INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

# MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

2019

unicef for every child

World Health Organization

Integrated Management of Childhood Illness: management of the sick young infant aged up to 2 months. IMCI chart booklet

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# Chart Booklet

## MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

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# CONTENTS

# ASSESS, CLASSIFY AND IDENTIFY TREATMENT

**RAPIDLY APPRAISE ALL WAITING INFANTS.**
**ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE.**

- Determine whether this is an initial or follow-up visit for this problem.
  - If a follow-up visit, use the follow-up instructions.
  - If an initial visit, assess the young infant as follows:

**USE ALL BOXES THAT MATCH THE INFANT'S SIGNS AND SYMPTOMS TO CLASSIFY THE ILLNESS.**

## CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION, VERY SEVERE DISEASE, PNEUMONIA OR LOCAL BACTERIAL INFECTION.

**ASK:**

- Is the infant having difficulty in feeding?
- Has the infant had convulsions (fits)?

**LOOK AND FEEL:**

- Count the breaths in 1 minute.

  Repeat the count if it is 60 or more breaths per minute.

  (The young infant must be calm.)
- Look for severe chest indrawing.
- Measure axillary temperature.
- Look at the young infant's movements. If the infant is sleeping, ask the mother to wake him/her.
  - Does the infant move on his/her own? If the infant is not moving, gently stimulate him or her.
  - Does the infant move only when stimulated but then stops?
  - Does the infant not move at all?
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules.

**Classify ALL YOUNG INFANTS**

| SIGNS | CLASSIFY | IDENTIFY TREATMENT (Urgent pre-referral treatment is shown in bold.) |
|---|---|---|
| **Any one or more of the following signs:**<br>• Not able to feed at all or not feeding well *or*<br>• Convulsions *or*<br>• Severe chest indrawing *or*<br>• High body temperature (38°C* or above) *or*<br>• Low body temperature (less than 35.5°C*) *or*<br>• Movement only when stimulated or no movement at all *or*<br>• Fast breathing (60 breaths per minute or more) in infants less than 7 days old | **POSSIBLE SERIOUS BACTERIAL INFECTION**<br>**or**<br>**VERY SEVERE DISEASE** | **→ Give first dose of intramuscular antibiotics.**<br>**→ Treat to prevent low blood sugar.**<br>**→ Advise the mother how to keep the infant warm on the way to the hospital.**<br>**→ Refer URGENTLY to hospital.**<br>**OR**<br>**→ If referral is REFUSED or NOT FEASIBLE, treat in the clinic until referral is feasible. (See chart on p. 13)** |
| • Fast breathing (60 breaths per minute or more) in infants 7–59 days old | **PNEUMONIA** | → Give oral amoxicillin for 7 days.<br>→ Advise the mother to give home care.<br>→ Follow up in 3 days. |
| • Umbilicus red or draining pus<br>• Skin pustules | **LOCAL BACTERIAL INFECTION** | → Give amoxicillin for 5 days.<br>→ Teach the mother how to treat local infections at home.<br>→ Advise the mother to give home care.<br>→ Follow up in 2 days |
| • No signs of bacterial infection or very severe disease | **INFECTION UNLIKELY** | → Advise the mother on giving home care to the young infant. |

* *Thresholds based on axillary temperature*

# THEN, CHECK FOR JAUNDICE.

**ASK:**
- When did jaundice first appear?

**LOOK AND FEEL:**
- Look for jaundice (yellow skin).
- Look at the young infant's palms and soles. Are they yellow?

**Classify JAUNDICE**

| SIGNS | CLASSIFY | IDENTIFY TREATMENT (Urgent pre-referral treatment is shown in bold.) |
|---|---|---|
| • Any jaundice in an infant aged less than 24 hours *or*<br>• Yellow palms or soles at any age | **SEVERE JAUNDICE** | ➜ **Treat to prevent low blood sugar.**<br>➜ **Refer URGENTLY to hospital.**<br>➜ **Advise the mother how to keep the infant warm on the way to the hospital.** |
| • Jaundice appearing after 24 hours of age *and*<br>• Palms or soles not yellow | **JAUNDICE** | ➜ Advise the mother to give home care.<br>➜ Advise the mother to return immediately if the infant's palms or soles appear yellow.<br>➜ If the young infant is older than 3 weeks, refer to a hospital for assessment.<br>➜ Follow-up in 1 day. |
| • No jaundice | **NO JAUNDICE** | ➜ Advise the mother on giving home care to the young infant. |

# THEN, ASK: Does the young infant have diarrhoea*?

**IF YES, LOOK AND FEEL:**

- Look at the young infant's general condition:
  - Is the infant restless and irritable?
- Infant's movements
  - Does the infant move only when stimulated but then stops?
  - Does the infant not move at all?
- 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.**

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

*A young infant has diarrhoea if the stools have changed from the usual pattern and are frequent and watery (more water than faecal matter).*

*The frequent semi-solid stools of a breastfed baby are not diarrhoea.*

| SIGNS | CLASSIFY | IDENTIFY TREATMENT (Urgent pre-referral treatment is shown in bold.) |
|---|---|---|
| **Two of the following signs:**<br>• Movement only when stimulated or no movement at all<br>• Sunken eyes<br>• Skin pinch goes back very slowly. | **SEVERE DEHYDRATION** | ➜ **If infant has no other severe classification:**<br>– **Give fluid for severe dehydration (Plan C).**<br>OR<br>➜ **If infant also has another severe classification:**<br>– **Refer URGENTLY to hospital with the mother giving frequent sips of oral rehydration salts (ORS) on the way.**<br>– **Advise the mother to continue breastfeeding.**<br>➜ **Advise the mother how to keep the infant warm on the way to the hospital.** |
| **Two of the following signs:**<br>• Restless, irritable<br>• Sunken eyes<br>• Skin pinch goes back slowly. | **SOME DEHYDRATION** | ➜ Give fluid and breast milk for some dehydration (Plan B).<br>OR<br>➜ **If the infant also has another severe classification:**<br>– **Refer URGENTLY to hospital with the mother giving frequent sips of ORS on the way.**<br>– **Advise the mother to continue breastfeeding.**<br>➜ Advise the mother when to return immediately.<br>➜ Follow-up in 2 days if no improvement. |
| • Not enough signs to classify as some or severe dehydration. | **NO DEHYDRATION** | ➜ Give fluids and breastmilk to treat diarrhoea at home (Plan A).<br>➜ Advise mother when to return immediately.<br>➜ Follow-up in 2 days if no improvement. |

# THEN, CHECK THE YOUNG INFANT FOR HIV INFECTION.

**ASK:**

- Has the mother had an HIV test?

  **If yes:**

  – Serological test POSITIVE or NEGATIVE?

- Has the infant had an HIV test?

  **If yes:**

  – Virological test POSITIVE or NEGATIVE?

  – Serological test POSITIVE or NEGATIVE?

  **If no:**

  – Mother or infant HIV test not done

**If the mother is HIV positive and the infant does NOT have a positive virological test, ASK:**

– Is the infant breastfeeding now?

