

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 visit or follow-up visit for this problem.
 - If follow-up visit, use the follow-up visit instructions.
 - If initial visit, assess the child as follow:

CHECK FOR GENERAL DANGER SIGNS

ASK:

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

LOOK

- * See if the child is lethargic or unconscious
- * See if the child is convulsing now

SIGNS

Any general danger sign

CLASSIFY AS

VERY SEVERE
DISEASE

TREATMENT

- ▶ Treat convulsion if present.
- ▶ Complete assessment immediately
- ▶ **Give pre-referral treatment.**
- ▶ **Refer URGENTLY to the hospital**

if the child dose not have any general sign then:

ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

If yes, ASK:

- * For how long?

LOOK, LISTEN, FEEL:

- * Count the breaths in one minute.
- * Look for chest indrawing
- * Look and listen for stridor.
- * Look and listen for wheezing.

CHILD
MUST BE
CALM

CLASSIFY
COUGH OR
DIFFICULT
BREATHING

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

- Any general danger sign or
- Chest indrawing or
- Stridor in calm child. (if wheezing, go directly to "Treat Wheezing", then reassess after treating).

SEVERE
PNEUMONIA
OR
VERY SEVERE
DISEASE

- ▶ Give pre-referral treatment.
 - Give oxygen if required
 - Treat wheeze if present
 - Abort convulsions if present.
- ▶ Refer the child URGENTLY to hospital.

- Fast breathing. (if wheezing, go directly to "Treat Wheezing", then reassess after treating).

PNEUMONIA

- ▶ Give an appropriate antibiotic for 10 days.
- ▶ Soothe the throat and relieve the cough with a safe remedy.
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days.

- No signs of pneumonia or very severe disease. (if wheezing, go directly to "Treat Wheezing", then reassess after treating).

COUGH
OR
COLD

- ▶ If coughing more than 30 days, refer to hospital for more assessment.
- ▶ Treat wheeze if present
- ▶ Soothe the throat and relieve the cough with a safe remedy
- ▶ Advise mother when to return immediately
- ▶ Follow-up in 2 days

Dose 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?

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"> ▶ Refer this child URGENTLY to hospital with mother giving frequent sips of ORS on the way. ▶ Advise the mother to continue breastfeeding.
Two of the following signs: * Restless, Irritable * Sunken eyes * Drinks eagerly, thirsty * Skin pinch goes back slowly.	SOME DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluid and food for some dehydration (Plan B). ▶ If child also has a severe classification: <ul style="list-style-type: none"> - 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 5 days.
* 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). ▶ Advise mother when to return immediately. ▶ Follow-up in 5 days.
Diarrhea last 14 days or more * Dehydration present	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Treat dehydration before referral unless the child has another severe classification. ▶ Refer to hospital
Diarrhea last 14 days or more * No dehydration.	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ▶ Follow-up in 5 days
* Blood in the stool	BLOODY DIARRHOEA	<ul style="list-style-type: none"> ▶ Give <i>Co-trimoxazole</i> ▶ Follow-up in 2 days & if no improvement, refer the child to hospital

Does The Child Have Fever?

(By history or feels hot or temperature 37.5°C or above)

<p>IF YES:</p> <ul style="list-style-type: none"> For how long? If more than 7 days, has the fever been present every day? Has the child had measles within the last 3 months? Look for signs of MEASLES: Generalized rash and One of these: cough, runny nose, or red eyes 	<p>LOOK AND FEEL</p> <p>* Look or feel for stiffneck</p>
<p>If the child has measles now or within the last 3 months:</p>	<p>* Look for mouth ulcers * Look for pus draining from the eye</p>
<p>Is the child able to drink?</p>	<p>Look & Feel for: * Enlarged & tender gland in front of the neck * White exudates on the throat.</p>

<p>FEVER with</p> <ul style="list-style-type: none"> Any general danger sign or Stiff neck or Daily fever for more than 7 days 	<p>VERY SEVERE FEBRILE DISEASE</p>	<p>▶ Treat the child to prevent low blood sugar. ▶ Give paracetamol for high fever (38.5C or above). ▶ Refer URGENTLY to hospital</p>
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<ul style="list-style-type: none"> Any general danger sign or Pneumonia or Diarrhoea or Other complications of measles 	<p>SEVERE COMPLICATED MEASLES</p>	<p>▶ Give pre-referral treatment Refer URGENTLY to hospital</p>
<ul style="list-style-type: none"> Pus draining from the eye Mouth ulcers or thrush. 	<p>MEASLES WITH EYE OR MOUTH COMPLICATIONS</p>	<p>▶ If pus draining from the eye, treat with tetracycline eye ointment & follow-up in 2 days ▶ If mouth ulcers, refer the child to hospital ▶ If mouth thrush, treat with gentian violet and follow-up in 2 days</p>
<p>Measles now or within the last 3 months & no other signs.</p>	<p>MEASLES</p>	<p>Home care Treat fever</p>

<p>* Not able to drink</p>	<p>THROAT ABSCESS</p>	<p>Refer URGENTLY to hospital</p>
<p>Tender, enlarged nodes in front of the neck AND White exudates on the throat</p>	<p>STREPTOCOCCAL SORE THROAT</p>	<p>▶ Give antibiotic for 10 days ▶ Treat fever ▶ Give safe soothing remedy</p>

Temperature is based on axillary temperature. Rectal temperature readings are approximately 0.5° C higher.

