

**INTEGRATED
MANAGEMENT OF
NEONATAL AND
CHILDHOOD
ILLNESS**

**Identify Treatment
for the Sick Child**

CONTENTS

INTRODUCTION	1
1.0 DETERMINE IF URGENT REFERRAL IS NEEDED	1
2.0 IDENTIFY TREATMENTS FOR PATIENTS WHO DO NOT NEED URGENT REFERRAL.....	5
EXERCISE A	6
EXERCISE B	10
3.0 IDENTIFY URGENT PRE-REFERRAL TREATMENT NEEDED	11
4.0 GIVE URGENT PRE-REFERRAL TREATMENT.....	12
5.0 REFER THE CHILD.....	12

INTRODUCTION

In the previous module you learned to assess the sick child age 2 months up to 5 years and to classify the child's illness or illnesses. The next step is to identify the necessary treatments. In some instances, the very sick child will need referral to a hospital for additional care. If so, you will begin urgent treatments before the child's departure.

LEARNING OBJECTIVES

This module will describe and allow you to practice the following skills:

- * determining if urgent referral is needed
- * identifying treatments needed
- * for patients who need urgent referral:
 - identifying the urgent pre-referral treatments
 - explaining the need for referral to the mother
 - writing the referral note

This module will focus on **identifying which treatments are needed**. The next module, *Treat the Child*, will teach how to give the treatments.

1.0 DETERMINE IF URGENT REFERRAL IS NEEDED

REFERRAL FOR SEVERE CLASSIFICATIONS

Look at the severe classifications on the *ASSESS & CLASSIFY* chart. These are coloured pink and include:

- SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- SEVERE DEHYDRATION
- SEVERE PERSISTENT DIARRHOEA
- VERY SEVERE FEBRILE DISEASE
- SEVERE COMPLICATED MEASLES
- MASTOIDITIS
- SEVERE MALNUTRITION
- SEVERE ANAEMIA

Notice the instruction "**Refer URGENTLY to hospital**" in the lists of treatments for these classifications. This instruction means to refer the child immediately after giving any necessary pre-referral treatments. Do not give treatments that would unnecessarily delay referral.

Exception: For SEVERE PERSISTENT DIARRHOEA, the instruction is simply to "Refer to hospital." This means that referral is needed, but not as urgently. There is time to identify treatments as described in section 2.0 of this module and give all of the treatments before referral.

There is one more possible exception: You may keep and treat a child whose only severe classification is SEVERE DEHYDRATION if your clinic has the ability to treat the child. This child may have a general danger sign related to dehydration. For example, he may be lethargic, unconscious, or not able to drink because he is severely dehydrated.

THE CHILD WITH DIARRHOEA WITH SEVERE DEHYDRATION

Read the section about SEVERE DEHYDRATION from the *ASSESS & CLASSIFY* chart:

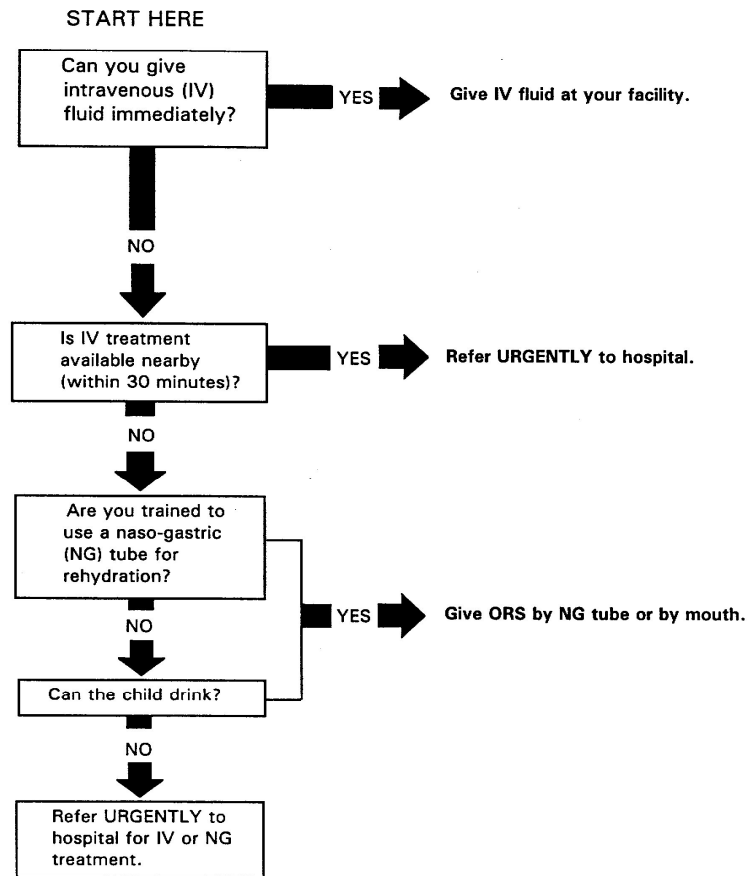
If the child's only severe classification is SEVERE DEHYDRATION, you will use Plan C to decide whether to refer the child. Plan C appears on the *TREAT* chart. It helps you decide if your clinic can treat the severely dehydrated child. The left-hand side of Plan C, showing the decisions to be made, is reprinted on the next page. The right-hand side of the chart has been simplified. You will learn how to give the fluid treatments in the module *Treat the Child*.

