INTEGRATED MANAGEMENT OF CHILDHOOD

SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

World Health Organization
Division of Child Health and Development (CHD)

unicef

SICK YOUNG INFANT
AGE 1 WEEK 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 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:***
• 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.

A child with any general danger sign needs *URGENT* attention; complete the assessment and

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

THEN ASK ABOUT MAIN SYMPTOMS:
Does the child have cough or difficult breathing?

IF YES, ASK:	***LOOK, LISTEN, FEEL:***	
• For how long?	• Count the breaths in one minute. • Look for chest indrawing. • Look and listen for stridor.	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

SIGNS	**CLASSIFY AS**	**TREATMENT** (Urgent pre-referral treatments are in bold print.)
• Any general danger sign or • Chest indrawing or • Stridor in calm child.	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**	➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Refer URGENTLY to hospital.****
• Fast breathing.	**PNEUMONIA**	➢ ***Give an appropriate antibiotic for 5 days.*** ➢ Soothe the throat and relieve the cough with a safe remedy. ➢ Advise mother when to return immediately. ➢ Follow-up in 2 days.
No signs of pneumonia or very severe disease.	**NO PNEUMONIA: COUGH OR COLD**	➢ 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 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 2 seconds)?
  Slowly?

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 child is 2 years or older and there is cholera in your area, give antibiotic for cholera.***
Two of the following signs: • Restless, irritable • Sunken eyes • 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.*** ➢ 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**	➢ 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.
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.	DYSENTERY	➢ ***Treat for 5 days with an oral antibiotic recommended for Shigella in your area.*** ➢ FOLLOW-UP IN 2 DAYS.

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

Does the child have fever?

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

IF YES:
Decide Malaria Risk: high or low

THEN ASK:

- For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

LOOK AND FEEL:

- Look or feel for stiff neck.
- Look for runny nose.

Look for signs of MEASLES

- Generalized rash and
- One of these: cough, runny nose, or red eyes.

If the child has measles now or within the last 3 months:

- Look for mouth ulcers. Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

Classify FEVER

High Malaria Risk

Low Malaria Risk

if MEASLES now or within last 3 months, Classify

HIGH MALARIA RISK

• Any general danger sign or • Stiff neck.	**VERY SEVERE FEBRILE DISEASE**	➢ ***Give quinine for severe malaria (first dose).*** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for high fever (38.5°C or above).*** ➢ ***Refer URGENTLY to hospital.***
• Fever (by history or feels hot or temperature 37.5°C** or above).	**MALARIA**	➢ ***If NO cough with fast breathing, treat with oral antimalarial.*** ***OR*** ***If cough with fast breathing, treat with cotrimoxazole for 5 days.*** ➢ ***Give one dose of paracetamol in clinic for high fever (38.5°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 7 days, refer for assessment.

LOW MALARIA RISK

• Any general danger sign or • Stiff neck.	**VERY SEVERE FEBRILE DISEASE**	➢ ***Give quinine for severe malaria (first dose) unless no malaria risk.*** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for high fever (38.5°C or above).*** ➢ ***Refer URGENTLY to hospital***
• NO runny nose and NO measles and NO other cause of fever.	MALARIA	➢ ***If NO cough with fast breathing, treat with oral antimalarial.*** ***OR*** ***If cough with fast breathing, treat with cotrimoxazole for 5 days.*** ➢ ***Give one dose of paracetamol in clinic for high fever (38.5°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 7 days, refer for assessment.
• Runny nose PRESENT or • Measles PRESENT or • Other cause of fever PRESENT.	FEVER - MALARIA UNLIKELY	➢ ***Give one dose of paracetamol in clinic for high fever (38.5°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 7 days, refer for assessment.
• Any general danger sign or • Clouding of cornea or • Deep or extensive mouth ulcers.	**SEVERE COMPLICATED MEASLES*** **	➢ ***Give Vitamin A.*** ➢ ***Give first dose of an appropriate antibiotic.*** ➢ ***If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment.*** ➢ ***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 tetracycline eye ointment.*** ➢ If mouth ulcers, treat with gentian violet. ➢ Follow-up in 2 days.
• Measles now or within the last 3 months.	**MEASLES**	➢ ***Give Vitamin A.***

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

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

Does the child have an ear problem?

