CHILD AGED 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

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

ASSESS

ASK THE MOTHER WHAT THE CHILD’S PROBLEMS ARE
• Determine whether 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

<table>
<thead>
<tr>
<th>ASK:</th>
<th>LOOK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child able to drink or breastfeed?</td>
<td>See if the child is lethargic or unconscious.</td>
</tr>
<tr>
<td>Does the child vomit everything?</td>
<td>Is the child convulsing now?</td>
</tr>
<tr>
<td>Has the child had convulsions?</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>IF YES, ASK:</th>
<th>LOOK, LISTEN, FEEL:</th>
<th>Classify COUGH or DIFFICULT BREATHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>For how long?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Count the breaths in one minute.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Look for chest indrawing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Look and listen for stridor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Look and listen for wheezing.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If wheezing and either fast breathing or chest indrawing: Give a trial of rapid acting inhaled bronchodilator for up to three times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.

CHILD MUST BE CALM

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| • Any general danger sign or chest indrawing or stridor in a calm child | SEVERE PNEUMONIA OR VERY SEVERE DISEASE | • Give first dose of an appropriate antibiotic
  • Give oral antibiotic for 3 days
  • If wheezing (even if it disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days**
  • Soothe the throat and relieve the cough with a safe remedy
  • If coughing for more than 3 weeks or if having recurrent wheezing, refer for assessment for TB or asthma
  • Advise the mother when to return immediately
  • Follow-up in 2 days

• Fast breathing

PNEUMONIA

• No signs of pneumonia or very severe disease

COUGH OR COLD

• If wheezing (even if it disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days**
  • Soothe the throat and relieve the cough with a safe remedy
  • If coughing for more than 3 weeks or if having recurrent wheezing, refer for assessment for TB or asthma
  • Advise mother when to return immediately
  • Follow up in 5 days if not improving

*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.

**In settings where inhaled bronchodilator is not available, oral salbutamol may be the second choice
Does the child have diarrhoea?

**IF YES, LOOK AND FEEL:**

- For how long?
- Is there blood in the stool?
- Look at the child’s general condition.
- Look for sunken eyes.
- Offer the child fluid. Is the child:
  - Not able to drink or drinking poorly?
  - Drinking eagerly, thirsty?
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

**Classify DIARRHOEA**

**for DEHYDRATION**

**SEVERE DEHYDRATION**
- Two of the following signs:
  - Lethargic or unconscious
  - Sunken eyes
  - Not able to drink or drinking poorly
  - Skin pinch goes back very slowly.
- If child has no other severe classification:
  - Give fluid for severe dehydration (Plan C) OR
- If child also has another severe classification:
  - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way
  - Advise the mother to continue breastfeeding
- If child is 2 years or older and there is cholera in your area, give antibiotic for cholera

**SOME DEHYDRATION**
- Two of the following signs:
  - Restless, irritable
  - Sunken eyes
  - Drinks eagerly, thirsty
  - Skin pinch goes back slowly
- Give fluid, zinc supplements and food for some dehydration (Plan B)
- If child also has a severe classification:
  - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way
  - Advise the mother to continue breastfeeding
- Advise mother when to return immediately
- Follow-up in 5 days if not improving.

**NO DEHYDRATION**
- Not enough signs to classify as some or severe dehydration
- Give fluid, zinc supplements and food to treat diarrhoea at home (Plan A)
- Advise mother when to return immediately
- Follow-up in 5 days if not improving.

**and if diarrhoea for 14 days or more**

**SEVERE PERSISTENT DIARRHOEA**
- Dehydration present
- Treat dehydration before referral unless the child has another severe classification
- Refer to hospital

**PERSISTENT DIARRHOEA**
- No dehydration
- Advise the mother on feeding a child who has PERSISTENT DIARRHOEA
- Give multivitamins and minerals (including zinc) for 14 days
- Follow up in 5 days

**and if blood in stool**

**DYSENTERY**
- Blood in the stool
- Give ciprofloxacin for 3 days
- Follow-up in 2 days
Does the child have fever?
(by history or feels hot or temperature 37.5°C** or above)

