

# INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

## SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

### ASSESS AND CLASSIFY THE SICK CHILD

#### Assess, Classify and Identify Treatment

|                                                                                   |   |
|-----------------------------------------------------------------------------------|---|
| Check for General Danger Signs .....                                              | 2 |
| Then Ask About Main Symptoms:                                                     |   |
| Does the child have cough or difficult breathing? .....                           | 3 |
| Does the child have diarrhoea? .....                                              | 4 |
| Does the child have fever? .....                                                  | 5 |
| Classify malaria .....                                                            | 5 |
| Classify measles .....                                                            | 5 |
| Does the child have an ear problem? .....                                         | 6 |
| Then Check for Malnutrition .....                                                 | 7 |
| Check for Anaemia .....                                                           | 8 |
| Then Check the Child's Immunization and Vitamin A<br>Supplementation Status ..... | 9 |
| Assess Other Problems .....                                                       | 9 |

### TREAT THE CHILD

#### Give These Treatments in the Clinic Only

|                                                |    |
|------------------------------------------------|----|
| Diazepam .....                                 | 10 |
| Intramuscular Antibiotic .....                 | 10 |
| Prevent Low Blood Sugar .....                  | 10 |
| Plan C: Treat Severe Dehydration Quickly ..... | 11 |
| Quinine for Severe Malaria .....               | 11 |

#### Teach the Mother to Give Oral Drugs at Home

|                                     |    |
|-------------------------------------|----|
| Oral Antibiotic .....               | 12 |
| Salbutamol .....                    | 13 |
| Vitamin A .....                     | 13 |
| Iron / Multiple Micronutrient ..... | 13 |
| Albendazole .....                   | 13 |
| Oral Antimalarial .....             | 14 |
| Paracetamol .....                   | 14 |

#### Give Extra Fluid for Diarrhoea and Continue Feeding

|                                               |    |
|-----------------------------------------------|----|
| Plan B: Treat Some Dehydration with ORS ..... | 15 |
|-----------------------------------------------|----|

### TREAT THE CHILD, continued

#### Teach the Mother to Treat Local Infections at Home

|                                                                  |    |
|------------------------------------------------------------------|----|
| Dry the Ear by Wicking .....                                     | 15 |
| Treat Mouth Ulcers with Gentian Violet .....                     | 15 |
| Treat Eye Infection with<br>Tetracycline Eye Ointment .....      | 15 |
| Plan A: Treat Diarrhoea at Home .....                            | 16 |
| Soothe the Throat, Relieve the Cough with<br>a Safe Remedy ..... | 16 |
| Treat Thrush with Nystatin .....                                 | 16 |

#### Immunize Every Sick Child, As Needed .....

#### Give Follow-up Care

|                                               |    |
|-----------------------------------------------|----|
| Pneumonia .....                               | 17 |
| Persistent Diarrhoea .....                    | 17 |
| Dysentery .....                               | 17 |
| Malaria (High/Low Risk Area) .....            | 18 |
| Fever: No Malaria .....                       | 18 |
| Measles with Eye or Mouth Complications ..... | 18 |
| Ear Infection .....                           | 19 |
| Anaemia .....                                 | 19 |
| Feeding Problem .....                         | 19 |
| Uncomplicated Severe Acute Malnutrition ..... | 17 |
| Moderate Acute Malnutrition .....             | 17 |

### COUNSEL THE MOTHER

#### Food

|                                             |    |
|---------------------------------------------|----|
| Assess Child's Appetite .....               | 21 |
| Assess Child's Feeding .....                | 22 |
| Feeding Recommendations .....               | 23 |
| Counsel Mother About Feeding Problems ..... | 24 |

#### Fluid

|                                     |    |
|-------------------------------------|----|
| Increase Fluid During Illness ..... | 24 |
|-------------------------------------|----|

#### Counsel the Mother About Her Own Health .....

#### When to Return

|                                                            |    |
|------------------------------------------------------------|----|
| Advise the Mother When to Return to<br>Health Worker ..... | 25 |
|------------------------------------------------------------|----|



World Health Organization



MOHFW, Bangladesh



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## SICK YOUNG

## INFANT Birth UP TO 2 MONTHS

### ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

#### Assess, Classify and Identify Treatment

|                                                         |    |
|---------------------------------------------------------|----|
| Check for Very Severe Disease .....                     | 26 |
| Then Check for Jaundice .....                           | 27 |
| Then ask: Does the young infant have diarrhoea? .....   | 28 |
| Then Check for Feeding Problem or Low Weight .....      | 29 |
| Then Check the Young Infant's Immunization Status ..... | 30 |
| Assess Other Problems .....                             | 30 |

#### Treat the Young Infant and Counsel the Mother

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| Intramuscular Antibiotics .....                                 | 31    |
| How to prevent low blood sugar and keep young infant warm ..... | 31    |
| Oral Antibiotic .....                                           | 32    |
| To Treat Diarrhoea, See <i>TREAT THE CHILD</i> Chart .....      | 15-16 |
| Immunize Every Sick Young Infant .....                          | 32    |
| Treat Local Infections at Home .....                            | 32    |
| Correct Positioning and Attachment for Breastfeeding .....      | 33    |
| How to express breastmilk .....                                 | 33    |
| How to treat breast or nipple problems .....                    | 33    |
| Keeping low weight infant warm at home .....                    | 34    |
| Counsel the mother .....                                        | 35    |

#### Give Follow-up Care for the Sick Young Infant

|                                 |    |
|---------------------------------|----|
| Local Bacterial Infection ..... | 36 |
| Jaundice .....                  | 36 |
| Feeding Problem .....           | 37 |
| Low Weight .....                | 37 |
| Thrush .....                    | 37 |

#### Recording forms

|                                             |    |
|---------------------------------------------|----|
| Sick young infant age up to 2 months .....  | 38 |
| Sick child age 2 months up to 5 years ..... | 40 |

#### Weight for age charts .....

42



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



## ASSESS

## CLASSIFY

## IDENTIFY TREATMENT

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

- GREET THE MOTHER/CAREGIVER
- ASK 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.
- Is the child convulsing now?

URGENT attention

- Any general danger sign

**VERY  
SEVERE  
DISEASE**

- Give diazepam if convulsing now
- Quickly complete the assessment
- Give any pre-referral treatment immediately
- Treat to prevent low blood sugar
- Keep the child warm
- Refer **URGENTLY**.

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

\*If referral is not possible, manage the child as described in *Integrated Management of Childhood Illness*, *Treat the Child*, Annex: Where Referral is not Possible, and WHO guidelines for inpatient care

**THEN ASK ABOUT MAIN SYMPTOMS:**  
**Does the child have cough or difficult breathing?**

**IF YES,  
ASK:**

- For how long?

**LOOK AND LISTEN\*:**

- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.
- Look and listen for wheezing.

CHILD  
MUST  
BE  
CALM

*Classify  
COUGH or  
DIFFICULT  
BREATHING*

**If wheezing and either fast breathing or chest indrawing:** Give a trial of rapid acting inhaled bronchodilator for up to three times 20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.

**If the child is:**

2 months up  
to 12 months

**Fast breathing is:**

50 breaths per  
minute or more

12 months up  
to 5 years

40 breaths per  
minute or more

|                                                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Any general danger sign or</li> <li>• Stridor in calm child.</li> </ul> | <b>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</b> | <ul style="list-style-type: none"> <li>➤ Give first dose of an appropriate antibiotic</li> <li>➤ Refer <b>URGENTLY</b> to hospital**</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• Chest indrawing***** or</li> <li>• Fast breathing.</li> </ul>           | <b>PNEUMONIA</b>                               | <ul style="list-style-type: none"> <li>➤ Give oral Amoxicillin for 5 days***</li> <li>➤ If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days****</li> <li>➤ If chest indrawing in HIV exposed/infected child, give first dose of amoxicillin and refer.</li> <li>➤ Soothe the throat and relieve the cough with a safe remedy</li> <li>➤ If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment</li> <li>➤ Advise mother when to return immediately</li> <li>➤ Follow-up in 3 days</li> </ul> |
| <ul style="list-style-type: none"> <li>• No signs of pneumonia or very severe disease.</li> </ul>                | <b>NO PNEUMONIA: COUGH OR COLD</b>             | <ul style="list-style-type: none"> <li>➤ If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days****</li> <li>➤ Soothe the throat and relieve the cough with a safe remedy</li> <li>➤ If coughing for more than 14 days or recurrent wheezing, refer for possible TB or asthma assessment</li> <li>➤ Advise mother when to return immediately</li> <li>➤ Follow-up in 5 days if not improving</li> </ul>                                                                                                                                    |

\*If pulse oximeter is available, determine oxygen saturation and refer if <90%

\*\* If referral is not possible, manage the child as described in the pneumonia section of the national referral guidelines or as in WHO Pocket Book for hospital care for children.

\*\*\*dispersible amoxicillin (Amoxicillin DT) as first line drugs in the treatment of pneumonia if not available then amoxicillin tablet is recommended.

\*\*\*\* In settings where inhaled bronchodilator is not available, oral salbutamol may be tried but not recommended for treatment of severe acute wheeze.

\*\*\*\*\*There may be other causes of chest indrawing, please ensure follow up of the patients in 3 days. If the patient does not show up for the follow up visit, make a phone call (to be kept in a registry book during initial visit) to check the status of the child and request to come for follow up. If chest indrawing persists or condition deteriorates in the Follow up visit: Refer urgently to the hospital.

# Does the child have diarrhoea?

## IF YES, ASK:

## LOOK AND FEEL:

- For how long?
- 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?

## for DEHYDRATION

## Classify DIARRHOEA

## and if diarrhoea for 14 days or more

## and if blood in stool

|                                                                                                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Two of the following signs:<br>• Lethargic or unconscious<br>• Sunken eyes<br>• Not able to drink or drinking poorly<br>• Skin pinch goes back very slowly. | <b>SEVERE DEHYDRATION</b>          | > If child has no other severe classification:<br>- Give fluid for severe dehydration (Plan C).<br>OR<br><b>If child also has another severe classification:</b><br>- Refer <b>URGENTLY</b> to hospital with mother giving frequent sips of ORS on the way.<br>Advise the mother to continue breastfeeding.<br>> If child is 2 years or older and there is cholera in patient's area, give antibiotic for cholera. |
| Two of the following signs:<br>• Restless, irritable<br>• Sunken eyes<br>• Drinks eagerly, thirsty<br>• Skin pinch goes back slowly.                        | <b>SOME DEHYDRATION</b>            | > Give fluid, zinc supplementation and food for some dehydration (Plan B).<br>> <b>If child also has a severe classification:</b><br>- Refer <b>URGENTLY</b> to hospital with mother giving frequent sips of ORS on the way.<br>Advise the mother to continue breastfeeding.<br>> Advise mother when to return immediately.<br>> Follow-up in 5 days if not improving.                                             |
| Not enough signs to classify as some or severe dehydration.                                                                                                 | <b>NO DEHYDRATION</b>              | > Give fluid, zinc supplementation and food to treat diarrhoea at home (Plan A).<br>> Advise mother when to return immediately.<br>> Follow-up in 5 days if not improving.                                                                                                                                                                                                                                         |
| • Dehydration present.                                                                                                                                      | <b>SEVERE PERSISTENT DIARRHOEA</b> | > Treat dehydration before referral unless the child has another severe classification.<br>> Refer to hospital.                                                                                                                                                                                                                                                                                                    |
| • No dehydration.                                                                                                                                           | <b>PERSISTENT DIARRHOEA</b>        | > Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.<br>> Give Vitamin A, multivitamins and minerals (including zinc) for 10 days<br>> Follow-up in 5 days.                                                                                                                                                                                                                                        |
| • Blood in the stool.                                                                                                                                       | <b>DYSENTERY</b>                   | > Give Ciprofloxacin for 3 days.<br>> Follow-up in 3 days.                                                                                                                                                                                                                                                                                                                                                         |

# Does the child have fever?

(by history or feels hot or temperature 99.5°F (37.5°C)\* or above)

## IF YES:

Decide Malaria Risk: high or low

## THEN ASK:

- For how long?
- If more than 7 days, has fever been present every day?
- Has child had measles within the last 3 months?