– Was the young infant breastfeeding at the time of the test or before it?

– Is the mother on treatment and the infant on antiretroviral prophylaxis?

**Classify HIV INFECTION by test results**

| SIGNS | CLASSIFY | IDENTIFY TREATMENT |
|---|---|---|
| • Infant has positive virological test | **CONFIRMED HIV INFECTION** | ➜ Give cotrimoxazole prophylaxis from age 4–6 weeks.<br>➜ Refer or give antiretroviral treatment and HIV care.<br>➜ Refer or start the mother on antiretrovirals if not on treatment.<br>➜ Advise the mother on home care.<br>➜ Follow-up as per national guidelines. |
| • Infant has positive serological test<br>*or*<br>• Mother is HIV positive AND infant who is breastfeeding or stopped less than 6 weeks ago has a negative virological test.<br>*or*<br>• Mother is HIV positive, and young infant not yet tested. | **HIV EXPOSED: POSSIBLE HIV INFECTION** | ➜ Give cotrimoxazole prophylaxis from age 4–6 weeks.<br>➜ Start or continue antiretroviral prophylaxis according to risk assessment.<br>➜ Conduct a virological test for the infant.<br>➜ Refer or start the mother on antiretrovirals if not on treatment.<br>➜ Advise the mother on home care.<br>➜ Follow up regularly as per national guidelines. |
| • HIV test not done for mother or infant | **HIV INFECTION STATUS UNKNOWN** | ➜ Initiate HIV testing and counselling.<br>➜ Conduct HIV test for the mother and if positive, a virological test for the infant.<br>➜ Conduct virological test for the infant if the mother is not available. |
| • Negative HIV test for the mother or negative virological test for the infant | **HIV INFECTION UNLIKELY** | ➜ Treat, counsel and follow up any infections.<br>➜ Advise the mother about feeding and about her own health. |

# THEN, CHECK FOR A FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN BREASTFED INFANTS. See charts on pages 27 and 28.

(If infant has no indication to refer to hospital.)

**ASK:**

- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant receive any other foods or drink?
  - If yes, how often?
  - What do you use to feed the infant?

**LOOK AND FEEL:**

- Determine weight for age.
  - Weight less than 2 kg?
  - Weight for age less than -2 Z score
- Look for ulcers or white patches in the mouth (thrush).

**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 the infant to her breast. Observe the breastfeed for 4 minutes.

(If the infant was fed during the previous hour, ask the mother whether she can wait and tell you when the infant is willing to feed again.)

- Is the infant well attached?

*Good attachment* *Poor attachment* *No attachment at all*

TO CHECK ATTACHMENT, LOOK FOR:

- *More areola seen above infant's top lip than below bottom lip*
- *Mouth wide open*
- *Lower lip turned outwards*
- *Chin touching breast*

(All of these signs should be present if the attachment is good).

- Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?

*Sucking effectively* *Not sucking effectively* *Not sucking at all*

➜ Clear a blocked nose if it interferes with breastfeeding.

**Classify FEEDING**

| SIGNS | CLASSIFY | IDENTIFY TREATMENT |
|---|---|---|
| • Weight < 2 kg in infants less than 7 days | **VERY LOW WEIGHT FOR AGE** | ➜ **REFER to hospital for Kangaroo mother care.**<br>➜ **Treat to prevent low blood sugar.**<br>➜ **Advise the mother to keep the young infant warm on the way to hospital.** |
| • Not well attached to breast *or*<br>• Not sucking effectively *or*<br>• Less than 8 breastfeeds in 24 hours, *or*<br>• Receives other foods or drink, *or*<br>• Weight < -2 Z score, *or*<br>• Thrush (ulcers or white patches in mouth) | **FEEDING PROBLEM and/or LOW WEIGHT FOR AGE** | ➜ If not well attached or not sucking effectively, teach correct positioning and attachment.<br>➜ If not able to attach well immediately, teach the mother to express breastmilk and feed from a cup.<br>➜ If breastfeeding less than 8 times in 24 hours, advise the mother to increase the frequency and to breastfeed as often and for as long as the infant wants, day and night.<br>➜ If the infant is receiving other foods or drinks, counsel the mother to increase breastfeeding, reduce other foods and drink and use a cup.<br>➜ If not breastfeeding at all:<br>– Refer for breastfeeding counselling and possible relactation.<br>– Advise about correct preparation of breastmilk substitutes and use of a cup.<br>➜ Advise the mother on how to feed and keep the low-weight infant warm at home.<br>➜ If the infant has thrush, teach the mother to treat thrush at home.<br>➜ Advise the mother on giving home care to the young infant.<br>➜ Follow up any FEEDING PROBLEM or thrush in 2 days.<br>➜ Follow up infants who have LOW WEIGHT FOR AGE within 14 days. |
| • Weight ≥ -2 Z score and no other sign of inadequate feeding. | **NO FEEDING PROBLEM** | ➜ Advise mother on giving home care to the young infant.<br>➜ Praise the mother for feeding the infant well. |

# THEN, CHECK FOR A FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN INFANTS NOT RECEIVING BREASTMILK.

(Use this chart when an HIV-positive mother has chosen not to breastfeed.)

**ASK:**

- What milk are you giving?
- How many times during the day and night?
- How much do you give at each feed?
- How do you prepare the milk?
  - Let the mother demonstrate or explain how she prepares a feed and how she gives it to the infant.
- How is the milk given? Cup or bottle?
- How do you clean the feeding utensils?
- Do you give any breastmilk at all?
- What foods and fluids do you give in addition to replacement feeds?

**LOOK, LISTEN, FEEL:**

- Determine the weight for age.
  - Weight less than 2 kg?
  - Weight for age less than -2 Z score?
- Look for ulcers or white patches in the mouth (thrush).

**Classify FEEDING**

| SIGNS | CLASSIFY | IDENTIFY TREATMENT |
|---|---|---|
| • Weight < 2 kg in infants less than 7 days | **VERY LOW WEIGHT FOR AGE** | **➜ REFER to hospital for Kangaroo mother care.**<br>**➜ Treat to prevent low blood sugar.**<br>**➜ Advise the mother on keeping the young infant warm on the way to hospital.** |
| • Giving inappropriate replacement feeds, *or*<br>• Giving insufficient replacement feeds, *or*<br>• Milk incorrectly or unhygienically prepared, *or*<br>• Using a feeding bottle, *or*<br>• An HIV-positive mother giving both breastmilk and other feeds before 6 months, *or*<br>• Weight for age < -2 Z score | **FEEDING PROBLEM**<br>**and/or**<br>**LOW WEIGHT FOR AGE** | ➜ Counsel about feeding<br>➜ Explain the guidelines for safe replacement feeding<br>➜ Identify concerns of mother and family about feeding.<br>➜ If mother is using a bottle, teach cup feeding.<br>➜ If thrush, teach the mother how to treat it at home.<br>➜ Follow-up FEEDING PROBLEM or thrush in 2 days.<br>➜ Follow up LOW WEIGHT FOR AGE in 7 days. |
| • Weight ≥ -2 Z scores and no other sign of inadequate feeding | **NO FEEDING PROBLEM** | ➜ Advise mother to continue feeding, and ensure good hygiene.<br>➜ Praise the mother for feeding the infant well. |

# THEN, CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS.

| IMMUNIZATION SCHEDULE: | AGE | VACCINES* | | | | |
|---|---|---|---|---|---|---|
| | Birth | BCG** | Hep B0 | OPV0 | | |
| | 6 weeks | DPT+HIB-1 | Hep B1 | OPV-1 | Rotavirus-1 | Pneumococcal conjugate vaccine (PCV) 1 |

* Vaccines should be given in line with national policy.

