INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

M.O.H IRAQ **WHO** **UNICEF**

SICK YOUNG INFANT
AGE UP TO 2 MONTHS

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

ASSESS — CLASSIFY — IDENTIFY TREATMENT

ASK THE MOTHER WHAT THE CHILD'S PROBLEM

- 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:
• Is the child able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions?	• See if the child is lethargic* or unconscious. • See if the child is convulsing now.

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print.)
• Any general danger sign.	**VERY SEVERE DISEASE**	➔***Treat the convulsion***. ➔***Complete assessment immediately.*** ➔***Give first dose of appropriate antibiotics.*** ➔***Prevent low blood sugar.*** ➔***Refer URGENTLY to hospital**.***

Achild with any general danger sign needs *URGENT* attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.

*** If lethargy is the only sign and the child is dehydrated, *REHYDRATE & REASSESS.***

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

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

IF YES, ASK:	LOOK, LISTEN :		
• For how long?	• Count the breaths in one minute. • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze.	} CHILD MUST BE CALM	***Classify COUGH or DIFFICULT BREATHING***

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

• Any general danger sign or • Stridor in calm child or • Chest indrawing (If also wheezing go to treat wheeze and reassess)	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**	➔***Give first dose of an appropriate antibiotic.*** ➔***Treat wheeze if present.*** ➔***Prevent low blood sugar.*** ➔***Refer URGENTLY to hospital***
• Fast breathing. (If also wheezing go to treat wheeze and reassess)	**PNEUMONIA**	➔***Give an appropriate antibiotic for 5 days.*** ➔***Treat wheeze if present.*** ➔Soothe the throat and relieve the cough with a safe remedy. ➔Follow-up in 2 days. ➔Advise mother when to return immediately.
• No signs of pneumonia or very severe disease. (If also wheezing go to treat wheeze)	**NO PNEUMONIA: COUGH OR COLD**	➔***Treat wheeze 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 2days if wheeze present. ➔Follow-up in 5 days if not improving.

Does the child have diarrhoea?

IF YES, ASK:

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

LOOK AND FEEL:

- Look at the child's general condition. Is the child:

  Lethargic or unconscious?
  Restless and irritable?

- Look for sunken eyes.
- Offer the child fluid. Is the child:

  Not able to drink or drinking poorly?
  Drinking eagerly, thirsty?

- Pinch the skin of the abdomen. Does it go back:

  Very slowly (longer than 2seconds)?
  Slowly?

- Is the child febrile and toxic, (temperature 38.5 Cº or more).

Classify DIARRHOEA

for DEHYDRATION		
Two of the following signs: • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	➔ If child has no other severe classification: - Give fluid for severe dehydration (Plan C). OR ***If child also has another severe classification:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***- Advise the mother to continue breastfeeding.*** ➔ ***If there is cholera in your area, give antibiotic for cholera.***
Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly.	**SOME DEHYDRATION**	➔ Give fluid and food for some dehydration (Plan B). ➔ ***If child also has a severe classification:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***Advise the mother to continue breastfeeding.*** ➔ ***If there is cholera in your area, give antibiotic for cholera.*** ➔ Follow-up in 5 days if not improving. ➔ Advise mother when to return immediately.
• Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➔ Give fluid and food to treat diarrhoea at home (Plan A). ➔ ***If there is cholera in your area, give antibiotic for cholera.*** ➔ ***If there is cholera in your area, give antibiotic for cholera.*** ➔ Follow-up in 5 days if not improving. ➔ Advise mother when to return immediately.
and if diarrhoea 14 days or more		
• Dehydration present.	**SEVERE PERSISTENT DIARRHOEA**	➔Treat dehydration before referral unless the child has another severe classification. ➔Refer to hospital.
• No dehydration.	**PERSISTENT DIARRHOEA**	➔ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ➔ Follow-up in 5 days.
and if blood in stool		
• Blood in the stool, febrile and toxic .	**POSSIBLE SHIGILLA DYSENTRY**	➔ ***Refer to hospital.***
• Blood in the stool.	**DYSENTERY**	➔ ***Treat for 10 days with an oral Metronidazole.*** ➔ Follow-up in 2 days.

Check for throat problem

ASK

- Does the child have fever? by (history or feels hot or temperature of 37.5° C or above).
- Is the child unable to swallow ?
- Does the child have difficulty in swallowing?

LOOK AND FEEL

- Feel for enlarged tender lymph node(s) on the front of the neck.
- Look for red (congested) throat.
- Look for exudates on the throat.
- Look for membrane on the throat.

Classify Throat Problem

Fever with one of the following : • Not able to swallow OR • Membrane present.	**THROAT ABSCESS OR POSSIBLE DIPHTHERIA**	→ ***Give first dose of procaine penicillin.*** → ***Give one dose Paracetamol in clinic for pain or Fever (37.5 ° C or above).*** → ***Refer URGENTLY to hospital.***
Fever and/or difficulty in swallowing with two of the following signs: • Enlarged tender lymph node(s) on front of the neck. • Red (congested) throat. • Exudate on the throat.	**STREPTOCOCCAL SORE THROAT**	→ ***Give antibiotic for streptococcal sore throat .*** → ***Give paracetamol for pain or Fever (37.5 ° C or above).*** → *Soothe the throat with a safe remedy.* → *Follow up in 5 days if not improving.* → *Advise the mother when to return immediately.*
• Difficulty in swallowing OR • Not enough signs to classify as Streptococcal sore throat.	**NON STREPTOCOCCAL SORE THROAT**	→ *Soothe the throat with safe remedy.* → ***Give paracetamol for pain or Fever (37.5 ° C or above).*** → *Follow up in 5 days, if not improving.* → *Advise mother when to return immediately.*
• No throat symptoms or signs (with or without fever).	**NO THROAT PROBLEM**	→ ***Treat fever if present.*** → ***Give paracetamol for pain or Fever (37.5 ° C or above).***

Dose the child have an ear problem?