## RDT for Malaria

## LOOK AND FEEL:

- Look or feel for stiff neck.
- Look for runny nose.
- Look for any bacterial cause of fever.\*\*
- Look for signs of MEASLES
  - Generalized rash and
  - One of these: cough, runny nose, or red eyes.

## Classify FEVER

High-Moderate or Low Malaria Risk

**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.

if MEASLES now or within last 3 months,

No Malaria Risk or No Travel to Malaria Risk Area

|                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Any general danger sign or</li> <li>• Clouding of cornea or</li> <li>• Deep or extensive mouth ulcers.</li> </ul> | <b>SEVERE COMPLICATED MEASLES****</b>              | <ul style="list-style-type: none"> <li>➢ Give Vitamin A.</li> <li>➢ Give first dose of an appropriate antibiotic.</li> <li>➢ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment.</li> <li>➢ Refer URGENTLY to hospital.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Pus draining from the eye or</li> <li>• Mouth ulcers.</li> </ul>                                                  | <b>MEASLES WITH EYE OR MOUTH COMPLICATIONS****</b> | <ul style="list-style-type: none"> <li>➢ Give Vitamin A.</li> <li>➢ If pus draining from the eye, treat eye infection with tetracycline eye ointment.</li> <li>➢ If mouth ulcers, treat with gentian violet.</li> <li>➢ Follow-up in 3 days.</li> </ul>                 |
| <ul style="list-style-type: none"> <li>• Measles now or within the last 3 months.</li> </ul>                                                               | <b>MEASLES</b>                                     | <ul style="list-style-type: none"> <li>➢ Give Vitamin A.</li> </ul>                                                                                                                                                                                                     |

|                                                                                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Any general danger sign or</li> <li>• Stiff neck.</li> </ul>    | <b>VERY SEVERE FEBRILE DISEASE</b> | <ul style="list-style-type: none"> <li>➢ Give first dose of artesunate or quinine for severe malaria</li> <li>➢ Give first dose of an appropriate antibiotic.</li> <li>➢ Treat the child to prevent low blood sugar.</li> <li>➢ Give one dose of paracetamol in clinic for high fever (38.5°C/101.5 °F or above).</li> <li>➢ Refer URGENTLY to hospital.</li> </ul>                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>• RDT POSITIVE</li> </ul>                                         | <b>MALARIA</b>                     | <ul style="list-style-type: none"> <li>➢ Give recommended first line oral Antimalarial (Artemether Combination Therapy / ACT or other recommended antimalarial )</li> <li>➢ Give one dose of paracetamol in clinic for high fever (38.5°C/101.5 °F or above).</li> <li>➢ Give appropriate antibiotic treatment for an identified bacterial cause of fever</li> <li>➢ Advise mother when to return immediately.</li> <li>➢ Follow-up in 2 days if fever persists.</li> <li>➢ If fever is present every day for more than 7 days, refer for assessment.</li> </ul> |
| <ul style="list-style-type: none"> <li>• RDT NEGATIVE</li> <li>• Other cause of fever PRESENT</li> </ul> | <b>FEVER - NO MALARIA</b>          | <ul style="list-style-type: none"> <li>➢ Give one dose of paracetamol in clinic for high fever (38.5°C/101.5 °F or above).</li> <li>➢ Give appropriate antibiotic treatment for an identified bacterial cause of fever</li> <li>➢ Advise mother when to return immediately.</li> <li>➢ Follow-up in 3 days if fever persists.</li> <li>➢ If fever is present every day for more than 7 days, refer for assessment.</li> </ul>                                                                                                                                    |
| <ul style="list-style-type: none"> <li>• Any general danger sign or</li> <li>• Stiff neck.</li> </ul>    | <b>VERY SEVERE FEBRILE DISEASE</b> | <ul style="list-style-type: none"> <li>➢ Give first dose of an appropriate antibiotic.</li> <li>➢ Treat the child to prevent low blood sugar.</li> <li>➢ Give one dose of paracetamol in clinic for high fever (38.5°C/101.5 °F or above).</li> <li>➢ Refer URGENTLY to hospital.</li> </ul>                                                                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"> <li>• No general danger signs</li> <li>• Stiff neck.</li> </ul>       | <b>FEVER</b>                       | <ul style="list-style-type: none"> <li>➢ Give one dose of paracetamol in clinic for high fever (38.5°C/101.5 °F or above).</li> <li>➢ Give appropriate antibiotic treatment for any identified bacterial cause of fever</li> <li>➢ Advise mother when to return immediately.</li> <li>➢ Follow-up in 2 days if fever persists.</li> <li>➢ If fever is present every day for more than 7 days, refer for assessment.</li> </ul>                                                                                                                                   |

If no malaria test available: High malaria risk - classify as MALARIA; Low malaria risk AND NO obvious cause of fever - classify as MALARIA

\* These temperature are based on axillary temperature, Rectal temperature readings are approximately 0.5°C higher.

\*\* Other possible causes of bacterial infection may include urinary tract infection, typhoid, cellulitis and osteomyelitis.

Look for local tenderness; oral sores; refusal to use a limb; hot tender swelling; red tender skin or boils; lower abdominal pain or pain on passing urine in older children.

\*\*\* Fever may be due to *diarrhoea, dysentery, respiratory infections, ear infection etc.*

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

N.B High, Moderate and Low risk are associated with High, Moderate and Low Endemic zones respectively.

## 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.                                                                                                                             | <b>MASTOIDITIS</b>           | <ul style="list-style-type: none"> <li>➤ Give first dose of an appropriate antibiotic.</li> <li>➤ Give first dose of paracetamol for pain.</li> <li>➤ Refer URGENTLY to hospital.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Ear pain or</li> <li>• Pus is seen draining from the ear and discharge is reported for less than 14 days,</li> </ul> | <b>ACUTE EAR INFECTION</b>   | <ul style="list-style-type: none"> <li>➤ Give an antibiotic for 5 days.</li> <li>➤ Give paracetamol for pain.</li> <li>➤ Dry the ear by wicking.</li> <li>➤ Follow-up in 5 days.</li> </ul>  |
| • Pus is seen draining from the ear and discharge is reported for 14 days or more.                                                                            | <b>CHRONIC EAR INFECTION</b> | <ul style="list-style-type: none"> <li>➤ Dry the ear by wicking.</li> <li>➤ Treat with topical quinolone ear drops for 14 days</li> <li>➤ Follow-up in 5 days.</li> </ul>                    |
| • No ear pain and<br>No pus seen draining from the ear.                                                                                                       | <b>NO EAR INFECTION</b>      | ➤ No treatment.                                                                                                                                                                              |

## THEN CHECK FOR MALNUTRITION

### CHECK FOR MALNUTRITION

#### LOOK AND FEEL:

Look for signs of acute malnutrition

- Look for oedema of both feet.
- Determine WFH/L\* \_\_\_\_ (z score)
- Measure MUAC\* \_\_\_\_ mm in a child 6 months or older.

**If WFH/L less than -3 z-scores or MUAC less than 115 mm, then:**

- **Check for any medical complication present:**  
Any general danger signs

**Any severe classification**

**Pneumonia with chest indrawing**

- **If no medical complications present:**  
Child is 6 months or older, offer Nutrition therapy to eat. Is the child:

**Not able to finish Nutrition therapy?**

**Able to finish Nutrition therapy?**

**Child is less than 6 months, assess breastfeeding:**

**Does the child have a breastfeeding problem?**

**Classify  
NUTRITIONAL  
STATUS**

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Oedema of both feet<br/>OR</li> <li>• WFH/L less than -3 z-scores<br/>OR MUAC less than 115mm<br/>AND any one of the following: <ul style="list-style-type: none"> <li>• Medical complication present</li> </ul> </li> <li>Or</li> <li>• Not able to finish Nutritional therapy</li> <li>Or</li> <li>• Breastfeeding problem</li> </ul> | <b>COMPLICATED<br/>SEVERE ACUTE<br/>MALNUTRITION</b>   | <ul style="list-style-type: none"> <li>➢ Give first dose appropriate antibiotic</li> <li>➢ Treat the child to prevent low blood sugar</li> <li>➢ Keep the child warm</li> <li>➢ Refer URGENTLY to hospital</li> </ul>                                                                                                                          |
| <ul style="list-style-type: none"> <li>• WFH/L less than -3 z-scores<br/>OR</li> <li>• MUAC less than 115 mm<br/>AND</li> <li>• Able to finish Nutrition therapy</li> </ul>                                                                                                                                                                                                      | <b>UNCOMPLICATED<br/>SEVERE ACUTE<br/>MALNUTRITION</b> | <ul style="list-style-type: none"> <li>➢ Give oral antibiotics for 5 days</li> <li>➢ Give Nutrition Therapy for a child aged 6 months or more</li> <li>➢ Counsel the mother on how to feed the child</li> <li>➢ Assess for possible TB infection</li> <li>➢ Advise mother when to return immediately</li> <li>➢ Follow up in 7 days</li> </ul> |
| <ul style="list-style-type: none"> <li>• WFH/L less than -3 and -2 z-scores OR</li> <li>• MUAC 115 up to 125 mm</li> </ul>                                                                                                                                                                                                                                                       | <b>MODERATE ACUTE<br/>MALNUTRITION</b>                 | <ul style="list-style-type: none"> <li>➢ Assess the child's feeding and counsel the mother on the feeding recommendations</li> <li>➢ IF feeding problem, follow up in 7 days</li> <li>➢ Assess for possible TB infection</li> <li>➢ Advise mother when to return immediately</li> <li>➢ Follow-up in 30 days</li> </ul>                        |
| <ul style="list-style-type: none"> <li>• WFH/L -2 z-scores or more<br/>OR</li> <li>• MUAC 125 mm or more</li> </ul>                                                                                                                                                                                                                                                              | <b>NO ACUTE<br/>MALNUTRITION</b>                       | <ul style="list-style-type: none"> <li>➢ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the feeding recommendations</li> <li>➢ IF feeding problem, follow-up in 7 days</li> </ul>                                                                                                |

\*WFH/L is Weight-for-Height or Weight-for-Length determined by using the WHO growth standard charts.

\*\*MUAC is Mid-Upper Arm Circumference measure using MUAC tape in all children 6 months or older.

## CHECK FOR ANAEMIA

### LOOK :

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

### Classify ANAEMIA

|                         |                       |                                                                                                                                                                                                                                    |
|-------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Severe palmar pallor. | <b>SEVERE ANAEMIA</b> | ➤ Refer <b>URGENTLY</b> to hospital.                                                                                                                                                                                               |
| • Some palmar pallor.   | <b>ANAEMIA</b>        | ➤ Give iron or Multiple Micro-nutrient.<br>➤ Give Albendazole/Mebendazole if child is 1 year or older and has not had a dose in the previous six months.<br>➤ Advise mother when to return immediately.<br>➤ Follow-up in 14 days. |
| • No palmar pallor.     | <b>NO ANAEMIA</b>     | ➤ Provide iron folate (IFA) or multivitamin micronutrient (MMN) if the child is 6 months or older                                                                                                                                  |



## THEN CHECK THE CHILD'S IMMUNIZATION,VITAMIN A SUPPLEMENTATION AND DEWORMING STATUS AND TAKE NECESSARY MEASURES

### IMMUNIZATION SCHEDULE: *Follow national guidelines*

| <u>AGE</u> | <u>VACCINE</u> |   |       |   |
|------------|----------------|---|-------|---|
| Birth      | BCG            | + | OPV-0 |   |
| 6 weeks    | Penta — 1      | + | OPV-1 | + |
| 10 weeks   | Penta — 2      | + | OPV-2 | + |
| 14 weeks   | Penta — 3      | + | OPV-3 | + |
| 18 weeks   | PCV — 3        |   |       |   |
| 9 months   | MR—1           |   |       |   |
| 15 months  | MR—2           |   |       |   |

### VITAMIN A SUPPLEMENTATION

Give every child a dose of Vitamin A every six months from the age of 9 months. Record the dose on the child's card.