** Young infants who are HIV positive or of unknown HIV status with symptoms consistent with HIV infection should not be given BCG vaccine.

➜ **Give all missed doses on this visit.**
➜ Immunize sick infants, unless they are being referred.
➜ Advise the caretaker when to return for the next dose.

# ASSESS OTHER PROBLEMS

# ASSESS THE MOTHER'S HEALTH NEEDS

Nutritional status, anaemia, contraception. Check hygiene practices.

# TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER

## ➜ Give first doses of intramuscular gentamicin and ampicillin.

**For possible serious bacterial infection or very severe disease***

- **Give intramuscular gentamicin:** 5–7.5 mg/kg body weight per day.
- **Give intramuscular ampicillin:** 50 mg/kg body weight.

** Referral is the best option for a young infant classified as having POSSIBLE SERIOUS BACTERIAL INFECTION or VERY SEVERE DISEASE. If, after counselling and problem-solving, referral is refused or not feasible and if on further classification the infant has CRITICAL ILLNESS, continue to give intramuscular gentamicin once daily AND intramuscular ampicillin twice daily until referral is feasible or for 7 days if referral is still not feasible (see p. 13).*

| | **GENTAMICIN** (Strength, 40 mg/mL) | **GENTAMICIN** (Strength, 20 mg/mL) | **AMPICILLIN** To a vial of 250 mg, add 1.3 mL of sterile water (Strength, 250 mg/1.5 mL) |
|---|---|---|---|
| **WEIGHT (kg)** | **Volume per dose (mL)** | **Volume per dose (mL)** | **Volume per dose (mL)** |
| **1.5–2.4** | **0.2** | **0.4** | **0.8** |
| **2.5–3.9** | **0.4** | **0.8** | **1.2** |
| **4.0–5.9** | **0.6** | **1.2** | **1.5** |

## ➜ Treat the young infant to prevent low blood sugar.

**➜ If the young infant is able to breastfeed:**

Ask the mother to breastfeed the young infant.

**➜ If the young infant is not able to breastfeed but is able to swallow:**

Give 20–50 mL (10 mL/kg body weight) of expressed breastmilk before departure. If expressed breastmilk cannot be given, give 20–50 mL (10 mL/kg body weight) of sugar water.
**(To make sugar water: Dissolve 4 level teaspoons of sugar (20 g) in a 200-mL cup of clean water.)**

**➜ If the young infant is not able to swallow:**

Give 20–50 mL (10 mL/kg body weight) of expressed breastmilk or sugar water by nasogastric tube.

## ➜ Teach the mother how to keep the young infant warm on the way to the hospital.

➜ Hold the infant in skin-to-skin contact. OR

➜ Keep the young infant clothed or covered as much as possible all the time, especially in cold weather. Add extra clothing, including hat, gloves and socks. Wrap the infant in a soft, dry cloth, and cover with a blanket.

## ➜ Refer urgently.

**➜ Write a referral note for the mother to take to the hospital (p. 30).**

**➜ If the infant also has SOME DEHYDRATION OR SEVERE DEHYDRATION and is able to drink:**

- Give the mother some prepared ORS, and ask her to give frequent sips of ORS on the way to the hospital.
- Advise the mother to continue breastfeeding.

# TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER

## TEACH THE MOTHER TO GIVE ORAL MEDICINES AT HOME.

**Follow the instructions below to teach the mother about each oral medicine to be given at home, and the instructions listed with the dosage table for each medicine.**

➜ Determine the appropriate medicines and dosage for the infant's age or weight.

➜ Tell the mother why the medicine is being given 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 medicine, then label and package the medicine.

➜ If more than one medicine will be given, collect, count and package each medicine separately.

➜ Explain that all the tablets or syrups must be used in order to finish the course of treatment, even if the infant gets better.

➜ Check the mother's understanding before she leaves the clinic.

### ➜ Give oral amoxicillin.

- For pneumonia: Give twice daily for 7 days.
- For local bacterial infection: Give twice daily for 5 days.

**AMOXICILLIN – Give twice daily**

| WEIGHT (kg) | Dispersible tablet (125 mg) per dose | Dispersible tablet (250 mg) per dose | Syrup (125 mg in 5 mL) per dose (mL) |
|---|---|---|---|
| 1.5–2.4 | 1 | ½ | 5 |
| 2.5–3.9 | 1 | ½ | 5 |
| 4.0–5.9 | 2 | 1 | 10 |

### ➜ Give oral cotrimoxazole*

- For prophylaxis in confirmed HIV infection or HIV exposed:

**COTRIMOXAZOLE**
(trimethoprim + sulfamethoxazole)
**Give once a day starting at 4 weeks of age.**

| Weight, 3.0–5.9 kg | |
|---|---|
| Syrup (40/200 mg/5 mL) | Paediatric tablet (single strength 20/100 mg) |
| 2.5 mL | 1 tablet |

* Do not give cotrimoxazole to infants less than 1 month of age, premature or jaundiced.

# TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER

## ➜ Immunize every sick young infant as necessary.

### Teach the mother to treat local infections at home.

- ➜ Explain how the treatment is given.
- ➜ Watch her as she gives the first treatment in the clinic.
- ➜ Tell her to return to the clinic if the infection worsens.

**To treat skin pustules or umbilical infection:**

The mother should give the treatment twice daily for 5 days:

- ➜ Wash hands.
- ➜ Gently wash off pus and crusts with soap and water.
- ➜ Dry the area.
- ➜ Paint the skin or umbilicus or cord with full-strength gentian violet (0.5%).
- ➜ Wash hands again.

**To treat thrush (ulcers or white patches in mouth):**

The mother should give the treatment 4 times daily for 7 days:

- ➜ Wash hands.
- ➜ Paint the mouth with half-strength gentian violet (0.25%) using a clean soft cloth wrapped around the finger.
- ➜ Wash hands again.

## ➜ To treat diarrhoea, give extra fluids and continue feeding.

If the young infant has NO DEHYDRATION, use Plan A. If the young infant has SOME DEHYDRATION, use Plan B.

