

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

Assess, Classify and Identify Treatment	
Check for General Danger Signs.....	2
Then Ask About Main Symptoms:	
Does the child have cough?.....	2
Does the child have diarrhoea?.....	3
Check for throat problem.....	4
Does the child have an ear problem?.....	4
Does the child have fever?.....	5
Classify fever <i>And classify Measles</i>	5
Then Check for Malnutrition and Anaemia.....	6
Then Check the Child's Immunization and Vitamin A & D supplementation Status	6
Assess Other Problems	6
TREAT THE CHILD	
Teach the Mother to Give Oral Drugs at Home	
Oral Antibiotic	7
Antimicrobial Treatment of Parasitic Diarrhoea.....	8
Paracetamol	9
Vitamin A & D	9
Iron	9
Give Oral Salbutamol	9
Teach the Mother to Treat Local Infections at Home	
Treat Eye Infection with Tetracycline Eye Ointment ..	10
Dry the Ear by Wicking.....	10
Treat Mouth Ulcers with Gentian Violet	10
Soothe the Throat, Relieve the Cough with a Safe Remedy.....	10
Give These Treatments in Clinic Only	
Intramuscular Antibiotic	11
Treat convulsing child with rectal diazepam.....	11
Treat Wheezing	12
Prevent Low Blood Sugar.....	12
An antibiotic For Streptococcal Sore Throat.....	12

TREAT THE CHILD, continued

Give Extra Fluid for Diarrhoea and Continue Feeding	
Plan A: Treat Diarrhoea at Home	13
Plan B: Treat Some Dehydration with ORS.....	13
Plan C: Treat severe Dehydration Quickly.....	14
Immunize Every Sick Child As Needed.....	14
Give Follow-up Care	
Pneumonia.....	15
No Pneumonia-Wheeze	15
Dysentery.....	15
Persistent Diarrhoea.....	16
Fever - Possible Bacterial Infection and Fever-Bacterial Infection Unlikely	16
Ear Infection	16
Measles with Eye of Mouth complication	16
Measles	16
Feeding Problem	17
Pallor.....	17
Low Weight.....	17
COUNSEL THE MOTHER	
Food	
Assess the Child's Feeding.....	18
Feeding Recommendations.....	19
Counsel About Feeding Problem	20
Fluid	
Increase Fluid During illness	21
When to Return	
Advise the Mother When to Return to Health Worker	21
Counsel the Mother About Her Own Health.....	22



SICK YOUNG INFANT AGE UP TO 2 MONTHS

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

Assess, Classify and Identify Treatment	
Check for Possible Bacterial Infection.....	23
Check for Significant jaundice.....	23
Then ask: Does the young infant have diarrhoea?	24
Then Check for Feeding Problem or Low Weight.....	25
Then Check the Young Infant's Immunization Status	26
Assess Other Problems	26
Treat the Young Infant and Counsel the Mother	
Oral Antibiotic.....	27
Intramuscular Antibiotics.....	27
To Treat Convulsing young infant see TREAT THE CHILD Chart..	28
To Treat Diarrhoea, See TREAT THE CHILD Chart.....	13-14
Immunize Every Sick Young Infant	28
Treat Local Infections at Home.....	28
Correct Positioning and Attachment for Breastfeeding	29
Express Breast Milk If Indicated	29
Home Care for Young Infant.....	29
Give Follow-up Care for the Sick Young Infant	
Local Bacteria! Infection.....	30
Bacterial Infection Unlikely.....	30
Feeding Problem.....	31
Low Weight	31
Thrush	31
RECORDING FORMS	
SICK YOUNG INFANT	32-33
SICK CHILD	34-35
WEIGHT FOR AGE CHART	36



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



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ASSESS

CLASSIFY

IDENTIFY TREATMENT

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

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

CHECK FOR GENERAL DANGER SIGNS

ASK:	LOOK:
<ul style="list-style-type: none"> • Is the child able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions? 	<ul style="list-style-type: none"> • See if the child is lethargic or unconscious. • See if the child is convulsing now.

SIGNS

CLASSIFY AS

TREATMENT

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

<ul style="list-style-type: none"> • Any general danger sign. 	<p>VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> ▶ Treat convulsions if present now. ▶ Complete assessment Immediately. ▶ Give urgent pre referral treatment. ▶ Refer URGENTLY to hospital. ▶ Treat the child for low blood sugar.
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THEN ASK ABOUT MAIN SYMPTOMS: Does the child have cough or difficult breathing?

IF YES, ASK:	LOOK AND LISTEN:	} CHILD MUST BE CALM	Classify COUGH or DIFFICULT BREATHING
<ul style="list-style-type: none"> • For how long? 	<ul style="list-style-type: none"> • Count the breaths in one minute. • Look for chest indrawing. • Look and Listen for stridor. • Look and Listen for wheeze 		

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

<ul style="list-style-type: none"> • Any general danger sign OR • Stridor in calm Child OR • Chest indrawing (If chest indrawing and wheeze go directly to "treat Wheezing" then reassess after treatment). 	<p>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat wheezing if present. ▶ Treat the child to prevent low blood sugar. ▶ Refer URGENTLY to hospital.*
<ul style="list-style-type: none"> • Fast breathing. <p>(If wheeze, go directly to "Treat Wheezing", then Reassess after treatment).</p>	<p>PNEUMONIA</p>	<ul style="list-style-type: none"> ▶ Give an appropriate antibiotic for 5 days. ▶ Treat wheezing if present. ▶ If coughing more than 30 days, refer for assessment. ▶ Soothe the throat and relieve the cough with a safe remedy. ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days.
<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. <p>(If wheeze, go directly to "Treat Wheezing",</p>	<p>NO PNEUMONIA COUGH OR COLD</p>	<ul style="list-style-type: none"> ▶ Treat wheezing if present. ▶ if coughing more than 30 days, refer for assessment. ▶ Soothe the throat'. and relieve the cough with a safe remedy. ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days if wheezing. ▶ Follow-up in 5 days if not improving

Does the child have diarrhoea?

