



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



ASSESS

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

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

CHECK FOR GENERAL DANGER SIGNS

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

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

CLASSIFY

IDENTIFY TREATMENT

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**.

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**

and if diarrhoea **14 days or more**

and if blood **in stool**

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.
- 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 the child has measles now or within the last 3 months:

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

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**

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**

THEN CHECK FOR ANAEMIA

LOOK:

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

Classify **ANAEMIA**

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 immunization 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 received 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**.

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print.)
<ul style="list-style-type: none"> Any general danger sign or Chest indrawing or Stridor in calm child. 	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	<ul style="list-style-type: none"> Give first dose of injectable chloramphenicol (If not possible give oral amoxicillin). Refer URGENTLY to hospital.#
<ul style="list-style-type: none"> Fast breathing. 	PNEUMONIA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.
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: - 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 breastfeeding. If child is 2 years or older and there is cholera in your area, give doxycycline for cholera.
Two of the following signs: <ul style="list-style-type: none"> Restless, irritable Sunken eyes Drinks eagerly, thirsty Skin pinch goes back slowly. 	SOME DEHYDRATION	<ul style="list-style-type: none"> Give fluid and food for some dehydration (Plan B). If child also has a severe classification: 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	<ul style="list-style-type: none"> Give fluid and food to treat diarrhoea at home (Plan A). Advise mother when to return immediately. Follow-up in 5 days if not improving.
<ul style="list-style-type: none"> 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.#
<ul style="list-style-type: none"> No dehydration. 	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Blood in the stool. 	DYSENTERY	<ul style="list-style-type: none"> Treat for 5 days with cotrimoxazole. Follow-up in 2 days.
HIGH MALARIA RISK		
<ul style="list-style-type: none"> Any general danger sign or Stiff neck or Bulging fontanelle. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Give first dose of IM quinine after making a blood smear. Give first dose of IV or IM chloramphenicol (If not possible, give oral amoxicillin). 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#.
<ul style="list-style-type: none"> Fever (by history or feels hot or temperature 37.5°C or above). 	MALARIA	<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> Any general danger sign or Stiff neck or Bulging fontanelle. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Give first dose of IM quinine after making a blood smear. Give first dose of IV or IM chloramphenicol (If not possible, give oral amoxicillin). 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#.
<ul style="list-style-type: none"> NO runny nose and NO measles and NO other cause of fever. 	MALARIA	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Runny nose PRESENT or Measles PRESENT or Other cause of fever PRESENT** 	FEVER - MALARIA UNLIKELY	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Any general danger sign or Clouding of cornea or Deep or extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES*	<ul style="list-style-type: none"> Give first dose of Vitamin A. Give first dose of injectable chloramphenicol (if not possible give oral amoxicillin). If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment. Refer URGENTLY to hospital #
<ul style="list-style-type: none"> Pus draining from the eye or Mouth ulcers. 	MEASLES WITH EYE OR MOUTH COMPLICATIONS*	<ul style="list-style-type: none"> Give 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.
<ul style="list-style-type: none"> Measles now or within the last 3 months. 	MEASLES	<ul style="list-style-type: none"> Give first dose of Vitamin A.
<ul style="list-style-type: none"> Tender swelling behind the ear. 	MASTOIDITIS	<ul style="list-style-type: none"> Give first dose of injectable chloramphenicol (If not possible give oral amoxicillin). Give first dose of paracetamol for pain. Refer URGENTLY to hospital#.
<ul style="list-style-type: none"> Pus is seen draining from the ear and discharge is reported for less than 14 days, or Ear pain. 	ACUTE EAR INFECTION	<ul style="list-style-type: none"> Give cotrimoxazole for 5 days. Give paracetamol for pain. Dry the ear by wicking. Follow-up in 5 days.
<ul style="list-style-type: none"> Pus is seen draining from the ear and discharge is reported for 14 days or more. 	CHRONIC EAR INFECTION	<ul style="list-style-type: none"> Dry the ear by wicking. Follow-up in 5 days.
<ul style="list-style-type: none"> No ear pain and No pus seen draining from the ear. 	NO EAR INFECTION	No additional treatment.
<ul style="list-style-type: none"> Visible severe wasting or Oedema of both feet. 	SEVERE MALNUTRITION	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Very low weight for age. 	VERY LOW WEIGHT	<ul style="list-style-type: none"> Assess and counsel for feeding Advise mother when to return immediately Follow-up in 30 days.
<ul style="list-style-type: none"> Not very low weight for age and no other signs of malnutrition. 	NOT VERY LOW WEIGHT	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Severe palmar pallor Some palmar pallor 	SEVERE ANAEMIA	<ul style="list-style-type: none"> Refer URGENTLY to hospital #. 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.
<ul style="list-style-type: none"> No palmar pallor 	NO ANAEMIA	Give prophylactic iron folic acid if child 6 months or older.