### PLAN A: TREAT DIARRHOEA AT HOME.

**Counsel the mother on home treatment for the young infant with diarrheoa:**

**1. Give extra fluids.**

**2. Continue exclusive breastfeeding.**

**3. Know when to return to hospital.**

#### 1. GIVE EXTRA FLUID (as much as the young infant will take).

➜ Tell the mother to:

- Breastfeed frequently and for longer at each feed.
- Give ORS or clean water in addition to breastmilk.

**It is especially important to give ORS at home when the young infant:**

- has been treated according to Plan B or Plan C during this visit
- 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, 50–100 mL after each loose stool

**Tell the mother to:**

- Give frequent small sips from a cup.
- If the infant vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

#### 2. CONTINUE EXCLUSIVE BREASTFEEDING.

#### 3. KNOW WHEN TO RETURN.

### PLAN B: TREAT SOME DEHYDRATION WITH ORAL REHYDRATION SALTS (ORS).

At the clinic, give the recommended amount of ORS over 4 hours.

DETERMINE THE AMOUNT OF ORS TO GIVE DURING THE FIRST 4 HOURS:

| WEIGHT | < 6 kg |
|---|---|
| AGE | Up to 4 months |
| ORS | 200–450 mL |

*Note: The approximate amount of ORS required (in mL) is calculated by multiplying the young infant's weight (in kg) by 75.*

- If the young infant wants more ORS than shown, give more.

**➜ SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**

- Give frequent small sips from a cup.
- If the young infant vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the young infant wants.

**➜ AFTER 4 HOURS:**

- Reassess the young infant, and classify him or her for dehydration.
- Select the appropriate plan to continue treatment.
- Begin breastfeeding the young infant in the clinic.

**➜ IF THE MOTHER HAS TO LEAVE BEFORE COMPLETING TREATMENT:**

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish the 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 rules of home treatment for the young infant:

**1. GIVE EXTRA FLUIDS.**

**2. CONTINUE EXCLUSIVE BREASTFEEDING.**

**3. KNOW WHEN TO RETURN.**

# TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER

## PLAN C: TREAT SEVERE DEHYDRATION QUICKLY.

Follow the arrows. If the answer is Yes, go across. If the answer is No, go down.

**Can you give intravenous fluid immediately?**

**YES** →

- **Start intravenous fluid immediately.**
- If the young infant can drink, give ORS by mouth while the drip is being set up.
- Give 100 mL/kg body weight of Ringer's lactate solution (or, if not available, normal saline), as follows:

| AGE | First, give 30 ml/kg body weight over: | Then, give 70 ml/kg body weight over: |
|---|---|---|
| Infants (< 12 months) | 1 hour | 5 hours |

- Reassess the young infant every 1–2 hours. If hydration is not improving, give the intravenous drip more rapidly.
- Also give ORS (about 5 mL/kg body weight per hour) as soon as the young infant can drink: usually after 3–4 hours.

**NO** ↓

**Is intravenous treatment available nearby (within 30 minutes)?**

**YES** →

- **Refer URGENTLY for intravenous treatment.**
- If the infant can drink, give the mother ORS solution, and show her how to give frequent sips during the trip, or give ORS by nasogastric tube.

**NO** ↓

**Are you trained to use a nasogastric tube for rehydration?**

**NO** ↓

**Can the young infant drink?**

**YES** →

- **Start rehydration by tube (or mouth) with ORS solution:** Give 20 mL/kg body weight per hour for 6 hours (total, 120 mL/kg body weight).
- **Reassess the young infant every 1–2 hours while waiting for transfer:**
  - If the infant vomits repeatedly or has abdominal distension, give the fluid more slowly.
  - If hydration is not improving after 3 hours, send the young infant for intravenous therapy.
- After 6 hours, reassess the young infant. Classify dehydration. Then, choose the appropriate plan (A, B or C) to continue treatment.

**NO** ↓

**Refer URGENTLY to hospital for intravenous or nasogastric treatment.**

NOTE: If the young infant is not referred to hospital, observe him or her for at least 6 hours after rehydration to be sure that the mother can maintain hydration by giving the infant ORS solution by mouth.

# TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER

**IF REFERRAL IS REFUSED OR NOT FEASIBLE, further assess and classify the sick young infant with POSSIBLE SERIOUS BACTERIAL INFECTION or VERY SEVERE DISEASE.**

| SIGNS | CLASSIFY | IDENTIFY TREATMENT |
|---|---|---|
| The sick young infant has any one of the following:<br>• Convulsions<br>• Not able to feed at all<br>• No movement on stimulation<br>• Weight < 2 kg | **CRITICAL ILLNESS** | **➜ Reinforce URGENT referral. Explain to the caregiver that the infant is very sick and must be urgently referred for hospital care.**<br>**➜ If referral is still not feasible, give once-daily intramuscular gentamicin and twice-daily intramuscular ampicillin until referral is feasible or for 7 days if referral is still not feasible.**<br>**➜ Treat to prevent low blood sugar.**<br>➜ Teach the mother how to keep the young infant warm at home.<br>➜ Advise the mother to return daily for the injections.<br>➜ Treat any other classification of illness in the young infant.<br>➜ Reassess the young infant at each visit. |
| The sick young infant has any one of the following:<br>• Not feeding well on observation<br>• Temperature 38 °C or more<br>• Temperature less than 35.5 °C<br>• Severe chest indrawing<br>• Movement only when stimulated | **CLINICAL SEVERE INFECTION** | **➜ Give once-daily intramuscular gentamicin* and oral amoxicillin for 7 days.**<br>**➜ Treat to prevent low blood sugar.**<br>➜ Teach the mother how to keep the young infant warm at home.<br>➜ Advise the mother to return for the next injection the following day.<br>➜ Treat any other classification of illness in the young infant.<br>➜ Reassess the young infant at each visit. |
| The sick young infant has:<br>• Fast breathing (60 breaths per minute or more) in infants *less than 7 days old* | **SEVERE PNEUMONIA** | **➜ Give oral amoxicillin for 7 days.**<br>➜ Teach the mother how to give oral amoxicillin twice daily.<br>➜ Treat any other classification of illness in the young infant.<br>➜ Advise the mother to return for follow-up in 3 days. |

* Countries may decide to treat with intramuscular gentamicin for 7 days or 2 days. If a country chooses 2 days, the mandatory follow-up visit is in 3 days.

# TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER

**IF REFERRAL IS REFUSED OR NOT FEASIBLE, TREAT THE SICK YOUNG INFANT.**

## ➜ Give intramuscular gentamicin and ampicillin.

- **For CRITICAL ILLNESS:** Give gentamicin at 5–7.5 mg/kg body weight per day once daily and ampicillin 50 mg/kg body weight twice daily until referral is possible or for 7 days.
- **For CLINICAL SEVERE INFECTION:** Give gentamicin at 5–7.5 mg/kg body weight per day once daily for 7 days

| | **GENTAMICIN** (Strength, 40 mg/mL) | **GENTAMICIN** (Strength, 20 mg/mL) | **AMPICILLIN** To a vial of 250 mg, add 1.3 mL sterile water (Strength, 250 mg/1.5 mL) |
|---|---|---|---|
| WEIGHT (kg) | Volume per dose (mL) | Volume per dose (mL) | Volume per dose (mL) |
| 1.5–2.4 | 0.2 | 0.4 | 0.8 |
| 2.5–3.9 | 0.4 | 0.8 | 1.2 |
| 4.0–5.9 | 0.6 | 1.2 | 1.5 |

## ➜ Give oral amoxicillin.

- **For CLINICAL SEVERE INFECTION**
- **For SEVERE PNEUMONIA** (fast breathing alone in infants less than 7 days of age)

| | **AMOXICILLIN** 75 to 100 mg/kg/day divided into 2 doses **Give twice daily for 7 days** | | |
|---|---|---|---|
| WEIGHT (kg) | Dispersible tablet (250 mg) per dose | Dispersible tablet (125 mg) per dose | Syrup (125 mg in 5 mL) per dose |
| 1.5–2.4 | 1/2 tablet | 1 tablet | 5 mL |
| 2.5–3.9 | 1/2 tablet | 1 tablet | 5 mL |
| 4.0–5.9 | 1 tablet | 2 tablets | 10 mL |

## Feeding recommendations

<table>
<tr><th colspan="2">Feeding recommendations FOR ALL CHILDREN<br>during sickness and health, including HIV EXPOSED<br>children on antiretroviral prophylaxis</th><th>Feeding recommendations for young infants<br>receiving no breast milk when an HIV-positive<br>mother has chosen not to breastfeed</th></tr>
<tr><th>Newborn, birth to 1 week</th><th>1 week to 6 months</th><th>Up to 6 months</th></tr>
<tr><td>  </td><td>  </td><td>  </td></tr>
<tr><td>• Immediately after birth, put your baby in skin-to-skin contact with you.<br>• Allow your baby to take the breast within the first hour. Give your baby colostrum, the first yellowish, thick milk. It protects the baby from many Illnesses.<br>• Breastfeed day and night, as often as your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk.<br>• If your baby is small (low birth weight), feed him or her at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if she or he does not wake.<br>• DO NOT give other foods or fluids. Breast milk is all your baby needs. This is especially important for infants of HIV-positive mothers. Mixed feeding increases the risk of mother-to-child transmission of HIV over that with breastfeeding.</td><td>• Breastfeed as often as your child wants.<br>• Look for signs of hunger, such as beginning to fuss, sucking fingers or moving lips.<br>• Breastfeed day and night whenever your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk.<br>• Do not give other foods or fluids. Breast milk is all your baby needs.</td><td>• FORMULA FEED exclusively. Do not give any breast milk. Other foods or fluids are not necessary.<br>• Prepare correct strength and amount just before use. Use milk within 2 hours. Discard any left-over milk.<br>• Cup feeding is safer than bottle feeding. Clean the cup and utensils with hot soapy water.<br>Give the following amounts of formula 7–8 times per day:<br><table><tr><th>Age (months)</th><th>Approximate amount and number of times per day</th></tr><tr><td>0–1</td><td>60 ml × 8</td></tr><tr><td>1–2</td><td>90 ml × 7</td></tr></table></td></tr>
</table>

# COUNSEL THE MOTHER

## ➜ Teach correct positioning and attachment for breastfeeding.

- ➜ Show the mother how to hold her infant.
  - – with the infant's head and body in line,
  - – with the infant approaching the breast with the nose opposite the nipple,
  - – with the infant held close to the mother's body,
  - – with the infant's whole body supported, not just neck and shoulders.
- ➜ Show the mother how to help the infant attach to the nipple. She should:
  - – touch her infant's lips with her nipple,
  - – wait until her infant's mouth is open 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 sucking. If the attachment or sucking is not good, try again.

## ➜ Teach the mother how to express breastmilk.

**Ask the mother to:**

- ➜ Wash her hands thoroughly.
- ➜ Make herself comfortable.
- ➜ Hold a wide-necked container under her nipple and areola.
- ➜ Place her thumb on top of the breast and the first finger on the underside of the breast so they are opposite each other (at least 4 cm from the tip of the nipple).
- ➜ Compress and release the breast tissue between her finger and thumb a few times.
- ➜ If the milk does not appear, she should re-position her thumb and finger closer to the nipple and compress and release the breast as before.
- ➜ Compress and release all the way round the breast, keeping her fingers the same distance from the nipple. She should be careful not to squeeze the nipple, to rub the skin or move her thumb or finger on the skin.
- ➜ Express one breast until the milk just drips, and then express the other breast until the milk just drips.
- ➜ Alternate 5 or 6 times between breasts for at least 20–30 minutes.
- ➜ Stop expressing when the milk no longer flows but drips from the start.

# COUNSEL THE MOTHER

## ➜ Counsel the caretaker or HIV-positive mother who is not breastfeeding.

The mother should have received full counselling before making the decision not to breastfeed.

- Ensure that the mother or caretaker has an adequate supply of appropriate breastmilk substitute.
- Ensure that the mother or caretaker knows how to prepare the milk correctly and hygienically and has the facilities and resources to do so.
- Demonstrate how to feed with a cup and spoon rather than a bottle.
- Make sure that the mother or caretaker understands that prepared feed must be finished within 1 hour of preparation.
- Make sure that the mother or caretaker understands that mixing breastfeeding and replacement feeding may increase the risk of HIV infection and should not be done.

## ➜ Teach the mother how to feed from a cup.

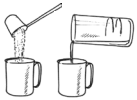
- Put a cloth on the infant's front to protect his or her clothes, as some milk may spill.
- Hold the infant semi-upright on the lap.
- Put a measured amount of milk in the cup.
- Hold the cup so that it rests lightly on the infant's lower lip.
- Tip the cup so that the milk just reaches the infant's lips.
- Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth.

## HOW TO PREPARE COMMERCIAL FORMULA MILK

- Wash your hands before preparing the formula.

- Follow the instructions on the container for making each feed and how frequently to give it every 24 hours.
- Always use the marked cup or glass to measure water and the scoop to measure the formula powder.
- Measure the exact amount of powder that you will need for one feed.

- Boil enough water vigorously for 1 or 2 seconds.



- Add the hot water to the powdered formula. The water should be added while it is still hot and not after it has cooled down. Stir well.

- Only make enough formula for one feed at a time. Do not keep milk in a thermos flask, because it will quickly become contaminated.
- Feed the baby from a cup. Discard any unused formula, give it to an older child, or drink it yourself.

- Wash the utensils.