<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 child's general condition. Is the child: <ul style="list-style-type: none"> Lethargic or unconscious? Restless and irritable • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? Slowly?
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Classify DIARRHOEA

for DEHYDRATION

and if diarrhoea 14 days or more

and if blood in stool

Two of the following signs: <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking Poorly • Skin pinch goes back very slowly. 	SEVERE DEHYDRATION	<ul style="list-style-type: none"> ▶ If child has no other severe classification: <ul style="list-style-type: none"> - Give fluid for severe dehydration (Plan C). OR ▶ If child also has another 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. ▶ if child is 2 years or older and there is cholera in your area, give antibiotic for cholera.
Two of the following signs: <ul style="list-style-type: none"> • 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 mother to continue breastfeeding. ▶ Advise mother when to return immediately. ▶ Follow-up in 5 days if not improving.
Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION	<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 if not improving.
• 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.
• No dehydration.	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ▶ Do appropriate investigations ▶ Follow-up in 5 days.
• Blood in the stool.	DYSENTERY	<ul style="list-style-type: none"> ▶ Treat for 5 days with an oral antibiotic recommended for Shigella or Amoebiasis in your area. ▶ Follow-up in 2 days.

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

Check for throat problem

ASK:

- Does the child have fever? (by history or feels hot or temperature 37.5 °C or more)
- Does the child have sore throat

LOOK AND FEEL:

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

**Classify
THROAT PROBLEM**

<ul style="list-style-type: none"> • Fever OR Sore throat AND TWO of the following: • Red (congested) throat • White or yellow exudate on the throat or tonsils. • Enlarged tender lymph nodes on the front of the neck. 	STREPTOCOCCAL SORE THROAT	<ul style="list-style-type: none"> ▶ Give a single dose of benzathine penicillin. or penicillin V. for 10 days ▶ Soothe the throat with a safe remedy. ▶ Give paracetamol for pain. ▶ Advise mother when to return immediately. ▶ Follow up in 5 days if not improving.
<ul style="list-style-type: none"> • Insufficient criteria to classify as Streptococcal sore throat 	NON STREPTOCOCCAL SORE THROAT	<ul style="list-style-type: none"> ▶ Soothe the throat with a safe remedy. ▶ Give paracetamol for pain. ▶ Advise mother when to return immediately. ▶ Follow up in 5 days if not improving.
<ul style="list-style-type: none"> • No throat signs or symptoms (with or without fever) 	NO THROAT PROBLEM	<ul style="list-style-type: none"> ▶ Continue assessment of the child

Does the child have an ear problem?

IF YES, ASK:

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

LOOK AND FEEL:

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

**Classify
EAR PROBLEM**

<ul style="list-style-type: none"> • Tender swelling behind the ear. 	MASTOIDITIS	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Give first dose of paracetamol for pain. ▶ Maintain child's feeding ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain. 	ACUTE EAR INFECTION	<ul style="list-style-type: none"> ▶ Give an antibiotic for 10 days. ▶ Give paracetamol for pain. ▶ Dry the ear by wicking. ▶ Advise mother when to return immediately ▶ Follow-up in 5 days.
<ul style="list-style-type: none"> • Pus is seen draining from the ear and discharge is reported for 14 days or more. 	CHRONIC EAR INFECTION	<ul style="list-style-type: none"> ▶ Dry the ear by wicking. ▶ Follow-up in 5 days.
<ul style="list-style-type: none"> • No ear pain and • No pus seen draining from the ear. 	NO EAR INFECTION	No additional treatment.

Does the child have fever?

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

IF YES, ASK:

- For how long?
- if more than 5 days, has fever been present every day?

LOOK AND FEEL:

- Look or feel for stiff neck.

Classify FEVER

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

If MEASLES NOW OR WITHIN Last 3 months Classify

<ul style="list-style-type: none"> • Any general danger sign OR • Stiff neck 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat the child to prevent low blood sugar. ▶ Give one dose of paracetamol in clinic for fever (38°C or above). ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Apparent bacterial cause of fever present e.g. <ul style="list-style-type: none"> - pneumonia - dysentery - acute ear infection - Strept - sore throat - Other apparent causes** 	FEVER-POSSIBLE BACTERIAL INFECTION	<ul style="list-style-type: none"> ▶ Give paracetamol for fever (38°C or above). ▶ Treat apparent causes of fever. ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days if fever persists. ▶ If fever is present every day for more than 5 days, refer for assessment.
<ul style="list-style-type: none"> • No apparent bacterial cause of fever • Consider viral causes of Fever including measles. 	FEVER-BACTERIAL INFECTION UNLIKELY	<ul style="list-style-type: none"> ▶ Give paracetamol for fever (38°C or above). ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days if fever persists. ▶ If fever is present every day for more than 5 days, refer for assessment.
<ul style="list-style-type: none"> • General danger sign OR • Clouding of cornea OR • Deep or edentive mouth ulcers OR • Measles now AND pneumonia 	SEVERE COMPLICATED MEASLES***	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat the child to prevent low blood sugar. ▶ Give one dose of paracetamol in clinic for fever (38°C or above). ▶ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment ▶ Give Vitamin A ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Pus draining from the eye OR • Mouth ulcers 	MEASLES WITH EYE OR MOUTH COMPLICATIONS***	<ul style="list-style-type: none"> ▶ Give paracetamol for fever (38°C or above). ▶ If pus draining from the eye, treat eye infection with tetracycline eye ointment. ▶ Give Vitamin A ▶ If mouth ulcers, treat with gentian violet. ▶ Advise mother when to return immediately ▶ Follow up in 2 days
<ul style="list-style-type: none"> • Measles now or within the last 3 months AND • None of the above signs 	MEASLES	<ul style="list-style-type: none"> ▶ Give paracetamol for fever (38°C or above). ▶ Give Vitamin A ▶ Advise mother when to return immediately ▶ Follow up in 2 days if not improving

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

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

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

SORE THROAT

EAR PROBLEM

FEVER

THEN CHECK FOR MALNUTRITION AND ANAEMIA

• LOOK AND FEEL:

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

• LOOK :

- Look for palmar pallor and mucous membrane pallor is it:
Severe palmar pallor and / or mucous membrane pallor?
Some palmar pallor and / or mucous membrane pallor?

