World Health Organization
Child & Adolescent Health
and Development (CAH)

unicef

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

PHYSICIAN CHART BOOKLET

सत्यमेव जयते

Ministry of Health & Family Welfare,
Govt. of India

2003

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

World Health Organization
Child & Adolescent Health
and Development (CAH)

Unicef

Ministry of Health & Family Welfare,
Govt. of India

SICK YOUNG INFANT AGE UPTO 2 MONTHS

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

Assess, Classify and Identify Treatment

Treat the Young Infant and Counsel the Mother

Give Follow-up Care for the Sick Young Infant

SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

Assess, Classify and Identify Treatment

TREAT THE CHILD

Give These Treatments in Clinic Only

Teach the Mother to Give Oral Drugs at Home

Teach the Mother to Treat Local Infections at Home

Give Extra Fluid for Diarrhoea and Continue Feeding

TREAT THE CHILD, continued

Give Extra Fluid for Diarrhoea and Continue Feeding

COUNSEL THE MOTHER

Food

Fluid

When to Return

Give Follow-up Care

ASSESS AND CLASSIFY THE SICK YOUNG INFANT AGE UPTO 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.

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS

CLASSIFY IDENTIFY TREATMENT

A child with a pink classification needs URGENT attention, complete the assessment and pre- referral treatment immediately so referral is not delayed

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE

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.

YOUNG INFANT MUST BE CALM

- Look for pus draining from the ear.
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules. Are there 10 or more skin pustules or a big boil?
- Measure axillary temperature (if not possible, feel for fever or low body temperature).
- See if the young infant is lethargic or unconscious.
- Look at the young infant's movements. Are they less than normal?
- Look for jaundice? Are the palms and soles yellow?

 # If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.

Classify ALL YOUNG INFANTS

SIGNS	CLASSIFY AS	IDENTIFY 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 • 10 or more skin pustules or a big boil or • If axillary temperature 37.5°C or above (or feels hot to touch) or temperature less than 35.5°C (or feels cold to touch) or • Lethargic or unconscious or • Less than normal movements.	POSSIBLE SERIOUS BACTERIAL INFECTION	➢ *Give first dose of intramuscular ampicillin and gentamicin.* ➢ *Treat to prevent low blood sugar.* ➢ *Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral.* ➢ *Advise mother how to keep the young infant warm on the way to the hospital.* ➢ *Refer URGENTLY to hospital #*
• Umbilicus red or draining pus or • Pus discharge from ear or • < 10 skin pustules.	LOCAL BACTERIAL INFECTION	➢ *Give oral co-trimoxazole or amoxycillin for 5 days.* ➢ Teach mother to treat local infections at home ➢ Follow up in 2 days.

And if the infant has jaundice

• Palms and soles yellow or • Age < 24 hours or • Age 14 days or more	SEVERE JAUNDICE	➢ *Treat to prevent low blood sugar.* ➢ *Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral.* ➢ *Advise mother how to keep the young infant warm on the way to the hospital.* ➢ *Refer URGENTLY to hospital*
• Palms and soles not yellow	JAUNDICE	➢ Advise mother to give home care for the young infant. ➢ Advise mother when to return immediately. ➢ Follow up in 2 days.

And if the temp. is between 35.5- 36.4° C

• Temperature between 35.5 - 36.4°C	LOW BODY TEMPERATURE	➢ Warm the young infant using Skin to Skin contact for one hour and REASSESS. ➢ Treat to prevent low blood sugar.

THEN ASK:
Does the young infant have diarrhoea?*

IF YES, ASK:

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

LOOK AND FEEL:

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

Classify DIARRHOEA

for DEHYDRATION		
Two of the following signs: • Lethargic or unconscious • Sunken eyes • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	➢ ***Give first dose of intramuscular ampicillin and gentamicin,*** ➢ ***If infant also has low weight or another severe classification:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***- Advise mother to continue breastfeeding.*** ***- Advise mother how to keep the young infant warm on the way to the hospital.*** ***OR*** ➢ If infant does not have low weight or any other severe classification: - Give fluid for severe dehydration (Plan C) and then refer to hospital after rehydration
Two of the following signs: • Restless, irritable. • Sunken eyes. • Skin pinch goes back slowly.	**SOME DEHYDRATION**	➢ ***If infant also has low weight or another severe classification:*** ***- Give first dose of intramuscular ampicillin and gentamicin*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***- Advise mother to continue breastfeeding.*** ***- Advise mother how to keep the young infant warm on the way to the hospital.*** ➢ *If infant does not have low weight or another severe classification:* - Give fluids for some dehydration (Plan B). - Advise mother when to return immediately. - Follow up in 2 days
• Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➢ Give fluids 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		
• Diarrhoea lasting 14 days or more.	**SEVERE PERSISTENT DIARRHOEA**	➢ Give first dose of intramuscular ampicillin and gentamicin if the young infant has low weight, dehydration or another severe classification. ➢ Treat to prevent low blood sugar. ➢ Advise how to keep infant warm on the way to the hospital. ➢ Refer to hospital.#
and if blood in stool		
• Blood in the stool.	**SEVERE DYSENTERY**	➢ Give first dose of intramuscular ampicillin and gentamicin if the Young infant has low weight, dehydration or another severe classification. ➢ Treat to prevent low blood sugar. ➢ Advise how to keep infant warm on the way to the hospital. ➢ Refer to hospital#.