Does the child have an ear problem?

IF YES, ASK:

- * Is there ear pain?
- * Is there ear discharge?
If yes, how long?

LOOK AND FEEL:

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

*CLASSIFY
EAR PROBLEM*

Tender swelling behind the ear	Mastoiditis	▶ Urgently refer the child to the hospital
<ul style="list-style-type: none"> • Pus draining from the ear less than 2 weeks OR • Ear pain OR • Red immobile ear drum by auroscope . 	Acute ear infection	<ul style="list-style-type: none"> ▶ Give antibiotics ▶ Drying the ear by wicking ▶ Treat fever and pain. ▶ Ear drops are not recommended
Pus draining for more than 2 weeks	Chronic ear infection	▶ Refer the child to the hospital

THEN CHECK FOR MALNUTRITION AND ANAEMIA

LOOK AND FEEL

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

CLASSIFY
NUTRITIONAL
STATUS

<ul style="list-style-type: none"> • Visible severe wasting or • Oedema of both feet or • child's weight is below the 5th percentile 	SEVERE MALNUTRITION	▶ Refer URGENTLY to hospital
<ul style="list-style-type: none"> • Child's weight is between the 25th and 5th percentiles 	MODERATE MALNUTRITION	▶ Assess the child's feeding and counsel the mother on feeding. ▶ If feeding problem, follow-up in 5 days ▶ If low weight for age, follow-up in 30 days.
<ul style="list-style-type: none"> • Child's weight is between the 50th and 25th percentiles 	MILD MALNUTRITION	▶ Assess the child feeding and counsel the mother on feeding. ▶ If feeding problem, follow-up in 5 days ▶ If low weight for age, follow-up in 30 days.

- .. Look for palmar pallor. Is it:
Severe palmar pallor
Some palmar pallor
- * Determine Hb level if pallor is suspected

CLASSIFY
ANAEMIA

<ul style="list-style-type: none"> • Severe palmar pallor or • Haemoglobin level below 7 gm/dl 	SEVERE ANAEMIA	▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Some palmar pallor or • Haemoglobin level between 7gm and 10 gm/dl 	ANAEMIA	▶ Give iron 6mg/kg daily. ▶ Follow-up in 14 days.
<ul style="list-style-type: none"> • No palmar pallor • Haemoglobin level more than 10gm/dl 	NO ANAEMIA	If the child's age is between 6 months & 2 years, give iron 3mg/kg before breakfast.

THEN CHECK THE CHILD'S IMMUNIZATION STATUS

	<u>AGE</u>	<u>VACCINE</u>		
IMMUNIZATION SCHEDULE:	BIRTH	BCG	HB-1	
	2 MONTHS	DTP+Hib-1	HB-2	polio -1
	4 MONTHS	DTP+Hib -2		polio -2
	6 MONTHS	DTP+Hib -3	HB -3	polio -3
	12 MONTHS	MMR		
	18 MONTHS	DTP+Hib booster dose		

HB: Hepatitis B vaccine; DTP: Diphtheria & tetanus toxoid+ pertussis vaccine; Hib: haemophilus influenzae vaccine; MMR: measles, mumps & rubella

ASSESS OTHER PROBLEMS

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED

**TREAT THE CHILD
CARRY OUT THE TREATMENT STEPS ON
THE ASSESS AND CLASSIFY CHART**

**TEACH THE MOTHER TO GIVE
ORAL DRUGS AT HOME**

- ▶ 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 her self.
- ▶ 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 drugs must be used to finish the course of treatment, even if the child gets better.
- ▶ Check the mother's understanding before she leaves the clinic.