- *Determine haemoglobin level*
If needed

**Classify
NUTRITIONAL STATUS**

**Classify
ANAEMIA**

<ul style="list-style-type: none"> • Visible severe wasting or • Oedema of both feet 	SEVERE MALNUTRITION	<ul style="list-style-type: none"> ▶ <i>Treat the child to prevent low blood sugar:</i> ▶ <i>Refer URGENTLY to hospital.</i>
<ul style="list-style-type: none"> • Low weight for age. 	LOW WEIGHT	<ul style="list-style-type: none"> ▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. - If feeding problem, follow-up in: 5 days. ▶ Advise mother when to return immediately. ▶ Follow up after 30 days
<ul style="list-style-type: none"> • Not low weight for age and no other signs of malnutrition. 	NOT LOW WEIGHT	<ul style="list-style-type: none"> ▶ Assess the child's feeding and <i>COUNSEL THE MOTHER</i> chart. counsel the mother on feeding according to the FOOD box on the If feeding problem, follow-up in 5 days.
<ul style="list-style-type: none"> • Severe palmar and / or mucous membrane pallor or • Hb level < 7 gm/dl 	SEVERE ANAEMIA	<ul style="list-style-type: none"> ▶ <i>Refer URGENTLY to hospital</i>
<ul style="list-style-type: none"> • Some palmar and / or mucous membrane pallor - or • Hb level < 11 gm/dl 	ANAEMIA	<ul style="list-style-type: none"> ▶ Assess for feeding ▶ Give Iron * ▶ advise mother when to return immediately. ▶ Follow-up in 14 days.
<ul style="list-style-type: none"> • No palmar or mucous membrane pallor 	NO ANAEMIA	<ul style="list-style-type: none"> ▶ If child is aged from 6 - 30 months, give one dose of Iron daily.

* Thalassemia, G6PD, and other haemolytic anaemias must be taken into account.

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

IMMUNIZATION SCHEDULE:

Age	Vaccine	Age	Vaccine
At birth	BCG+ HB1	6 th month	DPT- Hib3+OPV 3+ HB3
One month after the 1 st visit	HB2 + IPV1	9 th month	Measles
8 weeks	DPT- Hib1+ OPV1 + IPV2	1 year	DPT4+OPV4 (booster dose)
4 th month.	DPT-Hib2 + OPV2	15 th month	MMR

VITAMIN A&D SUPPLEMENTATION SCHEDULE:

(Vit. A 500 IU and Vit D₂ 200 IU/drop)

For low birth weight and premature since birth up to one year 2 drops/day
For full term at age 2 months up to one year - 2 drops/day.

ASSESS OTHER PROBLEMS

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

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

TREAT THE CHILD

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

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

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

▶ Give an Appropriate Oral Antibiotic

FOR PNEUMONIA (give for 5 days), OR ACUTE EAR INFECTION (give for 10 days):

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

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

▶ FOR DYSENTERY:

Give antibiotic recommended for Shigella for 5 days.

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

AGE or WEIGHT	COTRIMOXAZOLE SYRUP (trimethoprim + sulphamethoxazole) ▶ Give two times daily for 5 days Syrup: 40 mg tr imethoprim + 200 mg Sulphamethoxazole per 5ml	NALIDIXIC ACID ▶ Give four times daily for 5 days SYRUP 250 mg/5 ml
	2 months up to 4 months (4 - <6 kg)	5.0 ml
4 months up to 12 months (6 - <10 kg)	5.0 ml	1.5-2.5 ml
12 months up to 5 years (10 - <19 kg)	7.5 ml	2.5-5 ml

▶ FOR CHOLERA:

Give antibiotic recommended for Cholera for 5 days.

FIRST-LINE ANTIBIOTIC FOR CHOLERA: COTRIMOXAZOLE
SECOND-LINE ANTIBIOTIC FOR CHOLERA: ERYTHROMYCIN

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

► ***For Amoebiasis***

For active stage (Trophozoite)	Metronidazole 125 mg/5ml	10 mg/kg/dose 3 times a day for 7 days
For chronic (cyst)	Diloxanide furoate 250 mg tab	20mg/kg daily in 3 divided doses for 10 days

► ***For Giardiasis***

For cyst and trophozoite[★]	Metronidazole 125 mg/5 ml	5 mg/kg/dose 3 times a day for 7 days
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- ★ Given only when diarrhoea is persistent (lasting at least 14 days) and cyst or trophozoites of giardia are seen in faeces or small bowel fluid.

Note:

- ***ANTIBIOTICS should ONLY be used for dysentery and for suspected Cholera cases with severe dehydration. Otherwise, they are ineffective and Should NOT be given.***
- ***ANTIDIARRHOEAL DRUGS and ANTIEMETICS should NEVER be used. None has proven practical value, some are dangerous.***

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

► Give Paracetamol for Fever ($\geq 38^{\circ}\text{C}$) or Ear Pain or Sore Throat

> Give paracetamol (15mg/kg 4-6hrs) until fever or ear pain gone.

PARACETAMOL	
AGE or WEIGHT	SYRUP (120 mg / 5ml)
2 months up to 12 months (4-<10kg)	(2.5-5ml)
12 months up to 3 years (10-<14kg)	(5 - 10ml)
3 years up to 5 years (14-<19kg)	(10 - 12ml)

► Give Vitamin A & D

Daily dose of vitamin A & D
2 drops /mouth

► Give Iron

For treatment of anaemia: give one dose daily for 14 days, then reassess.

For Iron supplementation: give one dose per day

Premature and LBW: 2 mg/kg/day from 2-30 months old

Full term- 1 mg/kg/day from 6-30 months old

AGE or WEIGHT	IRON SYRUP Iron syrup 15mg/5 ml (3 mg elemental iron per (ml)
2 months up to 4 months (4 - <6 kg)	5 ml
4 months up to 12 months (6 - <10 kg)	10 ml
12 months up to 3 years (10 - <14 kg)	15 ml
3 years up to 5 years (14 - 19 kg)	20 ml

3-6 mg/kg/day as a single doses or in 2 divided doses half an hour before meal

► Give Oral Salbutamol

Give Salbutamol syrup three times daily for 5 days.