**** What is diarrhoea in a young infant?***

If the stools have changed from usual pattern and are many and watery (more water than fecal matter). The normally frequent or loose stools of a breastfed baby are not diarrhoea.

*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Young Infant and Counsel the Mother.***

THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION:

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, FEEL:

- Determine weight for age.

Classify FEEDING

IF AN INFANT: **Has any difficulty feeding, or**
Is breastfeeding less than 8 times in 24 hours, or
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?

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.

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

- Does the mother have pain while breastfeeding?

If yes, look and feel for:

- Flat or inverted nipples, or sore nipples
- Engorged breasts or breast abscess

• Not able to feed or • No attachment at all or • Not suckling at all or • Very low weight for age.	**NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION OR SEVERE MALNUTRITION**	➢ ***Give first dose of intramuscular ampicillin and gentamicin.*** ➢ ***Treat to prevent low blood sugar.*** ➢ ***Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral.*** ➢ ***Advise 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 • Thrush (ulcers or white patches in mouth) or • Low weight for age or • Breast or nipple problems	**FEEDING PROBLEM OR LOW WEIGHT**	➢ If not well attached or not suckling effectvely teach correct positioning and attachment. ➢ If breastfedding 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 and spoon. ➢ If not breastfeeding at all, advise mother about giving locally appropriate animal milk and teach the mother to feed with a cup and spoon. ➢ If thrush, teach the mother to treat thrush at home. ➢ If low weight for age, teach the mother how to keep the young infant with low weight warm at home. ➢ If breast or nipple problem, teach the mother to treat breast or nipple problems. ➢ Advise mother to give home care for the young infant. ➢ Advise mother when to return immediately. ➢ 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. ➢ Advise mother when to return immediately. ➢ Praise the mother for feeding the infant well.

*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Young Infant and Counsel the Mother.***

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

	AGE	VACCINE		
IMMUNIZATION SCHEDULE * :	Birth	BCG	OPV 0	
	6 weeks	DPT 1	OPV 1	HEP-B 1

* Hepatitis B to be given wherever included in the immunization schedule

ASSESS OTHER PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

GIVE THESE TREATMENTS IN CLINIC ONLY

- **Explain to the mother why the drug is given.**
- **Determine the dose appropriate for the infant's weight (or age).**
- **Use a sterile needle and sterile syringe. Measure the dose accurately.**
- **Give the drug as an intramuscular injection.**
- **If infant cannot be referred, follow the instructions provided in the section *Where Referral is Not Possible* in module. *Treat the Young Infant and counsel the Mother.***

➢ *Give First Dose of Intramuscular Antibiotics*

- Give first dose of both ampicillin and gentamicin intramuscularly.

WEIGHT	GENTAMICIN Dose: 5 mg per kg			AMPICILLIN Dose: 100 mg per kg (Vial of 500 mg mixed with 2.1 ml of sterile water for injection to give 500mg/2.5 ml or 200mg/1 ml)
	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	
1 kg	0.5 ml*			0.5 ml*
2 kg	1.0 ml*			1.0 ml*
3 kg	1.5 ml*			1.5 ml*
4 kg	2.0 ml*			2.0. ml*
5 kg	2.5 ml*			2..5 ml*

**Avoid using undiluted 40 mg/ml gentamicin.*

- Referral is the best option for a young infant classification with POSSIBLE SERIOUS BACTERIAL INFECTION, SEVERE DEHYDRATION, SOME DEHYDRATION WITH LOW WEIGHT, AND SEVERE MALNUTRITION, if referral is not possible, give oral amoxycillin every 8 hours and intramuscular gentamicin once daily.

➢ *Treat the Young Infant 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 20-50 ml (10 ml/kg) expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) sugar water.

  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 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.

KEEP THE YOUNG INFANT WARM

➢ *Warm the young infant using Skin to Skin contact (Kangaroo Mother Care)*

- Provide privacy to the mother, If mother is not available, Skin to Skin contact may be provided by the father or any other adult.
- Request the mother to sit or recline comfortable.
- Undress the baby gently, except for cap, nappy and socks.
- Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby's head to one side to keep airways clear.
- Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother duo with an added blanket or shawl.
- Breastfeed the baby frequently.
- If possible, warm the room (>25°C) with a heating device.