▶ Give an appropriate oral antibiotic

▶ FOR PNEUMONIA, ACUTE EAR INFECTION OR VERY SEVER DISEASE:

First line antibiotic: Amoxicillin

Second-line antibiotic: Amoxicillin+Clavulanate & The 3rd line antibiotic is co-trimoxazole

	Amoxicillin Give 3 times daily for 10 days	Amoxicillin + clavulanate Give 3 times daily for 10 days	Co-trimoxazole give 2 times daily for 10 days
Age or weight	Syrup 250 mg/ 5ml	Syrup 375 mg/5ml	Syrup 40 mg trimethoprim + 200mg sulphamethoxazole
2 m up to 12 m (4 - <10kg)	5 ml	5 ml	5 ml
12 m up to 5 yr (10 kg – 19 kg)	10 ml	10 ml	7.5 ml

▶ For sore throat:

First line antibiotic: Phenoxymethyl Penicillin

Second-line antibiotic: Amoxicillin

	Phenoxy methyl penicillin four times daily for 10 days	Amoxicillin+ Give 3 times daily for 10 days	Co-trimoxazole give 2 times daily for 10 days
Age or weight	Syrup 250 mg/ 5ml	Syrup 375 mg/5ml	Sy 40 mg trimethoprim + 200mg sulphamethoxazole
2 m up to 12 m (4 - <10kg)	5 ml or 50 mg/kg/24 hours	5 ml or 50 mg/kg/24 hours	5 ml
12 m up to 5 yr (10 kg – 19 kg)	10 ml or 50 mg/kg/24 hours	10 ml or 50mg/kg/24 hours	7.5 ml

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- ▶ **Explain to the mother what the treatment is and why it should be given.**
- ▶ **Describe the treatment steps listed in the appropriate box.**
- ▶ **Watch the mother as she does the first treatment in the clinic (except remedy for cough or sore throat)**
- ▶ **Tell her how often to do the treatment at home.**
- ▶ **Check the mother's understanding before she leaves the clinic.**

▶ Dry the Ear by Wicking

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

▶ Treat Mouth Ulcers with Gentian Violet

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

▶ Soothe The Throat, Relieve the Cough With a safe Remedy

- Safe remedies to recommend: Lemon juice, babonig, zohorat, karkade.
- Breastmilk for exclusively breastfed infant
- Harmful remedies to discourage: Antihistaminic drugs, remedies that contain atropine, codeine and alcohol

Give Paracetamol For High Fever (≥ 38.5 °C) or ear pain.

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

Paracetamol	
Age or Weight	Syrup
2 months up to 3 years (weight 4 - < 14 kg)	100 mg/ 6 hours
3 years up to 5 years (weight 14 - 19 kg)	150 mg/ 6 hours

Give Iron

Give one dose daily for 14 days

Age or Weight	IRON SYRUP
2 months up to 4 months (weight 4 - < 6 kg)	1.00 ml (< 1/4 TSP)
4 months up to 12 months (weight 6 - < 10 kg)	1.25 ml (1/4 TSP)
12 months up to 3 years (weight 10 - < 14 kg)	2.00 ml (1/2 TSP)
3 years up to 5 years (weight 10 - 19 kg)	2.5 ml (1/2 TSP)

► Treat Wheeze

children with wheeze and

GENERAL DANGER SIGN OR STIDOR Give one dose of rapid acting bronchodilator and refer immediately

Children with wheezing and No GENERAL

DANGER SIGN & NO STRIDOR Give rapid acting bronchodilator according to protocol and reassess the child 30 minutes later.

If:

- CHEST INDRAWING PERSISTS Treat for Severe Pneumonia (Refer).

- FAST BREATHING ALONE Treat for PNEUMONIA.

Treat wheeze according to protocol.

- NO FAST BREATHING

Treat for COUGH OR COLD.

RAPID ACTING BRONCHODILATOR:

1- Nebulized salbutamol: 2.5 – 5 mg in 2.5 - 5 ml normal saline

2- Metered Dose Inhaler with spacer device (100mcg/dose): 4-6 puffs

**TREAT THE CHILD TO PREVENT
LOW BLOOD SUGAR**

► If the child is able to breastfeed:

Ask the mother to breastfeed the child.

► If the child is not able to breastfeed but is able to swallow:

Give expressed breastmilk or a artificial milk.

If neither of these is available, give sugar water.

Give 30 – 50 ml of milk or sugar water before departure.

If the child is not able to breastfeed, refer urgently to hospital.

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, refer the patient to hospital or make intravenous route
And give dextrose.**

► **GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING**

PLAN A: Treat Diarrhoea at Home

**Counsel the mother on the 3 rules of home treatment:
Give Extra Fluid, Continue Feeding, When to Return**

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

TELL THE MOTHER:

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

It is especially important to give ORS at home when:

- The child has been treated with Plan B or Plan C during this visit.
- The child cannot return to a clinic if the diarrhoea gets worse.