AGE or WEIGHT	SALBUTAMOL SYRUP (Salbutamol syrup = 2 mg/ 5 ml)
2 months up to 4 months (4- <6kg)	1.0 ml
4 months up to 12 months (8 - <10 kg)	2.0 ml
12 months up to 3 years (10- <14 kg)	2.5 ml
3 years up to 5 years (14- 19 kg)	5.0 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.
- ▶ If needed for treatment at home, give mother the tube of tetracycline ointment or a small bottle of gentian violet.
- ▶ Check the mother's understanding before she leaves the clinic.

▶ ***Treat Eye Infection with Tetracycline Eye Ointment***

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

▶ ***Dry the Ear by Wicking***

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

▶ ***Treat Mouth Ulcers with Gentian Violet***

- ▶ Treat the mouth ulcers twice daily.
 - Wash hands.
 - Wash the child's mouth with clean soft cloth wrapped around the finger and wet with salt water.
 - Paint the mouth with gentian violet (0.25%) for 3-5days.
 - Wash hands again.

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

- Safe remedies to recommend:
 - Breastmilk for exclusively breastfed infant.
 - Kamomil (babonege), tea with lemon, anise, guava leaves decoctions, thyme, soup, honey
- Harmful remedies to discourage:
 - Cough syrups containing (Codeine, antihistamines, alcohol, atropine) and expectorants

GIVE THESE TREATMENTS IN CLINIC ONLY

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

▶ Give An Intramuscular Antibiotic

FOR CHILDREN BEING REFERRED URGENTLY:

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

IF REFERRAL IS NOT POSSIBLE:

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

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

Treat a Convulsing Child With rectal diazepam

Manage the Airway

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

Give diazepam Rectally

- ▶ Draw up the dose of diazepam into a small syringe. Then remove the needle.
- ▶ Attach a piece of nasogastric tubing to the syringe if possible.
- ▶ Insert 4 to 5 cm of the tube or the tip of the syringe into the rectum and inject the diazepam followed by 5ml normal saline rectally
- ▶ Hold buttocks together for a few minutes.

Age or weight	Diazepam dose 10mg/ 2ml solution Dose: 0.5 mg/kg (give rectally)
1mo up to 4 months (3-<6 kg)	0.50 ml (2.5 mg)
4 mo up to 12 months (6-<10 kg)	1.0 ml (5.0 mg)
12 mo up to 3yrs (10-<14kg)	1.25 ml (6.25 mg)
3 yr up to 5 yrs (14-19 kg)	1.5 ml (7.5 mg)

IF High Fever, Lower the Fever

- ▶ Sponge the child with room temperature water

Treat the child to prevent low blood sugar

► **Treat Wheezing**

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

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

IF:

- CHEST INDRAWING PERSISTS → Treat for SEVERE PNEUMONIA (Refer)

- FAST BREATHING ALONE → Treat for PNEUMONIA
Give further dose of rapid acting bronchodilator
Give oral salbutamol for 5 days

- NO FAST BREATHING → Treat for NO PNEUMONIA: COUGH OR COLD.
Give oral salbutamol for 5 days

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

ORAL SALBUTAMOL Three times daily for 5 days	
AGE or WEIGHT	2 mg / 5 ml Syrup
2 months up to 12 months (4 - <10 kg)	1 - 2 ml
12 months up to 3 years (10- <14 kg)	2.5 ml
3 years up to 5 years (14 - 19 kg)	5.0 ml

► **Treat the Child to Prevent Low Blood Sugar**

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

Ask the mother to breastfeed the child.

► **if the child is not able to breastfeed but is able to swallow:**

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

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

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

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

► **Give An Antibiotic For Streptococcal Sore Throat**

► Give a single dose of intramuscular benzathine penicillin*

BENZATHINE PENICILLIN	
Age	Add 5 ml sterile water to vial containing 1.200.000 unit = 6 ml 200.000 unit / ml
< 5 years	3.0 ml = 600.000 unit
OR Penicillin V: – 12.5 mg/kg every 6 hours or – 25 mg/kg every 12 hours for 10 days	

* In case of penicillin allergy, the alternative drug is Erythromycin 200 mg/5ml syrup (30-50 Mg/kg/day In 4 divided doses)

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

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

► Plan A: Treat Diarrhoea at Home

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

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

► TELL THE MOTHER:

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

It is especially important to give ORS at home when:

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

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

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

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

Tell the mother to:

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

2. **CONTINUE FEEDING**

3. **WHEN TO RETURN**

} See *COUNSEL THE MOTHER* chart

► Plan B: Treat Some Dehydration with ORS

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

► DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.

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

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

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

► SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

► AFTER 4 HOURS:

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

► IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish the 4-hour treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

1. **GIVE EXTRA FLUID**

2. **CONTINUE FEEDING**

3. **WHEN TO RETURN**

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

WHEEZING,
LOW BLOOD SUGAR,

STREPTOCOCCAL
SORE THROAT

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

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

► **Plan C: Treat Severe Dehydration Quickly**

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

START HERE

Can you give Intravenous (IV) fluid immediately?

YES →

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

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

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

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

NO ↓

Is IV treatment Available nearby (within 30 minutes)?

YES →

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

NO ↓

Are you trained to use a naso-gastric (NG) tube for rehydration?

YES →

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

NO ↓

Can the child drink?

NO ↓

Refer URGENTLY to hospital for IV or NG Treatment

NOTE:

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

IMMUNIZE EVERY SICK CHILD, AS NEEDED

GIVE FOLLOW-UP CARE

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

▶ PNEUMONIA

After 2 days:

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

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?
- Is the child still wheezing?