### **DEWORMING**

Give every child Albendazole every six months from the age of one year. Record the dose on the child's card.

### **PROPHYLACTIC MMN/MNP (Multivitamin micronutrient)/ Iron Folic Acid**

Give 1 sachet of MMN or 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 year

## ASSESS OTHER PROBLEMS AND REFER IF NEEDED

**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.



# TREAT THE CHILD

## CARRY OUT THE TREATMENT STEPS IDENTIFIED ON THE ASSESS AND CLASSIFY CHART

### GIVE THESE TREATMENTS IN THE CLINIC ONLY

- Explain to the mother why the drug is given
- Determine the dose appropriate for the child's weight (or age)
- Use a sterile needle and sterile syringe when giving an injection
- Measure the dose accurately
- Give the drug as an intramuscular injection
- If the child cannot be referred, follow the instructions provided

#### ➤ Give Diazepam to Stop Convulsions

- Give 0.5mg/kg diazepam injection solution per rectum using a small syringe (like a tuberculin syringe) without a needle, or using a catheter
- If convulsions have not stopped after 10 minutes repeat diazepam dose

| WEIGHT     | AGE                      | DOSE OF DIAZEPAM |
|------------|--------------------------|------------------|
| < 5 kg     | <6 months                | 0.5 ml           |
| 5 - <10 kg | 6 months up to 12 months | 1.0 ml           |
| 10-<14 kg  | 12 months up to 3 years  | 1.5 ml           |
| 14 - 19 kg | 3 up to 5 years          | 2.0 ml           |

#### ➤ Treat the Child to Prevent Low Blood Sugar during transportation/referral

- **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 expressed breast milk or breast-milk substitute
  - If neither of these is available give sugar water
  - Give 30-50 ml of milk or sugar water before departure
  - 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 50 ml of milk or sugar water by naso-gastric tube

#### ➤ Give An Intramuscular Antibiotic

- **GIVE TO CHILDREN BEING REFERRED URGENTLY**
- Give Ampicillin (50 mg/kg) and Gentamicin (7.5mg/kg)

##### AMPICILLIN

- Dilute 500mg vial with 2.1ml of sterile water (500mg/2.5ml)
- **Where there is a strong suspicion of meningitis the dose of ampicillin can be increased 4 times**

##### GENTAMICIN

- Use undiluted 2 ml vial (40mg/ml)
- Of the dose range provided below, use lower dose for children with weight at lower end of the category, and higher dose for children at the higher end of the category

| AGE               | WEIGHT     | AMPICILLIN 500 mg vial | Gentamicin 2ml vial (at 40 mg/ml) |
|-------------------|------------|------------------------|-----------------------------------|
| 2 up to 4 months  | 4 – <6kg   | 1 ml                   | 0.5 - 1.0 ml                      |
| 4 up to 12 months | 6 – <10kg  | 2 ml                   | 1.1 - 1.8 ml                      |
| 1 up to 3 years   | 10 – <15kg | 3 ml                   | 1.9 - 2.7 ml                      |
| 3 up to 5 years   | 15 – 20kg  | 5 ml                   | 2.8 - 3.5 ml                      |

- **IF REFERRAL IS NOT POSSIBLE OR DELAYED**, repeat the ampicillin injection every 6 hours, and the gentamicin injection once daily

# GIVE THESE TREATMENTS IN THE CLINIC ONLY

## 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 of cholera saline or Ringer's Lactate Solution (or, if not available, normal saline), divided as follows:

| AGE                                | First give  | Then give |
|------------------------------------|-------------|-----------|
| Infants (under 12 months)          | 1 hour*     | 5 hours   |
| Children (12 months up to 5 years) | 30 minutes* | 2 ½ hours |

**Reassess the child every 1/2– 1 hour.** If hydration status is not improving, repeat the same dose for another hour.

- 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.

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 or give ORS by naso-gastric tube.

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 while waiting for transfer:**
  - 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 or NG treatment

### NOTE:

- If the child is not referred to hospital, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration giving the child ORS solution by mouth.

## Give Artesunate Suppositories or Intramuscular Artesunate or Quinine for Severe Malaria

### FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Check which pre-referral treatment is available in your clinic (rectal suppositories, artesunate injection or **quinine**).
- Artesunate suppository: Insert first dose of the suppository and refer child urgently
- Intramuscular artesunate or **quinine**: Give first dose and refer child urgently to hospital.

### IF REFERRAL IS NOT POSSIBLE:

#### For artesunate injection:

- Give first dose of artesunate intramuscular injection
- Repeat dose after 12 hrs and daily until the child can take orally
- Give full dose or oral antimalarial as soon as the child is able to take orally.

#### For artesunate suppository:

- Give first dose of suppository
- Repeat the same dose of suppository every 24 hours until the child can take oral antimalarial.
- Give full dose of oral antimalarial as soon as the child is able to take orally.

#### For quinine:

- 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 or no risk of malaria, do not give quinine to a child less than 4 months of age

| AGE or WEIGHT                       | Rectal Artesunate suppository     |                                    | Intramuscular Artesunate       | Intramuscular Quinine |                      |
|-------------------------------------|-----------------------------------|------------------------------------|--------------------------------|-----------------------|----------------------|
|                                     | 50mg suppositories dosage 10mg/kg | 200mg suppositories dosage 10mg/kg | 60 mg vial (20mg/ml) 2.4 mg/kg | 150mg/ml* (in 2 ml)   | 300 mg/ml* (in 2 ml) |
| 2 months up to 4 months (4- <6kg)   | 1                                 |                                    | 1/2 ml                         | 0.4 ml                | 0.2 ml               |
| 4 months up to 12 months (6- <10kg) | 2                                 |                                    | 1 ml                           | 0.6 ml                | 0.3 ml               |
| 12 months up to 2 years (10- <12kg) | 2                                 |                                    | 1.5 ml                         | 0.8 ml                | 0.4 ml               |
| 2 years up to 3 years (12 - <14kg)  | 3                                 | 1                                  | 1.5 ml                         | 1.0 ml                | 0.5 ml               |
| 3 up to 5 years (14 -19 kg)         | 3                                 | 1                                  | 2 ml                           | 1.2 ml                | 0.6 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.

- Determine the appropriate drugs and dosage for the child's age or weight
- Tell the mother the reason for giving the drug to the child
- 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 child
- 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 drug separately
- Explain that all the tablets or syrup must be used to finish the course of treatment, even if the child gets better
- Check the mother's understanding before she leaves the clinic

## ➤ Give an Appropriate Oral Antibiotic

- FOR PNEUMONIA, ACUTE EAR INFECTION, VERY SEVERE DISEASE\* OR SEVERE MALNUTRITION, IF INJECTABLE Drugs ARE NOT AVAILABLE :

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

|                                          | <b>AMOXYCILLIN*</b><br>➤ Give Two times daily for 5 days |                                 |
|------------------------------------------|----------------------------------------------------------|---------------------------------|
|                                          | <b>TABLET/Dispersible Tablet</b><br>250 mg               | <b>SYRUP</b><br>125 mg per 5 ml |
| <b>AGE or WEIGHT</b>                     |                                                          |                                 |
| 2 months up to 12 months<br>(4 - <10 kg) | 3/4                                                      | 7.5 ml                          |
| 12 months up to 5 years (10 - <19 kg)    | 1.5                                                      | 15 ml                           |

- FOR DYSENTERY: Give CIPROFLOXACIN for 3 days  
15mg/kg/day - 2 times a day for 3 days

| <b>AGE or WEIGHT</b>                   | <b>CIPROFLOXACIN</b><br>(250 mg tab)<br>➤ Give two times daily for 3 days |
|----------------------------------------|---------------------------------------------------------------------------|
| 2 months up to 4 months<br>(4 - <6 kg) | 1/4                                                                       |
| 4 months up to 3 years<br>(6 - <14 kg) | 1/2                                                                       |
| 3 years up to 5 years<br>(14 - <20 kg) | 1                                                                         |

| <b>AGE or WEIGHT</b>               | <b>TETRACYCLINE</b><br>➤ Give 4 times daily for 3 days | <b>ERYTHROMYCIN</b><br>➤ Give 4 times daily for 3 days |
|------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
|                                    | <b>CAPSULE</b><br>250 mg                               | <b>TABLET</b><br>250 mg                                |
| 2 years up to 5 years (10 - 19 kg) | 1                                                      | 1                                                      |

# TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

## ➤ GIVE INHALED SALBUTAMOL for WHEEZING

### USE OF A SPACER\*

A spacer is a way of delivering the bronchodilator drugs effectively into the lungs. No child under 5 years should be given an inhaler without a spacer. A spacer works as well as a nebuliser if correctly used.

- From salbutamol metered dose inhaler (100 µg/puff) give 2 puffs.
- Repeat up to 3 times every 15 minutes before classifying pneumonia.

### Spacers can be made in the following way:

- Use a 500ml drink bottle or similar.
- Cut a hole in the bottle base in the same shape as the mouthpiece of the inhaler. This can be done using a sharp knife.
- Cut the bottle between the upper quarter and the lower 3/4 and disregard the upper quarter of the bottle.
- Cut a small V in the border of the large open part of the bottle to fit to the child's nose and be used as a mask.
- Flame the edge of the cut bottle with a candle or a lighter to soften it.
- In a small baby, a mask can be made by making a similar hole in a plastic (not polystyrene) cup.
- Alternatively commercial spacers can be used if available.

### To use an inhaler with a spacer:

- Remove the inhaler cap. Shake the inhaler well.
- Insert mouthpiece of the inhaler through the hole in the bottle or plastic cup.
- The child should put the opening of the bottle into his mouth and breath in and out through the mouth.
- A carer then presses down the inhaler and sprays into the bottle while the child continues to breath normally.
- Wait for three to four breaths and repeat for total of five sprays.
- For younger children place the cup over the child's mouth and use as a spacer in the same way.

*\* If a spacer is being used for the first time, it should be primed by 4-5 extra puffs from the inhaler.*

*Note: Once the child has improved and there is no inhaled salbutamol available or affordable, then oral salbutamol (in syrup or tablets) can be given 6 to 8 hourly*

| Age          | Salbutamol Tablet 2 mg | Salbutamol Syrup 2mg/5 ml |
|--------------|------------------------|---------------------------|
| Up to 1 year | 1/2                    | 2.5 ml                    |
| 1-5 year     | 1                      | 5 ml                      |

## ➤ Give Vitamin A

### VITAMIN A SUPPLEMENTATION

- Give first dose at 9 months of age to ALL CHILDREN.
- Thereafter give vitamin A **every six months** to ALL CHILDREN.

### VITAMIN A TREATMENT

Give an extra dose\* of Vitamin A (same dose as for supplementation) as part of **treatment** if the child has MEASLES or PERSISTENT DIARRHOEA.