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

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

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

Tell the mother to:

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

2. CONTINUE FEEDING

} See **COUNSEL THE MOTHER CHART**

3. WHEN TO RETURN

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	4months 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.
- If the child vomits, wait 10 minutes. Then continue treatment, 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 the 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 the 4-hours treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

1. GIVE EXTRA FLUID

2. CONTINUE FEEDING. } See COUNSEL THE MOTHER CHART

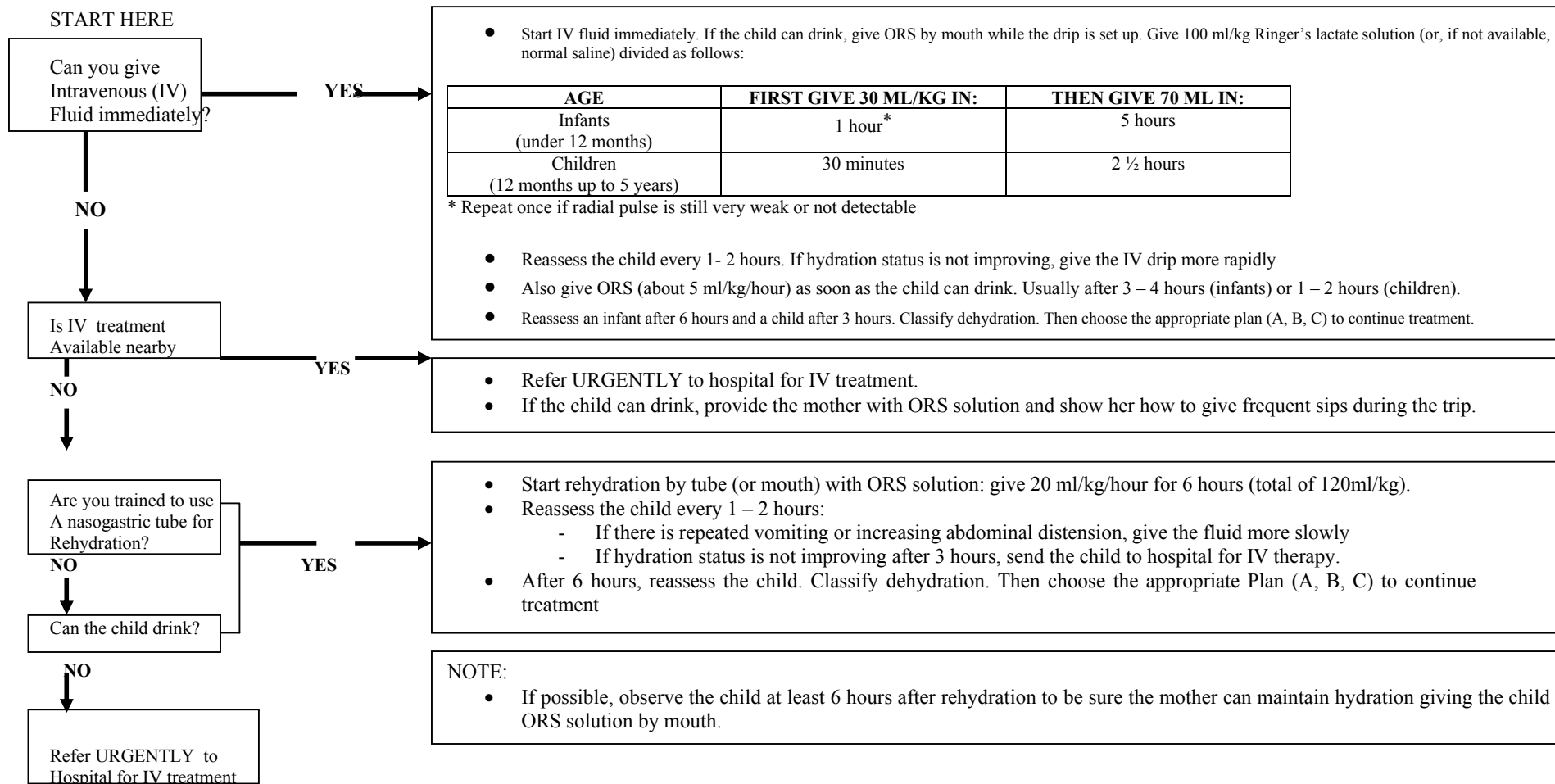
3. WHEN TO RETURN

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.



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 of the ASSESS AND CLASSIFY chart.

► PNEUMONIA

After 2 days:

Check the child for general danger signs.

Assess the child for cough or difficult breathing. See ASSESS & CLASSIFY chart.

ASK:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating well?

Treatment:

- If chest indrawing or a general danger sign, refer the child **URGENTLY** to hospital.
- If breathing rate, fever and eating are the same, also refer the child to hospital.
- If breathing slower, less fever, or eating better, complete the 10 days of antibiotic.