Treatment:

- ▶ **If child has a general danger sign or stridor or chest indrawing or has fast breathing and wheeze** give a dose of pre-referral intramuscular antibiotic. If wheezing also give dose of rapid acting bronchodilator. Then refer URGENTLY to hospital.
- ▶ **If child is not wheezing but breathing rate, fever and eating are the same.** Change to the second line antibiotic and advise the mother to return in 2 days or refer.
- ▶ **If breathing slower, less fever, or eating better,** complete the 5 days of antibiotic. If child is wheezing, also treat as below.
- ▶ **If child is wheezing but has no general danger signs, fast breathing or chest indrawing:**
 - If this is the first episode of wheezing or if the child has had previous episodes but has not been referred, continue salbutamol and refer for assessment.
 - **If the child has had at least one episode of wheezing before this and has already been referred for assessment,** advise mother to continue with treatment prescribed by the referral hospital, Advise the mother to return if the child's breathing becomes more difficult. If this child returns because condition has worsened, refer for further treatment.

▶ NO PNEUMONIA- WHEEZE

Alter 2 days

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

Treatment:

- ▶ **If any danger sign or stridor or chest indrawing-** Treat as **SEVERE PNEUMONIA OR VERY SEVERE DISEASE.** Give one dose of pre-referral intramuscular antibiotic. Give one dose of rapid acting bronchodilator and refer URGENTLY to hospital,
- ▶ **If fast breathing-**treat as PNEUMONIA, also give oral salbutamol,
- ▶ **If child is wheezing but has no general danger signs, fast breathing or chest indrawing:**
 - If this is the first episode of wheezing or if the child has previous episodes but has not been referred, continue salbutamol and refer for assessment.
 - If the child has already been referred for a previous episode of wheezing advise the mother to continue with treatment prescribed by the referral hospital, Advise the mother to return if the child's breathing becomes more difficult. If this child returns because condition has worsened, refer URGENTLY to hospital for further treatment.
- ▶ **If no wheezing.** complete 5 days of oral salbutamol.

▶ DYSENTERY

After 2 days:

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

Ask:

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

Treatment:

- ▶ If the child is **dehydrated,** treat dehydration.
- ▶ **If number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse:**
Change to second-line oral antibiotic recommended for Shigella.
Give it for 5 days. Advise the mother to return in 2 days.
Exceptions - if the child:
 - is less than 12 months old, or
 - was dehydrated on the first visit, } Refer to hospital.
- ▶ **If fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better,** continue giving the same antibiotic until finished.

GIVE FOLLOW-UP CARE

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

▶ PERSISTENT DIARRHOEA

After 5 days:

Ask:

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

Treatment:

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

▶ FEVER-POSSIBLE BACTERIAL INFECTION AND FEVER-BACTERIAL INFECTION UNLIKELY

If fever persists after 2 days:

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

Treatment:

- ▶ If the child has any **general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- ▶ If the child has any **apparent bacterial cause of fever** provide treatment.
- ▶ If the child has no **apparent bacterial cause of fever**:
 - Advise the mother to return again in 2 days if the fever persists.
 - If fever has been present for 5 days. refer for assessment.

▶ EAR INFECTION

After 5 days:

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

Treatment:

- If there is **tender swelling behind the ear or high fever (38.5°C or above)**, refer URGENTLY to hospital.
- Acute ear infection: if ear pain or discharge** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up once again in 5 days. If ear pain or discharge persists refer.

If **no ear pain or discharge**, praise the mother for her careful treatment. Ask the mother to continue the same antibiotic for other 5 days.

- Chronic ear infection:**
If no improvement, refer to ENT specialist

▶ MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days

Look for red eyes and pus draining from the eyes

Look at mouth ulcers.

Smell the mouth

Treatment for Eye Infection:

- ▶ If pus is draining from the eye, ask the mother to describe how she has treated the eye infection, If treatment has been correct, refer to hospital, If treatment has not been correct, teach mother correct treatment.
- ▶ If the pus is gone but redness remains, continue the treatment
If no pus or redness, stop the treatment
- ▶ Treatment for Mouth Ulcers:
 - ▶ If mouth ulcers are worse, or there is a very foul smell from the mouth, refer to hospital
 - ▶ If mouth ulcers are the same or better, continue using half-strength gentian violet for a total of 5 days.

GIVE FOLLOW-UP CARE

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

▶ MEASLES

If not improving after 2 days:

Do a full reassessment of the child > see **ASSESS & CLASSIFY** chart:

Treatment:

- ▶ If **general danger sign or clouding of the cornea or deep extensive mouth ulcers or pneumonia**, treat as SEVERE COMPLICATED MEASLES.
- ▶ If **pus draining from the eye or mouth ulcers**, treat as MEASLES WITH EYE OR MOUTH COMPLICATIONS.
- ▶ If **non of the above signs**, advise the mother when to return immediately
- ▶ Follow up in two days if not improving
- ▶ If the child received already the dose of vitamin A in the previous visit, do not repeat.

▶ FEEDING PROBLEM

After 5 days:

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

Ask about any feeding problems found on the initial visit.

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

▶ PALLOR

After 14 days:

- ▶ If **improving (less pallor or increasing haemoglobin level)**
- ▶ Give iron. Advise mother to return in 14 days for more iron , **recheck Haemoglobin**
- ▶ If **improving** Continue giving iron daily for 2 months.
- ▶ If the child has palmar pallor and / or mucous membrane pallor **or Haemoglobin level still low**, refe 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**.

Treatment:

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

Exception:

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

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

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

COUNSEL THE MOTHER

FOOD

▶ ***Assess the Child's Feeding***

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

ASK -

- ▶ Do you breastfeed your child?
 - How many times during the day?
 - Do you also breastfeed during the night?

- ▶ Does the child take any other food or fluids?
 - What food or fluids?
 - How many times per day?
 - What do you use to feed the child?
 - If low weight for age: How large are servings? Does the child receive his own serving? Who feeds the child and how?

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

► Feeding Recommendations During Sickness and Health

Up to 6 Months



- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Don't give other foods or fluids
Only if the child:
 - shows interest in semisolid foods, or
 - appears hungry after breastfeeding, or
 - is not gaining weight adequately, add complementary foods (listed under 6 months up to 12 months).
Give these foods 1 or 2 times Per day after breastfeeding.