- **REASSESS after 1 hour:**

  - Look, listen and feel for signs of Possible Serious Bacterial Infection and
  - Measure axillary temperature by placing the thermometer in the axilla for 5 minutes (or feel for low body temperature).

- ***If any signs of Possible Serious Bacterial Infection OR temperature still below 36.5°C (or feels cold to touch):***
  - Refer URGENTLY to hospital after giving pre-referral treatments for Possible Serious Bacterial Infection.

- If no sign of Possible Serious Bacterial Infection AND temperature 36.5°C or more (or is not cold to touch):
  - Advise how to keep the infant warm at home.
  - Advise mother to give home care.
  - Advise mother when to return immediately.

- Skin to Skin contact is the most practical, preferred method of warming a hypothermic infant in a primary health care facility. If not possible:

  - Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold baby close to caregiver's body, OR
  - Place the baby under overhead radiant warmer, if available.

  (Avoid direct heat from a room heater and use of hot water rubber bottle or hot brick to warm the baby because of danger of accidental burns).

➢ *Keep the young infant warm on the way to the hospital*

- By Skin to Skin contact OR
- Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold baby close to caregiver's body.

TREAT THE YOUNG INFANT FOR LOCAL INFECTIONS AT HOME

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 infant's age or weight.**
- **Tell the mother the reason for giving the drug to the infant.**
- **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 infant.**
- **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 drun separately.**
- **Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the infant gets better.**

➢ *Give an Appropriate Oral Antibiotic*

For local bacterial infection:

➢ Give Oral COTRIMOXAZOLE OR AMOXYCILLIN

	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)	Tablet 250 mg	Syrup 125 mg in 5 ml
Birth up to 1 month (< 3 kg)		1/2*		1.25 ml
1 month up to 2 months (3-4 kg)	1/4	1	1/4	2.5 ml

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

➢ *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 worsens.
- Check the mother's understanding before she leaves the clinic.

To Treat Skin Pustules or Umbilical Infection

➢ Apply gentian violet paint twice daily.

The mother should:

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

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 young infant's ear.
- Remove the wick when wet.
- Replace the wick with a clean one and repeat these steps until the ear is dry.

➢ *To Treat Diarrhoea, See TREAT THE CHILD Chart - Page 20-21*

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS

➢ *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.
- If still not suckling effectively, ask the mother to express breast milk and feed with a cup and spoon in the clinic. To express breast milk:
  - The mother should wash hands, sit comfortably and hold a cup or 'katori' under the nipple
  - Place finger and thumb each side of areola and press inwards towards chest wall. Do not squeeze the nipple
  - Press behind the nipple and areola between finger and thumb to empty milk from inside the areola; press and release repeatedly
  - Repeat the process from all sides of areola to empty breast completely
  - Express one breast for at least 3-5 minutes until flow stops; then express from the other side
- If able to take with a cup and spoon advise mother to keep breastfeeding the young infant and at the end of each feed express breast milk and feed with a cup and spoon.
- If not able to feed with a cup and spoon, refer to hospital.

➢ *Teach the mother to feed with a cup and spoon*

- Place the young infant in upright posture (feeding him in lying position can cause aspiration)
- Keep a soft cloth napkin or cotton on the neck and upper trunk to mop the spilled milk.
- Gently stimulate the young infant to wake him up
- Fill the spoon with milk, a little short of the brim
- Place the spoon on young infant's lips, near the corner of the mouth.
- Gradually allow a small amount of milk to drip into young infant's mouth making sure that he actively swallows it
- Repeat the process till the young infant stops accepting any more feed, or the desired amount has been fed
- If the young infant does not actively swallow the milk, do not insist on feeding; try again after some time

➢ *To Treat Thrush (ulcers or white patches in mouth)*

- Tell the mother to do the treatment 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 gentian violet 0.25%.

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS OR LOW WEIGHT

➢ *Teach the mother to treat breast or nipple problems*

- If the nipple is flat or inverted, evert the nipple several times with fingers before each feed and put the baby to the breast.
- If nipple is sore, apply breast milk for soothing effect and ensure correct positioning and attachment of the baby. If mother continues to have discomfort, feed expressed breast milk with katori and spoon.
- If breasts are engorged, let the baby continue to suck if possible. If the baby cannot suckle effectively, help the mother to express milk and then put the young infant to the breast. Putting a warm compress on the breast may help.
- If breast abscess, advise mother to feed from the other breast and refer to a surgeon. If the young infant wants more milk, feed undiluted animal milk with added sugar by cup and spoon.