** These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.
*** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.

<table>
<thead>
<tr>
<th>HIGH MALARIA RISK</th>
<th>VERY SEVERE FEBRILE DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any general danger sign or</td>
<td>• Give quinine for severe malaria (first dose)</td>
</tr>
<tr>
<td>• Stiff neck.</td>
<td>• Give first dose of an appropriate antibiotic</td>
</tr>
<tr>
<td></td>
<td>• Treat the child to prevent low blood sugar</td>
</tr>
<tr>
<td></td>
<td>• Give one dose of paracetamol in clinic for high fever (38.5°C or above)</td>
</tr>
<tr>
<td></td>
<td>• Refer URGENTLY to hospital</td>
</tr>
<tr>
<td>• Fever (by history or feels hot or temperature 37.5°C** or above)</td>
<td>• Give oral co-artemether or other recommended antimalarial</td>
</tr>
<tr>
<td></td>
<td>• Give one dose of paracetamol in clinic for high fever (38.5°C or above)</td>
</tr>
<tr>
<td></td>
<td>• Advise mother when to return immediately</td>
</tr>
<tr>
<td></td>
<td>• Follow-up in 2 days if fever persists</td>
</tr>
<tr>
<td></td>
<td>• If fever is present every day for more than 7 days, refer for assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOW MALARIA RISK</th>
<th>VERY SEVERE FEBRILE DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any general danger sign or</td>
<td>• Give quinine for severe malaria (first dose) unless no malaria risk</td>
</tr>
<tr>
<td>• Stiff neck.</td>
<td>• Give first dose of an appropriate antibiotic</td>
</tr>
<tr>
<td></td>
<td>• Treat the child to prevent low blood sugar</td>
</tr>
<tr>
<td></td>
<td>• Give one dose of paracetamol in clinic for high fever (38.5°C or above)</td>
</tr>
<tr>
<td></td>
<td>• Refer URGENTLY to hospital</td>
</tr>
<tr>
<td>• NO runny nose and</td>
<td>• Give oral co-artemether or other recommended antimalarial</td>
</tr>
<tr>
<td>NO measles and</td>
<td>• Give one dose of paracetamol in clinic for high fever (38.5°C or above)</td>
</tr>
<tr>
<td>NO other cause of fever</td>
<td>• Advise mother when to return immediately</td>
</tr>
<tr>
<td></td>
<td>• Follow-up in 2 days if fever persists</td>
</tr>
<tr>
<td></td>
<td>• If fever is present every day for more than 7 days, refer for assessment</td>
</tr>
<tr>
<td>• Runny nose PRESENT or</td>
<td>• Give one dose of paracetamol in clinic for high fever (38.5°C or above)</td>
</tr>
<tr>
<td>Measles PRESENT or</td>
<td>• Advise mother when to return immediately</td>
</tr>
<tr>
<td>• Other cause of fever PRESENT</td>
<td>• Follow-up in 2 days if fever persists</td>
</tr>
<tr>
<td></td>
<td>• If fever is present every day for more than 7 days, refer for assessment</td>
</tr>
</tbody>
</table>

** 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 the child had measles within the last 3 months?

** LOOK AND FEEL:**
- Look or feel for stiff neck.
- Look for runny nose.
- Look for signs of MEASLES
  - Generalized rash and
  - One of these: cough, runny nose, or red eyes.

** IF YES:**
Classify FEVER

** High Malaria Risk

** 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, Classify

** SEVERE COMPLICATED MEASLES***
- • Give Vitamin A treatment |
- • Give first dose of an appropriate antibiotic |
- • If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment |
- • Refer URGENTLY to hospital |
- • Pus draining from the eye or |
  • Mouth ulcers |
- • MEASLES WITH EYE OR MOUTH COMPLICATIONS*** |
  • Give Vitamin A treatment |
  • If pus draining from the eye, treat eye infection with tetracycline eye ointment |
  • If mouth ulcers, treat with gentian violet |
  • Follow-up in 2 days. |
- • Measles now or within the last 3 months |
- • MEASLES |
  • Give Vitamin A treatment |
**Does the child have an ear problem?**