IF YES, ASK:	***LOOK AND FEEL:***
• Is there ear pain? • Is there ear discharge? If yes, for how long?	• 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 antibiotic.*** ➢ ***Give first dose of paracetamol for pain.*** ➢ ***Refer URGENTLY to hospital.***
• Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain.	ACUTE EAR INFECTION	➢ ***Give an antibiotic for 5 days.*** ➢ Give paracetamol for pain. ➢ Dry the ear by wicking. ➢ Follow-up in 5 days.
• Pus is seen draining from the ear and discharge is reported for 14 days or more.	CHRONIC EAR	➢ Dry the ear by wicking. ➢ Follow-up in 5 days.
• No ear pain and No pus seen draining from the ear.	NO EAR	No additional treatment.

THEN CHECK FOR MALNUTRITION AND ANAEMIA

LOOK AND FEEL:

- Look for visible severe wasting.
- Look for palmar pallor. Is it:

  Severe palmar pallor?
  Some palmar pallor?
- Look for oedema of both feet.
- Determine weight for age.

Classify NUTRITIONAL STATUS

• Visible severe wasting or • Severe palmar pallor or • Oedema of both feet.	**SEVERE MALNUTRITION OR SEVERE ANAEMIA**	➢ ***Give Vitamin A.*** ➢ ***Refer URGENTLY to hospital.***
• Some palmar pallor or • Very low weight for age.	ANAEMIA OR VERY LOW WEIGHT	➢ Assess the child`s feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart. - If feeding problem, follow-up in 5 days. ➢ If pallor: - Give iron. - ***Give oral antimalarial if high malaria risk.*** - Give mebendazole if child is 2 years or older and has not had a dose in the previous 6 months. ➢ Advise mother when to return immediately. ➢ If pallor, follow-up in 14 days. If very low weight for age, follow-up in 30 days.
• Not very low weight for age and no other signs of malnutrition.	NO ANAEMIA AND NOT VERY LOW WEIGHT	➢ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart. - If feeding problem, follow-up in 5 days. ➢ Advise mother when to return immediately.

THEN CHECK THE CHILD'S IMMUNIZATION STATUS

IMMUNIZATION SCHEDULE:

AGE	VACCINE	
Birth	BCG	OPV-0
6 weeks	DPT-1	OPV-1
10 weeks	DPT-2	OPV-2
14 weeks	DPT-3	OPV-3
9 months	Measles	

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, ACUTE EAR INFECTION OR VERY SEVERE DISEASE:**

FIRST-LINE ANTIBIOTIC: _____
SECOND-LINE ANTIBIOTIC: _____

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

➢ **FOR DYSENTERY:**
Give antibiotic recommended for Shigella in your area for 5 days.

FIRST-LINE ANTIBIOTIC FOR SHIGELLA: _____

	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 5 days	**NALIDIXIC ACID** ➢ Give four times daily for 5 days
AGE or WEIGHT	**See doses above**	**TABLET** 250 mg
2 months up to 4 months (4 - <6 kg)		1/4
4 months up to 12 months (6 - <10 kg)		1/2
12 months up to 5 years (10 - 19 kg)		1

SECOND-LINE ANTIBIOTIC FOR SHIGELLA: _____

➢ **FOR CHOLERA:**
Give antibiotic recommended for Cholera in your area for 3 days.

FIRST-LINE ANTIBIOTIC FOR CHOLERA: _____
SECOND-LINE ANTIBIOTIC FOR CHOLERA: _____

	TETRACYCLINE ➢Give four times daily for 3 days	**COTRIMOXAZOLE** (trimethoprim + sulphamethoxazole) ➢Give two times daily for 3 days	**ERYTHROMYCIN** ➢ Give four times daily for 3 days	**FURAZOLIDONE** ➢ Give four times daily for 3 days
AGE or WEIGHT	**TABLET** 250 mg	**See doses above**	**TABLET** 250 mg	**TABLET** 100 mg
2 months up to 4 months (4 - <6 kg)			1/4	
4 months up to 12 months (6 - <10 kg)	1/2		1/2	
12 months up to 5 years (10 - 19 kg)	1		1	1/4

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: _____
SECOND-LINE ANTIMALARIAL: _____

➢ 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.

➢ IF SULFADOXINE + PYRIMETHAMINE: Give single dose in clinic.