IF YES, ASK:

- Is there agonizing 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

• Tender swelling behind the ear.	**MASTOIDITIS**	→ ***Give first dose of an appropriate IM antibiotic.*** → ***Give first dose of paracetamol for pain.*** → ***Treat to prevent low blood sugar.*** → ***Refer urgently to hospital.***
• Agonizing ear pain OR • Pus is seen draining from the ear and discharge is reported for less than 14 days.	**ACUTE EAR INFECTION**	→ **Give appropriate antibiotic for 10 days.** → **Give paracetamol for pain.** → Dry the ear by wicking. → Follow up in 5 days. → Advise mother when to return immediately.
• Pus is seen draining from the ear and discharge is reported for 14 days or more.	**CHRONIC EAR INFECTION**	→ Dry the ear by wicking → Refer to ENT specialist.
• No agonizing ear pain AND • No pus seen draining from the ear.	**NO EAR INFECTION**	→ Refer to ENT specialist.

Does the child have fever?

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

IF YES: Then Ask	*LOOK AND FEEL*
• For how long? • If more than 7 days, has the fever been present every day? • Is the child coming from malaria area?	► Stiff neck
• 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
• If the child has measles now or within the last 3 months.	• Look for mouth ulcers. Are they deep and/or extensive? • Look for clouding of the cornea. • Look for pus draining from the eye.

Classify fever

Bacterial Infection	• Any general danger sign OR • Stiff neck	**VERY SEVERE FEBRILE DISEASE**	➔ *Give first dose of IM antibiotic.* ➔ *Treat the child to prevent low blood sugar.* ➔ *Give one dose of paracetamol for fever (38.5° C or above).* ➔ *Refer URGENTLY to hospital.*
	• Any apparent bacterial cause of fever (pneumonia, dysentery, acute ear infection, streptococcal sore throat … etc)	**FEVER POSSIBLE BACTERIAL INFECTION**	➔ **Treat apparent cause of fever.** ➔ *Give paracetamol for fever (38.5°C or above).* ➔ Follow up in 2 days if fever persist. ➔ Advise the mother when to return immediately. ➔ If fever present every day for more than 7 days, refer for assessment.
	• None of the above signs exist.	**FEVER BACTERIAL INFECTION UNLIKELY**	➔ *Give paracetamol for fever (38.5°C or above).* ➔ Follow up in 2 days if fever persists. ➔ Advise the mother when to return immediately. ➔ If fever present every day for more than 7 days, refer for assessment.
Malaria	• Child coming from malaria area.	**POSSIBLE MALARIA**	➔ Take blood film and send it to the district . ➔ *Give paracetamol for fever (38.5°C or above).* ➔ *If outbreak of malaria in your area ,give antimalarial drugs to all febrile children***.* ➔ Follow up in 2 days. ➔ Advise mother when to return immediately.
Measles	• Any general danger sign OR • Clouding of cornea OR • Deep or extensive mouth ulcers OR • If measles now AND Pneumonia and /or diarrhea	**SEVERE COMPLICATED MEASLES**	➔ *Give Vitamin A* ➔ *Give first dose of appropriate IM antibiotic* ➔ *Give one dose of paracetamol in the clinic for fever (38.5°C or above)* ➔ *If clouding of the cornea or pus draining from the eye, apply eye ointment.* ➔ *Treat to prevent low blood sugar.* ➔ *Refer URGENTLY to hospital.*
	• Pus draining from the eye OR • Mouth ulcers.	**MEASLES WITH EYE OR MOUTH COMPLICATIONS**	➔ *Give vitamin A.* ➔ *If pus draining from the eye, treat eye infection with eye ointment.* ➔ *If mouth ulcers, treat with gentian violet.* ➔ Follow up in 2 days. ➔ Advise mother when to return immediately.
	• Measles now or within the last 3 months and no other signs	**MEASLES**	➔ *Give vitamin A.* ➔ Advise mother when to return immediately.

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

***During the outbreaks of malaria, anti – malarial treatment will be given to all febrile children at the PHC center*

Then check for malnutrition and anemia

LOOK AND FEEL

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

Classify Nutritional status

• **Visible severe wasting OR** • **Oedema of both feet.**	**SEVERE MALNUTRITION**	➔ ***Give vitamin A*** ➔ ***Treat to prevent low blood sugar.*** ➔ ***Refer URGENTLY to hospital***
• **Low weight for age.**	**LOW WEIGHT**	➔ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNCEL THE MOTHER chart. ➔ If feeding problem, follow-up in 5 days. ➔ Advise the mother when to return immediately. ➔ Follow-up in 30 days.
• **Not low weight for age AND no other signs of malnutrition.**	**NOT LOW WEIGHT**	➔ If child is below 2 years, assess child's feeding and counsel the mother accordingly. ➔ If feeding problem, follow up in 5 days.