<table>
<thead>
<tr>
<th>IF YES, ASK:</th>
<th>LOOK AND FEEL:</th>
<th>Classify EAR PROBLEM</th>
<th>MASTOIDITIS</th>
<th>ACUTE EAR INFECTION</th>
<th>CHRONIC EAR INFECTION</th>
<th>NO EAR INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there ear pain?</td>
<td>Look for pus draining from the ear.</td>
<td>Tender swelling behind the ear.</td>
<td>Give first dose of an appropriate antibiotic.</td>
<td>Give an antibiotic for 5 days.</td>
<td>Dry the ear by wicking.</td>
<td>No treatment.</td>
</tr>
<tr>
<td>Is there ear discharge?</td>
<td>Feel for tender swelling behind the ear.</td>
<td>Pus is seen draining from the ear and discharge is reported for less than 14 days, or Ear pain.</td>
<td>Give first dose of paracetamol for pain.</td>
<td>Give paracetamol for pain.</td>
<td>Treat with topical quinolone eardrops for 2 weeks</td>
<td></td>
</tr>
<tr>
<td>If yes, for how long?</td>
<td></td>
<td>Pus is seen draining from the ear and discharge is reported for 14 days or more.</td>
<td>Refer URGENTLY to hospital.</td>
<td>Dry the ear by wicking.</td>
<td>Follow-up in 5 days.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ear pain and No pus seen draining from the ear.</td>
<td></td>
<td>Follow-up in 5 days.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# THEN CHECK FOR MALNUTRITION AND ANAEMIA

## CHECK FOR MALNUTRITION

### LOOK AND FEEL:
- Look for visible severe wasting
- Look for oedema of both feet
- Determine weight for age

### CLASSIFY NUTRITIONAL STATUS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible severe wasting or</td>
<td>SEVERE</td>
<td>Treat the child to prevent low sugar</td>
</tr>
<tr>
<td>Oedema of both feet</td>
<td>MALNUTRITION</td>
<td>Refer URGENTLY to a hospital</td>
</tr>
<tr>
<td>Very low weight for age</td>
<td>VERY LOW</td>
<td>Assess the child's feeding and counsel the</td>
</tr>
<tr>
<td></td>
<td>WEIGHT</td>
<td>mother on feeding according to the feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up in 30 days</td>
</tr>
<tr>
<td>Not very low weight for age and</td>
<td>NOT VERY</td>
<td>If child is less than 2 years old, assess</td>
</tr>
<tr>
<td>no other signs of malnutrition</td>
<td>LOW WEIGHT</td>
<td>the child's feeding and counsel the mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>on feeding according to the feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If feeding problem, follow-up in 5 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Advise mother when to return immediately</td>
</tr>
</tbody>
</table>

## CHECK FOR ANAEMIA

### LOOK and FEEL:
- Look for palmar pallor. Is it:
  - Severe palmar pallor?
  - Some palmar pallor?

### CLASSIFY ANAEMIA

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe palmar pallor</td>
<td>SEVERE</td>
<td>Refer URGENTLY to hospital</td>
</tr>
<tr>
<td>Some palmar pallor</td>
<td>ANAEMIA</td>
<td>Give iron</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Give oral antimalarial if high malaria risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Give mebendazole if child is 1 year or older</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and has not had a dose in the previous six</td>
</tr>
<tr>
<td></td>
<td></td>
<td>months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother when to return immediately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow up in 14 days</td>
</tr>
<tr>
<td>No palmar pallor</td>
<td>NO ANAEMIA</td>
<td>If child is less than 2 years old, assess</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the child's feeding and counsel the mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>on feeding according to the feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If feeding problem, follow-up in 5 days</td>
</tr>
</tbody>
</table>
THEN CHECK THE CHILD’S IMMUNIZATION, VITAMIN A AND DEWORMING STATUS

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>BCG</td>
</tr>
<tr>
<td>6 weeks</td>
<td>DPT+HIB-1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT+HIB-2</td>
</tr>
<tr>
<td>14 weeks</td>
<td>DPT+HIB-3</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles*</td>
</tr>
</tbody>
</table>

* Second dose of measles vaccine may be given at any opportunistic moment during periodic supplementary immunisation activities as early as one month following the first dose

VITAMIN A SUPPLEMENTATION
Give every child a dose of Vitamin A every six months from the age of 6 months. Record the dose on the child’s card.

ROUTINE WORM TREATMENT
Give every child mebendazole every 6 months from the age of one year. Record the dose on the child’s card.