If the child has another severe classification in addition to SEVERE DEHYDRATION, you will refer the child. Special expertise is required to rehydrate this child, as too much fluid given too quickly could endanger his life.

Your facilitator will explain the following chart.
--

DECISIONS INVOLVED IN PLAN C

TREAT SEVERE DEHYDRATION QUICKLY



You will learn Plan C in the next module. Plan C includes reassessment for dehydration after fluid treatment. If you can successfully rehydrate the child, referral will not be necessary.

REFERRAL FOR GENERAL DANGER SIGNS

Most children who have a general danger sign also have a severe classification. They will be referred for their severe classification (or possibly treated if they have SEVERE DEHYDRATION only).

In rare instances, children may have general danger signs without a severe classification. These children should be referred urgently. There is a box at the bottom of the *ASSESS & CLASSIFY* chart to remind you:

REFERRAL FOR OTHER SEVERE PROBLEMS

The *ASSESS & CLASSIFY* chart does not include all problems that children may have. You must ask yourself:

Does the child have any other severe problem that cannot be treated at this clinic?
For example, the child may have a severe problem that is not covered on the chart, such as severe abdominal pain. If you cannot treat a severe problem, you will need to refer the child.

Remember: Most children will have none of the general danger signs, severe classifications, or other severe problems. **If the child has none of these, the child does not need urgent referral to a hospital.** You will identify treatments needed as described in section 2.0 of this module.

2.0 IDENTIFY TREATMENTS FOR PATIENTS WHO DO NOT NEED URGENT REFERRAL

For each classification listed on the front of the Sick Child Recording Form, you will write the treatments needed on the back of the form. Be sure to include items that begin with the words "Follow-up." Record the earliest definite time for follow-up. Also, be sure to list non-urgent referrals for further assessment. For example, for a cough which has lasted more than 30 days, or for fever which has lasted 7 days or more, you would record, "Refer for assessment." Although the mother should take the child for assessment promptly, these referrals are not as urgent. Any other necessary treatments may be done before referral.

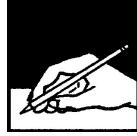
Note: You will learn to complete the feeding sections of the Sick Child Recording Form in the module *COUNSEL THE MOTHER*. When a feeding assessment is needed, it may be done at any convenient time during the visit, after the child's immediate needs are taken care of.

Some treatments are listed for more than one problem. For example, vitamin A is listed for both MEASLES and SEVERE MALNUTRITION. If a patient has both of these problems, you need only list vitamin A once on your Sick Child Recording Form.

However, if an antibiotic is needed for more than one problem, you should list it each time, for example:

antibiotic for pneumonia
antibiotic for Shigella

When the same antibiotic is appropriate for two different problems, you can give that single antibiotic, but two problems may require different antibiotics. You will learn about choosing antibiotics in the module *Treat the Child*.



EXERCISE A

Sick Child Recording Form for Saif follows. Study the front of the form; then fold over the classifications and list the treatments on the back.

When you have completed this exercise,
please discuss your answers with a facilitator.

WHEN TO RETURN IMMEDIATELY

For all children going home, you will advise the mother when to return immediately. This means to **teach** the mother certain signs that mean to return immediately for further care. These signs are listed on the *COUNSEL THE MOTHER* chart in the section WHEN TO RETURN. Use local terms that the mother will understand.

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:	
Any sick child	<ul style="list-style-type: none">• Not able to drink or breastfeed• Becomes sicker• Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none">• Fast breathing• Difficult breathing
If child has Diarrhoea, also return if:	<ul style="list-style-type: none">• Blood in stool• Drinking poorly

This is an extremely important section of WHEN TO RETURN. Tell every mother to return immediately if her child is:

- **not able to drink or breastfeed,**
- **becomes sicker, or**
- **develops a fever.**

Exception: If the child already has fever, you do not need to tell the mother to return immediately for fever.