6 Months up to 12 Months



- Breastfeed as often as the child wants.
Give adequate servings of:-
- Bread, Adase or eggs or fool, chick-pea and drops of vegetable oil. Strained tomatoes or orange juice.
 - Rice or boiled potatoes, squash or carrots (add drops of lemon juice) and fish or meat or chicken (meat or liver)
 - Yoghurt with mashed biscuits and banana or rice pudding with milk and mashed banana
(up to 9 months food should be Chopped then mashed)
 - 3 times per day if breastfed:
 - 5 times per day if not breastfed:



12 Months up to 2 Years



- Breastfeed as often as the child wants.
Give adequate servings of:
- Bread and cheese and peeled tomatoes. olive oil, pumpkin, squash and potatoes
 - Rice and meet or chicken with boiled spinach or molokheya and fruits or family foods 5 times per day.



2 Years and Older



- Give family foods at 3 meals each day
- Also, twice daily give nutritious food between meals, such as:
- Sweet potatoes or fried potatoes,
 - Bread with eggs or cheese or halawa tehinia and tomatoes or carrots.
 - Fresh fruits of the season.
 - Biscuits, cakes, or dates
 - Honey.



* 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 as rice , potatoes beans and vegetable soup.
 - give frequent small meals at least 6 times a day.
- For other foods, follow feeding recommendations for the child's age.

► **Counsel the Mother About Feeding Problems**

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



- **If the mother reports difficulty with breastfeeding, assess breastfeeding. (See *YOUNG INFANT* chart.) As needed, show the mother correct positioning and attachment for breastfeeding.**
- **If the child is less than 4 months old and is taking other milk or foods: or**
- **If the mother thinks she does not have enough milk**
 - Assess breastfeeding:
 - Build mother's confidence that she can produce all the breastmilk that the child needs (proper weight gain).
 - Suggest giving more frequent, longer breastfeeds day and night, and gradually reducing other milk or foods.

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

- Breastfeed as much as possible, including at night.
- Make sure that other milk is a locally appropriate breastmilk substitute.
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
- Finish prepared milk within an hour.



- **If the mother is using a bottle to feed the child:**
 - Recommend substituting a cup for bottle.
 - Show the mother how to feed the child with a cup.

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

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



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

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

- **Follow-up any feeding problem in 5 days.**
- **Advise the mother to expose her child to sunlight for prevention of rickets.**

FLUID

► Advise the Mother to Increase Fluid During Illness

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed.
- Increase fluid. For example, give soup, rice water, yoghurt drinks, home fluids or clean water.

FOR CHILD WITH DIARRHOEA:

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

► Advise the Mother When to Return to Health Worker

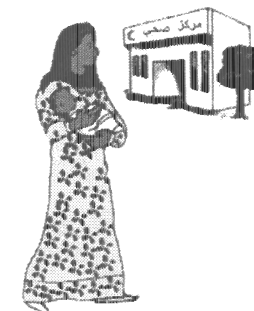
FOLLOW-UP VISIT

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

If the child has:	Return for follow-up in:
PNEUMONIA NO PNEUMONIA- WHEEZE DYSENTERY FEVER, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS MEASLES, if not improving	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
PALLOR	14 days
LOW WEIGHT FOR AGE	30 days

NEXT WELL-CHILD VISIT

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



WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:	
Any sick child	<ul style="list-style-type: none"> • Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none"> • Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"> • Blood in stool • Drinking poorly

▶ ***Counsel the Mother About Her Own Health***

- ▶ If the mother is sick, provide care for her, or refer her for help.
- ▶ If she has a breast problem (such as engorgement, sore nipples, breast infection) provide care for her or refer her for help.
- ▶ Advise her to eat well to keep up her own strength and health.
- ▶ Check the mother's immunization status and give her tetanus toxoid if needed.
- ▶ Make sure she has access to:
 - Family planning
 - Counselling on reproductive health problems.
- ▶ Advise mother to use iodized salt for the family foods instead of the ordinary salt.

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

ASSESS

CLASSIFY

IDENTIFY TREATMENT

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

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

CHECK FOR POSSIBLE BACTERIAL INFECTION

ASK:

- Has the infant had convulsions?
- Is the young infant not able to feed?

LOOK, LISTEN, FEEL:

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



YOUNG INFANT MUST BE CALM

Classify ALL YOUNG INFANTS

SIGNS

- Convulsions OR
- Not able to feed OR
- Fast breathing (60 breaths per minute or more) OR
- Severe chest indrawing OR
- Nasal flaring OR
- Grunting OR
- Wheeze OR
- Bulging fontanelle OR
- Pus draining from ear OR
- Umbilical redness extending to skin OR
- Fever (37.5°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.

- Red umbilicus or draining pus OR
- Skin pustules.
- Pus draining from the eyes.

- None of the above signs

- Jaundice started in the first 24h of life and still present or
- Deep jaundice seen in the sclera or
- Jaundice extending to palms and soles or
- Jaundice in an infant aged 2 weeks or more
- Jaundice in pre term infant

CLASSIFY AS

POSSIBLE SERIOUS BACTERIAL INFECTION

LOCAL BACTERIAL INFECTION

BACTERIAL INFECTION UNLIKELY

SIGNIFICANT JAUNDICE

TREATMENT

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

- ▶ **Treat current convulsion with rectal diazepam.**
- ▶ **Give first dose of intramuscular antibiotics.**
- ▶ **Treat to prevent low blood sugar.**
- ▶ **Advise mother how to keep the infant warm on the way to the hospital.**
- ▶ **Refer URGENTLY to hospital.****

- ▶ **Give an appropriate oral antibiotic.**
- ▶ Teach mother to treat local infections at home.
- ▶ Advise mother to give home care for the Young infant.
- ▶ Follow-up in 2 days

- ▶ Advise mother to give home care for the young infant.
- ▶ Follow-up in 2 days

- ▶ **Encourage breastfeeding**
- ▶ **If breastfeeding poorly, provide extra fluid by cup and spoon**
- ▶ **Refer URGENTLY to hospital**

CHECK FOR SIGNIFICANT JAUNDICE

Ask

- is the infant preterm?
- Did Jaundice appear in the 1st,24 hours?