ASSESS OTHER PROBLEMS:

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED after first dose of an appropriate antibiotic and other urgent treatments.
TREAT THE CHILD
CARRY OUT THE TREATMENT STEPS IDENTIFIED ON
THE ASSESS AND CLASSIFY CHART

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:
  
  **CO-TRIMOXAZOLE**
  (trimethoprim / sulphamethoxazole)
  - Give two times daily for 3 days for pneumonia
  - Give two times daily for 5 days for acute ear infection

  **AMOXICILLIN**
  - Give two times daily for 3 days for pneumonia
  - Give two times daily for 5 days for acute ear infection

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>ADULT TABLET (80/400mg)</th>
<th>PAEDIATRIC TABLET (20/100 mg)</th>
<th>SYRUP (40/200 mg/5ml)</th>
<th>TABLET (250 mg)</th>
<th>SYRUP (125 mg /5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 12 months (4 - &lt;10 kg)</td>
<td>1/2</td>
<td>2</td>
<td>5.0 ml</td>
<td>3/4</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10 - 19 kg)</td>
<td>1</td>
<td>3</td>
<td>7.5 ml</td>
<td>1.5</td>
<td>15 ml</td>
</tr>
</tbody>
</table>

* Amoxicillin should be used if there is high co-trimoxazole resistance.

For dysentery give Ciprofloxacin

15mg/kg/day—2 times a day for 3 days

Second-Line Antibiotic for Dysentery:

<table>
<thead>
<tr>
<th>AGE</th>
<th>250 mg TABLET</th>
<th>500 mg TABLET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>1/2 tablet</td>
<td>1/4 tablet</td>
</tr>
<tr>
<td>6 months up to 5 years</td>
<td>1 tablet</td>
<td>1/2 tablet</td>
</tr>
</tbody>
</table>

FOR CHOLERA:

First-Line Antibiotic for Cholera:

Second-Line Antibiotic for Cholera:

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>TETRACYCLINE</th>
<th>ERYTHROMYCIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years up to 5 years (12 - 19 kg)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
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.*

---

**Give Iron**

- Give one dose daily for 14 days

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>IRON/FOLATE TABLET</th>
<th>IRON SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ferrous sulfate 200 mg + 250 µg Folate (60 mg elemental iron)</td>
<td>Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per ml)</td>
</tr>
<tr>
<td>2 months up to 4 months (4 - &lt;6 kg)</td>
<td></td>
<td>1.0 ml (&lt; 1/4 tsp)</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10kg)</td>
<td></td>
<td>1.25 ml (1/4 tsp)</td>
</tr>
<tr>
<td>12 months up to 3 years (10 - &lt;14 kg)</td>
<td>1/2 tablet</td>
<td>2.0 ml (&lt;1/2 tsp)</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>1/2 tablet</td>
<td>2.5 ml (1/2 tsp)</td>
</tr>
</tbody>
</table>

---

**Give Oral Co-artemether**

- Give the first dose of co-artemether 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
- Co-artemether should be taken with food

<table>
<thead>
<tr>
<th>Co-artemether tablets (20mg artemether and 120mg lumefantrine)</th>
<th>WEIGHT (age)</th>
<th>0hr</th>
<th>8h</th>
<th>24h</th>
<th>36h</th>
<th>48h</th>
<th>60h</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5 - &lt;15 kg (5 months up to 3 years)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>15 - &lt;20 kg (3 years up to 5 years)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- Explain to the mother what the treatment is and why it should be given
- Describe the treatment steps listed in the appropriate box
- Watch the mother as she gives the first treatment in the clinic (except for remedy for cough or sore throat)
- Tell her how often to do the treatment at home
- If needed for treatment at home, give mother a tube of tetracycline ointment or a small bottle of gentian violet
- Check the mother’s understanding before she leaves the clinic

- 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

* Quinolone eardrops may contain ciprofloxacin, norfloxacin, or ofloxacin

- Treat Mouth Ulcers with Gentian Violet (GV)
  - 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 GV for 48 hours after the ulcers have been cured
    - Give paracetamol for pain relief

- Soothe the Throat, Relieve the Cough with a Safe Remedy
  - Safe remedies to recommend:
    - Breast milk for a breastfed infant

  - Harmful remedies to discourage:

- 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.
GIVE VITAMIN A AND MEBENDAZOLE IN CLINIC

- Explain to the mother why the drug is given
- Determine the dose appropriate for the child's weight (or age)
- Measure the dose accurately

Give Vitamin A

VITAMIN A SUPPLEMENTATION:
- Give first dose any time after 6 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

