinic staff for treatment. If time allows and there is no other patient to assess and classify, the participants can observe a child's treatment in the ORT corner.

DAY 4: OUTPATIENT SESSION

Throat Problem & Ear Problem

To Prepare	- Ask participants to bring chart booklets, pencils, timing devices. - Bring 8 copies of Recording Form per participant. - Make sure needed supplies are available in clinic:[4]
Participant Objectives	- Assess and classify child through Throat Problem & Ear Problem. - Use good communication skills.
Facilitator Procedures	Choose children with Throat Problem & Ear Problem. Also children with diarrhoea or with cough or difficult breathing.[5] 1. Demonstrate how to assess a sick child with Throat Problem and skill to examine the throat (tender enlarged lymph nodes on neck, red enlarged tonsils and white exudate on throat) with ear problem (tender swelling behind the ear and puss daring from the ear) 2. Assign patients to participants. 3. Give feedback and guidance as needed. 4. Return child to clinic with note for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Remind participants to keep Recording Forms. 3. Complete Monitoring Checklist.

[4]For this and remaining sessions, a cup or spoon and clean water need to be available for assessing diarrhoea.

[5]Children's temperatures should be taken before participants see them.

SPECIAL NOTES FOR DAY 4 OUTPATIENT SESSION

Demonstration:

Ear Problem - Check for Malnutrition and Anaemia

To Prepare	- Ask participants to bring chart booklets, pencils, timing devices. - Bring 8 copies of Recording Form per participant. - Make sure scales for weighing children are available in areas where participants will work.[6]
Participant Objectives	- Assess and classify sick child through ear problem and check for malnutrition and anaemia. - Use good communication skills. - Use weight for age chart.
Facilitator Procedures	Choose children with ear problems and any child with one or more of the following: visible severe wasting, some or severe palmar pallor and oedema of both feet. Also choose children who may have malnutrition or anaemia. 1. Demonstrate how to assess and classify ear problem. 2. Demonstrate how to check for malnutrition and anaemia and use weight for age chart. 3. Conduct practice for participants who do not know how to "zero" the scale to get an accurate reading and how to weigh children. 4. Assign patients to participants. Participants assess and classify through malnutrition and anaemia. If a child with visible severe wasting, palmar pallor or oedema presents, show to all participants. 5. Observe each participant to be sure child has been assessed and classified correctly. If you cannot observe, ask participant to present case. 6. Give feedback and guidance as needed. 7. Return child to clinic staff with note for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for ear problem, ear pain, ear discharge. 3. Remind participants to keep their Recording Forms for use in the classroom. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 5 OUTPATIENT SESSION

[6] Other supplies include: cup or spoon, clear water, torch (optional)

How to "zero" the scale and make sure it reads accurately:

In the participant's work area, provide practice in use of a scale for those participants who do not know how to make sure the scale weighs accurately.

-- With all weight removed from the scale, "zero" the scale. (Make sure it reads at zero when nothing is on it; if not, there is usually a way to adjust this.)
-- Obtain an object that weighs one kilogram. One litre of water weighs one kilogram. If possible, also obtain an object that weighs 5 or 10 kilograms.
-- Weigh the objects on the scale to see if the scale is weighing accurately.

If the scale does not weigh accurately, it should be replaced.

There is no outpatient session scheduled for Day 6.

Identify Treatment

To Prepare	- Ask participants to bring chart booklet, pencils, timing devices. - Bring 8 Recording Forms per participant. - Bring 8 Mother's Cards per participant. - Place tablets or syrup, drug label, envelope or paper to wrap tablets on table or tray.
Participant Objectives	- Assess and classify a sick child; practice identifying the child's treatment. - Advise mothers when to return immediately. - Teach mother to give her child an oral drug at home. - Use a Mother's Card to advise and teach mothers. - Use good communication skills.
Facilitator Procedures	Choose sick children with one or more main symptoms. 1. Assess and classify a child and, using chart or chart booklet and a Recording Form, demonstrate how to identify the child's treatment. 2. Demonstrate how to advise mother when to return immediately. Use the relevant part of the Mother's Card. 3. Review steps on *TREAT* chart and demonstrate how to teach mother to give an oral drug at home. 4. Assign patients to participants. 5. Supervise participants carefully as they practice 3 new steps: identifying treatment, advising when to return immediately and giving oral drugs. 6. Give feedback and guidance as needed. 7. Return child to clinic with note for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced and demonstrated today. 2. Discuss problems with compliance and words that mothers understand for: becomes sicker, develops a fever, drinking poorly, tablet, syrup. 3. Remind participants to keep their Recording Forms. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 7 OUTPATIENT SESSION