LOOK

- At sclera
- At palms and soles

Are they Jaundiced?

If

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

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

THEN ASK:

Does the young infant have diarrhoea?

IF YES, ASK:

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

LOOK AND FEEL:

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

Classify DIARRHOEA

for DEHYDRATION

and if diarrhoea 14 days or more

and if blood in stool

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

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

ASK:

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

IF AN INFANT: **Has any difficulty feeding, Is breast-feeding less than 8 times in 24 hours, Is taking any other foods or drinks, or Is low weight for age, or low birth weight (2500 grams or less) Is in the first week of life**

AND Has no indications to refer urgently to hospital:

ASSESS BREAST-FEEDING:

- Has the infant breast-fed in the previous hour? If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breast-fed for 4 minutes. (If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

- Is the infant position correct?

Poor positioning

good positioning

TO CHECK POSITIONING, LOOK FOR:

- infant's neck is straight or bent slightly back,
- infant's body is turned towards the mother.
- 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)

- Is the infant able to attach?

no attachment at all

not well attached

good attachment

TO CHECK ATTACHMENT, LOOK FOR:

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

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

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

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

Clear a blocked nose if it interferes with breast-feeding.

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

Classify FEEDING

<ul style="list-style-type: none"> • Not able to feed or • No attachment at all or • Not suckling at all. 	NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION	<ul style="list-style-type: none"> ▶ Give first dose of intramuscular antibiotics. ▶ Treat to prevent low blood sugar. ▶ Advise the mother how to keep the young infant warm on the way to the hospital. ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Poor positioning or • Not well attached to breast or • Not suckling effectively or • Less than 8 breast-feed in 24 hours or • Receives other foods or drinks or • Low weight for age or low birth weight or • Thrush (ulcers or white patches in mouth). 	FEEDING PROBLEMS OR LOW WEIGHT	<ul style="list-style-type: none"> ▶ Advise the mother to breastfeed as often and for as long as the infant wants, day and night. • If not well attached or not suckling effectively, teach correct positioning and attachment. <ul style="list-style-type: none"> - If low birth weight and problems with attachment and suckling persists after Counselling: refer to hospital. • If breastfeeding 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, and using a cup. • If not breastfeeding at all: <ul style="list-style-type: none"> - Refer for breastfeeding counselling and possible relactation. - Advise about correctly preparing breastmilk substitutes and 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.
<ul style="list-style-type: none"> • Not low weight for age and no other Signs of inadequate feeding. 	NO FEEDING PROBLEM	<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**

At birth
One month after the 1st visit
8 weeks

VACCINE

BCG + HB1
HB2 + IPV1
DPT1+OPV1+IPV2

ASSESS OTHER PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► Give an Appropriate Oral Antibiotic

For local bacterial infection:

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

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

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

► Give First Dose of Intramuscular Antibiotics

► Give first dose of both benzyl penicillin and gentamicin intramuscularly.

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

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

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

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

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

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

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

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

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

To Treat Skin Pustules or Umbilical Infection

The mother should:

- ▶ Wash hands
- ▶ Gently wash off pus and crusts with soap and water
- ▶ Dry the area
- ▶ Paint with gentian violet 0.5%
- ▶ Wash hands

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

- ▶ Wash hands
- ▶ Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- ▶ Paint the mouth with half-strength gentian violet 0.25%
- ▶ Wash hands

To Treat Eye Infection:

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

- ▶ Wash her hands
- ▶ Wet clean cloth with water
- ▶ Use clean water and cloth to gently remove pus from the infant's eyes
- ▶ Put Tetracycline oint 2-3 times / day
- ▶ Wash her hands

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► Teach Correct Positioning and Attachment for Breastfeeding

- Show the mother how to hold her infant
 - make sure that the mother is in comfortable position,
 - with the infant's neck straight or bent slightly back,
 - with infant's body close to her body,
 - with infant's body turned towards her, and
 - infant's whole body is supported, not just neck and shoulders.
- Show her how to help the infant to attach. She should:
 - touch her infant's lips with her nipple
 - wait until her infant's mouth is opening wide
 - move her infant quickly 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.

► Teach The Mother To Express Breast Milk If Indicated

- Infant - mother separation e.g.
 - admitted infant to NICU or sick infant
 - sick or working mother
 - mother travelling away from home
- Breast engorgement
- Infant with cong. anomalies (cleft palate, cleft lip)

► Advise Mother to Give Home Care for the Young Infant

- FOOD
- FLUIDS



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

► WHEN TO RETURN

Follow-up Visit

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

When to Return Immediately

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

Breast-feeding or drinking poorly
Becomes sicker
Develops a fever
Fast breathing
Difficult breathing
Blood in stool

- Make sure the young infant to stay warm at all times.
 - In cool weather cover the infant head and feet and dress the infant with extra clothing

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► **LOCAL BACTERIAL INFECTION**

After 2 days:

Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?

Look at the skin pustules. Are there many or severe pustules?

Look for pus draining from the eye(s).

Treatment:

- **If *pus or redness remains or is worse***, refer to hospital.
- **If *pus and redness are improved***, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.
- **If *discharge has improved***, reassure the mother. Tell her to continue to gently clean the infant's eye until there is no pus at all.

► **BACTERIAL INFECTION UNLIKELY**

After 2 days:

Reassess the young infant for bacterial infection > see "Check for Possible Bacterial Infection" above.

Treatment:

If *signs of possible serious bacterial infection*, refer to hospital,

If *signs of local bacterial infection*, treat accordingly.

If *still not improving*, continue to give home care.

If *improving*, praise the mother for caring the infant well.

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► **FEEDING PROBLEM**

After 2 days:

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

Ask about any feeding problems found on the initial visit.