➢ *Teach the mother how to keep the young infant with low weight or low body temperature warm at home:*

- Do not bathe young infant with low weight or low body temperature; instead sponge with lukewarm water to clean.
- Provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.
- When Skin to Skin contact not possible:
  - Keep the room warm (>25^{0}C) with a home heating device.
  - Clothe the baby in 3-4 layers; cover the head, hands and feet with cap, gloves and socks, respectively.
  - Let baby and mother lie together on a soft, thick bedding.
  - Cover the baby and the mother with additional quilt, blanket or shawl, especially in cold weather.

FEEL THE FEET OF THE BABY PERIODICALLY - BABY'S FEET SHOULD BE ALWAYS WARM TO TOUCH

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

COUNSEL THE MOTHER

➢ *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.

- ➢ 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.

➢ *Advise the Mother when to return to physician or health worker immediately:*

Follow-up Visit	
If the infant has:	**Return for follow-up in:**
LOCAL BACTERIAL INFECTION JAUNDICE DIARRHOEA 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 or feels cold to touch Fast breathing Difficult breathing Yellow palms and soles (if infant has jaundice) Diarrhoea with 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.**
- ➢ **Give iron folic acid tablets for a total of 100 days.**
- ➢ **Make sure she has access to:**
  - **Family planning**
  - **Counselling on STD and AIDS prevention**

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?
- Look for skin pustules. Are there > 10 pustules or a big boil?
- Look at the ear. Is it still discharging pus?

Treatment:

- If ***umbilical redness or pus remains or is worse,*** refer to hospital.
- If ***umbilical pus and redness are improved,*** tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.
- If **>10 skin pustules or a big boil,** refer to hospital.
- **If < 10 skin pustules and no big boil,** tell the mother to continue giving 5 days of antibiotic and continue treating the local infection at home.
- If ***ear discharge*** persists, continue wicking to dry the ear. Continue to give antibiotic to complete 5 days of treatment even if ear discharge has stopped.

➢ 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 mouth 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 2 days.***

➢ JAUNDICE

After 2 days:

Look for jaundice

- Are the palms and soles yellow?

- If palms and soles are yellow or age 14 days or more refer to hospital
- If palms and soles are not yellow and age less than 14 days, advise home care and when to return immediately

➢ DIARRHOEA

After 2 days:
Ask:

- Has the diarrhoea stopped?

- If diarrhoea persists, Assess the young infant for diarrhoea *(> See ASSESS & CLASSIFY chart)* and manage as per initial visit.
- If diarrhoea stopped - reinforce exclusive breastfeeding

➢ FEEDING PROBLEM

After 2 days:
Reassess feeding. > See "Then Check for Fedding 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 in 2 days.

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"

- 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 gentian violet 0.25% for a total of 5 days.

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:

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

LOOK:

- See if the child is lethargic or unconscious.

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

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:

- For how long?

LOOK, LISTEN:

- 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

*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child.***

SIGNS	CLASSIFY AS	IDENTIFY 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 injedtable chloramphenicol (If not possible give oral amoxycillin).*** ➢ ***Refer URGENTLY to hospital.#***
• Fast breathing.	**PNEUMONIA**	➢ ***Give Cotrimoxazole for 5 days.*** ➢ Soothe the throat and relieve the cough with a safe remedy if child is 6 months or older. ➢ 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 home remedy if child is 6 months or older. ➢ 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 th 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). ➢ ***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 breastfedding.** ➢ ***If child is 2 years or older and there is cholera in your area, give doxycycline for cholera.***
Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly.	**SOME**	➢ Give fluid and food for some dehydration (Plan B). ➢ ***If child also has a severe classificaiion:*** ***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**	➢ 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. ➢ Give single dose of vitamin A. ➢ Give zinc sulphate 20 mg daily for 14 days. ➢ Follow-up in 5 days.

and if blood in stool

• Blood in the stool.	**DYSENTERY**	➢ ***Treat for 5 days with cotrimoxazole.*** ➢ Follow-up in 2 days.

 # If referral is not possible, see the section ***Where Referral Is Not Possible*** *in the module* ***Treat the Child.***

Does the child have fever?

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

IF YES:
Decide Malaria Risk: High Low

THEN ASK:

- Fever 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 and feel for bulging fontanelle.
- 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.