- If the child has had a dose of Vitamin A within the past month, DO NOT GIVE VITAMIN A
- Always record the dose of Vitamin A given on the child's chart.

| Age                      | VITAMIN A DOSE |
|--------------------------|----------------|
| 6 months up to 12 months | 100,000 IU     |
| One year and older       | 200,000 IU     |

\* Give 3 doses for corneal clouding, 2 doses for measles, 1 dose for persistent diarrhea or severe malnutrition

## ➤ Give Iron or Multiple Micro-nutrient

- Give one dose daily for 14 days.

| AGE or WEIGHT                         | IRON/FOLATE TABLET<br>Ferrous sulfate 200 mg + 250 µg Folate | IRON SYRUP<br>Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per ml) |
|---------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|
| 2 months up to 4 months (4 - <6 kg)   |                                                              | 1.0 ml (<1/4 tsp.)                                                           |
| 4 months up to 12 months (6 - <10 kg) |                                                              | 1.25 ml (1/4 tsp.)                                                           |
| 12 months up to 3 years (10 - <14 kg) | 1/2 tablet                                                   | 2.0 ml (<1/2 tsp.)                                                           |
| 3 years up to 5 years (14 - 19 kg)    | 1/2 tablet                                                   | 2.5 ml (1/2 tsp.)                                                            |

| Multiple Micro-nutrient |                                                                                                                   |
|-------------------------|-------------------------------------------------------------------------------------------------------------------|
| Age                     | MMN/MNP Sachets<br>(Fe 12.5mg, Zn 5mg, Vitamin A 300 micro gram, Folic Acid 160 micro-gram and Vit C 50mg)        |
| 6 months up to 5 years  | 1 sachet every alternate day –total 60 sachets in 4 months. May be repeated after 6 months to prevent recurrence. |

## ➤ Give Albendazole

- Give *Albendazole* as a single dose in clinic if:
  - the child is 1 year of age or older, and has not had a dose in previous 6 months

| Age      | Albendazole Dose |
|----------|------------------|
| 1-2 year | 200 mg           |
| 2-5 year | 400 mg           |

# TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

## ➤ Give Oral Antimalarials

### ➤ Give Oral Artemether Combination Therapy (ACT) or Other Recommended Antimalarial :

**FALCIPARUM MALARIA:** If RDT or blood smear positive for *Plasmodium falciparum*

- Give the first dose of ACT in the clinic and observe for one hour. If child vomits within an hour repeat the dose. **2nd** dose at home after 8 hours.
- Then twice daily for further two days as shown below
- ACT should be taken with food.

| AGE or WEIGHT                       | Co-artemether<br>(20mg artemether and 120mg lumefantrine) |      |       |       |       |       |
|-------------------------------------|-----------------------------------------------------------|------|-------|-------|-------|-------|
|                                     | Day-1                                                     |      | Day-2 |       | Day-3 |       |
|                                     | 0 hr                                                      | 8 hr | 24 hr | 36 hr | 48 hr | 60 hr |
| WEIGHT                              |                                                           |      |       |       |       |       |
| 5 - <15 kg (5 months up to 3 years) | 1                                                         | 1    | 1     | 1     | 1     | 1     |
| 15 - <20 kg (3 years up to 5 years) | 2                                                         | 2    | 2     | 2     | 2     | 2     |

**VIVAX MALARIA:** If blood smear for PV positive

| AGE or WEIGHT                      | Chloroquine     |                           |        |        |        |        | Primaquine             |
|------------------------------------|-----------------|---------------------------|--------|--------|--------|--------|------------------------|
|                                    | Day 1           |                           | Day 2  |        | Day 3  |        | Give daily for 14 days |
|                                    | Tablet (150 mg) | Syrup 50 mg base per 5 ml | Tablet | Syrup  | Tablet | Syrup  | Tablet (2.5 mg)        |
| 2 months upto 12 months (4-<10 kg) | 1/2             | 7.5 ml                    | 1/2    | 7.5 ml | 1/4    | 4 ml   | 0                      |
| 12 months upto 5 yrs (10-19 kg)    | 1               | 15 ml                     | 1      | 15 ml  | 1/2    | 7.5 ml | 1                      |

**Note:** RDT should be method of choice for definitive diagnosis. Presumptive treatment is discouraged

➤ If both RDT and blood smear not available, give Chloroquine

| AGE or WEIGHT                       | Day 1       |        | Day 2       |        | Day 3       |        |
|-------------------------------------|-------------|--------|-------------|--------|-------------|--------|
|                                     | Chloroquine |        | Chloroquine |        | Chloroquine |        |
|                                     | Tablet      | Syrup  | Tablet      | Syrup  | Tablet      | Syrup  |
| 2 months up to 12 months (4-<10 kg) | 1/2         | 7.5 ml | 1/2         | 7.5 ml | 1/4         | 4 ml   |
| 12 months up to 5 yrs (10-19 kg)    | 1           | 15 ml  | 1           | 15 ml  | 1/2         | 7.5 ml |

### ➤ Give Paracetamol for High Fever ( $\geq 38.5^{\circ}\text{C}$ or $\geq 101.5^{\circ}\text{F}$ ) 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                       | Syrup (125 mg) | TABLET (500 mg) |
| 2 months up to 3 years (4 - <14 kg) | 5 ml           | 1/4             |
| 3 years up to 5 years (14 - <19 kg) | 10 ml          | 1/2             |

### ➤ Give MULTIVITAMIN supplement for persistent diarrhoea

- Give one dose of multivitamin mixture for 10 days and give also one dose of Vitamin A in health facility/hospital.

# GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See **FOOD** advice on **COUNSEL THE MOTHER** chart)

## Plan B: Treat Some Dehydration with New ORS

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 - < 20 kg          |
| Amount of fluid (ml) over 4 hours | 200 - 450      | 450 - 800                | 800 - 960               | 960 - 1600            |

\*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.

### ➤ 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 instructions how to prepare salt and sugar/gur solutions at home (if ORS not available)
- Explain the 4 Rules of Home Treatment:

**1. GIVE EXTRA FLUID**

**2. GIVE ZINC (age 6 months up to 5 years)**

**3. CONTINUE FEEDING (exclusive breastfeeding if age less than 6 months)**

**4. WHEN TO RETURN**

## ➤ Clear the Ear by Dry Wicking and Give Eardrops\*

### ➤ Do the following 3 times daily

- Roll clean absorbent cloth or soft, strong tissue paper into a wick
- Place the wick in the child's ear
- Remove the wick when wet
- Replace the wick with a clean one and repeat these steps until the ear is dry
- Instil quinolone eardrops\* for two weeks

### ➤ Avoid swimming/entry of water in the ear.

\* Quinolone eardrops may contain ciprofloxacin, norfloxacin, or ofloxacin

## ➤ Treat Mouth Ulcers with Gentian Violet

### ➤ Treat the mouth ulcers twice daily

- Wash hands
- Wash the child's mouth with a clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth with 1/2 strength gentian violet (0.25% dilution)
- Wash hands again
- Continue using Gentian Violet for 48 hours after the ulcers have been cured
- Give paracetamol for pain relief

## ➤ Treat Eye Infection with Tetracycline Eye Ointment

### ➤ Clean both eyes 4 times daily.

- Wash hands.
- Use clean cloth and water to gently wipe away pus.

### ➤ Then apply tetracycline eye ointment in both eyes 4 times daily.

- Squirt a small amount of ointment on the inside of the lower lid.
- Wash hands again.

### ➤ Treat until there is no pus discharge.

### ➤ Do not put anything else in the eye.

## Plan A: Treat Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:

1. Give Extra Fluid
2. Give Zinc Supplements (age 6 months up to 5 years)
3. Continue Feeding
4. When to Return

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

#### ➤ TELL THE MOTHER:

- Breastfeed frequently and for longer at each feed.
- If the child is exclusively breastfed, give ORS or clean water in addition to breastmilk.
- If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as rice water, chira pani, yogurt drink) or 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.

### GIVE ZINC

- For acute diarrhea, persisting diarrhea and dysentery. Give zinc supplements for 10 days.

| AGE                                           | ZINC TABLET (20 mg) |
|-----------------------------------------------|---------------------|
| 2 months upto 6 months (Persistent Diarrhoea) | 1/2                 |
| 6 months upto 5 years                         | 1                   |

TELL THE MOTHER HOW MUCH ZINC TO GIVE

SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS

- Infants—dissolve tablet in a small amount of expressed breast milk, ORS or clean water in a cup
- Older children—tablets can be chewed or dissolved in a small amount of clean water in a cup

## ➤ Soothe the Throat, Relieve the Cough with a Safe Remedy

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Warm water
  - Tulsi leaf juice
  - Lemon juice
- Harmful remedies to discourage:
  - Medicines containing codeine, anti-histamines, and alcohol

## Treat Thrush with Nystatin

Treat thrush four times daily for 7 days

- Wash hands
- Wet a clean soft cloth with salt water and use it to wash the child's mouth.
- Instill nystatin 1ml four times a day
- Avoid feeding for 20 minutes after medication
- If breastfed check mother's breast for thrush. If present treat with nystatin.
- Advise mother to wash breasts after feeds. If bottle fed advise change to cup and spoon

**IMMUNIZE EVERY SICK CHILD, AS NEEDED**



# 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.

## ➤ PNEUMONIA

After 3 days:

Check the child for general danger signs.  
Assess the child for cough or difficult breathing.

Ask:

- Is the child breathing slower?
- Is there a chest indrawing?
- Is there less fever?
- Is the child eating better?

} See ASSESS & CLASSIFY chart.

Treatment:

- If **any general danger sign or stridor**, give intramuscular Ampicillin and Gentamycin. Then refer URGENTLY to hospital.
- If chest indrawing and/or **breathing rate, fever and eating are the same**, refer URGENTLY to hospital.
- If **breathing slower, no chest indrawing, less fever, or eating 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 loose 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.

## ➤ DYSENTERY

After 3 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 for dehydration.
- If **number of stools, amount of blood in the stools, fever, abdominal pain, or eating is worse or the same**:

Change to second-line oral antibiotic recommended for dysentery in your area. Give it for 5 days. Advise the mother to return in 3 days. If you do not have the second line antibiotic. REFER TO HOSPITAL.

Exceptions if the child

- Is less than 12 months old.
- Was dehydrated on the first visit, or
- If he had measles within the last 3 months.

} REFER TO HOSPITAL

- If **fewer stools, less blood in stools, less fever, less abdominal pain, and eating better**, continue giving ciprofloxacin until finished.

Ensure that the mother understands the oral rehydration method fully and that she also understands the for an extra meal each day for a week.

# GIVE FOLLOW-UP CARE

## ➤ MALARIA

### If fever persists after 3 days:

Do a full reassessment of the child. > See *ASSESS & CLASSIFY chart*.  
DO NOT REPEAT the rapid diagnostic test if it was positive on the initial visit.

#### 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 there is no other **apparent cause of fever**:
  - If fever has been present for 7 days, refer for assessment.
  - Do microscopy to look for malaria parasite. If parasite are present and the child has finished a full course of the first line antimalarial, give the second-line antimalarial, if available or refer the child to the hospital.
  - If there is no other apparent cause of fever or you do not have a microscopy to check for parasites, refer the child to the hospital.

## ➤ FEVER: NO MALARIA

### If fever persists after 3 days:

Do a full reassessment of the child. > See *ASSESS & CLASSIFY chart*.  
Repeat the malaria test (RDT/BSE).

#### Treatment:

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If a child has a **positive malaria test**, give first-line oral antimalarial. Advise the mother to return in 3 days if fever persists.
- If the child has any **cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever**:
  - Treat with oral antimalarial. Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for 7 days, refer for assessment.

## ➤ MEASLES WITH EYE OR MOUTH COMPLICATIONS, GUM OR MOUTH ULCERS, OR THRUSH

### After 3 days:

Look for red eyes and pus draining from the eyes.  
Look at mouth ulcers.  
Smell 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 coming 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.