► PERSISTENT DIARRHOEA

After 5 days

Ask:

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

Treatment:

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

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 of the ASSESS AND CLASSIFY chart.

► EAR INFECTION

After 5 days:

Reassess for ear problem. See ASSESS & CLASSIFY chart.

Measure the child's temperature.

Treatment:

► **If there is tender swelling behind the ear or high fever (38.5 C or above)**, refer URGENTLY to hospital.

► **Acute ear infection:** If ear pain or discharge persists. Refer Urgently to hospital.

► **Chronic ear infection:** Check that the mother is wicking the ear correctly. Encourage her to continue.

► **If no ear pain or discharge**, praise the mother for her careful treatment. If she has not yet finished the 10 days of antibiotic, tell her to use all of it before stopping..

► FEEDING PROBLEM

After 5 days:

Reassess feeding. See question 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 to bring the child back again.

► If the child is low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight again.

PALLOR or HAEMOGLOBIN < 10 gm/dl

After 14 days:

► Give iron. Advise the mother to return in 14 days for more iron.

► Continue giving iron every 14 days for 2 months

► If the child has palmar pallor or haemoglobin less than normal, refer for assessment.

LOW WEIGHT

After 30 days:

Weigh the child and determine if the child is still low weight for age.

Reassess feeding. > See questions at the top of the COUNSEL chart.

Treatment:

► If the child is **no longer low weight for age**, praise the mother and encourage her to continue.

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

Exception:

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

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED
BASED ON THE INITIAL VISIT OR THIS VISIT,
ADVISE THE MOTHER OF THE
NEXT FOLLOW-UP VISIT

ALSO, ADVISE THE MOTHER
WHEN TO RETURN IMMEDIATELY.
(SEE COUNSEL CHART)

COUNSEL THE MOTHER

FOOD

▶ Assess the Child's Feeding





Ask question 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 in 24 hours?
 - 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?
 - How large are servings?
 - Does the child receive his own serving?
 - Who feeds the child and how?

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

► **Feeding Recommendations During Sickness and Health**

<p>Up to 6 Months of Age</p>  <ul style="list-style-type: none"> • Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours. • Do not give other foods or fluids. 	<p>6 Months up to 12 Months</p>  <ul style="list-style-type: none"> • Breastfeed as often as the child wants. • Give adequate servings of: <hr/> <hr/> <ul style="list-style-type: none"> - 3 times per day if breastfed; - 5 times per day if not breastfed. 	<p>12 Months up to 2 Years</p>  <ul style="list-style-type: none"> • Breastfeed as often as the child wants. • Give adequate servings of: <hr/> <hr/> <p>Or family foods 5 times per day</p>	<p>2 Years and Older</p>  <ul style="list-style-type: none"> • give family food at 3 meals each day. Also twice daily, give nutritious food between meals, such as: <hr/> <hr/> <hr/>
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* A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil), meat, fish, eggs, or pulses; and fruits and vegetables.

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

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

Counsel the Mother About Feeding Problems

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

▶ **If the mother reports difficulty with breastfeeding, assess breastfeeding.**

As needed, show the mother correct positioning and attachment for breastfeeding.

▶ **If the child is less than 4 months old is taking other milk or food:**

- Build mother's confidence that she can produce all breast milk that the child needs.
- Suggest giving more frequent, longer breastfeeds day and night, and gradually reducing other milk or foods.

▶ **If other milk needs to be continued, counsel the mother to:**

- Breastfeed as much as possible. Including at night
- Make sure that other milk is a locally appropriate breast milk substitute.
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
- Finish prepared milk within one hour to avoid spoilage.

▶ **If the mother is using a bottle to feed her child**

- Recommend substituting a cup for a bottle.
- Show the mother how to feed the child with a cup

▶ **If the child is not being fed actively, counsel the mother to:**

- Sit with the child and encourage eating
- Give the child an adequate serving in a separate plate.

▶ **If the child is not feeding well during illness, counsel the mother to:**

- Breastfeed more frequently, and for longer if possible.
- Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
- Clear a blocked nose if it interferes with feeding
- Expect that appetite will improve as the child gets better.

▶ **Follow-up any feeding problem in 5 days**

FLUID

► Advise the Mother to Increase Fluid and Food During Illness

FOR ANY SICK CHILD:

Breastfeed more frequently and more longer at each feed.

Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water.

Feed the child with small repeated meals like Khudar masloog, rice with lahmma mafrooma.

Add extra meal until complete cure of the child.

FOR CHILD WITH DIARRHOEA

Give 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 Physician

FOLLOW-UP VISIT

Advise the mother to come for follow-up at the earliest time listed for the child problem.