High Malaria Risk

Low Malaria Risk

Classify FEVER

If MEASLES ***Now or within last 3 months, Classify***

HIGH MALARIA RISK

• Any general danger sign or • Stiff neck or • Bulging fontanelle.	**VERY SEVERE FEBRILE DISEASE**	➢ ***Give first dose of IM quinine after making a blood smear.*** ➢ ***Give first dose of IV or IM chloramphenicol (If not possible, give oral amoxycillin).*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for high fever (temp. 38.5°C or above).*** ➢ ***Refer URGENTLY to hospital#.***
• Fever (by history or feels hot or temperature 37.5°C or above).	**MALARIA**	➢ ***Give oral antimalarials for HIGH malaria risk area after making a blood smear.*** ➢ ***Give one dose of paracetamol in clinic for high fever (temp. 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 or • Bulging fontanelle.	**VERY SEVERE FEBRILE DISEASE**	➢ ***Give first dose of IM quinine after making a blood smear.*** ➢ ***Give first dose of IV or IM chloramphenicol (If not possible, give oral amoxycillin).*** ➢ ***Treat the child to prevent low blood sugar.*** ➢ ***Give one dose of paracetamol in clinic for high fever (temp. 38.5°C or above).*** ➢ ***Refer URGENTLY to hospital#.***
• NO runny nose and NO measles and NO other cause of fever.	**MALARIA**	➢ ***Give oral antimalarials for LOW malaria risk area after making a blood smear.*** ➢ ***Give one dose of paracetamol in clinic for high fever (temp. 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 (temp. 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 first dose of Vitamin A.*** ➢ ***Give first dose of injectable chloramphenicol (if not possible give oral amoxycillin).*** ➢ ***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 first dose of 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 mouths.	**MEASLES**	➢ ***Give first dose of Vitamin A.***

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

**This cutoff is for axillary temperatures; rectal temperature cutoff is approximately 0.5°C higher.*
*** Other causes of fever include cough or cold, pneumonia, diarrhoea, dysentery and skin infections.*

*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child.***

Does the child have an ear problem?

IF YES, ASK:

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

LOOK AND FEEL:

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

Classify EAR PROBLEM

• Tender swelling behind the ear.	**MASTOIDITIS**	➢ ***Give first dose of injectable chloramphenicol (If not possible give oral amoxycillin).*** ➢ ***Give first dose of paracetamol for pain.*** ➢ ***Refer URGENTLY to hospital*.***
• Pus is seen draining from the ear and discharge is reported for less then 14 days, or • Ear pain.	**ACUTE EAR INFECTION**	➢ ***Give cotrimoxazole 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 INFECTION**	➢ Dry the ear by wicking. ➢ Follow-up in 5 days.
• No ear pain and No pus seen draining from the ear.	**NO EAR INFECTION**	No additional treatment.

*\# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child.***

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

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

Classify NUTRITIONAL STATUS

• Visible severe wasting or • Oedema of both feet.	**SEVERE MALNUTRITION**	➢ ***Give single dose of Vitamin A.*** ➢ ***Prevent low blood sugar.*** ➢ ***Refer URGENTLY to hospital #*** ➢ ***While referral is being organized, warm the child.*** ➢ ***Keep the child warm on the way to hospital.***
• Very low weight for age.	**VERY LOW WEIGHT**	➢ Assess and counsel for feeding ➢ Advise mother when to return immediately ➢ Follow-up in 30 days.
• Not very low weight for age and no other signs of malnutrition.	**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 FOR ANAEMIA

LOOK:

- Look for palmar pallor. Is it:
  Severe palmar pallor?
  Some palmar pallor?

Classify ANAEMIA

• Severe palmar pallor	**SEVERE ANAEMIA**	➢ ***Refer URGENTLY to hospital #.***
• Some palmar pallor	**ANAEMIA**	➢ ***Give iron folic acid therapy for 14 days.*** ➢ 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. ➢ Follow-up in 14 days.
• No palmar pallor	**NO ANAEMIA**	➢ ***Give prophylactic iron folic acid if child 6 months or older.***

THEN CHECK THE CHILD'S IMMUNIZATION *, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID SUPPLEMENTATION STATUS

IMMUNIZATION SCHEDULE:

AGE	VACCINE
Birth	BCG + OPV-0
6 weeks	DPT-1+ OPV-1(+ HepB-1**)
10 weeks	DPT-2+ OPV-2(+ HepB-2**)
14 weeks	DPT-3+ OPV-3(+ HepB-3**)
9 months	Measles + Vitamin A
16-18 months	DPT Booster + OPV + Vitamin A
60 months	DT

PROPHYLACTIC VITAMIN A

Give a single dose of vitamin A:
100,000 IU at 9 months with measles immunizatoin
200,000 IU at 16-18 months with DPT Booster
200,000 IU at 24 months
200,000 IU at 30 months
200,000 IU at 36 months

PROPHYLACTIC IFA

Give 20 mg elemental iron + 100 mcg folic acid (one tablet of Pediatric IFA or 5 ml of IFA syrup or 1 ml of IFA drops) for a total of 100 days in a year after the child has recovered from acute illness **if :**

- The child 6 months of age or older, and
- Has not recieved Pediatric IFA Tablet/syrup/drops for 100 days in last one year.

*** A child who needs to be immunized should be advised to go for immunization the day vaccines are available at AW/SC/PHC**
**** Hepatitis B to be given wherever included in the immunization schedule**

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.