Ask clinic staff to select a child who has fast breathing, fever, or an ear problem. (This child would need an oral drug.) Use this child when you demonstrate how to teach a mother to give an oral drug at home.

Demonstration:

When reviewing the steps for identifying a child's treatment, mention the severe classifications that require referral and remind participants about the exceptions. If the child's treatment includes one or more oral drugs, demonstrate how to teach the mother to give the oral drug at home. Point out and do the generic steps on the *TREAT* chart for teaching a mother to give an oral drug. Also remind participants to:

-- Use basic teaching steps: give the mother information, show an example, let her practice.

-- Use good communication skills: ask questions, praise the mother for what she has done well, advise her how to treat her child at home, check the mother's understanding.

-- When teaching the mother, use words she understands, use teaching aids that are familiar, give feedback when she practices, encourage her to ask questions, and answer her questions.

Observing participants:

Watch carefully whether participants teach each mother when to return immediately. If any participant has a case whose treatment includes an oral drug, observe the participant <u>while he teaches the mother</u>. Provide feedback after the mother and child have been passed to regular clinic staff for any additional treatment.

When you observe participants teaching mothers, pay particular attention to whether they do all the steps for teaching mothers to give oral drugs at home. Praise their use of appropriate communication skills such as asking mothers checking questions.

At the end of the session:

Mention any difficulties participants had with identifying treatment or advising mothers.

DAY 8: OUTPATIENT SESSION (Takes Place In ORT Corner)

Giving increased fluids for diarrhoea: Plan A and Plan B

To Prepare	- Ask participants to bring their chart booklets. - Bring 8 Recording Forms for each participant. - Bring 8 Mother's Cards for each participant. - Make sure ORT corner has sufficient amounts of prepared ORS, packets of ORS, soap and water for washing hands, clean container for mixing ORS, a container for measuring 1-litre, clean water, spoon for mixing, cups and spoons for giving ORS solution.
Participant Objectives	- Treat children who have diarrhoea and SOME or NO DEHYDRATION. - Observe demonstration of child receiving Plan C, if possible. - Use good communication skills.
Facilitator Procedures	Conduct this session in the ORT corner. Choose 2 children for demonstration: one for Plan A and one for Plan B. You may need to assess rapidly for signs of dehydration. 1. Demonstrate how to treat a child with SOME DEHYDRATION using Plan B (also a child with SEVERE DEHYDRATION using Plan C, if available). 2. Demonstrate how to treat a child with NO DEHYDRATION using Plan A. 3. Assign patients to participants. If possible, participants practice giving Plan A at least once and Plan B at least once. If only a few children need Plan B, some participants can observe Plan B treatment being given. 4. Supervise participants carefully the first time they teach mothers Plan A and treat according to Plan B. 5. Observe each participant as he works with each case. If you cannot observe, ask participant to present case. 6. Give feedback and guidance as needed. 7. Return child to regular clinic staff to continue treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. Reinforce communication skills for teaching the mother: give information, show examples, have her practice, check understanding, use the Mother's Card. 2. Remind participants to keep their Recording Forms. 3. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 8 OUTPATIENT SESSION

Today's session should take place in the ORT corner of the clinic.

-- Ask the clinic staff to select two children with diarrhoea and SOME or NO DEHYDRATION for your demonstration: one who is ready for Plan A and one who will be given Plan B.

-- If a severely dehydrated child presents during the session, and the clinic can provide treatment according to Plan C, participants should see a demonstration of a child receiving Plan C fluids.

Demonstration:

When demonstrating how to treat a child according to Plan B make sure to:

- demonstrate how to determine the amount of ORS to give during the first 4 hours.