If the child has	Follow –up in
Pneumonia	2 days
Persistent diarrhoea Acute ear infection Feeding problem Any other problem , if not improving	5 days
Anaemia	14 days
Low weight for age	30 days

NEXT WELL-CHILD VISIT

Advise the mother to return for next immunization or a child care visit according To Schedule.

WHEN TO RETURN IMMEDIATELY

Advise the 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• Becomes sicker• Develops fever
If the child has cough or cold	<ul style="list-style-type: none">• Fast breathing• Difficult breathing
If the child has diarrhoea	<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 breast problem (such as engorgement, sore nipples, breast infection.), provide care for her or refer her for help**
- ▶ **Advise her to eat well to keep 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**
 - **Counselling on STD.**



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



ASSESS

CLASSIFY

IDENTIFY TREATMENT

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

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

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

CHECK FOR POSSIBLE BACTERIAL INFECTION

ASK:

Has the infant had convulsions?

LOOK, LISTEN, FEEL:

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

CLASSIFY ALL YOUNG INFANTS

CHECK FOR SIGNIFICANT JAUNDICE

LOOK: At the palms and soles. Are they jaundiced? If JAUNDICE of palm & soles

<ul style="list-style-type: none"> • Convulsions or • Fast breathing (60 breaths per minute or more) or • Severe chest indrawing or • Nasal flaring or • Grunting or • Bulging fontanelle or • Pus draining from ear or • Umbilical redness extending to the skin or • Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) or • Many or severe skin pustules or • Lethargic or unconscious or • Less than normal movement. 	POSSIBLE SERIOUS BACTERIAL INFECTION	<p><i>Treat to prevent low blood sugar.</i></p> <p><i>Advise mother how to keep the infant warm on the way to the hospital.</i></p> <p><i>Refer URGENTLY to hospital.**</i></p>
<ul style="list-style-type: none"> • Red umbilicus or draining pus or • Skin pustules. 	LOCAL BACTERIAL INFECTION	<p>▶ For local bacterial infection; refer the young infant to hospital.</p> <p>If oral thrush only:</p> <p>▶ Teach the mother to treat local infections at home.</p> <p>▶ Advise mother to give home care for the young infant.</p> <p>▶ Follow-up in 2 days.</p>
None of the above	BACTERIAL INFECTION ULIKELY	Advise the mother Follow-up in 2 days
	JAUNDICE	<i>Refer URGENTLY to hospital</i>

**THEN ASK:
Does The Young Infant Have Diarrhoea?**

<p>IF YES, ASK:</p> <ul style="list-style-type: none"> * For how long? * Is there blood in the stool? 	<p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> * Look at the young infant's general Condition. Is the infant: Lethargic or unconscious? Restless and irritable? * Look for sunken eyes. * Pinch the skin of the abdomen. Does it go back: Very slowly (Longer than 2 seconds)? Slowly?
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<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Skin pinch goes back very slowly. 	<p>SEVERE DEHYDRATION</p>	<p>▶ If infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION: - Give fluid for severe dehydration (Plan C). OR ▶ <i>If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:</i> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise 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. 	<p>SOME DEHYDRATION</p>	<p>▶ Give fluid and food for some dehydration (Plan B). ▶ <i>If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:</i> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.</p>
<ul style="list-style-type: none"> • Not enough signs to classify as some or severe dehydration. 	<p>NO DEHYDRATION</p>	<p>▶ Give fluids to treat diarrhoea at home (Plan A).</p>
<ul style="list-style-type: none"> • Diarrhoea lasting 14 days or more. 	<p>SEVERE PERSISTENT DIARRHOEA</p>	<p>Refer URGENTLY to hospital</p>
<ul style="list-style-type: none"> • Blood in the stool. 	<p>BLOOD IN STOOL</p>	<p>Refer URGENTLY to hospital</p>

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

Classify Feeding

<p>ASK:</p> <ul style="list-style-type: none"> * Is there any difficulty feeding? * Is the infant breastfed? If yes, how many times in 24 hours? * Does he infant receive any other foods or drinks? If yes, how often? • What do you use to feed the infant? 	<p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> * Determine weight for age.
<p>IF AN INFANT: Has any difficulty feeding, Is breastfeeding less than 8 times in 24 hours, Is the infant taking any other foods or drinks, or Is the infant low weight for age,</p> <p style="text-align: center;">AND</p> <p>Has no indication to refer urgently to hospital:</p> <p>ASSESS BREASTFEEDING: 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.</p> <p>Has the infant breastfed in the previous hour?</p> <p>* Is the infant position correct? Poor positioning Good positioning</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>TO CHECK POSITIONING, LOOK FOR:</i> - Infant's neck is straight or bent slightly back - Infant's body is turned towards the mother. - Infant's body is close to mother's body, and - Infant's whole body supported. If all of these signs are present, the infant's positioning is good.</p> </div> <ul style="list-style-type: none"> • Is the infant able to attach? No attachment at all not well attached poor attachment <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>TO CHECK ATTACHMENT, LOOK FOR:</i> - Chin touching breast - Mouth wide open - Lower lip turned outward - More areola visible above than below the mouth</p> </div> <ul style="list-style-type: none"> • Is the suckling effectively (that is, slow deep sucks, sometimes pausing)? Not suckling at all Not suckling effectively Suckling effectively Clear a blocked nose if it interferes with breastfeeding. Look for ulcers or white patches in the mouth (thrush). 	