Look for pallor. Is it:

- **Severe palmer pallor and/or mucous membrane pallor?**
- **Some palmer pallor and/or mucous membrane pallor**

Classify Anemia

• **Severe palmer pallor AND/ OR** • **Severe mucous membrane pallor.**	**SEVERE ANAEMIA**	➔ ***Treat to prevent low blood sugar.*** ➔ ***Refer URGENTLY to hospital.***
• **Some palmer pallor AND / OR** • **Some mucous membrane pallor.**	**ANAEMIA**	➔ Assess the child's feeding and counsel the mother on feeding according to the FOOD box o the COUNCEL THE MOTHER chart. ➔ If feeding problem, follow-up in 5 days. ➔ ***Give iron (except if the child has sickle cell anaemia or thalassaemia).*** ➔ Advise mother when to return immediately. ➔ Follow-up in 14 days.
• **No palmar pallor OR** • **No mucous membrane pallor.**	**NO ANAEMIA**	➔ Counsel the mother on feeding.

THEN CHECK THE CHILD'S IMMUNIZATION STATUS

IMMUNIZATION SCHEDULE:

AGE	VACCINE		
Birth	BCG	OPV-0	HB-1
2 months	DPT-1	OPV-1	HB-2
4 months	DPT-2	OPV-2	
6 months	DPT-3	OPV-3	HB-3
9 months	Measles		
15 months	MMR		
18 months	DPT +	OPV	(Booster 1)
4-6 years	DPT +	OPV	(Booster 2)

Vitamin A supplementation status

- Did the child have first dose of vitamin A with MEASLES VACCINE at 9 months? ……
- Did the child have vitamin A with first booster dose of DPT +OPV at 18 months? ……

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 practise measuring a dose by herself.**
- **Ask the mother to give the first dose to her child.**
- **Explain carefully how to give the drug, then label and package the drug.**
- **If more than one drug will be given, collect, count and package each drug separately.**
- **Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the child gets better.**
- **Check the mother's understanding before she leaves the clinic.**

➔*Give an Appropriate Oral Antibiotic*

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

	AMOXYCILLIN Give three times daily		**COTRIMOXAZOLE** (trimethoprim + sulphamethoxazole) Give two times daily		
AGE or WEIGHT	**SYRUP** 250 mg per 5 ml	**SYRUP** 125 mg per 5 ml	**SYRUP** 40 mg trimethoprim +200 mg sulphamethoxazole per 5 ml	**ADULT TABLET** 80 mg trimethoprim + 400 mg sulphamethoxazole	**PEDIATRIC TABLET** 20 mg trimethoprim +100 mg sulphamethoxazole
2 months up to 12 months (4 - <10 kg)	2.5 ml	5 ml	5.0 ml	1/2	2
12 months up to 5 years (10 - 19 kg)	5 ml	10 ml	7.5 ml	1	3

- **FOR DYSENTERY:**
  Give metronidazole for amoebiasis for 10 day

AGE or WEIGHT	**Metronidazole** ➔ give three times daily for 10 days	
	Syrup 200 mg / 5 ml	**Tablet** 200 mg
2 months up to 4 months (4 - <6 kg)	1.5 ml	1/4
4 months up to 12 months (6 - <10 kg)	2.5 ml	1/2
12 months up to 3 years (10 - <14 kg)	4 ml	3/4
3 years up to 5 years (14 –19 kg)	5 ml	1

- **FOR CHOLERA:**
  Give antibiotic recommended for Cholera in your area for 3 days.
  FIRST-LINE ANTIBIOTIC FOR CHOLERA: TETRACYCLINE
  SECOND-LINE ANTIBIOTIC FOR CHOLERA: ERTHROMYCIN

AGE or WEIGHT	**TETRACYCLINE** ➔ Give four times daily for 3 days	**ERYTHROMYCIN** ➔ Give four times daily for 3 days	
	syrup 250 mg/5 ml	**syrup** 250 mg /per 5 ml	**syrup** 125mg /per 5 ml
2 months up to 4 months (4 - <6 kg)		1.25 ml	2.5 ml
4 months up to 12 months (6 - <10 kg)	2.5 ml	2.5 ml	5 ml
12 months up to 5 years (10 - 19 kg)	5 ml	5 ml	10 ml

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

➔ *Give an Oral Antimalarial*

- FIRST-LINE ANTIMALARIAL: CHLOROQUINETO BE FOLLOWED BY PRIMAQUNE.
- SECOND-LINE ANTIMALARIAL: SULFADOXINE + PYRIMETHAMINE.

➔ **IF CHLOROQUINE:**

- Explain to the mother that she should watch her child carefully for 30 minutes after giving a dose of chloroquine. If the child vomits within 30 minutes, she should repeat the dose and return to the clinic for additional tablets.
- Explain that itching is a possible side effect of the drug, but is not dangerous.

CHLOROQUINE ➔ Give for 3 days							* PRIMAQUINE ➔ Give for 4 days	SULFADOXINE +PYRIMETHAMINE ➔ GIVEN IN SINGLE DOSE
AGE or WEIGHT	TABLET (150 mg Base)			SYRUP (50 mg base per 5 ml)			TABLET (15 mg Base)	TABLET (500 mg SULFADOXINE+25mg pyrimethamine)
	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3	DAY 4– DAY 7	
2 months up to 4 months (5-6) Kg	1/2	1/4	1/4	7.5 ml	3.75 ml	3.75 ml		
4 months up to 12 months (7-10) Kg	1/2	1/2	1/2	7.5 ml	7.5 ml	7.5 ml		
1 year up to 2 years (11-14) Kg	1	1	1/2	15 ml	15 ml	7.5 ml	1/4	
2 years up to 5 years (15-19) Kg	1	1	1	15 ml	15 ml	15 ml	1/2	1

* Don't give PRIMAQUINE to children under 12 months of age or with G6PD.