➢ Give for 3 days	CHLOROQUINE									SULFADOXINE + PYRIMETHAMINE ➢ Give single dose in clinic
AGE or WEIGHT	TABLET (150 mg base)			TABLET (100 mg base)			SYRUP (50 mg base per 5 ml)			TABLET (500 mg sulfadoxine +25 mg pyrimethamine)
	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3	
2 months up to 12 months (4 - <10 kg)	1/2	1/2	1/2	1	1	1/2	7.5 ml	7.5 ml	5.0 ml	1/2
12 months up to 3 years (10 - <14 kg)	1	1	1/2	1 1/2	1 1/2	1/2	15.0 ml	15.0 ml	5.0 ml	1
3 years up to 5 years (14 - 19 kg)	1 1/2	1 1/2	1/2	2	2	1				1

➢ Give Paracetamol for High Fever (> 38.5°C) or Ear Pain

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

PARACETAMOL		
AGE or WEIGHT	TABLET (100 mg)	TABLET (500 mg)
2 months up to 3 years (4 - <14 kg)	1	1/4
3 years up to 5 years (14 - <19 kg)	1 1/2	1/2

➢ Give Vitamin A

➢ Give two doses.

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

AGE	VITAMIN A CAPSULES			VITAMIN A SYRUP
	200 000 IU	100 000 IU	50 000 IU	Concentration: _____
Up to 6 months		1/2 capsule	1 capsule	
6 months up to 12	1/2 capsule	1 capsule	2 capsules	
12 months up to 5 years	1 capsule	2 capsules	4 capsules	

➢ Give Iron

➢ Give one dose daily for 14 days.

AGE or WEIGHT	IRON/FOLATE TABLET Ferrous sulfate 200 mg + 250 mcg Folate (60 mg elemental iron)	IRON SYRUP Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per ml)
2 months up to 4 months (4 - <6 kg)		1.00 ml (< 1/4 tsp.)
4 months up to 12 months (6 - <10 kg)		1.25 ml (1/4 tsp.)
12 months up to 3 years (10 - <14 kg)	1/2 tablet	2.00 ml (<1/2 tsp.)
3 years up to 5 years (14 - 19 kg)	1/2 tablet	2.5 ml (1/2 tsp.)

➢ Give Mebendazole

➢ Give 500 mg mebendazole as a single dose in clinic if:

- hookworm/whipworm are a problem in children in your area, and
- the child is 2 years of age or older, and
- the child has not had a dose in the previous 6 months.

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.

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

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.

  _____
  _____

- Harmful remedies to discourage:

  _____
  _____
  _____

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 WHO CANNOT TAKE AN ORAL ANTIBIOTIC:

- 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 - < 6 kg)	1.0 ml = 180 mg
4 months up to 9 months (6 - < 8 kg)	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

➢ *Give Quinine for Severe Malaria*

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Check which quinine formulation is available in your clinic.
- Give first dose of intramuscular quinine and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:

- Give first dose of intramuscular quinine.
- The child should remain lying down for one hour.
- Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week.
- If low risk of malaria, do not give quinine to a child less than 4 months of age.

AGE or WEIGHT	INTRAMUSCULAR QUININE	
	150 mg/ml* (in 2 ml ampoules)	300 mg/ml* (in 2 ml ampoules)
2 months up to 4 months (4 - < 6 kg)	0.4 ml	0.2 ml
4 months up to 12 months (6 - < 10 kg)	0.6 ml	0.3 ml
12 months up to 2 years (10 - < 12 kg)	0.8 ml	0.4 ml
2 years up to 3 years (12 - < 14 kg)	1.0 ml	0.5 ml
3 years up to 5 years (14 - 19 kg)	1.2 ml	0.6 ml

** quinine salt*

➢ *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 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 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?

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 or a general danger sign***, give a dose of second-line antibiotic or intramuscular chloramphenicol. 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.

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:***

  Change to second-line oral antibiotic recommended for Shigella in your area.
  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, or
  - had measles within the last 3 months } Refer to hospital.

- If ***fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better,*** continue giving the same antibiotic until finished.

GIVE FOLLOW-UP CARE

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

MALARIA (Low or High Malaria Risk)

If fever persists after 2 days, or returns within 14 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:***
  - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for 7 days, refer for assessment.

FEVER-MALARIA UNLIKELY (Low Malaria Risk)

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 ***cause of fever other than malaria***, provide treatment.
- If ***malaria is the only apparent cause of fever:***
  - Treat with the first-line oral antimalarial. Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for 7 days, refer for assessment.