- demonstrate how to teach a mother to give ORS, including helping the mother start giving the treatment and watching her progress.

- in an appropriate child (one who is near the end of the 4-hour Plan B treatment) demonstrate how to reassess the child's dehydration.

Observing participants:

Assign participants to children who have diarrhoea. Each participant should practice at least once teaching a mother to give Plan A fluids at home and teaching a mother how to give Plan B.

In the Plan B child, the participant should:

-- calculate the amount of ORS to give and teach the mother how to give the ORS.
-- continue checking on the Plan B case and encourage the mother who is giving ORS.
-- practice reassessing a child to determine if the child is ready to go home.

If a child with SEVERE DEHYDRATION presents during the session, call all the participants together so they can observe the child's signs. If time permits they can also observe rehydration according to Plan C. While they are observing, they can practice calculating the amount of fluid to give, observe the insertion of the needle or nasogastric tube and observe the child's progress.

Counsel The Mother

To Prepare	- Ask participants to bring chart booklets, pencils, timing devices. - Bring 8 Recording Forms per participant. - Bring 8 Mother's Cards per participant.
Participant Objectives	- Assess and classify a sick child and identify the child's treatment, including feeding advice. Advise mother when to return. - Counsel mother about feeding: -- Ask feeding questions -- Identify feeding problems -- Give advice on feeding problems - Use good communication skills for counselling mothers.
Facilitator Procedures	Choose children who appear to be very low weight for age or anaemic, or children who are less than 2 years old. 1. Demonstrate how to assess feeding and counsel the mother about food, fluids and when to return. 2. Assign participants to patients. 3. Supervise participants closely when they assess feeding and counsel the mother about feeding for the first time. 4. Observe each participant as he works with a case. If you cannot observe, ask participant to present the case. 5. Give feedback and guidance as needed. 6. Return patient with note to clinic staff to continue treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss feeding problems identified by participants and the advice given. Discuss whether any common modifiable feeding problems were identified that are not on the *COUNSEL* chart. Add them to the special page in the module. 3. Remind participants to keep their Recording Forms. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 9 OUTPATIENT SESSION

Observing participants:

Supervise closely the first time participants counsel mothers. Make sure they:

-- know where to record the mother's answers on the Recording Form
-- teach mothers the signs to return immediately
-- check the mothers' understanding

If you cannot observe all of a participant's work with a case, check his Recording Form for assessment and classification. Then observe him counselling the mother.

Make sure participants use good communication skills. They should:

-- ask all the questions to assess feeding
-- praise the mother for what she is already doing well
-- limit feeding advice to what is relevant
-- give accurate advice
-- ask checking questions

DAY 10: OUTPATIENT SESSION
Management of the Sick Young Infant:
Assess and classify bacterial infection and diarrhoea

To Prepare	- Ask participants to bring their chart booklets. - Bring 8 Young Infant Recording Forms for each participant.
Participant Objectives	- Assess and classify the sick young infant for bacterial infection and diarrhoea. - Use good communication skills when talking with mothers.
Facilitator Procedures	Choose infants age 1 week up to 2 months. Any infant with a severe sign should be seen first by the regular clinic staff. 1. Demonstrate how to assess and classify a sick young infant for bacterial infection and for diarrhoea. 2. Assign patients to participants. 3. Supervise participants closely the first time they assess and classify a sick young infant. 4. If a young infant has signs of SERIOUS BACTERIAL INFECTION, show the signs to all participants. 5. Observe each participant as he works with a case. 6. Provide feedback and guidance as needed. 7. Return young infant to regular clinic staff for treatment.
At the end of the session	1. Lead a discussion to summarize the session. Reinforce steps for assessing sick young infant, noting especially the new signs (that is, signs not assessed in sick children). 2. Remind participants to keep their Recording Forms. 3. Complete the Monitoring Checklist, Young Infant version.

SPECIAL NOTES FOR DAY 10 OUTPATIENT SESSION

When you arrive at the clinic, explain to the clinic staff that participants will assess and classify young infants during today's session. Ask the clinic staff to select young infants age 1 week up to 2 months. Young infants with any severe signs should be seen first by clinic staff.