➔ *Give Paracetamol for High Fever (38.5°C or above), Sore Throat or Ear Pain.*

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

PARACETAMOL		
AGE or WEIGHT	SYRUP (120 mg per 5 ml)	TABLET (500 mg)
2 months up to 12 months (4 - <10 kg)	2.5 ml	1/4
12 months up to 3 years (10 - <14 kg)	5 ml	1/4
3 years up to 5 years (14 - 19 kg)	10 ml	1/2

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 VITAMIN A*

- Give vitamin A with Measles vaccine at 9 months —**7**— drops = 50000 I.U, and with first Booster dose of D.PT + oral polio at 18 months —**15**— drops = 100000 I.U.
- For Measles give two doses.
  - Give the first dose in clinic.
  - Give mother one dose to give at home the next day.
- For sever Malnutrition, give on dose of vit A before referral to hospital .

AGE	VITAMIN A DROPS	VIT A CAPSULES		
		200000 I.u.	**100000 I.u**	**50000 I.u.**
Up to 6 months	50000 I.u. = **7** drops			1 capsule
6 months up tp 12 months	100000 I.u. = **15** drops	1/2 capsule	1 capsule	2 capsule
12 months up to 5 years	200000 I.u. = **30** drops	1 capsule	2 capsule	4 capsule

➔ *GIVE IRON*

- Give twice daily for 14 days

AGE OR WEIGHT	IRON SYRUP FERROUS GLUCONATE (3.2 mg elemental iron/ml)
2 months up to 4 months (4-< 6 kg)	2.5 ml
4 months up to 12 months (6-< 10 kg)	4 ml
12 months up to 3 years (10 -< 14 kg)	5 ml
3 year up to 5 years (14 - 19 kg)	7.5 ml

➔ *GIVE VIT A AND D*

(1000 I.u. vit A + 400 I.u. vit D) daily to children at 4-6 months …4... drops daily.

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 half-strength gentian violet.
- Wash hands again.

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

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Home made remedies e.g; Light tea, Baboana, Honey.
- Harmful remedies to discourage:
  - Antitusive cough medicines (pilka, sedilar, pulmocodin, tussiram, tussivan),

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.**

➔*Give An Intramuscular Antibiotic*

FOR CHILDREN BEING REFERED URGENTLY

➔ Give first dose of intramuscular cefotaxime and refer child urgently to hospital.

AGE or WEIGHT	CEFOTAXIME SODIUM DOSE: 50 mg Per kg.
	➔ **Add 2.5 ml of sterile water to Vial containing 500 mg =2.5 ml at 200 mg / ml**
2 months up to 4 months (4 - < 6 kg)	1 ml
4 months up to 9 months (6 - < 8 kg)	1.5 ml
9 months up to 12 months (8 - < 10 kg)	2 ml
12 months up to 3 years (10 - < 14 kg)	2.5 ml
3 years up to 5 years (14 - 19 kg)	3.5 ml

➔*Give Single dose of Intramuscular Benzathine Penicillin for Streptococcal Sore Throat.*

Age	BENZATHINE PENICILLIN Add 6 ml sterile water to vial containing 1200000 unit = 6ml at 200000 unit / ml
< 5 years	3.0 ml = 600.000 unit

- If not available, Give Amoxycillin for 10 days.
- If allergic to pencillin, Give Erythromycin for 10 days.

➔*Give An Intramuscular Antibiotic for Throat abscess or possible DIPHTHERIA*

- **Pre referral treatment.**
  - One dose of intramuscular PROCAINE PENCILLIN
  - If Allergic to penicillin, Give ERYTHROMYCIN

AGE or WEIGHT	PROCAINE PENCILLIN Add 5 ml sterile water to vial containing 400000 unit = 5 ml at 80000 unit /ml
2 months up to 12 months (6 - < 10 kg)	2 ml = 160000 unit
12 months up to 5 years (10 - < 19 kg)	3 ml = 240000 unit

➔ *Treat a Convulsing Child with 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 from an ampule of diazepam in to a small syringe, then remove the needle.
- Insert approximatrly 5 cm of nasogastric tube or the tip of the syringe in to the rectum
- Inject the diazepam solution in to the nasogastric tube and flush it with 2 mls room-temperture water.
- Hold buttocks together for a few minutes.

IF HIGH FEVER, LOWER THE FEVER

- Sponge the child with room-tempreture water.

Treat the child to prevent low blood sugar

AGE or WEIGHT	DIAZEPAM GIVEN RECTALLY 10 mg/2 ml solution Dose 0.5 mg/kg
1 months up to 4 months (3-<6 kg)	0.5 ml
4 months up to 12 months (6-<10 kg)	1.0 ml
12 months up to 3 years (10-<14 kg)	1.25 ml
3 tears up to 5 years (14-<19 kg)	1.5 ml

➔ *Treat the Child to Prevent Low Blood Sugar*

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

  Ask the mother to breastfeed the child.

- ***If the child is not able to breastfeed but is able to swallow:***

  Give expressed 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.

- Children with wheezing and GENERAL DANGER SIGNS OR STRIDOR
  ➔ Give one dose of rapid acting bronchdilator and (refer URGENTLY to hospital).

- Children with wheezing and NO GENERAL DANGER SIGNS AND NO STRIDOR but CHEST INDRAWING with or without FAST BREATHING
  ➔ Give one dose of rapid acting bronchdilator and reassess the child 30 minutes later.

  IF
  - CHEST INDRAWING PERSISTS
    ➔ Treat for SEVER PNEUMONIA (refer URGENTLY to hospial)

  IF
  - FAST BREATHING ALONE
    ➔ - Treat for PNEUMONIA
    - Give oral salbutamol for 5 days
    - Follow up in 2 days.