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

Exception:

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

► **LOW WEIGHT**

After 14 days:

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

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

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

Exception:

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

► **THRUSH**

After 2 days:

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

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

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

Date: _____

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

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

Initial visit? ___ Follow-up Visit? ___

ASK: What are the infant's problems? _____

ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>CHECK FOR POSSIBLE BACTERIAL INFECTION</p> <ul style="list-style-type: none"> • Has the infant had convulsions? • Is the young infant convulsing now? • Is the young infant not able to feed? • Count the breaths in one minute. _____ breaths per minute Repeat if elevated _____ Fast breathing? • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and listen for wheeze. • Look for pus draining from the eye • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at umbilicus. Is it red or draining pus? Does the redness extend to the skin? • Fever (temperature 37.5° C or feels hot) or low body temperature (below 35.5°C or feels cool) • Look for skin pustules. Are there many or severe pustules? • See if young infant is lethargic or unconscious. • Look at the young infant's movement. Less than normal? 		
<p>LOOK To PALMS & SOLES. ARE THEY JAUNDICED? Yes — No —</p>		
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? _____ Days • Is there blood in the stools? • Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless or irritable? • 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</p> <ul style="list-style-type: none"> ■ Determine weight for age. Low ___ Not low ___ • Is there any difficulty feeding? Yes ___ No ___ • Is the infant breastfed? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times If Yes, Is the infant breastfed by night? • Does the infant usually receive any? other foods or drinks? Yes ___ No ___ If Yes, how often? _____ • What do you use to feed the child? _____ 		

ASSESS (Circle all signs)

CLASSIFY

TREAT

If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age or low birth weight (2500 gram or less), or is in the first week of life AND has NO indications to refer urgently to hospital: ASSESS BREAST FEEDING

ASSESS BREASTFEEDING:

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

Is the infant position correct? To check positioning, look for:

- Infant's neck straight or bent slightly back Yes ___ No ___
- Infant's body turned towards mother Yes ___ No ___
- Infant's body close to mother's body Yes ___ No ___
- Infant's whole body supported Yes ___ No ___

poor positioning *good positioning*

Is the infant able to attach? To check attachment, look for:

- Chin touching breast Yes ___ No ___
- Mouth wide open Yes ___ No ___
- Lower lip turned outward Yes ___ No ___
- More areola above than below the mouth Yes ___ No ___

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

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

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

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

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Circle immunizations needed today

AGE

At birth
One month after the 1st visit
8weeks

VACCINE

BCG + HBI
HB2 + IPV1
DPT-Hib1+OPVI+IPV2

Return for next immunization on:

_____ (Date)

ASSESS OTHER PROBLEMS:

Return for follow-up in: _____

Give any immunizations needed today: _____

Doctor Name: _____

Signature: _____

Date: _____

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

Name: _____ Age: _____ Weight: _____ Kg Temperature: _____ °C Initial visit? ____ Follow-up Visit? ____

ASK: What are the child's problems? _____

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

ASSESS (Circle all signs present)	CLASSIFY	TREAT
DOES THE CHILD HAVE ANY GENERAL DANGER SIGN? Yes ___ No ___ NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING HISTORY OF CONVULSIONS CONVULSING NOW LETHARGIC OR UNCONSCIOUS		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___ <ul style="list-style-type: none"> • For how long? ____ Days • Count the breaths in one minute. ____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze. 		
DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___ For how long? ____ Days <ul style="list-style-type: none"> • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 		
CHECK FOR THROAT PROBLEM <ul style="list-style-type: none"> • Does the child have fever? (by history or feels hot/temperature 37.5° C or above) • Does the child have sore throat? • Feel enlarged tender lymph node on the neck • Look for red (congested) throat • Look for white or yellow exudate on the throat and tonsils 		
DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___ <ul style="list-style-type: none"> • Is there ear pain? • Is there ear discharge? If Yes, for how long? ____ Days • Look for pus draining from the ear. • feel for tender swelling behind the ear. 		

ASSESS (Circle all signs present)

CLASSIFY

TREAT

DOES THE CHILD HAVE FEVER? Yes ___ No ___
 (by history or feels hot/temperature 37.5 °C or above)
 • For how long? ___ Days
 • If more than 5 days, has fever been present every day?
 • Look or feel for stiff neck.
 If the child has measles now or within the last 3 months:
 • Look for mouth ulcers.
 If Yes, are they deep and extensive?
 • Look for pus draining from the eye
 • Look for clouding of the cornea.

CHECK FOR MALNUTRITION AND ANAEMIA
 • Look for palmar and mucous membrane pallor.
 Severe palmar and / or mucous membrane pallor? or(Hgb level <6 gm/dl)
 Some palmar and / or mucous membrane pallor? or(Hgb level <11 gm/dl)
 • Look for visible severe wasting.
 • Look for oedema of both feet.
 • Determine weight for age: - Low - Not low

CHECK THE CHILD'S IMMUNIZATION AND VITAMIN SUPPLEMENTATION STATUS. (Circle immunizations and vitamin A & D needed today).

Age	Vaccine	Age	Vaccine
At birth	BCG+; HB1	6 th month	DPT-Hib3+OPV 3+ Hb3
One month after the 1 st visit	HB2 + IPV1	9 th months	Measles
8 weeks	DPT-Hib1+OPV1+IPV2	1 year	DPT4+OPV4+ (booster dose)
4 th math.	DPT-Hib2 + OPV2	15 th month	MMR

Return for next immunization on:

 (Date)

ASSESS CHILD'S FEEDING

• Do you breast-feed your child. Yes ___ No ___
 If Yes, how many times in 24 hours? ___ times.
 Do you breast-feed 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? _____
 How large are servings? _____

Does the child receive his own serving? _____
 Who feeds the child and how? _____

• During the illness, has the child's feeding changed? Yes ___ No ___
 If Yes. how? _____

FEEDING PROBLEMS

ASSESS OTHER PROBLEMS:

Return for follow-up in: _____ Advise mother when to return Immediately _____
 Give any immunizations or vitamin A & D supplementation needed today: _____ Doctor Name: _____
 Feeding advice: _____ Signature: _____

WEIGHT FOR AGE CHART