#### Treatment for thrush

- If thrush is worse check that treatment is being given correctly
- If the child has problems with swallowing, refer to hospital.
- If thrush is the same or better, and the child is feeding well, continue nystatine for total of 7 days.

# 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.**

## **EAR INFECTION**

### **After 5 days:**

Reassess for ear problem. > See *ASSESS & CLASSIFY* 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.

If **no ear pain or discharge**, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

- **Chronic ear infection:**

Check that the mother is wicking the ear correctly and giving quinolone drops three times a day. Encourage her to continue.

## **ANAEMIA**

### **After 14 days:**

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmar pallor after 2 months, refer for assessment.

## **FEEDING PROBLEM**

### **After 7 days:**

Reassess feeding. > See questions in the *COUNSEL THE MOTHER* 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 classified as MODERATE ACUTE MALNUTRITION, ask the mother to return 30 days after the initial visit to measure the child's WFH/L, MUAC.

## UNCOMPLICATED SEVERE ACUTE MALNUTRITION

### After 14 days or during regular follow up:

Do a full reassessment of the child. > See *ASSESS & CLASSIFY* chart.

Assess child with the same measurements (WFH/L, MUAC) as on the initial visit.

Check for oedema of both feet.

Check the child's appetite by offering ready-to use therapeutic food if the child is 6 months or older.

### Treatment:

If the child has **COMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet AND has developed a medical complication or oedema, or fails the appetite test), refer URGENTLY to hospital.

If the child has **UNCOMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet but NO medical complication and passes appetite test), counsel the mother and encourage her to continue with appropriate Nutritional therapy feeding. Ask mother to return again in 14 days.

If the child has **MODERATE ACUTE MALNUTRITION** (WFH/L between -3 and -2 z-scores or MUAC between 115 and 125 mm), advise the mother to continue Nutritional therapy. Counsel her to start other foods according to the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart). Tell her to return again in 14 days .continue to see the child every 14 days until the child's WFH/L is -2-Z scores or more and/or MUAC is 125 mm or more.

If the child has **NO ACUTE MALNUTRITION** (WFH/L is -2 z-scores or more, or MUAC is 125 mm or more), praise the mother, STOP Nutritional therapy and counsel her about the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart).

## MODERATE ACUTE MALNUTRITION

### After 30 days:

Assess the child using the same measurement (WFH/L or MUAC) used on the initial visit:

- If WFH/L, weigh the child, measure height or length and determine if WFH/L.
- If MUAC, measure using MUAC tape.
- Check the child for oedema of both feet.

*Reassess feeding. See questions in the COUNSEL THE MOTHER chart.*

### Treatment:

If the child is no longer classified as **MODERATE ACUTE MALNUTRITION**, praise the mother and encourage her to continue.

If the child is still classified as **MODERATE ACUTE MALNUTRITION**, 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 his or her WFH/L is -2 z-scores or more or MUAC is 125 mm. or more.

### Exception:

If you do not think that feeding will improve, or if the child has lost weight or his or her MUAC has diminished, refer the child.



# COUNSEL THE MOTHER



## FEEDING COUNSELLING

### ***Assess Child's Appetite***

All children aged 6 months or more with SEVERE ACUTE MALNUTRITION (oedema of both feet or WFH/L less than -3 z-scores or MUAC less than 115 mm) and no medical complication should be assessed for appetite.

Appetite is assessed on the initial visit and at each follow-up visit to the health facility. Arrange a quiet corner where the child and mother can take their time to get accustomed to eating the Nutritional therapy. Usually the child eats the Nutritional therapy portion in 30 minutes.

### **Explain to the mother:**

The purpose of assessing the child's appetite.

What is ready-to-use-therapeutic food (Nutritional therapy)

How to give Nutritional therapy :

- Wash hands before giving the Nutritional therapy
- Sit with the child on the lap and gently offer the child Nutritional therapy to eat.
- Encourage the child to eat the Nutritional therapy without feeding by force.
- Offer plenty of clean water to drink from a cup when the child is eating the Nutritional therapy.

### **Offer appropriate amount of Nutritional therapy to the child to eat:**

After 30 minutes check if the child was able to finish or not able to finish the amount of Nutritional therapy given and decide:

- Child **ABLE** to finish at least one-third of a packet of Nutritional therapy portion (92 g) or 3 teaspoons from a pot within 30 minutes.
- Child **NOT ABLE** to eat one-third of a packet of Nutritional therapy portion (92 g) or 3 teaspoons from a pot within 30 minutes.

# FEEDING COUNSELLING

## ***Assess Child's Feeding***

**Assess feeding if child is Less Than 2 Years Old, Has MODERATE ACUTE MALNUTRITION, ANAEMIA.** 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.

**ASK - How are you feeding your child?**

**If the child is receiving *any* breast milk, ASK:**

- 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?
- 

**If MODERATE ACUTE MALNUTRITION , ASK:**

- How large are servings?
- Does the child receive his own serving?
- Who feeds the child and how?
- What foods are available in the home?
- 

**During this illness, has the child's feeding changed?**

- If yes, how?

# FEEDING COUNSELLING

## Feeding Recommendations

Feeding recommendations FOR ALL CHILDREN during sickness and health.

### First 6 Months of Age



- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
  - Do not give other foods or fluids. Not even water.
- Remember:**  
Continue breast feeding if the child is sick
- Play:**  
Have large colourful things for your child to reach for, and new things to see
- Communicate:**  
Talk to and respond to your child. Get a conversation going with sounds or gestures (copy your child)

### After 6 Months up to 12 Months



- Breastfeed as often as the child wants
  - After breastfeeding, give adequate servings of rice with dal, halwa, khichuri, egg, fish, green leafy vegetable, and yellow fruits such as papaya, mango, banana, and jackfruit.  
6 months up to 9 months. 1/2 of 250 ml bowl/cup— 2 times/day  
9 months up to 12 months, 1/2 of 250 ml bowl/cup—3 times/day  
1– 2 snacks may be offered.
- Remember:**
- Keep the child in your lap and feed with your own hands
  - Wash your own and child's hand with soap and water every time before feeding
- Play:**
- Active play with your child. Give your child clean, safe household things to handle, bang and drop
- Communicate:**
- Respond to your child's sounds and interests. Tell the child the names of things and people

### 12 Months up to 2 Years



- Breastfeed as often as the child wants.
  - Before breastfeeding, give adequate servings of rice with dal, halwa, khichuri, egg, fish, green leafy vegetable, and yellow fruits such as papaya, mango, banana and jackfruit; or give family foods 5 times per day.  
250 ml bowl/cup—3 times/day  
1-2 snacks may be offered.
- Remember:**
- Sit by the side of child and help him to finish the serving
  - Wash your own and child's hands with soap and water every time before feeding.
- Play:**
- Give your child things to stack up, and to put into containers and take out
- Communicate:**
- Ask, your child simple questions. Respond to your child's attempts to talk. Play games like "bye-bye" and "peek-a-boo".

### 2 Years and Older



- Give family foods at least 3 meals each day. Also, twice daily, give nutritious food between meals, such as puffed rice with oil, roti, biscuit, ripe papaya, ripe banana, ripe mango, jackfruit.
- Remember:**
- Ensure that child finishes the serving
  - Teach your child wash his/her hands with soap and water every time before feeding
- Play:**
- Make simple toys for your child
- Communicate:**
- Help your child count, name and compare things.

\* A good quality food should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs or pulses; and fruits and vegetables.

## 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.
- For other foods, follow feeding recommendations for the child's age.

# FEEDING COUNSELLING

## ***Stopping Breastfeeding***

**STOPPING BREASTFEEDING** means changing from all breast milk to no breast milk. This should happen gradually over one month. Plan in advance for a safe transition.

### **1. HELP MOTHER PREPARE:**

- Mother should discuss and plan in advance with her family, if possible
- Express milk and give by cup
- Find a regular supply of formula or other milk (e.g. full cream cow's milk)
- Learn how to prepare and store milk safely at home

### **2. HELP MOTHER MAKE TRANSITION:**

- Teach mother to cup feed (See chart booklet Counsel part in Assess, classify and treat the sick young infant aged up to 2 months)
- Clean all utensils with soap and water
- Start giving only formula or cow's milk once baby takes all feeds by cup

### **3. STOP BREASTFEEDING COMPLETELY:**

- Express and discard enough breast milk to keep comfortable until lactation stops

# EXTRA FLUIDS AND MOTHER'S HEALTH

## ***Advise the Mother to Increase Fluid During Illness***

### **FOR ANY SICK CHILD:**

Breastfeed more frequently and for longer at each feed. If child is taking breast-milk substitutes, increase the amount of milk given. Increase other fluids. 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.

## ***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.
- Check the mother's immunization status and give her tetanus toxoid if needed.
- Make sure she has access to:
  - Family planning
  - Counselling on STD and AIDS prevention.



# WHEN TO RETURN

## ➤ Advise the Mother When to Return to Health Worker

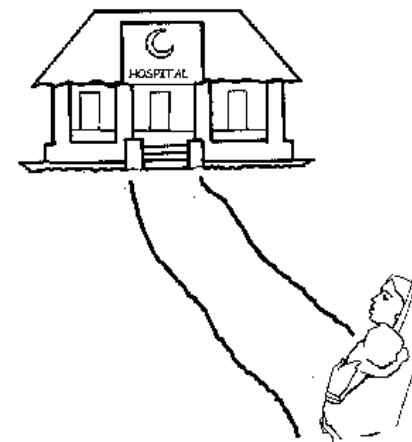
### FOLLOW-UP VISIT

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<br>DYSENTERY<br>MALARIA, if fever persists<br>FEVER-NO MALARIA, if fever persists<br>MEASLES WITH EYE OR MOUTH COMPLICATIONS<br>MOUTH OR GUM ULCERS OR THRUSH | 3 days                   |
| PERSISTENT DIARRHOEA<br>ACUTE EAR INFECTION<br>CHRONIC EAR INFECTION<br>COUGH OR COLD , if not improving                                                                | 5 days                   |
| ANAEMIA                                                                                                                                                                 | 14 days                  |
| MODERATE ACUTE MALNUTRITION                                                                                                                                             | 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                                               | <ul style="list-style-type: none"> <li>• Not able to drink or breastfeed</li> <li>• Becomes sicker</li> <li>• Develops fever</li> </ul> |
| If child has NO PNEUMONIA:<br>COUGH OR COLD, also return if: | <ul style="list-style-type: none"> <li>• Fast breathing</li> <li>• Difficult breathing</li> </ul>                                       |
| If child has Diarrhoea, also return if:                      | <ul style="list-style-type: none"> <li>• Blood in stool</li> <li>• Drinking poorly</li> </ul>                                           |



# ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

## ASSESS

**-GREET THE MOTHER/CAREGIVER**  
**-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.
  - if initial visit, assess the young infant as follows:

## CLASSIFY

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

## IDENTIFY TREATMENT

### CHECK FOR VERY SEVERE DISEASE AND LOCAL BACTERIAL INFECTION

| ASK:                                                                                                                                       | LOOK, LISTEN, FEEL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Is the infant having difficulty in feeding?</li> <li>• Has the infant had convulsions?</li> </ul> | <ul style="list-style-type: none"> <li>• Count the breaths in one minute. Repeat the count if elevated.</li> <li>• Look for severe chest indrawing.</li> <li>• Measure temperature (or feel for fever or low body temperature).</li> <li>• Look at the umbilicus. Is it red or draining pus?</li> <li>• Look for skin pustules.</li> <li>• Look at the young infant's movements. If infant is sleeping, ask the mother to wake him/her.               <ul style="list-style-type: none"> <li>- Does the infant move on his/her own?</li> <li>- If the infant is not moving, gently stimulate him/her.</li> <li>- Does the infant move only when stimulated but then stops?</li> <li>- Does the infant not move at all ?</li> </ul> </li> </ul> | <div style="font-size: 3em;">}</div> <p><b>YOUNG INFANT MUST BE CALM</b></p> |