*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child.***

TREAT THE CHILD

GIVE THESE TREATMENTS IN CLINIC ONLY

➢ Give An Intramuscular Antibiotic

FOR CHILDREN BEING REFERRED URGENTLY :

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

IF REFERRAL IS NOT POSSIBLE:

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

AGE or WEIGHT	CHLORAMPHENICOL Dose: 40 mg per kg Add 5.0 ml sterile water to vial containing 1000 mg = 5.6 ml at 180 mg/ml
2 months up to 4 months (4 - < 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	INTRAVENOUS OR 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*

➢ 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

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 of 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.

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 Appropriate Oral Antibiotic*

➢ **FOR PNEUMONIA, ACUTE EAR INFECTION (OR FOR VERY SEVERE DISEASE IF INJECTABLE CHLORAMPHENICOL IS NOT AVAILABLE :**

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

	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

(* Oral Amoxycillin can be given in **VERY SEVERE DISEASE** if it is not possible to administer injectable Chloramphenicol)

➢ **FOR DYSENTERY:**
FIRST-LINE ANTIBIOTIC FOR SHIGELLA: COTRIMOXAZOLE*
SECOND-LINE ANTIBIOTIC FOR SHIGELLA: NALIDIXIC ACID

	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ➢ Give two times daily for 5 days	NALIDIXIC ACID ➢ Give four times daily for 5 days	
AGE or WEIGHT		**TABLET** 500 mg	**SYRUP** 300 mg per 5 ml.
2 months up to 4 months (4 - <6 kg)	**See doses above**	1/8	1.25 ml
4 months up to 12 months (6 - <10 kg)		1/4	2.5 ml
12 months up to 5 years (10-19 kg)		1/2	5.0 ml

*** Give appropriate antibiotic depending upon local sensitivity/policy**

➢ **FOR CHOLERA:** Give single dose DOXYCYCLINE

	DOXYCYCLINE ➢ Single dose	
AGE or WEIGHT	**TABLET** 100 mg	**CAPSULE** 50 mg
2 years up to 4 years (10 - 14 kg)	1/2	1
4 years to 5 years (15-19 kg)	1	2

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

➢ Give a single dose of paracetamol in the clinic
➢ Give 3 additional doses of paracetamol for use at home 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 Zinc*

➢ For persistent diarrhoea give zine sulphate (20 mg elemental zinc) daily for 14 days.

ZINC TABLET	ZINC SYRUP
1 tablet	10 ml

➢ *Give Vitamin A*

➢ Give single dose in the clinic in Persistent Diarrhoea & Severe Malnutrition
➢ Give two doses in Measles (Give first dose in clinic and give mother one dose to give at home the next day.).

AGE	VITAMIN A SYRUP
	100,000 IU/ml
Up to 6 months	0.5 ml
6 months up to 12 months	1 ml
12 months up to 5 years	2 ml

➢ *Give Iron & Folic Acid therapy*

➢ Give one dose daily for 14 days.

AGE or WEIGHT	**IFA PEDIATRIC TABLET** Ferrous Sulfate 100 mg & Folic acid 100 mcg (20 mg elemental iron)	**IFA SYRUP** Ferrous fumarate 100 mg & Folic acid 0.5 mg per 5 ml (20 mg elemental iron per ml)	**IFA DROPS** Ferrous Ammonium Citrate 20 mg of elemental iron & Folic Acid 0.2 mg per 1 ml
2 months up to 4 months (4 - <6 kg)		1.00 ml (< 1/4 tsp.)	1/2 to 1 ml
4 months up to 12 months (6 - <10 kg)	1 tablet	1.25 ml (1/4 tsp.)	1 to 1 1/2 ml
12 months up to 3 years (10-<14kg)	1 1/2 tablet	2.00 ml (<1/2 tsp.)	1 1/2 to 2 ml
3 years up to 5 years (14 - 19 kg)	2 tablets	2.5 ml (1/2 tsp.)	2 to 3 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 Oral Antimalarials for HIGH malaria risk areas*

FIRST-LINE ANTIMALARIAL: CHLOROQUINE
SECOND-LINE ANTIMALARIAL: SULPHADOXINE (OR SULPHALENA) PLUS PYRIMETHAMINE*

*** First line treatment In areas with High Resistance to Chloroquine**

➢ **PRESUMPTIVE TREATMENT: Give to all children classified as MALARIA for 3 days**

Age	Day 1			Day 2		Day 3	
	Chloroquine		Primaquin	Chloroquine		Chloroquine	
	Tablet (150 mg base)	Syrup (50 mg base per 5 ml)	Tablet (2.5 mg base)	Tablet	Syrup	Tablet	Syrup
2 months up to 12 months (4-<10 kg)	1/2	7.5 ml	0	1/2	7.5 ml	1/4	4 ml
12 months up to 5 year (10-19 kg)	1	15 ml	3	1	15 ml	1/2	7.5 ml

- 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.
- Explain that itching is a possible side effect of the drug, but is not dangerous.