➔ Children with wheezing and NO GENERAL DANGER SIGNS AND STRIDOR and NO CHEST INDRAWING

IF
- FAST BREATHING persist ➔ - Treat for PNEUMONIA
  - Give oral salbutamol for 5 days
  - Follow up in 2 days.

IF
- NO FAST BREATHING. ➔ - Treat for NO PNEUMONIA COUGH OR COLD
  - Give oral salbutamol for 5 days.
  - Follow up in 2 days if wheeze persists

➔ *Treat Wheezing*

RAPID ACTING BRONCHODILATOR	
Nebulized Salbutamol (5 mg/ml)	0.5 ml Salbutamol Plus 2.0 ml Sterile water
Subcutaneous Epinephrine (adrenaline) (1:1000=0.1%)	0.01 ml Per kg Body weight

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

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 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 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**

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 →

NO ↓

Can the child drink? — YES →

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

NO ↓

Refer URGENTLY to hospital for IV or NG treatment

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

IMMUNIZE EVERY SICK CHILD, AS NEEDED

GIVE FOLLOW-UP CARE

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

➔ PNEUMONIA

After 2 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing. } *See ASSESS & CLASSIFY chart.*
Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

- If ***chest indrawing, stridor or a general danger sign***, give intramuscular cefotaxime. ***(if wheeze, give rapid acing bronchodilator before referral).*** Then refer URGENTLY to hospital.
- If ***breathing rate, fever and eating are the same***, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)
- If ***breathing slower, less fever, or eating better***, complete the 5 days of antibiotic.

➔ WHEEZE

After 2 days:

- Check the child for general danger sign.
- Assess the Child for cough or Difficult Breathing

- IF worsening: Wheeze with Any Danger sign, Chest indrawing , or Fast Breathing.
  - Give pre referral intramuscular Antibiotics .
  - Give Nibulized Salbutamol
  - Refer URGENTLY to Hospital
- IF the same: refer for assesment to hospital.
- IF improving : continue oral Salbutamol for 5 days.

➔ 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.

➔ 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: refer to hospital***
- If ***fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better,*** continue giving metronidazole for 10 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.**

➔ FEVER POSSIBLE BACTERIAL INFICTION, FEVER BACTERIAL INFICTION 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 cause of fever***, provide treatment.
- If ***no apparent cause of fever :*** advise the mother to return in 2 days if fever persists.
- If fever present for more than 7 days, refer for assessment.

➔ POSSIBLE MALARIA

After 2 days:

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

Treatment:

- If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any ***cause of fever other than malaria***, provide treatment.
- If ***malaria is the only apparent cause of fever:*** Refer to hospital

- If fever has been present for 7 days, refer for assessment

➔ MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Smell the mouth.

Treatment for Eye Infection:

- If ***pus is draining from the eye***, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.
- If ***the pus is gone but redness remains***, continue the treatment.
- If ***no pus or redness***, stop the treatment.

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.**

➔ 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 agonizing ear pain or discharge*** persists, change to the second line antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- ***Chronic ear infection:*** Check that the mother is wicking the ear correctly. Refer to ENT.
- If ***no ear pain or discharge***, praise the mother for her careful treatment. Advise the mother to continue the same antibiotic for another 5 days.

➔ FEEDING PROBLEM

After 5 days:

Reassess feeding. > *See questions at the top of the COUNSEL chart.*
Ask about any feeding problems found on the initial visit.

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

➔ ANEMIA

After 14 days:
Reassess for anemia every 14 days for one month

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron for another 14 days.
- If the child has palmar pallor and/or mucous membrane pallor after 1 month, refer for assessment.

➔ LOW WEIGHT

After 30 days:

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

Treatment:

- If the child is ***no longer 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 very low weight for age.

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

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER 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?
  - 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 of Age

- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Do not give other foods or fluids
- Do not use teats.

6 Months up to 12 Months

Breastfeed as often as the child wants.

- Give adequate servings of:

- Rice , Bread
- Legumes (Adas, Mash, Humis, Lubia)
- Mashed Vegetables, Mashed potatoes, Carrots, Vegetable soup,
- Meat, fish, chicken (by the age of 7 months)
- Eggs (by the age of 9 months).
  - 3 times per day if breastfed;
  - 5 times per day if not breastfed.

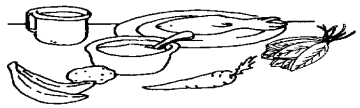
- Start first with fluid diet then semisolid food.
- Use cup and spoon
- Do not use bottles or teats.

12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Give family foods 3 times per day.It should contain adequate servings of:

-Yogurt, Cheese, bread, eggs.
- Meat, chicken, fish.
- Adas, Mash, Humis, Lobia, rice
- Fresh Fruit juice
- Tomato juice

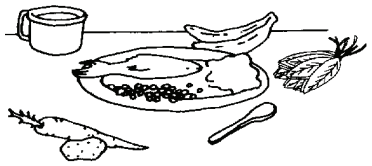
*Also, twice daily ,give nutritious food between meals ,such as:
-Fried or boiled potatos
- Bread ,eggs cheese,halawa tahina dibes, rashie.
-Fruits, dates.
-



2 Years and Older

- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:
  -Fried or boiled potatoes.
  -Bread, eggs, chesses, halawa tahenia, dibes, rashie.
  - Fruits, dates.
  - Cookies.

► 5 feeding each day of family food or other nutritious food.



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 of the child's age.

➔ *Counsel the Mother About Feeding Problems*

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

➔ **If the mother reports difficulty with breastfeeding, assess breastfeeding. (See *YOUNG INFANT* chart.)**
As needed, show the mother correct positioning and attachment for breastfeeding.