Demonstration:

Remind participants that they should use Young Infant Recording Forms during this clinical session.

Demonstrate how to assess and classify a young infant. This demonstration is important to help participants realize the differences in the assessment process for the young infant as compared with the process for a child age 2 months up to 5 years.

During the assessment, describe aloud what you are doing. Participants should record the findings of this assessment on a Young Infant Recording Form.

Observing participants:

Supervise participants closely the first time they assess and classify young infants. There are signs on the *YOUNG INFANT* chart which participants may not have seen or practiced assessing before. Pay particular attention to these new signs when participants work with patients.

DAY 11: OUTPATIENT SESSION
Management of the Sick Young Infant:
Assess Breastfeeding and Counsel The Mother

To Prepare:	- Ask participants to bring their chart booklets and pencils. - Bring 8 Young Infant Recording Forms for each participant. - Bring 8 Mother's Cards for each participant.
Participant Objectives	- Assess, classify, and identify treatment for the sick young infant. - Assess breastfeeding attachment and suckling. - Correct positioning and attachment.
Facilitator Procedures	Choose infants age 1 week up to 2 months. Look for breastfeeding mothers of young infants who may need help. 1. Demonstrate how to assess breastfeeding. 2. Demonstrate how to counsel mother about correct positioning and attachment according to steps on *YOUNG INFANT* chart. 3. Assign young infants to participants. 4. Supervise participants closely to be sure they assess breastfeeding and counsel the mother correctly. Be especially attentive the first time a participant counsels a mother about correct positioning and attachment. 5. Observe each participant as he works with a young infant. If no observation is done, ask participant to present the case. 6. Give feedback and guidance as needed. 7. Return young infant to clinic staff with note to continue treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss ways to put the mother at ease when counselling her to correct positioning and attachment. 3. Remind participants to keep their Recording Forms. 4. Complete the Monitoring Checklist, Young Infant version.

SPECIAL NOTES FOR DAY 11 OUTPATIENT SESSION

Ask the clinic staff to select young infants age 1 week up to 2 months. Ask them to especially look for breastfeeding mothers of young infants who may need some help with breastfeeding. Young infants with any severe signs should be seen by clinic staff first.

Demonstration:

Demonstrate how to help a mother improve positioning and attachment for breastfeeding.

If a woman who needs this help has been identified, do this demonstration at the beginning of the session. However, it is likely that you will have to watch for a woman who needs help with breastfeeding and call the participants together for this demonstration later in the clinical session. Before you begin the demonstration, review the box "Teach Correct Positioning and Attachment for Breastfeeding" with the participants.

During the demonstration, be sure that you talk gently to the mother. Explain what you are doing, and talk in a way which builds her confidence. (Also explain to the participants what you are doing.) Below are a list of steps to help you do this demonstration if you are not experienced.

a) Greet the mother, introduce yourself, and ask her name and her baby's name.

b) Assess a breastfeed. Ask the mother if you may see how (baby's name) breastfeeds, and ask her to put him to her breast in the usual way. Observe her breastfeeding for a few minutes. (Adjust this step appropriately if you have just assessed this infant, including his breastfeeding. However, remember that it is important that the participants who are observing see how the mother usually breastfeeds, so that they can see the difference after the mother receives guidance.)

c) Explain that there are ways that might help the baby to breastfeed better. Ask if she would like you to show her. Say something encouraging, like:

> "He really wants your breastmilk, doesn't he?" Then say, "Breastfeeding might be (less painful/easier for the baby) if (baby's name) took a larger mouthful of breast when he suckles. Would you like me to show you how?"

If she agrees, you can start to show her.

d) Make sure that the mother is sitting in a comfortable, relaxed position. Sit down

yourself, so that you also are comfortable and relaxed, and in a convenient position to help.

e) Explain to the mother how to hold her baby. Show her what to do if necessary. Make sure you make the 4 key points clear (they are listed in the box on the *YOUNG INFANT* chart). She should hold the 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 the infant's whole body, not just neck and shoulders

f) Show her how to help the infant to attach. These steps are listed in the box on the chart. 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

g) Notice how the mother responds. If the mother says nothing, ask her how her baby's suckling feels. If suckling is comfortable and the mother looks happy, her baby is probably well attached. If suckling is uncomfortable or painful, her baby is probably not well attached.

h) Look for all the signs of good attachment. If the attachment is not good, try again. Explain to the participants that it often takes several tries to get a baby well attached.