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 ***ear pain or discharge*** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- ***Chronic ear infection:*** Check that the mother is wicking the ear correctly. Encourage her to continue.
- If ***no ear pain or discharge***, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

➢ FEEDING PROBLEM

After 5 days:

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

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

➢ PALLOR

After 14 days:

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmar pallor after 2 months, refer for assessment.

➢ VERY LOW WEIGHT

After 30 days:

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

Treatment:

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

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

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER 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 very 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 4 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.

4 Months up to 6 Months

- Breastfeed as often as the child wants, day or night, at least 8 times in 24 hours.
- 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:

  _____
  _____
  _____
  _____ *

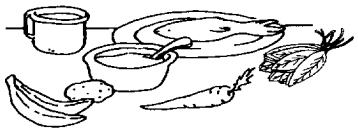
  - 3 times per day if breastfed;
  - 5 times per day if not breastfed.

12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Give adequate servings of:

  _____
  _____
  _____
  _____ *

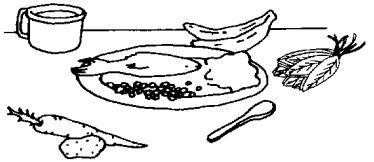
  or family foods 5 times per day.



2 Years and Older

- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:

  _____
  _____
  _____
  _____
  _____



Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

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

➢ *Counsel the Mother About Feeding Problems*

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

➢ **If the mother reports difficulty with breastfeeding, assess breastfeeding. (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:**

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

➢*Advise the Mother When to Return to Health Worker*

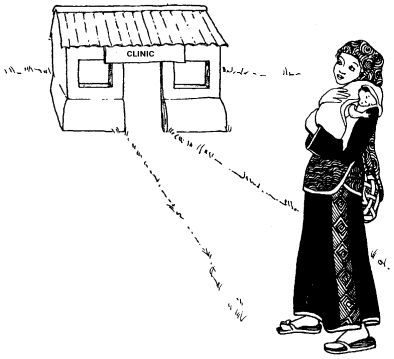
FOLLOW-UP VISIT

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

If the child has:	**Return for follow-up in:**
PNEUMONIA DYSENTERY MALARIA, if fever persists FEVER-MALARIA UNLIKELY, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
PALLOR	14 days
VERY LOW WEIGHT FOR AGE	30 days

NEXT WELL-CHILD VISIT

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



WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:	
Any sick child	• Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	• Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	• 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 STD and AIDS prevention**

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

ASSESS

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

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

CLASSIFY

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

IDENTIFY TREATMENT

CHECK FOR POSSIBLE BACTERIAL INFECTION

ASK:

- Has the infant had convulsions?

LOOK, LISTEN, FEEL:

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

} YOUNG INFANT MUST BE CALM

Classify ALL YOUNG INFANTS

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print)
• Convulsions or • Fast breathing (60 breaths per minute or more) or • Severe chest indrawing or • Nasal flaring or • Grunting or • Bulging fontanelle or • Pus draining from ear or • Umbilical redness extending to the skin or • Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) or • Many or severe skin pustules or • Lethargic or unconscious or • Less than normal movement.	**POSSIBLE SERIOUS BACTERIAL INFECTION**	➢ ***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.	**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.

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.***
	• Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➢ Give fluids to treat diarrhoea at home (Plan A).
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.	DYSENTERY	➢ ***Treat for 5 days with an oral antibiotic recommended for Shigella in your area.*** ➢ Follow-up in 2 days.

* *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 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?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- What do you use to feed the infant?

LOOK, LISTEN,FEEL:

- Determine weight for age.

IF AN INFANT: **Has any difficulty feeding,**
Is breastfeeding less than 8 times in 24 hours,
Is taking any other foods or drinks, or
Is low weight for age,

AND

Has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

- 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 able to attach?

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.

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

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 hospital.*** ➢ ***Refer URGENTLY to hospital.***
• Not well attached to breast or • Not suckling effectively or • Less than 8 breastfeeds in 24 hours or • Receives other foods or drinks or • Low weight for age 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 not well attached or not suckling effectively, teach correct positioning and attachment. • 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: - 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.