➢ **RADICAL TREATMENT: Give** ONLY if blood smear is *P. vivax* positive; no radical treatment is required if *P. falciparum smear positive.*

Age	Daily dose for 5 days
	Primaquine Tablet 2.5 mg base
2 months up to 12 months (4-<10 kg)	0
12 months up to 5 year (10-19 kg)	1

****PRIMAQUIN SHOULD NOT BE GIVEN TO CHILDREN UP TO 1 YEAR AND DURING PREGNANCY.**

➢ **SECOND LINE ANTIMALARIAL:**

Age	Sulpha (500 mg)- pyrimethamine (25 mg) tablet single dose
2 months up to 12 months (4-<10 kg)	1/4
12 months up to 5 year (10-19 kg)	1

➢ *Give Oral Antimalarials for LOW malaria risk areas*

FIRST-LINE ANTIMALARIAL: CHLOROQUINE
SECOND-LINE ANTIMALARIAL: SULPHADOXINE (OR SULPHALENA) PLUS PYRIMETHAMINE*

***First line treatment In areas with High Resistance to Chloroquine**

➢ **PRESUMPTIVE TREATMENT: Give to all children classified as malaria for 1 day**

Age	Day 1	
	Chloroquine	
	Tablet (150 mg base)	Syrup (50 mg base per 5 ml)
2 months up to 12 months (4-<10 kg)	1/2	7.5 ml
12 months up to 5 year (10-19 kg)	1	15 ml

➢ **RADICAL TREATMENT: Give only if smear is positive for malarial parasite**

If blood smear is *P.falciparum* positive

AGE	Single dose of		
	Chloroquine		Primaquin
	Tablet (150 mg base)	Syrup (50 mg base per 5 ml)	Tablet (2.5 mg base)
2 months up to 12 months (4-<10 kg)	1/2	7.5 ml	0
12 months up to 5 year (10-19 kg)	1	15 ml	3

If blood smear is *P.vivax* positive

Age	Chloroquine Single dose		Primaquin Daily dose for 5 days
	Tablet (150 mg base)	Syrup (50 mg base per 5 ml)	Tablet (2.5 mg base)
2 months up to 12 months (4-<10 kg)	1/2	7.5 ml	0
12 months up to 5 year (10-19 kg)	1	15 ml	1

➢ **SECOND LINE ANTIMALARIAL:**

Age	Sulpha (500 mg)- pyrimethamine (25 mg) tablet single dose
2 months up to 12 months (4-<10 kg)	1/4
12 months up to 5 year (10-19 kg)	1

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

➢ *Soothe the Throat, Relieve the Cough with a Safe Remedy if the infant is 6 months or older*

- Safe remedies to recommend:
  - Continue Breastfeeding
  - Honey, tulsi, ginger, herbal teas and other safe local home remedies
- Harmful remedies to discourage:
  - Preparations containing opiates, codeine, ephedrine and atropine

➢ *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 young infant's ear.
- Remove the wick when wet.
- Replace the wick with a clean one and repeat these steps until the ear is dry.

GIVE EXTRA FLUID FOR DIARRHOEA

➢ *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 dehydraton.
- 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 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:**

- **If the child is exclusively breastfed :** Breastfeed frequently and for longer at each feed. If passing frequent watery stools:
  - For less than 6 months age give ORS and clean, preferably boiled, water in addition to breast milk
  - If 6 months or older give one or more of the home fluids in addition to breast milk.
- **If the child is not exclusively breastfed:** Give one or more of the following home fluids; ORS solution, yoghurt drink, milk, lemon drink, rice or pulses-based drink, vegetable soup, green coconut water or plain 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**

IMMUNIZE EVERY SICK CHILD, AS NEEDED

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?

COUNSEL THE MOTHER

➢ *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 any other foods or fluids not even water

Remember:

- Continue breastfeeding if the child is sick

6 Months up to 12 Months

- Breastfeed as often as the child wants.
- Give at least one katori serving* at a time of :
  - Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - Offer banana/biscuit/ cheeko/ mango/ papaya

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

Remember:

- Keep the child in your lap and feed with your own hands
- Wash your own and child's hands with soap and water every time before feeding

12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Offer food from the family pot
- Give at least 1½ Katori serving* at a time of :
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - Mashed roti/ rice / bread/biscuit mixed in sweetened undiluted milk OR
  - Sevian/dalia/halwa.kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - Offer banana/biscuit/ cheeko/ mango/ papaya

* 5 times per day.