**Classify ALL YOUNG INFANTS**

| SIGNS                                                                                                                                                                                                                                                                                                                                                                            | CLASSIFY AS                                       | IDENTIFY TREATMENT<br>(Urgent pre-referral treatments are in bold print)                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Not feeding well or</li> <li>• Convulsions or</li> <li>• Fast breathing (60 breaths per minute or more) or</li> <li>• Severe chest indrawing or</li> <li>• Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) or</li> <li>• Movement only when stimulated or No movement at all</li> </ul> | <b>VERY SEVERE DISEASE</b>                        | <ul style="list-style-type: none"> <li>➤ <b>Give first dose of intramuscular antibiotics.</b></li> <li>➤ <b>Treat the young infant to prevent low blood sugar.</b></li> <li>➤ <b>Advise mother how to keep the infant warm on the way to the hospital.</b></li> <li>➤ <b>Refer URGENTLY to hospital.**</b></li> </ul> |
| <ul style="list-style-type: none"> <li>• Umbilicus red or draining pus or</li> <li>• Skin pustules</li> </ul>                                                                                                                                                                                                                                                                    | <b>LOCAL BACTERIAL INFECTION</b>                  | <ul style="list-style-type: none"> <li>➤ <b>Give an appropriate oral antibiotic</b></li> <li>➤ Teach mother to treat local skin infection at home.</li> <li>➤ Follow up in 2 days</li> </ul>                                                                                                                          |
| <ul style="list-style-type: none"> <li>• None of the signs of very severe disease or local bacterial infection</li> </ul>                                                                                                                                                                                                                                                        | <b>SEVERE DISEASE OR LOCAL INFECTION UNLIKELY</b> | <ul style="list-style-type: none"> <li>➤ Advise mother to give home care for the young infant.</li> </ul>                                                                                                                                                                                                             |

\* These thresholds are based on axillary temperature. The thresholds for rectal temperature readings are approximately 0.5°C higher.

\*\* If referral is not possible, see *Integrated Management of Childhood Illness*, *Treat the Child*, Annex: "Where Referral Is Not Possible."

## THEN CHECK FOR JAUNDICE:

### **If jaundice, ASK:**

- When did jaundice first appear?

### **LOOK :**

- Look for jaundice (yellow eyes or skin).
- Look at the young infant's palms and soles. Are they yellow?

### **Classify Jaundice**

|                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Any jaundice if age less than 24 hours or</li> <li>• Yellow palms and soles at any age</li> </ul>    | <b>SEVERE JAUNDICE</b> | <ul style="list-style-type: none"> <li>➤ <i>Treat the young infant to prevent low blood sugar.</i></li> <li>➤ <i>Advise mother how to keep the infant warm on the way to the hospital.</i></li> <li>➤ <i>Refer URGENTLY to hospital.</i></li> </ul>                                                                    |
| <ul style="list-style-type: none"> <li>• Jaundice appearing after 24 hours of age <u>and</u></li> <li>• Palms and soles not yellow</li> </ul> | <b>JAUNDICE</b>        | <ul style="list-style-type: none"> <li>➤ Advise the mother to give home care for the young infant</li> <li>➤ Advise mother to return immediately if palms and soles appear yellow.</li> <li>➤ If the young infant is older than 3 weeks, refer to a hospital for assessment.</li> <li>➤ Follow-up in 2 day.</li> </ul> |
| <ul style="list-style-type: none"> <li>• No jaundice</li> </ul>                                                                               | <b>NO JAUNDICE</b>     | <ul style="list-style-type: none"> <li>➤ Advise the mother to give home care for the young infant.</li> </ul>                                                                                                                                                                                                          |

## THEN ASK:

### Does the young infant have diarrhoea? \*

#### IF YES, LOOK AND FEEL:

- Look at the young infant's general condition:
  - Infant's movements
    - Does the infant move on his/her own?
    - Does the infant move only when stimulated but then stops?
    - Does the infant not move at all?
    - Is the infant restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - or slowly?

**Classify  
DIARRHOEA  
for  
DEHYDRATION**

|                                                                                                                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Two of the following signs: <ul style="list-style-type: none"> <li>• Movement only when stimulated or no movement at all</li> <li>• Sunken eyes</li> <li>• Skin pinch goes back very slowly.</li> </ul> | <b>SEVERE DEHYDRATION</b> | ➤ If infant does not have <b>VERY SEVERE DISEASE</b> : <ul style="list-style-type: none"> <li>- Give fluid for severe dehydration (Plan C).</li> </ul> OR<br>➤ <i>If infant also has VERY SEVERE DISEASE: Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way and advise mother how to keep the infant warm on the way to the hospital.</i><br>➤ <i>Advise mother to continue breastfeeding.</i> |
| Two of the following signs: <ul style="list-style-type: none"> <li>• Restless, irritable</li> <li>• Sunken eyes</li> <li>• Skin pinch goes back slowly.</li> </ul>                                      | <b>SOME DEHYDRATION</b>   | ➤ Give fluid and food for some dehydration (Plan B).<br>➤ <i>If infant also has VERY SEVERE DISEASE: Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way and advise mother how to keep the infant warm on the way to the hospital.</i><br>➤ <i>Advise mother to continue breastfeeding.</i><br>➤ Follow-up in 2 days if not improving                                                            |
| • Not enough signs to classify as some or severe dehydration.                                                                                                                                           | <b>NO DEHYDRATION</b>     | ➤ Give fluids to treat diarrhoea at home (Plan A).                                                                                                                                                                                                                                                                                                                                                                         |

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

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

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

## THEN CHECK FOR FEEDING PROBLEM OR LOW

| <p><b>ASK:</b></p> <ul style="list-style-type: none"> <li>Is the infant breastfed? If yes, how many times in 24 hours?</li> <li>Does the infant usually receive any other food or drink? If yes, how often?</li> <li>What do you use to feed the infant?</li> </ul> <p><b>LOOK AND FEEL:</b></p> <ul style="list-style-type: none"> <li>Determine weight for age.</li> <li>Thrush (ulcers or white patches in mouth)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Classify FEEDING</b></p>  | <ul style="list-style-type: none"> <li>Not well attached to breast or</li> <li>Not suckling effectively or</li> <li>Less than 8 breastfeeds in 24 hours or</li> <li>Receives other foods or drinks or</li> <li>Low weight for age or</li> <li>Thrush (ulcers or white patches in mouth)</li> </ul> | <p><b>FEEDING PROBLEM OR LOW WEIGHT</b></p> | <ul style="list-style-type: none"> <li>If not well attached or not suckling effectively, teach correct positioning and attachment.               <ul style="list-style-type: none"> <li>If not able to attach well immediately, teach the mother to express breast milk and feed by a cup</li> </ul> </li> <li>If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. Advise her to breastfeed as often and for as long as the infant wants, day and night.</li> <li>If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup.               <ul style="list-style-type: none"> <li>If not breastfeeding at all:                   <ul style="list-style-type: none"> <li>Refer for breastfeeding counselling and possible relaxation.</li> <li>Advise about correctly preparing breastmilk substitutes and using a cup.</li> </ul> </li> </ul> </li> <li>Advise the mother how to feed and keep the low weight infant warm at home</li> <li>If thrush, teach the mother to treat thrush at home.</li> <li>Advise mother to give home care for the young infant.</li> <li>Follow-up any feeding problem or thrush in 2 days.</li> <li>Follow-up low weight for age in 14 days.</li> </ul> |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
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| <p>IF AN INFANT: <b>Has any difficulty feeding, Is breastfeeding less than 8 times in 24 hours, Is taking any other foods or drinks, or Is low weight for age,</b></p> <p>AND</p> <p><b>Has no indications to refer urgently to hospital:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
| <p><b>ASSESS BREASTFEEDING:</b></p> <ul style="list-style-type: none"> <li>Has the infant breastfed in the previous hour?               <ul style="list-style-type: none"> <li>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.</li> <li>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 ?</li> </ul> </li> </ul> <p><b>1. Is the infant able to attach?</b><br/> <i>No attachment at all   Not well attached   Good attachment</i></p> <div data-bbox="136 916 624 1082"> <p><b>TO CHECK ATTACHMENT, LOOK FOR:</b></p> <table border="0"> <tr> <td>- Chin touching breast</td> <td>Yes__ No__</td> </tr> <tr> <td>- Mouth wide open</td> <td>Yes__ No__</td> </tr> <tr> <td>- Lower lip turned outward</td> <td>Yes__ No__</td> </tr> <tr> <td>- More areola above than below the mouth</td> <td>Yes__ No__</td> </tr> </table> <p>(All of these signs should be present if the attachment is good.)</p> </div> <p><b>2. Is the infant well positioned?</b></p> <div data-bbox="136 1190 609 1318"> <p><b>TO CHECK POSITIONING, LOOK FOR:</b></p> <table border="0"> <tr> <td>- Straight head and body.</td> <td>Yes__ No__</td> </tr> <tr> <td>- Body close to the mother.</td> <td>Yes__ No__</td> </tr> <tr> <td>- The whole body fully supported.</td> <td>Yes__ No__</td> </tr> <tr> <td>- Facing breast, nose opposite to nipple.</td> <td>Yes__ No__</td> </tr> </table> </div> <p><i>Well positioned                      Not well positioned</i></p> <p><b>3. Is the infant sucking effectively ?</b></p> <div data-bbox="651 916 994 1091"> <p>Slow deep sucks, sometimes pausing</p> <table border="0"> <tr> <td><i>Not suckling at all</i></td> <td><i>Not suckling effectively</i></td> <td><i>Suckling effectively</i></td> </tr> </table> <p>Clear a blocked nose if it interferes with breastfeeding.</p> </div> <p><b>4. Look for ulcers or white patches in the mouth (thrush).</b></p> <p><b>5. Does the mother have pain while breastfeeding?</b><br/>         If yes, look and feel for:         <ul style="list-style-type: none"> <li>Flat or inverted nipples, or sore nipples</li> <li>Engorged breasts or breast abscess</li> </ul> </p> | - 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__ | - Straight head and body. | Yes__ No__ | - Body close to the mother. | Yes__ No__ | - The whole body fully supported. | Yes__ No__ | - Facing breast, nose opposite to nipple. | Yes__ No__ | <i>Not suckling at all</i> | <i>Not suckling effectively</i> | <i>Suckling effectively</i> |  |  |  |  |
| - 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__                      |                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
| - Straight head and body.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes__ No__                      |                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
| - Body close to the mother.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes__ No__                      |                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
| - The whole body fully supported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes__ No__                      |                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
| - Facing breast, nose opposite to nipple.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes__ No__                      |                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
| <i>Not suckling at all</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>Not suckling effectively</i> | <i>Suckling effectively</i>                                                                                                                                                                                                                                                                        |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <ul style="list-style-type: none"> <li>Not low weight for age and no other signs of inadequate feeding.</li> </ul>                                                                                                                                                                                 | <p><b>NO FEEDING PROBLEM</b></p>            | <ul style="list-style-type: none"> <li>Advise mother to give home care for the young infant.</li> <li>Praise the mother for feeding the infant well.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |            |                                          |            |                           |            |                             |            |                                   |            |                                           |            |                            |                                 |                             |  |  |  |  |

## THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

| IMMUNIZATION SCHEDULE:                                                                                                                                                                                          | <u>AGE</u>       | <u>VACCINE</u> |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|----------------|
|                                                                                                                                                                                                                 | Birth<br>6 weeks | BCG<br>Penta-1 | OPV-0<br>OPV-1 |
| <ul style="list-style-type: none"><li>➤ Check the mother's immunization status and give her tetanus toxoid if needed.</li><li>➤ Check the mother's Vitamin A status and give her Vitamin A if needed.</li></ul> |                  |                |                |

## ASSESS OTHER PROBLEMS

## ASSESS THE MOTHER HEALTH NEEDS

Nutritional status and anemia ,contraception ,check hygienic practices.

# TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

## ➤ Give First Dose of Intramuscular Antibiotics

### • For VERY SEVERE DISEASE,

- Give first dose of both ampicillin and gentamicin intramuscular and REFER urgently to hospital.

| WEIGHT | GENTAMICIN<br>Dose: 5 mg per kg   |                                              | AMPICILLIN<br>Dose: 100 mg per kg<br>(Vial of 500 mg mixed with 2.1 ml of sterile water<br>for injection to give 500mg/2.5 ml or 200mg/1 ml) |
|--------|-----------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|        | Undiluted 2 ml vial<br>containing | Add 6 ml sterile water to 2 ml<br>containing |                                                                                                                                              |
|        | 20 mg = 2 ml at 10 mg/ml          | OR 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                                                                                                                                       |

- Referral is the best option for a young infant classification with Very Severe Disease, 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 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) expressed breastmilk before departure. If not possible to give expressed breastmilk, 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 young infant is not able to swallow:

Give 20-50 ml (10 ml/kg) 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

- Provide skin to skin contact, OR
- Keep the young infant clothed or covered as much as possible all the time. Dress the young infant with extra clothing including hat, gloves, socks and wrap the infant in a soft dry cloth and cover with a blanket.

# TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

## ➤ Give an Appropriate Oral Antibiotic

### For local bacterial infection:

First-line antibiotic : AMOXYCILLIN  
Second-line antibiotic: COTRIMOXAZOLE

| AGE or WEIGHT                   | AMOXYCILLIN<br>➤ Give three times daily for 5 days |                         | COTRIMOXAZOLE<br>(trimethoprim + sulphamethoxazole)<br>➤ Give two times daily for 5 days |                                                                     |
|---------------------------------|----------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                                 | Tablet<br>250 mg                                   | Syrup<br>125 mg in 5 ml | Adult Tablet<br>single strength<br>(80 mg trimethoprim + 400 mg sulphamethoxazole)       | Pediatric Tablet<br>(20 mg trimethoprim + 100 mg sulphamethoxazole) |
| Birth up to 1 month (< 3 kg)    |                                                    | 1.25 ml                 |                                                                                          | 1/2*                                                                |
| 1 month up to 2 months (3-4 kg) | 1/4                                                | 2.5 ml                  | 1/4                                                                                      | 1                                                                   |

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

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

## ➤ 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.
- Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

### To Treat Skin Pustules or Umbilical Infection

The mother should do 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/cord with full strength gentian violet (0.5%)
- Wash hands

### To Treat Thrush (ulcers or white patches in mouth)

The mother should do the treatment four times daily for 7 days:

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

➤ **To Treat Diarrhoea, See TREAT THE CHILD Chart.**



# TREAT THE YOUNG INFANT AND 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 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 on to 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.

## ➤ ***Teach the Mother How to Express Breast Milk***

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 under side 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 around the breast, keeping her fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move her thumb or finger on the skin.
- Express one breast until the milk just drips, then express the other breast until the milk just drips.
- Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes.
- Stop expressing when the milk no longer flows but drips from the start.

## ➤ ***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 cup 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 diluted cow/goat milk with added sugar by cup and spoon.

## TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

### ➤ *Teach the Mother How to Feed by a Cup*

- Put a cloth on the infant's front to protect his clothes as some milk can 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.

### ➤ *Teach the Mother How to Keep the Low Weight Infant Warm at Home*

- Keep the young infant in the same bed with the mother.
- Keep the room warm (at least 25°C) with home heating device and make sure that there is no draught of cold air.
- Avoid bathing the low weight infant. When washing or bathing, 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 on the mother's chest between the mother's breasts. Keep the infant's head turned to one side
  - Cover the infant with mother's clothes (and an additional warm blanket in cold weather)
- When not in skin to skin contact, keep the young infant clothed or covered as much as possible at all times. Dress the young infant with extra clothing including hat and socks, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
- Check frequently if the hands and feet are warm. If cold, re-warm the baby using skin to skin contact.
- Breastfeed (or give expressed breast milk by cup) the infant frequently

## **COUNSEL THE MOTHER**

### ***ADVISE THE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT***

#### **1. EXCLUSIVELY BREASTFEED THE YOUNG INFANT**

Give only breastfeeds to the young infant. Breastfeed frequently, as often and for as long as the infant wants.

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

In cool weather cover the infant's head and feet and dress the infant with extra clothing.

#### ***Follow-up Visit:***

| <b>If the infant has:</b>                                               | <b>Return for follow-up in:</b> |
|-------------------------------------------------------------------------|---------------------------------|
| JAUNDICE                                                                | 1 days                          |
| LOCAL BACTERIAL INFECTION<br>ANY FEEDING PROBLEM<br>THRUSH<br>DIARRHOEA | 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
- Reduced activity
- Becomes sicker
- Develops a fever
- Feels unusually cold
- Fast breathing
- Difficult breathing
- Palms and sole appear yellow

# 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 at the skin pustules.

### **Treatment:**

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

## **JAUNDICE**

### **After 1 day:**

Look for jaundice. Are palms and soles yellow?

### **Treatment:**

- If palms and soles are yellow, refer to hospital.
- If palms and soles are not yellow, but jaundice has not decreased, advise the mother home care and ask her to return for follow up in 1 day.
- If jaundice has started decreasing, reassure the mother and ask her to continue home care. Ask her to return for follow up at 2 weeks of age. If jaundice continues beyond two weeks of age, refer the young infant to a hospital for further assessment.

## GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

### ➤ **FEEDING PROBLEM**

After 2 days:

Reassess feeding. > See "Then Check for Feeding 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.
- 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.

**Exception:**

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

### ➤ **LOW WEIGHT FOR AGE**

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 month 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 14 days (or when she returns for immunization, if this is within 2 weeks). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

**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** check that treatment is being given correctly.
- If 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 half-strength gentian violet for a total of 7 days.

**INSERT RECORDING FORM (infant age up to 2 months)**  
**From FILE Recording Form**  
**PAGE 1**

**INSERT RECORDING FORM (infant age up to 2 months  
From FILE Recording Form  
PAGE 2**

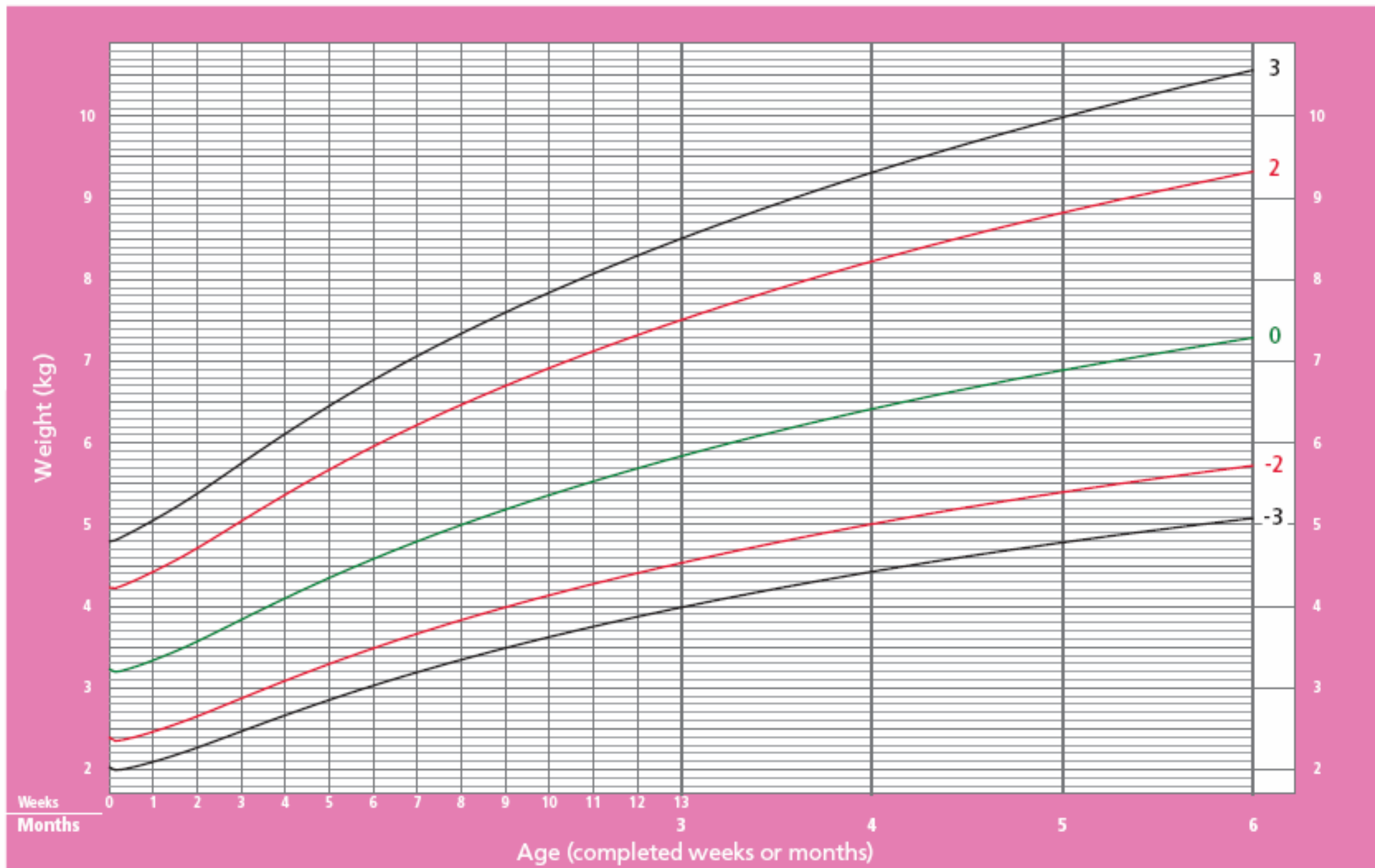
**INSERT RECORDING FORM (2 months upto 5 years)**  
**From FILE Recording Form**  
**PAGE 1**