<ul style="list-style-type: none"> • Not able to feed or • Not attached at all or • Not suckling at all 	<p>NOT ABLE TO FEED – POSSIBLE SERIOUS BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> ▶ Treat to prevent low blood sugar. ▶ Advise the mother how to keep the young infant warm on the way to hospital ▶ Refer URGENTLY to hospital
<ul style="list-style-type: none"> • Poor positioning or • 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 mouth) 	<p>FEEDING PROBLEM OR LOW WEIGHT</p>	<ul style="list-style-type: none"> ▶ Advise the mother to breastfeed as often & for as long as the infant wants, day & night. <ul style="list-style-type: none"> • If not well attached or not suckling effectively, teach correct positioning & attachment. • If breastfeeding is less than 8 times in 24 hours, advise to increase frequency of feeding. ▶ If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, & using a cup. ▶ If not breastfeeding at all: <ul style="list-style-type: none"> - Refer for breastfeeding counseling & possible relactation. - Advise about correctly preparing breast milk substitutes & using a cup. ▶ If thrush, teach the mother to treat thrush at home. ▶ Advise mother to give home care for the young infant. ▶ Follow-up any feeding problem or thrush in 2 days. ▶ Follow-up low weight for age in 14 days.
<p>Not low weight for age and no other signs of inadequate feeding.</p>	<p>NO FEEDING PROBLEM</p>	<ul style="list-style-type: none"> ▶ 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:	AGE	VACCINE
	BIRTH	BCG HB -1
	2MONTHS	DTP+Hib -1 + HB -2

HB: Hepatitis B vaccine; DTP: Diphtheria & tetanus toxoid+ pertussis vaccine; Hib haemophilus influenzae vaccine.

ASSESS OTHER PROBLEMS

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.
- ▶ Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

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

To Treat Umbilical Infection

▶ The mother should:

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

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► *Teach Correct Positioning and Attachment for Breastfeeding*

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

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

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

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

FOOD

FLUIDS

} **Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health.**

► WHEN TO RETURN

Follow-up Visit

If the infant has:	Return for follow-up in:
ANY FEEDING PROBLEM THRUSH	2 days
LOW WEIGHT FOR AGE	14 days

When to Return Immediately

Advise the mother to return immediately if the young infant has any of these signs:

Breastfeeding or drinking poorly
 Becomes sicker
 Develops a fever
 Fast breathing
 Difficult breathing

► MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.

- In cool weather, cover the infant's head and feet and dress the infant with extra clothing.

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► **FEEDING PROBLEM**

After 2 days:

Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

Ask about any feeding problems found on the initial visit.

► Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again.

► If the young infant is low weight for age, ask the mother to return 14 days after the initial visit to measure the young infant's weight gain.

Exception:

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

Locally Recommended food: Mahalabia, Zabbadi, Eggs, Khudar masloog, Laham digag mafroom, Samak mafroom, Fruits & Fruit Juice.

► **LOW WEIGHT**

After 14 days:

Weigh the young infant and determine if the infant is still low weight for age.

Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

► *If the infant is no longer low weight for age, praise the mother and encourage her to continue.*

► *If the infant is still low weight for age, but is feeding well, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.*

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

Exception:

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

► **THRUSH**

After 2 days:

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

Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

► If thrush is worse, or the infant has problems with attachment or suckling, refer to hospital.

► If thrush is the same or better, and if the infant is feeding well, continue half-strength gentian violet for a total of 5 days.