## ➜ Teach the mother how to keep the low-weight infant warm at home.

- ➜ Keep the young infant in the same bed as the mother.
- ➜ Keep the room warm (at least 25°C) with a home heating device, and make sure there is no draught of cold air.
- ➜ Avoid bathing the low-weight infant. When washing or bathing the infant, do it in a very warm room with warm water, dry immediately and thoroughly after bathing, and clothe the young infant immediately.
- ➜ Change clothes (e.g. nappies) whenever they are wet.
- ➜ Provide skin-to-skin contact as much as possible, day and night. For skin-to-skin contact:
  - Dress the infant in a warm shirt open at the front, a nappy, hat and socks.
  - Place the infant in skin-to-skin contact between the mother's breasts. Keep the infant's head turned to one side.
  - Cover the infant with the mother's clothes (and an additional warm blanket in cold weather).
- ➜ When the infant is not in skin-to-skin contact, keep him or her clothed or covered as much as possible at all times. Dress the young infant with extra clothing, including hat and socks, loosely wrap in a soft dry cloth, and cover with a blanket.
- ➜ Check frequently if the hands and feet are warm. If they are cold, re-warm the infant by skin-to-skin contact.
- ➜ Breastfeed (or give expressed breastmilk by cup) the infant frequently.

# COUNSEL THE MOTHER

## ➜ Advise the mother on giving home care to the sick young infant.

**1. EXCLUSIVELY BREASTFEED THE YOUNG INFANT (for breastfeeding mothers).**

– Give only breastmilk to the young infant.

– Breastfeed frequently, as often and for as long as the infant wants, day and night, when sick and healthy.

**2. MAKE SURE THAT THE YOUNG INFANT IS KEPT WARM AT ALL TIMES.**

– In cool weather, cover the infant's head and feet, and add extra clothing.

**3. KNOW WHEN TO RETURN:**

**Follow-up visits**

| If the infant has: | Return for first follow-up in: |
|---|---|
| • JAUNDICE | 1 day |
| • DIARRHOEA<br>• FEEDING PROBLEM<br>• THRUSH<br>• LOCAL BACTERIAL INFECTION | 2 days |
| • PNEUMONIA<br>• SEVERE PNEUMONIA when referral is refused or not feasible | 3 days |
| • LOW WEIGHT FOR AGE in an infant not receiving breastmilk | 7 days |
| • LOW WEIGHT FOR AGE in breastfed infant | 14 days |
| • CONFIRMED HIV INFECTION or EXPOSED TO HIV: POSSIBLE HIV INFECTION | Per national guidelines |

**WHEN TO RETURN IMMEDIATELY:**

Advise the caretaker to return immediately if the young infant has any of these signs:

- ➜ Breastfeeding poorly
- ➜ Reduced activity
- ➜ Becomes sicker
- ➜ Develops a fever
- ➜ Feels unusually cold
- ➜ Develops fast breathing
- ➜ Develops difficult breathing
- ➜ Palms or soles appear yellow

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

## ➜ CRITICAL ILLNESSS WHEN REFERRAL WAS REFUSED OR NOT FEASIBLE

At each contact for injection of antibiotics:

➜ Explain again to the caregiver that the infant is very sick and should urgently be referred for hospital care.
➜ Reassess the young infant as described on p. 13.
➜ Treat any new problem.
➜ If referral is still not feasible, continue giving once-daily intramuscular gentamicin and twice-daily intramuscular ampicillin until referral is feasible or for 7 days.

## ➜ CLINICAL SEVERE INFECTION WHEN REFERRAL WAS REFUSED OR NOT FEASIBLE*

**If a 2-day gentamicin regimen is used:**

At each contact for injection:

➜ Reassess the young infant as described on p. 13.
➜ After 1 day: If the young infant is improving, complete the 2 days of treatment with intramuscular gentamicin. Ask the mother to continue giving the oral amoxicillin twice daily until all the tablets are finished.
➜ Ask the mother to bring the young infant back on day 4 of treatment (3 days after the initial visit)

**If a 7-day gentamicin regimen is used:**

➜ At each contact for injection:
➜ Reassess the young infant as described on p. 13.
➜ If the young infant is improving, complete the 7 days of treatment with intramuscular gentamicin. Ask the mother to continue giving the oral amoxicillin twice daily until all the tablets are finished.
➜ Refer the young infant urgently to hospital if:
- The infant shows any sign of CRITICAL ILLNESS or
- Any new sign of CLINICAL SEVERE INFECTION appears while on treatment or
- There is no improvement on day 4 after 3 full days of treatment or
- Any sign of CLINICAL SEVERE INFECTION is still present at the contact for the 7th intramuscular injection of gentamicin.

*Depending on whether the national policy is for 2 or 7 days of intramuscular gentamicin

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

**ASSESS EVERY YOUNG INFANT FOR POSSIBLE SERIOUS BACTERIAL INFECTION OR SEVERE DISEASE, PNEUMONIA OR LOCAL BACTERIAL INFECTION DURING FOLLOW-UP VISITS.**

## ➜ PNEUMONIA OR SEVERE PNEUMONIA

**After 3 days*:**

Reassess the young infant for POSSIBLE SERIOUS BACTERIAL INFECTION or PNEUMONIA or LOCAL BACTERIAL INFECTION as described on p. 1.

**Treatment**

- ➜ Refer urgently to hospital if:
  - – The infant **becomes worse** *or*
  - – Any new sign of **POSSIBLE SERIOUS BACTERIAL INFECTION or VERY SEVERE DISEASE** appears while on treatment.
- ➜ If the young infant is improving, ask the mother to continue giving the oral amoxicillin twice daily until all the tablets are finished.
- ➜ Ask the mother to bring the young infant back in 4 more days.

## ➜ LOCAL BACTERIAL INFECTION

**After 2 days:**

- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules.

**Treatment:**

- ➜ If umbilical **pus or redness remains the same or is worse**, refer the infant to hospital. If **pus and redness are improved**, tell the mother to complete 5 days of antibiotic treatment and to continue treatment of the local infection at home.
- ➜ If skin pustules are the **same or worse**, refer the infant to hospital. If they are **improved**, tell the mother to complete 5 days of antibiotic treatment and to continue treating the local infection at home.

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

## ➜ JAUNDICE

**After 1 day:**

LOOK for jaundice. Are the palms or soles yellow?

- ➜ If the **palms or soles are yellow**, refer the infant urgently to hospital.
- ➜ If the palms or soles are not yellow but jaundice **has not decreased**, advise the mother about home care and ask her to return for follow-up again the next day.
- ➜ If the jaundice has **started to decrease**, reassure the mother, and ask her to continue home care. Ask her to return for follow-up when the infant is 3 weeks of age.
- ➜ After 3 weeks of age: If jaundice continues beyond 3 weeks of age, refer the young infant to hospital for further assessment.

## ➜ DIARRHOEA

**After 2 days:**

ASK: Has the diarrhoea stopped?

- ➜ If the diarrhoea has **not stopped**, assess, classify and treat the young infant for diarrhoea (see p. 3).
- ➜ If the diarrhoea has **stopped**, tell the mother to continue exclusive breastfeeding.

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

## ➜ CONFIRMED HIV INFECTION OR HIV EXPOSED

- A young infant classified as having CONFIRMED HIV INFECTION or HIV EXPOSED should return for follow-up visits regularly as per national guidelines. Follow the instructions for follow-up care of children aged 2 months to 5 years.

## ➜ FEEDING PROBLEM

**After 2 days:**

Reassess feeding. Check for a feeding problem or low weight for age as described on pp. 5 and 6.