In addition to these signs, tell mothers of children with a simple **cough or cold** to watch for the following signs that mean the child may have developed pneumonia:

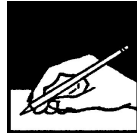
- **fast breathing**
- **difficult breathing**

Carefully explain these signs of possible pneumonia. If mothers do not understand the importance of these signs, they may not return when the child develops pneumonia, and the child may die.

Advise mothers of children with **diarrhoea** to watch for:

- **blood in the stool**
- **drinking poorly**

Exception: If the child already has blood in the stool, you do not need to tell the mother to return immediately for blood, tell her to return just for drinking poorly.



EXERCISE B

In this exercise you will describe when to return immediately for different cases. You will list the signs that you will teach the mother to watch for.

1. A child has:
No general danger signs
ACUTE EAR INFECTION
NO ANAEMIA AND NOT VERY LOW WEIGHT
No other classifications

What are the signs to return immediately?

2. A child has:
No general danger signs
Diarrhoea with NO DEHYDRATION
PERSISTENT DIARRHOEA
NO ANAEMIA AND NOT VERY LOW WEIGHT
No other classifications

What are the signs to return immediately?

3. *A child in low malaria risk area has:*
No general danger signs
PNEUMONIA
FEVER-MALARIA UNLIKELY
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

What are the signs to return immediately?

When you have completed this exercise,
please discuss your answers with a facilitator.

3.0 IDENTIFY URGENT PRE-REFERRAL TREATMENT NEEDED

When a child needs urgent referral, you must quickly identify and begin the most urgent treatments for that child. The following are urgent treatments. They are in bold print on the *ASSESS & CLASSIFY* chart. You will give just the first dose of the drugs before referral.

- Give an appropriate antibiotic
- Give quinine for severe malaria
- Give vitamin A
- Treat the child to prevent low blood sugar (This involves giving breastmilk, milk, or sugar water as described on the *TREAT* chart.)
- Give paracetamol for high fever (38.5°C or above) or pain from mastoiditis
- Apply tetracycline eye ointment (if clouding of the cornea or pus draining from eye)
- Provide ORS solution so that the mother can give frequent sips on the way to the hospital

The first four treatments above are urgent because they can prevent serious consequences such as progression of bacterial meningitis or cerebral malaria, corneal rupture due to lack of vitamin A, or brain damage from low blood sugar. The other listed treatments are also important to prevent worsening of the illness.

Do not delay referral to give non-urgent treatments such as wicking the ear or oral iron treatment. If immunizations are needed, do not give them before referral. Let hospital personnel determine when to give immunizations. This will avoid delaying referral.

EXAMPLE : Hashah is a 15-month-old girl. She has no general danger signs. She has **NO PNEUMONIA: COUGH OR COLD**. She is at high risk of malaria, and she has a fever of 39°C and stiff neck, so she is classified as having **VERY SEVERE FEBRILE DISEASE**. She is classified as **NO ANAEMIA AND NOT VERY LOW WEIGHT** and has no other classifications.

Hashah needs urgent referral. Before going to the hospital, she should be given:

- Quinine (first dose)
- Appropriate antibiotic (first dose)
- Treatment to prevent low blood sugar
- Paracetamol (first dose)

The doctor should **NOT** take time to teach how to soothe the throat and relieve the cough with a safe remedy since that is not an urgent treatment. The doctor should **NOT** take time to assess feeding and counsel the mother on feeding.

4.0 GIVE URGENT PRE-REFERRAL TREATMENT

The next module will describe how to do treatments presented on the TREAT chart. All urgent, pre-referral treatments are included on that chart. When referring a child, do the treatments quickly. Do not take time to teach the mother as you would in a non-urgent situation.

Many severe cases need the first dose of an antibiotic before referral. However, if a child cannot drink, is vomiting everything, is having convulsions, or cannot be wakened, the child will not be able to take an oral antibiotic, other oral drugs, or drinks such as ORS or breast milk. The child with these danger signs will need to be given an intramuscular injection of chloramphenicol instead of an oral antibiotic. Dosages are given in the next module. ORS or oral drugs such as paracetamol will need to be given at the hospital when the child is able to take them. If the child needs treatment to prevent low blood sugar, and you are able to insert an NG tube, give sugar water or breast milk substitute by NG tube before referral.

5.0 REFER THE CHILD

Do the four steps to refer a child to the hospital just as you learnt for a young infant:

1. *Explain to the mother the need for referral, and get her agreement to take the child. If you suspect that she does not want to take the child, find out why.*
2. *Calm the mother's fears and help her resolve any problems.*
3. *Write a referral note for the mother to take with her to the hospital. Tell her to give it to the doctor there.*
4. *Give the mother any supplies and instructions needed to care for her child on the way to the hospital.*