Remember:

- Sit by the side of child and help him to finish the serving
- Wash your child's hands with soap and water every time before feeding

2 Years and Older

- Give family foods at 3 meals each day.
- Also, twice daily, give nutritious food between meals, such as: banana/biscuit/ cheeko/ mango/ papaya as snacks

Remember:

- Ensure that the child finishes the serving
- Teach your child wash his hands with soap and water every time before feeding

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.
  - Add cereals to milk (Rice, Wheat, Semoline)
- 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 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 dairy/animal milk.
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
- Finish prepared milk within an hour.

➢ **If the mother is usinga 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 the 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
DIARRHOEA, if not improving PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
ANAEMIA	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

GIVE FOLLOW-UP CARE FOR THE SICK CHILD

- **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 eaating 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 losse 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. Continue oral zinc for a total of 14 days.

DIARRHOEA

After 5 days:

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

Treatment:

- If diarrhoea persists, Assess the child for diarrhoea (>*See ASSESS & CLASSIFY chart)* and manage as on initial visit.
- If 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
  - 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.
- If ***number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse after treatment with nalidixic acid/second line drug:*** *Refer to hospital.*

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. Continue Primaquine if P.vivax was positive for a total of 5 days.
  - 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 in 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.
Check for foul smell from 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.

➢ EAR INFECTION

After 5 days:

Reassess for ear problem. > *See ASSESS & CALSSIFY 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. If ear discharge getting better encourage her to continue. If no improvement, refer to hospital for assessment
- If ***no ear pain or discharge,*** praise the mother for her careful treatment. If she has not yet finishe the 5 days of antibiotic, tell her to use all of it before stopping.

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.**

➢ FEEDING PROBLEM

After 5 days:

Reassess fedding. > *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.

➢ ANAEMIA

After 14 days:

- Give iron folic acid. Advise mother to return in 14 days for more iron folic acid.
- Continue giving iron folic acid 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 chid has ***lost weight,*** refer the child.

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

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

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

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

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE

- 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 the umbilicus. Is it red or draining pus?
- Look for skin pustules. Are there 10 or more pustules or a big boil?
- Measure axillary temperature (If not possible, feel for fever or low body temperature):
  - 37.5°C or more (or feels hot)?
  - Less than 35.5°C ?
  - Less than 36.5°C but above 35.4°C (or feels could to touch)?
- See if young infant is lethargic or unconscious
- Look at young infant's movements. Less than normal?
- Look for jaundice. Are the palms and soles yellow?

DOES THE YOUNG INFANT HAVE DIARRHOEA?

Yes ___ No ___

- For how long? ____ Days.
- 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

THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION

- Is there any difficulty feeding? Yee ___ No ___ Determine weight for age. Very low ___ Low ___ Not Low ___
- 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 infant?

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).

- Does the mother have pain while brteastfeeding? If yes, than look for:
  - Flat or inverted nipples, or sore nipples
  - Engorged breasts or breast abscess

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Circle immunizations needed today.

BCG DPT 1 OPV 0 OPV 1 HEP-B 1

Return for next immunization on: _____ (Date)

ASSESS OTHER PROBLEMS:

TREAT

Return for follow up in: _____

Advise mother when to return immediately.

Give any immunizations needed today: _____

Counsel the mother about her own health.

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

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

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

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

CHECK FOR GENERAL DANGER SIGNS
NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS
VOMITS EVERYTHING
CONVULSIONS

General danger sign 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 stool?
- 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?

DOES THE CHILD HAVE FEVER? (by history/feels hot/ temperature 37.5°C or above) Yes___ No___
Decide Malaria Risk: High Low
- Fever for how long? ___ Days
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

If the child has measles now or within the last 3 months:
- Look or feel for stiff neck.
- Look and feel for bulging fontanelle.
- Look for runny nose
  Look for signs of MEASLES:
- Generalized rash
- One of these: cough, runny nose, or red eyes
- 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
- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine weight for age.
  Very Low _____ Not Very Low _____

THEN CHECK FOR ANAEMIA
- Look for palmar pallor.
  Severe palmar pallor? Some palmar pallor? No pallor?

CHECK THE CHILD'S IMMUNIZATION, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID STATUS
Circle immunizations and Vitamin A or IFA supplements needed today.

BCG	DPT 1	DPT 2	DPT 3	DPT (Booster)	DT
OPV 0	OPV 1	OPV 2	OPV 3	OPV	IFA
	HEP-B 1	HEP-B 2	HEP-B 3	MEASLES	VITAMIN A

Return for next immunization or vitamin A or IFA supplement on:
_____
(Date)

ASSESS CHILD'S FEEDING if child has VERY LOW WEIGHT or ANAEMIA or is less than 2 years old
- Do you breastfeed you 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 foods or fluids?_____
  _____
  How many times per day? ___ times. What do you use to feed the child and how? _____
  How large are the servings?_____
  Does the child receive his own serving? _____ Who feeds the child and how? _____
- During this illness, has the child's feeding changed? Yes ___ No ___
  If Yes, how?

WEIGHT FOR AGE CHART