- ➜ Ask about any feeding problems found on the initial visit.
- ➜ Counsel the mother about any new or continuing feeding problems. If you advise the mother to make significant changes in feeding, ask her to bring the young infant back again.
- ➜ If the young infant is low weight for age, ask the mother to return 14 days after the initial visit to measure the young infant's weight gain.

**Exceptions:**

If you think that feeding will not improve or if the young infant has **lost weight**, refer the infant to hospital.

# GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

## ➜ LOW WEIGHT FOR AGE

**After 14 days (or 7 days if the infant is not receiving breastmilk):**

Weigh the young infant and determine whether he or she still has a low weight for age.

Reassess feeding (pp. 5 and 6).

➜ If the infant **no longer has a low weight for age**, praise the mother and encourage her to continue.

➜ If the infant **still has a low weight for age but is feeding well**, praise the mother, and ask her to have her infant weighed again within 1 month or when she returns for immunization.

➜ If the infant **still has a low weight for age and still has a feeding problem**, counsel the mother about feeding, and ask her to return again in 14 days (or when she returns for immunization, if within 14 days). Continue to see the young infant every few weeks until he or she is feeding well and gaining weight regularly or no longer has a low weight for age.

**Exceptions:**

➜ If you think that feeding will not improve or if the young infant has **lost weight**, refer the infant to hospital.

## ➜ THRUSH

**After 2 or 3 days:**

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

Reassess feeding (pp. 5 and 6).

➜ If the **thrush is worse** or the infant has **problems with attachment or sucking**, refer to hospital.

➜ If the **thrush is the same or better** and the infant is **feeding well**, continue half-strength gentian violet for a total of 7 days.

# IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS

Name:_____Age:_____Sex:_____Weight:_____Temperature:_____

**ASK**: What are the infant's problems?_____Initial visit?_____Follow-up Visit?_____

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

**CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE or PNEUMONIA or LOCAL BACTERIAL INFECTION**

- Is the infant having difficulty feeding?
- Has the infant had convulsions?
- Count the breaths in one minute._____breaths per minute
  Repeat if (≥ 60) elevated_____Fast breathing?
- Look for severe chest indrawing
- Measure temperature
  High body temperature (temperature ≥ 38°C) or
  Low body temperature (below 35.5°C)
- Look at young infant's movements.
  Does the infant move only when stimulated?
  Does the infant not move at all?
- Look at umbilicus. Is it red or draining pus?
- Look for skin pustules

**CHECK FOR JAUNDICE**

- Is skin yellow?
  And infant is less than 24 hours of age?
- Are the palms or soles yellow?

**DOES THE YOUNG INFANT HAVE DIARRHOEA?**
**Yes_____No_____**
If yes, ASK:

- Look at the young infant's general condition.
  Is the infant restless and irritable?
  Does the infant move only when stimulated?
  Does the infant not move at all?
- Look for sunken eyes.
  Pinch the skin of the abdomen. Does it go back:
  Very slowly (longer than 2 seconds)? Slowly?

**CHECK FOR HIV INFECTION**

ASK: HIV status of the mother? Positive_____Negative_____Unknown_____
HIV serological test of the infant? Positive_____Negative_____Unknown_____
HIV virology test of the infant? Positive_____Negative_____Unknown_____

**THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE**

- Is the infant breastfed? Yes_____No_____
  If Yes, how many times in 24 hrs?_____times
- Does the infant receive any other foods or drinks?
  Yes_____No_____
  If Yes, how often?_____times
  If yes, what do you use to feed the infant?
- Determine weight for age.
  Very low weight for age (<2 kg )_____
  Low weight for age ( < -2 Z score)_____
  NOT low weight for age_____
- Look for ulcers or white patches in the mouth (thrush).

If the infant has **any difficulty feeding,** is **feeding < 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.
- 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? To check attachment, look for:
  - More areola seen above than below the mouth Yes____No____
  - Mouth wide open Yes_____No_____
  - Lower lip turned outward Yes_____No_____
  - Chin touching breast Yes_____No_____

  *Good attachment*_____*Poor attachment*_____
  *No attachment at all*_____
- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
  *Suckling effectively*_____*not suckling effectively*_____
  *not suckling at all*_____

**CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS** Circle immunizations needed today.

Return for next immunization on:

| BCG | Hep B0 | OPV0 | DPT1+Hib1+Hep B1 | OPV-1 | Rotavirus-1 | PCV-1 |
|---|---|---|---|---|---|---|
| ___ | ___ | ___ | ___ | ___ | ___ | ___ |

**ASSESS OTHER PROBLEMS:**

**COUNSEL THE MOTHER ABOUT HER OWN HEALTH**

## RECORD ACTIONS AND TREATMENTS HERE

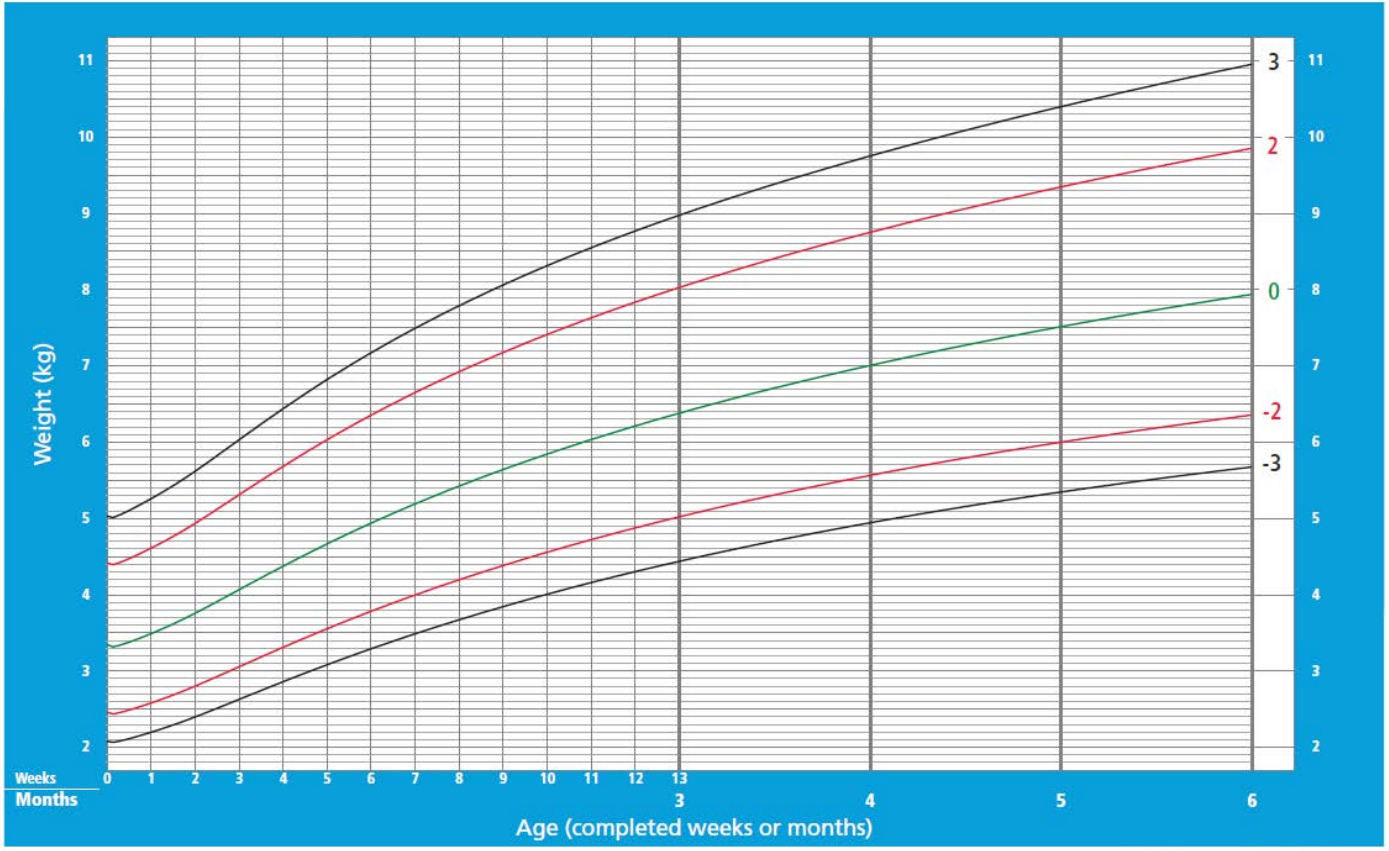
**Always remember to counsel the mother.**