➔ **If the child is less than 6 months old and is taking other milk or foods:**

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

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

- Breastfeed as much as possible, including at night.
- Make sure that other milk is a locally appropriate 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.

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

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 or clean water.

FOR CHILD WITH DIARRHOEA:

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

FOOD

➔ *Advise the Mother to Continue FEEDING During Illness*

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed.
- Give small frequent meals during illness.
- Add extra meal to the child feeding until complete cure of the child.

FOR CHILD WITH DIARRHOEA:

- Continue feeding until diarrhea stopped.

➔ *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 WHEEZE DYSENTERY FEVER POSSIBLE BACTERIAL INFICTION } If fever FEVER BACTERIAL INFECTION UNLIKELY } persists POSSIBLE MALARIA MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
PERSISTENT DIARRHOEA STREPTOCCOCAL SORE THROAT NONSTREPTOCCOCAL SORE THROAT } If not ACUTE EAR INFECTION } improving FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
ANEMIA	14 days
LOW WEIGHT FOR AGE	30 days

NEXT WELL-CHILD VISIT

Advise mother when to return for next immunization according to immunization schedule.

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:	
Any sick child	• Not able to drink or breastfeed • Becomes sicker • Develops fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	• Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	• Drinking poorly • Blood in stool

➔ *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 Sexually Transmitted Diseases.**

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

ASSESS

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions on the bottom of this chart.

CLASSIFY

IDENTIFY TREATMENT

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

CHECK FOR POSSIBLE BACTERIAL INFECTION

SK:

Has the infant had convulsions?

s the young infant not able to feed?

LOOK, LISTEN, FEEL:

- See if the young 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.

} YOUNG INFANT MUST BE COME

- Look for pus draining from the ear.
- Look at the eye(s) is it draining pus? Is draining pus associated with redness and swelling?
- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?
- Measure temperature (or feel for fever or low body temperature).
- Look for skin pustules. Are there many or severe pustules?
- See if the young infant is lethargic or unconscious.
- Look at the young infant's movements. Are they less than normal?

Classify ALL YOUNG INFANTS

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print)
• Convulsions OR • Not able to feed OR • 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 • Pus draining from the eye (s) with redness and swelling. • 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 movements.	**POSSIBLE SERIOUS BACTERIAL INFECTION**	***➔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.*****
• Red umbilicus or draining pus or • Skin pustules. • Pus draining from the eye (s).	**LOCAL BACTERIAL INFECTION**	***➔Give an appropriate oral antibiotic.*** ➔Teach the mother to treat local infections at home. ➔Advise mother to give home care for the young infant. ➔Follow-up in 2 days. ➔Advise all mothers of sick young infants when to return immediately.

THEN CHECK FOR JAUNDICE

ASK:

Has jaundice started in the first 24 hours of life?

Is the young infant preterm (less than 37 weeks of gestation)?

LOOK

- Look for Jaundice:
  - Is it extending to arms and/or legs?
  - Is it extending to palms and/or soles?

Classify JAUNDICE

• Jaundice started in the first 24 hours of life and still present OR • Jaundice extending to palm and/or soles OR • Jaundice in preterm young infant (less than 37 weeks of gestation) extending to arms and/or legs.	**SIGNIFICANT JUANDICE**	***➔ Encourage breast feeding to prevent low blood sugar.*** ***➔ Advice the mother to keep the infant warm on the way to hospital.*** ***➔ Refer URGENTLY to hospital.***
• Jaundice with non of the above sign(s).	**JUANDICE**	➔ No additional treatment. ➔ Any sick infant aged 14 days or more with jaundice, refer for assessment.

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

THEN ASK:
Does the young infant have diarrhoea?

IF YES, ASK:	*LOOK AND FEEL:*
• For how long? • Is there blood in the stool?	• Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable? • Look for sunken eyes. • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

Classify DIARRHOEA

for DEHYDRATION	Two of the following signs: • Lethargic or unconscious • Sunken eyes • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	➔ ***If infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION:*** ***- Give fluid for severe dehydration (Plan C).*** ***OR*** ➔ ***If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.***
	Two of the following signs: • Restless, irritable • Sunken eyes • Skin pinch goes back slowly.	**SOME DEHYDRATION**	➔ ***Give fluid and food for some dehydration (Plan B).*** ➔ ***If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***Advise mother to continue breastfeeding.*** ➔ Follow up in two days if not improving. ➔ Advise all mothers of sick young infants when to return immediately.
	• Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➔ Give fluids to treat diarrhoea at home (Plan A). ➔ Follow up in two days if not improving. ➔ Advise all mothers of sick young infants when to return immediately.
and if diarrhoea 14 days or more	• Diarrhoea lasting 14 days or more.	**SEVERE PERSISTENT DIARRHOEA**	➔ ***If the young infant is dehydrated, treat dehydration before referral unless the infant has also POSSIBLE SERIOUS BACTERIAL INFECTION.*** ➔ ***Refer to hospital.***
and if blood in stool	• Blood in the stool.	**BLOODY DIARRHOEA**	➔ ***Refer URGENTLY to hospital.*** ➔ ***Give first dose of appropriat prereferal antibiotic.***

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

ASK:

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

LOOK, FEEL:

- Determine weight for age.
- In new born: Determine birth weight.
- Look for ulcers or white patches in the mouth (thrush).

IF AN INFANT: **Has any feedingd ifficulty ,**
Is breastfeeding less than 8 times in 24 hours,
Is taking any other foods or drinks, or
Is low weight for age, or low birth weight (less than 2500 grams)
Is in the first week of life
AND
Has no indications to refer urgently to hospital:

- Has the infant breastfed in the previous hour?