**INSERT RECORDING FORM (2 months upto 5 years))**  
**From FILE Recording Form**  
**PAGE 2**

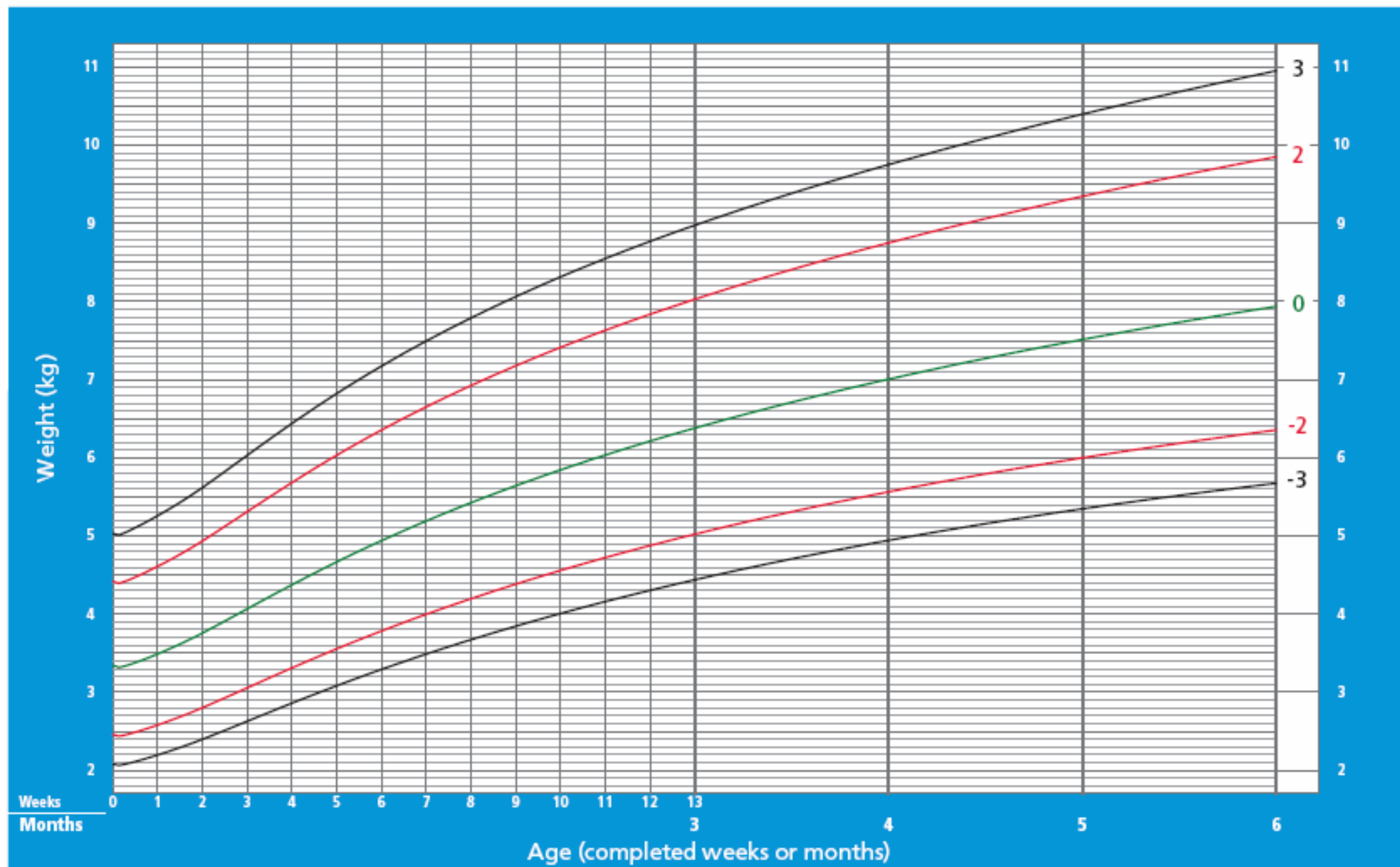
# Weight-for-age GIRLS

Birth to 6 months (z-scores)



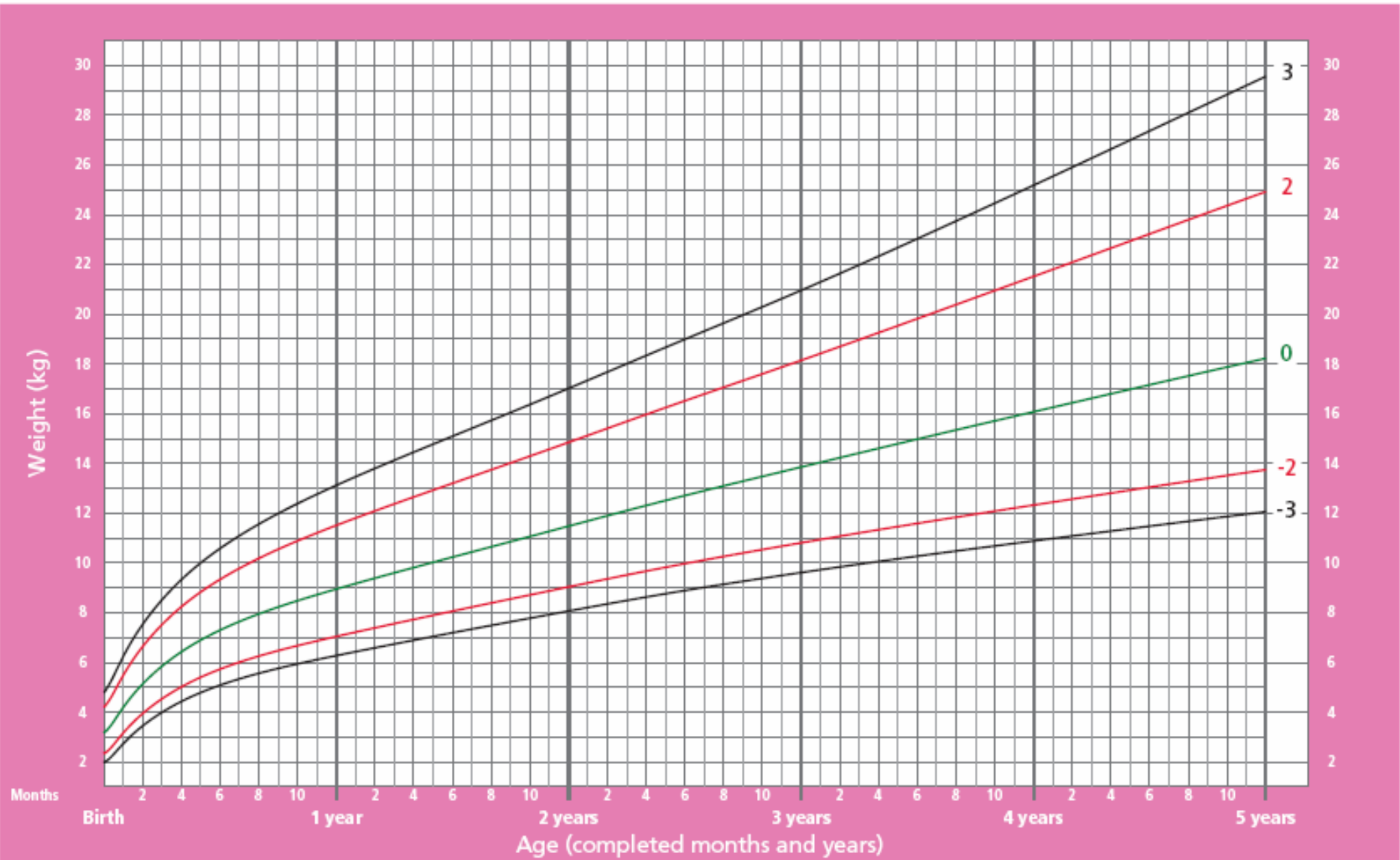
# Weight-for-age BOYS

Birth to 6 months (z-scores)



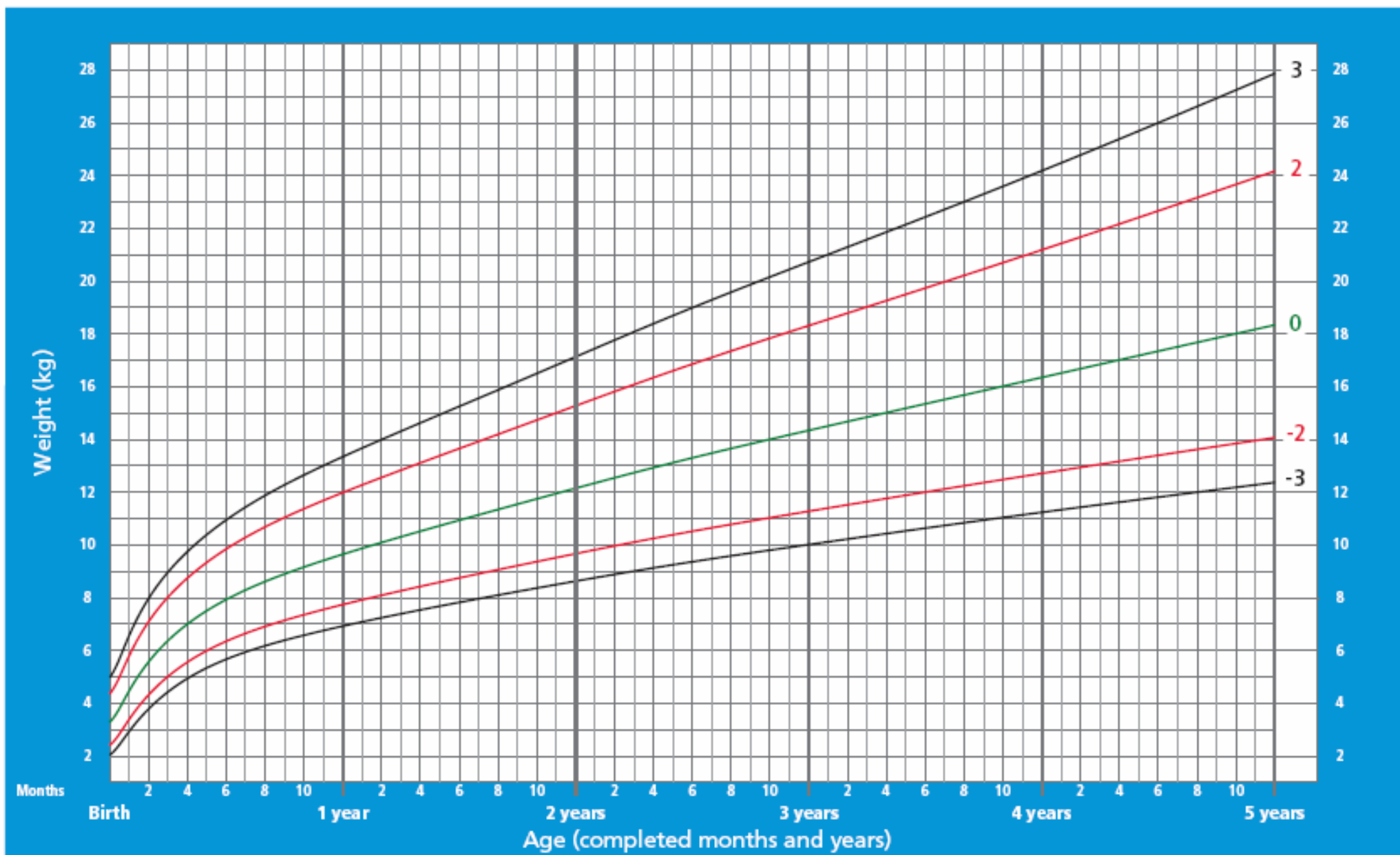
# Weight-for-age GIRLS

Birth to 5 years (z-scores)



# Weight-for-age BOYS

Birth to 5 years (z-scores)



Temperature  
Conversion Table  
°C / °F

| <b>°F</b>   | <b>to</b> | <b>°C</b>    |
|-------------|-----------|--------------|
| <b>0</b>    | <b>=</b>  | <b>-17.7</b> |
| <b>95</b>   | <b>=</b>  | <b>35.0</b>  |
| <b>97</b>   | <b>=</b>  | <b>36.1</b>  |
| <b>98</b>   | <b>=</b>  | <b>36.6</b>  |
| <b>98.6</b> | <b>=</b>  | <b>37.0</b>  |
| <b>99</b>   | <b>=</b>  | <b>37.2</b>  |
| <b>100</b>  | <b>=</b>  | <b>37.7</b>  |
| <b>101</b>  | <b>=</b>  | <b>38.3</b>  |
| <b>102</b>  | <b>=</b>  | <b>38.8</b>  |
| <b>103</b>  | <b>=</b>  | <b>39.4</b>  |
| <b>104</b>  | <b>=</b>  | <b>40.0</b>  |
| <b>105</b>  | <b>=</b>  | <b>40.5</b>  |
| <b>106</b>  | <b>=</b>  | <b>41.1</b>  |