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

	AGE	VACCINE	
IMMUNIZATION SCHEDULE:	Birth	BCG	OPV-0
	6 weeks	DPT-1	OPV-1
	10 weeks	DPT-2	OPV-2

ASSESS OTHER PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢*Give an Appropriate Oral Antibiotic*

For local bacterial infection:

First-line antibiotic : _____
Second-line antibiotic: _____

	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 5 days			AMOXYCILLIN ➢ Give three times daily for 5 days	
AGE or WEIGHT	Adult Tablet single strength (80 mg trimethoprim + 400 mg sulphamethoxazole)	Pediatric Tablet (20 mg trimethoprim +100 mg sulphamethoxazole)	Syrup (40 mg trimethoprim +200 mg sulphamethoxazole)	Tablet 250 mg	Syrup 125 mg in 5 ml
Birth up to 1 month (< 3 kg)		1/2*	1.25 ml*		1.25 ml
1 month up to 2 months (3-4 kg)	1/4	1	2.5 ml	1/4	2.5 ml

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

For dysentery:

Give antibiotic recommended for Shigella in your area for 5 days.
First-line antibiotic for Shigella: : _____
Second-line antibiotic for Shigella: _____

➢*Give First Dose of Intramuscular Antibiotics*

➢Give first dose of both benzylpenicillin and gentamicin intramuscular.

	GENTAMICIN Dose: 2.5 mg per kg			**BENZYLPENICILLIN** Dose: 50 000 units per kg		
WEIGHT	Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml	OR	Add 6 ml sterile water to 2 ml vial containing 80 mg* = 8 ml at 10 mg/ml	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 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. 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 Diarrhoea, See TREAT THE CHILD Chart.***

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

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

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

To Treat Skin Pustules or Umbilical Infection

The mother should:

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

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

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

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ *Teach Correct Positioning and Attachment for Breastfeeding*

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

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

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

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

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

- WHEN TO RETURN

Follow-up Visit

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

When to Return Immediately:

Advise the mother to return immediately if the young infant has any of these signs:
BREASTFEEDING OR DRINKING POORLY BECOMES SICKER DEVELOPS A FEVER FAST BREATHING DIFFICULT BREATHING 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.

➢ *DYSENTERY*

After 2 days:
Assess the young infant for diarrhoea. > See "Does the Young Infant Have Diarrhoea?" above.
Ask:
- Are there fewer stools?
- Is there less blood in the stool?
- Is there less abdominal pain?
- Is the young infant eating better?
- Has fever developed?

Treatment:

- If the child is ***dehydrated***, treat dehydration.
- If ***number of stools, amount of blood in stools, abdominal pain, and eating are the same or worse, or fever develops,*** refer to hospital. If fever, give first dose of intramuscular antibiotics before referral.
- If ***fewer stools, less blood in the stools, less abdominal pain, and eating better,*** continue giving the same antibiotic until finished.

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.

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

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

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

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

CHECK FOR POSSIBLE BACTERIAL INFECTION

- Has the infant had convulsions?
- 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 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 young infant's movements. Less than normal?

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?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

- Is there any difficulty feeding? 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 ___ Not Low _____

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 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 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.

_____ BCG _____ DPT1 _____ DPT2

_____ OPV 0 _____ OPV 1 _____ OPV 2

Return for next immunization on:

_____ (Date)

ASSESS OTHER PROBLEMS:

TREAT

Return for follow-up in: .....

Give any immunizations needed today: .....

MANAGEMENT OF THE SICK YOUNG INFANT AGE 2 MONTHS UP TO 5 YEARS

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

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

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

RECORDING FORM

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS	General danger signs present? Yes___ No___ **Remember to use danger sign when selecting classifications**
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.	
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?	
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes___ No___ Decide Malaria Risk: High Low • For how long? _____ Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look for runny nose. 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 pus draining from the eye. • Look for clouding of the cornea.	
DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___ • 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.	
THEN CHECK FOR MALNUTRITION AND ANAEMIA • Look for visible severe wasting. • Look for palmar pallor. Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low ___	
CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today. _____ _____ _____ _____ BCG DPT1 DPT2 DPT3 _____ _____ _____ _____ _____ _____ OPV 0 OPV 1 OPV 2 OPV 3 Measles	Return for next immunization on: _____ (Date)
ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. • Do you breastfeed your child? Yes____ No ____ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes___ No___ • Does the child take any other food or fluids? Yes___ No ___ If Yes, what food or fluids? _____ _____ How many times per day? ___ times. What do you use to feed the child? _____ If very low weght for age: How large are servings? _____ Does the child receive how 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:

TREAT

Remember to refer any child who has a danger sign and no other sever classification.

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Return for follow-up in: _____

Advise mother when to return immediately.

Give any immunizations needed today: _____

Feeding advice: _____

_____

_____

_____

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_____

NOTES