Assign young infants to participants as they are brought to the participants' work area. Emphasize to participants that in this session they will assess and classify young infants through assessing and classifying feeding. They will not give any other treatments so they can concentrate on practicing how to counsel mothers about correct positioning and attachment.

At the end of the session:

Discuss ways of putting mothers at ease when assessing breastfeeding and counselling about breastfeeding. Ask participants to describe good examples of communication skills they used to put mothers at ease.

SUPPLIES TO BRING FOR EACH SESSION

(UNLESS YOU ARE CERTAIN THEY ARE IN CLINIC)

BRING TO EVERY SESSION	____ Recording Forms: 8 copies per participant ____ Remind participants to bring chart booklets, pencils and timing devices to each session ____ Clipboards: one per participant--distribute first day ____ 4 to 8 extra pencils, 2 extra chart booklets ____ 1 tube tetracycline ointment and 1 bottle gentian violet to demonstrate treatment of local infections, if a child presents during any session ____ Checklist for Monitoring Outpatient Sessions: 5 copies
DAY 3 through Day 11	____ Cup or spoon for each participant and clean water for assessing dehydration. (If you know that the water supply at the clinic is not reliable, bring water with you.)
DAY 7, 8 and 9	____ Mother's Cards: 8 per participant ____ Drugs and supplies for demonstrating and practicing how to teach mother to give oral drug at home and for giving treatment if clinic does not have an adequate supply: -- essential drugs for clinical practice[7] -- a common spoon used by mothers -- clean bowl -- drug labels -- envelope or paper to wrap tablets in -- appropriate food (such as a banana) if mother is going to give first dose in food. If mother gives first dose in expressed breastmilk, use a clean bowl or spoon.
DAY 8	____ Supplies for ORT corner, if not available in clinic: -- prepared ORS and ORS packets -- soap for washing hands -- water if clinic does not have reliable supply -- container for mixing 1 litre -- spoon for mixing ORS -- cups and spoons for giving ORS solution
DAY 9	____ Cup or bowl for demonstrating feeding ____ Appropriate food for demonstrating feeding
DAY 10 and 11	____ Young Infant Recording Forms: 10 per participant

[7] See the list of essential drugs for clinical practice in outpatient sessions on page 6.

REMEMBER THIS
WHEN CONDUCTING OUTPATIENT SESSIONS

TO CONDUCT A SESSION

Tell clinic staff cases to select.

Demonstrate the clinical skills.

Assign patients.

Supervise closely the first time skill is practiced.

Observe each participant working with each patient if possible. Verify that the assessment is done correctly.

Make sure patients receive treatments.

Complete the Checklist for Monitoring Outpatient Sessions.

HOW TO GIVE FEEDBACK

To monitor clinical performance:

1. Observe the participant doing the assessment, classification, treatment and counselling. This is the best method.

2. If you cannot observe all the case management, ask the participant to present the case to you, or

3. Look at Recording Form and discuss the case with participant.

Praise the participant for what he has done well.

Give guidance about how to improve performance.

INFREQUENTLY SEEN SIGNS

Sick Children 2 months up to 5 years	➢ stridor in a calm child ➢ very slow skin pinch ➢ stiff neck ➢ measles rash	➢ mouth ulcer ➢ severe palmar pallor ➢ corneal clouding ➢ pus draining from eye
Young Infants 1 week up to 2 months	➢ severe chest indrawing ➢ nasal flaring ➢ grunting ➢ red umbilicus or draining pus ➢ umbilical redness extending to the skin ➢ bulging fontanelle ➢ less than normal movement	➢ problems with attachment or suckling ➢ not able to feed, no attachment at all, or not suckling at all ➢ thrush ➢ many or severe skin pustules
Treating Local Infections	➢ treating eye infection with tetracycline eye ointment ➢ drying the ear by wicking ➢ treating mouth ulcers	➢ treating skin or umbilical infection or thrush in young infants