

Annex 1

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: <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly. 	SEVERE DEHYDRATION	<ul style="list-style-type: none"> ➢ If child has no other severe classification: <ul style="list-style-type: none"> - Give fluid for severe dehydration (Plan C). OR If child also has another severe classification: <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding. ➢ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.
Two of the following signs: <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly. 	SOME DEHYDRATION	<ul style="list-style-type: none"> ➢ Give fluid, zinc supplements and food for some dehydration (Plan B). ➢ If child also has a severe classification: <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding. ➢ Advise mother when to return immediately.
Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION	<ul style="list-style-type: none"> ➢ Give fluid, zinc supplements and food to treat diarrhoea at home (Plan A). ➢ Advise mother when to return immediately.

**and if diarrhoea
14 days or more**

• Dehydration present.	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ➢ Treat dehydration before referral unless the child has another severe classification. ➢ Refer to hospital.
• No dehydration.	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ➢ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ➢ Give multivitamin and minerals (including zinc) for 14 days. ➢ Follow-up in 5 days.

**and if blood
in stool**

• Blood in the stool.	BLOOD IN STOOL	<ul style="list-style-type: none"> ➢ Treat for 5 days with an oral antimicrobial recommended for Shigella in your area. Treat dehydration and give zinc ➢ Follow-up in 2 days.
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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 4 Rules of Home Treatment:
Give Extra Fluid, Give Zinc Supplements, 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 and between them
2 years or more 100 to 200 ml after each loose stool and between them

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. GIVE ZINC SUPPLEMENTS

➤ TELL THE MOTHER HOW MUCH ZINC TO GIVE:

Up to 6 months 1/2 tablet per day for 14 days
6 months or more 1 tablet per day for 14 days

➤ SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS

Infants dissolve the tablet in a small amount of expressed breastmilk, ORS or clean water, in a small cup or spoon
Older children tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon

➤ REMIND THE MOTHER TO GIVE THE ZINC SUPPLEMENTS FOR THE FULL 14 DAYS

3. CONTINUE FEEDING

4. 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 4 Rules of Home Treatment:

1. GIVE EXTRA FLUID

2. GIVE ZINC SUPPLEMENTS

3. CONTINUE FEEDING

4. WHEN TO RETURN

} See Plan A for recommended fluids and
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 →

- 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 ↓

Can the child drink?

NO ↓

Refer URGENTLY to hospital for IV or NG treatment

NOTE:

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

IMMUNIZE EVERY SICK CHILD, AS NEEDED

PLAN A, PLAN B
PLAN C

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 antimicrobial or intramuscular chloramphenicol. Then refer **URGENTLY** to hospital.
- If **breathing rate, fever and eating are the same**, change to the second-line antimicrobial and advise the mother to return in 2 days or refer. (if this child had measles within the last 3 months refer)

➤ BLOOD IN STOOL

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.
- Continue giving zinc supplements for 14 days.
- 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 the same antibiotic until finished.

➤ PERSISTENT DIARRHOEA

After 5 days:

Ask:

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

Treatment:

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

➤ FEVER

If fever persists after 2 days:

Do full reassessment of the child > See **ASSESS & CLASSIFY** chart

Assess for other causes of fever

Treatment:

- If the child has **any general danger signs or stiff neck**, treat as **VERY SEVERE FEBRILE DISEASE**.
- If the child has any **apparent cause of fever**, provide treatment.
- If fever has been present for 5 days, refer for assessment.
- If there is no apparent cause of fever and it has not been present for 5 days, advise mother to return in 2 days if fever persists. Make sure that the child is given increased amounts of fluid and offered food.

FLUID

➤ Advise the Mother to Increase Fluid During Illness

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed.
- If not exclusively breastfed, 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.

WHEN TO RETURN

➤ Advise the Mother When to Return to Health Worker

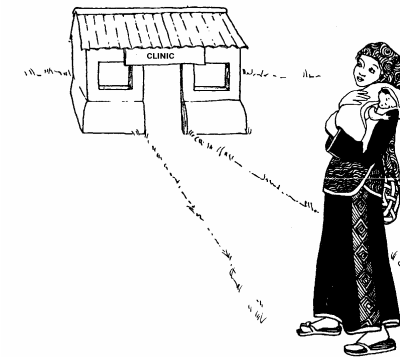
FOLLOW-UP VISIT

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 DYSENTERY FEVER, 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
LOW WEIGHT FOR AGE RICKETS	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	<ul style="list-style-type: none"> • Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none"> • Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"> • Blood in stool • Drinking poorly