**Give any immunizations and feeding advice required today.**
**Ask the mother to return for follow-up on day _____.**
**Teach her the signs for her to return with the infant immediately.**

# Weight-for-age BOYS

Birth to 6 months (z-scores)

World Health Organization

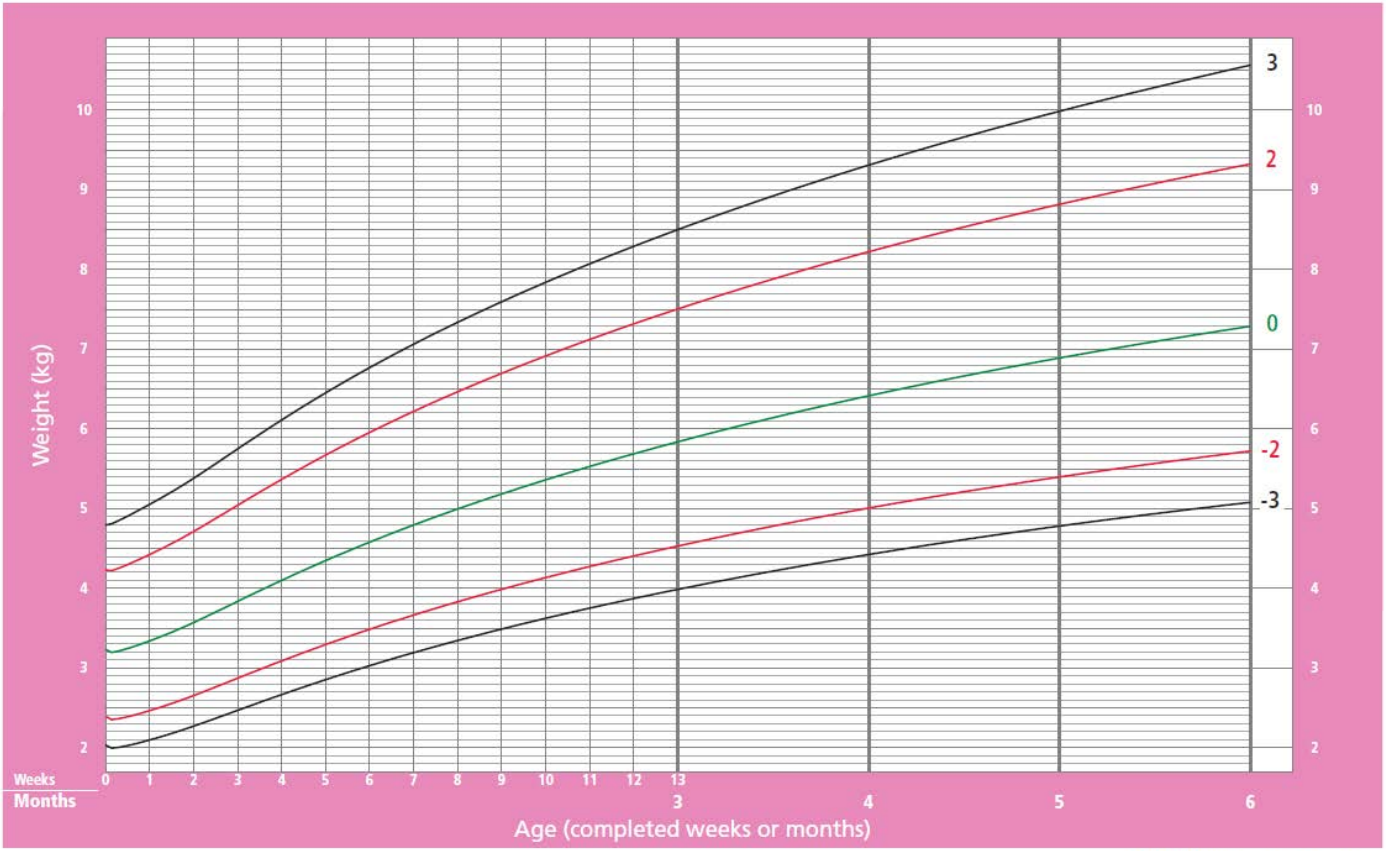



WHO Child Growth Standards

# Weight-for-age GIRLS

Birth to 6 months (z-scores)

World Health Organization




WHO Child Growth Standards

## REFERRAL NOTE FOR THE SICK YOUNG INFANT

Infant's name: _____ Family name: _____

Caregiver's name: _____ Age of infant: _____ Temperature: _____

Address or community: _____

Tick ☑ **the signs present that are the reason for referral of the young infant.**

**Reasons for referral**

**POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE**

- ☐ Unable to feed at all or not feeding well
- ☐ Convulsions
- ☐ Severe chest indrawing
- ☐ Temperature 38 °C or more
- ☐ Temperature 35.5 °C or less
- ☐ Movement only when stimulated
- ☐ No movement at all
- ☐ Fast breathing (60 breaths per minute or more) in infants less than 7 days old

**SEVERE JAUNDICE**

- ☐ Any jaundice in infant aged less than 24 hours
- ☐ Yellow palms or soles at any age

**SEVERE DEHYDRATION**

- ☐ Sunken eyes
- ☐ Skin pinch goes back very slowly

**VERY LOW WEIGHT**

- ☐ Weight less than 2.0 kg

**Pre-referral treatments given:**

**Comments:**

**Date and time of referral:** _____

**Referred by:** _____

(Name of facility and health worker)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