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

(If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

- Is the infant position correct?

Poor positioning *Good Positioning*

TO CHECK POSITIONING, LOOK FOR:
- *Infant's neck is straight or bent slightly back,*
- *Infant's body is turned towards the mother,*
- *Infant's body is closed to the mother's body, and*
- *Infant's whole body supported.*

(If all of these signs are present, the Infant's positioning is

- 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*

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

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

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

- Clear a blocked nose if it interferes with breastfeeding.

Classify FEEDING

• Not able to feed OR • No attachment at all OR • Not suckling at all.	**NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION**	***➔Give first dose of intramuscular antibiotics.*** ***➔Treat to prevent low blood sugar.*** ***➔Advise the mother how to keep the young infant warm on the way to the***
• Less than 8 breastfeeds in 24 hours OR • Receives other foods or drinks OR • Low weight for age or low birth weight OR • Poor positioning OR • Not well attached to breast OR • Not suckling effectively OR • Thrush (ulcers or white patches in mouth)	**FEEDING PROBLEM OR LOW WEIGHT**	➔Advise the mother to breastfeed as often and for as long as the infant wants, day and night. • If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. • If not well attached or not suckling effectively, teach correct positioning and attachment. - If low birth weight and problem with attachment and suckling persist after counseling refer to hospital. ➔If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup. • If not breastfeeding at all: - Refer for breastfeeding 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.
• Not low weight for age and no other signs of inadequate feeding**.**	**NO FEEDING PROBLEM**	➔Advise mother to give home care for the young infant. ➔Praise the mother for feeding the infant well. ➔Advise the mother when to return

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

	AGE	VACCINE
IMMUNIZATION SCHEDULE:	Birth	BCG OPV-0 HB -1

ASSESS OTHER PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➔*Give an Appropriate Oral Antibiotic*

For local bacterial infection:

First-line antibiotic: **CEPHALEXIN SYRUP .**
Second-line antibiotic: **ERYTHROMYCIN DROPS OR SYRUP.**

➢ Give 4 times daily for 5 days

	CEPHALEXIN		**ERYTHROMYCIN**	
AGE or WEIGHT	**SYRUP** 250 mg in 5 ml	**SYRUP** 125 mg in 5 ml	**DROPS** 40 mg in 1 ml	**SYRUP** 125 mg in 5 ml
Birth up to 1 month (< 3 kg)		1.25 ml	0.5 ml	0.75 ml
1 month up to 2 months (3-4 kg)	1.25 ml	2.5 ml	1 ml	1.25 ml

➔ *Give First Dose of Intramuscular Antibiotics*

➢Give CEFOTAXIME intramuscularly.
or
➢Give first dose of both AMPICILLIN and GENTAMICIN intramuscular.

WEIGHT	**CEFOTAXIME SODIUM Dose: 50 mg per kg**	**GENTAMICIN Dose: 2.5 mg per kg**		**AMPICILLIN Dose: 50 mg per kg**
	Add 2.5 ml sterile water to vial containing 500 mg =2.5 ml at 200 mg / ml	Undiluted 2 ml vial containing 20 mg =2ml at10 mg/ml	OR Add 6 ml sterile water to 2 ml vial containing 80 mg* =8 ml at 10 mg/ml	Add 5ml sterile water to vial containing 250 mg = 2.5 ml at 100 mg / ml
1 kg	0.25 ml	0.25 ml*		0.5 ml
2 kg	0.5 ml	0.50 ml*		1 ml
3 kg	0.75 ml	0.75 ml*		1.5 ml
4 kg	1 ml	1.00 ml*		2 ml
5 kg	1.25 ml	1.25 ml*		2.5 ml

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

➢ Referral is the best option for a young infant classified with POSSIBLE SERIOUS BACTERIAL INFECTION.

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

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

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

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

- ➔ Explain how the treatment is given.
- ➔ Watch her as she does the first treatment in the clinic.
- ➔ She should return to the clinic if the infection worsen.

To Treat Skin Pustules or Umbilical Infection (twice daily)

The mother should:
- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint with gentian violet
- Wash hands

To Treat Thrush, ulcers or white patches in mouth, (twice daily)

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 Eye Infection (3 times daily)

The mother should:
- Wash hands
- Use clean cloth and water to gently remove pus from the eyes.
- Then apply tetracycline eye ointment in both eyes on the inside of the lower lid.
- Wash her hands
- Treat until redness is gone.

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 positioning, attachment and effective suckling. If the positioning, attachment or suckling is not good, try again.

➔ *Teach the mother how to Express Breast Milk if needed.*

➔ *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 ANY FEEDING PROBLEM THRUSH ANY OTHE ILLNESS IF NOT IMPROVING.	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 difficulty or drinking poorly Becomes sicker Develops a fever Fast breathing Difficult breathing Blood in stool

- ➔ MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.
  - In cool weather, cover the infant's head and feet and dress the infant with extra clothing.

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➔*LOCAL BACTERIAL INFECTION*

After 2 days:

- Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?
- Look at the skin pustules. Are there many or severe pustules?

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.
  - Look for pus draining from the eye(s). Is it associated with redness and swelling?

Treatment:

- If ***pus with redness and swelling***, refer to hospital.
- If ***pus is still draining from the eye(s),*** treat with local treatment for 5 days and follow up in 3 days, if pus still draining, refer to hospital.
- If ***improving***, tell the mother to continue local treatment until there is no pus or redness at all.

➔ *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.