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

MANGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS	
Name:----- Age:----- Weight:-----kg. Temperature:----- °C What are the child problems?----- Initial visit?----- Follow-up visit?-----	
Assess (Circle all signs present)	CLASSIFY
*CHECK FOR GENERAL DANGER SIGNS. * NOT ABLE TO DRINK OR BREASTFEED. * LETHARGIC OR UNCONSCIOUS. * VOMITS EVERYTHING. * CONVULSING NOW. * CONVULSION DURING THIS CURRENT ILLNESS.	General danger signs present? Yes ___ No ___
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes___ No___ For how long? ___ Days Count the breaths in one minute. breaths per minute. Fast breathing? Look for chest indrawing. Look and listen for stridor. Look and listen for wheezing.	
DOES THE CHILD HAVE DIARRHOEA? Yes___ No___ For how long? days 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 FEVER? (by history/feels hot/temp 37.5 C or above) Yes___ No___ For how long DAYS. * Look or feel neck stiffness * If more than 7 day, has fever present every day? Look for signs of measles. * Has the child has measles within the last 3months. * Generalized rash * 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, thrush. Look for pus draining from the eye.	
Is the child able to drink? Has the child had fever? If yes, for how long? ___ days Feel for enlarged & tender glands in front of the neck. Yes, ___ No, ___ Presence of white exudates on the throat. Yes, ___ No, ___	
DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___ Is there ear pain? Look for pus draining from ear. Is there ear discharge? Feel for tender swelling behind the ear If yes, for how long? ___ Days	
THEN CHECK FOR MALNUTRITION AND ANAEMIA Look for visible severe wasting Look for oedema of both feet Determine weight for age Look for palmar pallor: Severe palmar pallor? Some palmar pallor? Determine haemoglobin level. ___ mg/ dc	
CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS. Circle the immunizations needed today BCG HB ₂ HB ₃ MEASLES MMR HB ₁ DTP+Hib ₁ DTP+Hib ₂ DTP+Hib ₃	Return for next immunization or child care on: _____ (date)
ASSESS THE CHILD FEEDING IF THE CHILD HAS ANAEMIA OR LOW WEIGHT. Do you breastfeed your baby? Yes___ No___ If yes, how many times per 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? _____	Feeding problems
ASSESS OTHER PROBLEMS:	

RECORDING FORM: MANAGEMENT OF THE SICK INFANT

Management of the sick child age 1 week up to 2 months Name: Age Weight:.....kg. Temperature:..... °C What are the infant problems? Initial visit? Follow-up visit?..... Assess (circle all signs present) Classify									
Check for possible bacterial infection <ul style="list-style-type: none"> • Does the young infant feed well? • Has the young infant had convulsion? <ul style="list-style-type: none"> • Count the breaths in one minute.breaths/minute. Repeat if elevated Fast breathing? • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and listen for wheezing. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus. Is it red or draining pus? • Fever (temperature 37.5 C or low body temperature below 35.5 C). • Look for skin pustules. • See young infant is lethargic or unconscious. • Look at infant movement. Less than normal? 									
DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes _____ No _____ <ul style="list-style-type: none"> • For how long _____ days. Look at the young infant's general condition. . Is the infant: • Is there blood in the stool? Lethargic or unconscious? Restless or irritable? <p style="margin-left: 40px;">Look for sunken eyes Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</p>									
THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT <ul style="list-style-type: none"> • Is there any difficulty feeding? Yes ___ No ___ * Determine weight for age. Low.... Not low..... • Is the young infant breastfed? Yes ___ No _____ • If yes, how many time in 24 hours? ___ times • Does the young infant receive any other foods or drinks? Yes ___ No _____ • If yes, how often? • What do you use to feed the infant? 									
Is the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is s/he taking any other foods or drinks, or s/he low weight for age AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING: <ul style="list-style-type: none"> • Has the infant breastfed in the previous 24 hours? If infant has not fed in the previous 24 hours, ask the mother to put the infant to the breast if possible. Observe the breastfeed for 4 minutes. <ul style="list-style-type: none"> • Is the infant able to attach? To check attachment, look for: <ul style="list-style-type: none"> - Chin touching breast. Yes No..... - Mouth wide open. Yes..... No..... - Lower lip turn outwards. Yes.....No..... - More areola is above than below the mouth. Yes..... No.... No attachment at all Not well attached. Good attachment. <ul style="list-style-type: none"> • Is the infant suckling effectively(that is slow, deep, sucks, sometime pausing)? Not suckling at all. Not suckling effectively. Suckling effectively. <ul style="list-style-type: none"> • Look for ulcers or thrush in the mouth. 									
CHECK THE YOUNG INFANT IMMUNIZATION STATUS. CIRCLE IMMUNIZATION NEEDED TODAY. <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">VACCINE</td> <td style="width: 25%;">AGE</td> <td style="width: 25%;">VACCINE</td> <td style="width: 25%;">AGE</td> </tr> <tr> <td>BCG+HB₁</td> <td>AT BIRTH</td> <td>DTP+Hb₁ +HB₂</td> <td>2 MONTHS</td> </tr> </table>	VACCINE	AGE	VACCINE	AGE	BCG+HB ₁	AT BIRTH	DTP+Hb ₁ +HB ₂	2 MONTHS	Return for next immunization or child care
VACCINE	AGE	VACCINE	AGE						
BCG+HB ₁	AT BIRTH	DTP+Hb ₁ +HB ₂	2 MONTHS						

