



# 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:

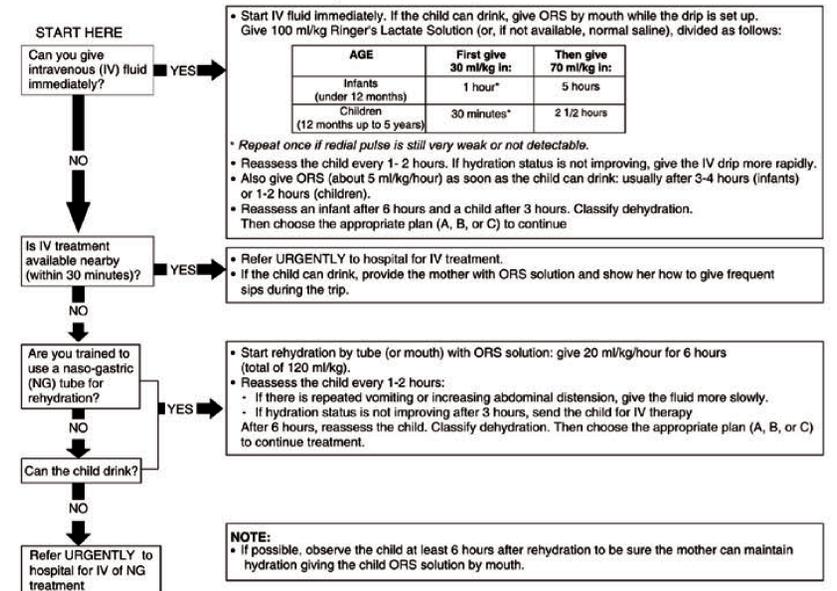
- Check which quinine formulation is available in your clinic.
- Give first dose of intramuscular quinine and refer child urgently to hospital.
- IF REFERRAL IS NOT POSSIBLE:
  - Give first dose of intramuscular quinine.
  - The child should remain lying down for one hour.
  - Repeat the quinine injection 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.



## 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: AMOXICILLIN

AGE or WEIGHT	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) > Give two times daily for 5 days			AMOXICILLIN* > Give three times daily for 5 days	
	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 Amoxicillin 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

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

FOR CHOLERA: Give single dose DOXYCYCLINE \* Give appropriate antibiotic depending upon local sensitivity/policy

AGE or WEIGHT	DOXYCYCLINE > Single dose	
	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 8 hours until high fever or ear pain is gone.

AGE or WEIGHT	PARACETAMOL	
	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 zinc 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	IFA SYRUP	IFA DROPS
	Ferrous Sulfate 100 mg & Folic acid 100 mcg (20 mg elemental iron)	Ferrous fumarate 100 mg & Folic acid 0.5 mg per 5 ml (20 mg elemental iron per ml)	Ferrous Ammonium Citrate 20mg 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 - < 14 kg)	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	Chloroquine	Chloroquine
	Tablet (150 mg base)	Syrup (50 mg base per 5 ml)	Tablet (2.5 mg base)	Tablet	Syrup	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	
	Primaquin	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 (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
	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 dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

### IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of home Treatment:

1. GIVE EXTRA FLUID 2. CONTINUE FEEDING 3. WHEN TO RETURN } See Plan A for recommended fluids and See COUNSEL THE MOTHER chart

## GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

### Plan 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