➔ *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.

NOTES

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: _____ Age: _____ Weight: _____ kg Temperature: _____°C Date: _____ Dr. Name:_____

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

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

CHECK FOR POSSIBLE BACTERIAL INFECTION **Yes ____ NO ____** ♦ Has the infant had convulsions? ♦ Is the young infant not able to feed?	♦ Convulsing now ♦ Count the breaths in one minute. _____ breaths per minute Repeat if elevated _____ Fast breathing? ♦ Look for severe chest indrawing. ♦ Look for nasal flaring. ♦ Look and listen for grunting. ♦ Look and listen for wheeze. ♦ Look and feel for bulging fontanelle. ♦ Look for pus draining from the ear. ♦ Look for pus draining from the eyes, is it associated with redness and swelling? ♦ 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 young infant's movements. Less than normal?		
DOES THE YOUNG INFANT HAVE JAUNDICE? **Yes ____ NO ____** ♦ Has jaundice started in the first 24 hoursof life? ♦ Is the young infant preterm (less than 37 weeks of gestation)?	♦ Look for jaundice - is it extending to arms and/or legs? - Is it extending to palms and/or soles?		
DOES THE YOUNG INFANT HAVE DIARRHOEA? **Yes ____ NO ____** ♦ For how long? _____ Days ♦ Is there blood in the stools?	♦ Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless or irritable? ♦ Look for sunken eyes. ♦ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		

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

THEN CHECK FOR FEEDING PROBLEM OR LOW

- Is there any feeding difficulty ? Yes _____ No _____
- Is the infant breastfed? Yes _____ No _____
  If Yes, how many times in 24 hours? _____ times
- Does the infant usually receive any other foods or drinks? Yes _____ No _____
  If Yes, how often?
- What do you use to feed the child?
- Determine weight for age. Low weight___ Not Low weight _____
- Look for ulcers or white patches in the mouth (thrush).

If the infant has any feeding difficulty , is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age, is in first week of life AND has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?

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

- Is the infant position correct? To check positioning look for:
  - Infant's neck is straight or bends slightly back Yes ___ No ___
  - Infant's body is turned toward the mother Yes ___No ___
  - Infant's body is 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*

Clear the blocked nose if interferes with breast feeding.

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today.

_____ _____ _____
BCG OPV 0 HB1

Return for next immunization on:

_____
(Date)

ASSESS OTHER PROBLEMS:

Return for follow-up in:_____ Advise mother of sick young infant when to return immediately.
Give any immunizations needed today:_____
Feeding advice:_____

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

Name: _____ Age: _____ Weight: _____ kg Temperature: _____°C Date: _____ Dr. Name:_____

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

ASSESS (Circle all signs present)		**CLASSIFY**	**TREAT**
CHECK FOR GENERAL DANGER SIGNS Yes___ No___ NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS	LETHARGIC OR UNCONSCIOUS CONVULSING NOW		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes___ No___ ♦ For how long? ____ Days	♦ Count the breaths in one minute. ♦ _____ breaths per minute. Fast breathing? ♦ Look for chest indrawing. ♦ Look and listen for stridor. ♦ Look and listen for wheeze.		
DOES THE CHILD HAVE DIARRHOEA? Yes ___ No __ ♦ For how long? _____ Days ♦ Is there blood in the stools?	♦ Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? ♦ Look for sunken eyes. ♦ Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eargerly, thirsty? ♦ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? ♦ Is the child Febrile and toxic.		
CHECK FOR THROAT PROBLEM ♦ Does the child have fever? (by history/feels hot/temperature 37.5°C or above). ♦ Is the child unable to swallow ? ♦ Does the child have difficulty in swallowing?	♦ Feel for enlarged tender lymph node(s) on front of the neck. ♦ Look for red (congested) throat. ♦ Look for exudates on the throat. ♦ Look for membrane on the throat.		
DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___ ♦ Is there agonizing 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? (by history/feels hot/temperature 37.5°C or above) Yes___ No___ ♦ For how long? _____ Days ♦ If more than 7 days, has fever been present every day? ♦ Is the child coming from malaria area? ♦ Has child had measles within the last three months? • Look or feel for stiff neck. • Look for signs of MEASLES. • Generalized rash and • One of these: cough, runny nose or red eyes. **If the child has measles now or within the last 3 months:** • Look for mouth ulcers, if yes are they deep and extensive • Look for clouding of cornia. • Look for pus draining from the eye.		
THEN CHECK FOR MALNUTRITION AND ANAEMIA ♦Look for visible severe wasting. ♦ Look for oedema of both feet. ♦ Determine weight for age. Low weight ___ Not Low weight___ • Look for palmar pallor and/or mucus membrane pallor, is it? - Severe palmar pallor and/or mucus membrane pallor? - Some palmar pallor and/or mucus membrane pallor?		
CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today. _____ _____ _____ _____ _____ _____ BCG DPT1 DPT2 DPT3 DPT (Booster 1) DPT (Booster 2) _____ _____ _____ _____ _____ _____ _____ _____ OPV 0 OPV 1 OPV 2 OPV 3 Measles MMR OPV (Booster 1) OPV (Booster 2) _____ _____ _____ HB1 HB2 HB3 Vit. A supplementation with measles Vit. A supplementation with DPT + OPV (Booster)	Return for next immunization on: _____ (Date)	
ASSESS CHILD'S FEEDING if child has ANAEMIA OR LOW WEIGHT or is less than 2 years old. ♦ Do you breastfeed your child? Yes____ No ____ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes___ No___ ♦ 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 needed today:_____
Feeding advice:_____

WEIGHT FOR AGE CHART