<table>
<thead>
<tr>
<th>Age</th>
<th>VITAMIN A DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months up to 12 months</td>
<td>100 000 IU</td>
</tr>
<tr>
<td>One year and older</td>
<td>200 000 IU</td>
</tr>
</tbody>
</table>

Give Mebendazole

- Give 500 mg mebendazole as a single dose in clinic if:
  - hookworm/ whipworm is a problem in your area
  - the child is 1 year of age or older, and
  - has not had a dose in the previous 6 months
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 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

### Give Diazepam to Stop Convulsions
- Turn the child to his/her side and clear the airway. Avoid putting things in the mouth
- Give 0.5mg/kg diazepam injection solution per rectum using a small syringe (like a tuberculin syringe) without a needle, or using a catheter
- Check for low blood sugar, then treat or prevent
- Give oxygen and REFER
- If convulsions have not stopped after 10 minutes repeat diazepam dose

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>AGE</th>
<th>DOSE OF DIAZEPAM (10 mg / 2 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 kg</td>
<td>&lt;6 months</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>5 - &lt; 10 kg</td>
<td>6 months up to 12 months</td>
<td>1.0 ml</td>
</tr>
<tr>
<td>10 - 14 kg</td>
<td>12 months up to 3 years</td>
<td>1.5 ml</td>
</tr>
<tr>
<td>14 - 19 kg</td>
<td>3 years up to 5 years</td>
<td>2.0 ml</td>
</tr>
</tbody>
</table>

### Give Quinine for Severe Malaria
**FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:**
- Check which quinine formulation is available in your clinic
- Give first dose of intramuscular quinine and refer child urgently to hospital

**IF REFERRAL IS NOT POSSIBLE:**
- Give first dose of intramuscular quinine
- The child should remain lying down for one hour
- Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week
- If low risk of malaria, do not give quinine to a child less than 4 months of age

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>INTRAMUSCULAR QUINE (150 mg /ml* in 2 ml)</th>
<th>300 mg /ml* (in 2 ml )</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 4 months (4 - &lt; 6 kg)</td>
<td>0.4 ml</td>
<td>0.2 ml</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt; 10 kg)</td>
<td>0.6 ml</td>
<td>0.3 ml</td>
</tr>
<tr>
<td>12 months up to 2 years (10 - &lt; 12 kg)</td>
<td>0.8 ml</td>
<td>0.4 ml</td>
</tr>
<tr>
<td>2 years up to 3 years (12 - &lt; 14 kg)</td>
<td>1.0 ml</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>1.2 ml</td>
<td>0.6 ml</td>
</tr>
</tbody>
</table>

*quinine salt
➢ Treat the Child to Prevent Low Blood Sugar

➢ 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 50ml of milk or sugar water by naso-gastric tube
GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING
(See FOOD advice on COUNSEL THE MOTHER chart)

Plan A: Treat for Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:
1. Give Extra Fluid  2. Give Zinc Supplements (age 2 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 breast milk
     - If the child is not exclusively breastfed, give one or more of the following:
       - food-based fluids (such as soup, rice water, and yoghurt drinks), or ORS
   - 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** (age 2 months up to 5 years)
   - **TELL THE MOTHER HOW MUCH ZINC TO GIVE (20 mg tab):**
     - 2 months up to 6 months ——— 1/2 tablet daily for 14 days
     - 6 months or more ——— 1 tablet daily for 14 days

   - **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

3. **CONTINUE FEEDING** (exclusive breastfeeding if age less than 6 months)
4. **WHEN TO RETURN**

---

Plan B: Treat for Some Dehydration with ORS

In the clinic, give recommended amount of ORS over 4-hour period

- **DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS**

<table>
<thead>
<tr>
<th>AGE*</th>
<th>Up to 4 months</th>
<th>4 months up to 12 months</th>
<th>12 months up to 2 years</th>
<th>2 years up to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEIGHT</td>
<td>&lt; 6 kg</td>
<td>6 - &lt; 10 kg</td>
<td>10 - &lt; 12 kg</td>
<td>12 - &lt;20kg</td>
</tr>
<tr>
<td>Amount of fluid (ml) over 4 hours</td>
<td>200 - 450</td>
<td>450 - 800</td>
<td>800 - 960</td>
<td>960 - 1600</td>
</tr>
</tbody>
</table>

* Use the child’s age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child’s weight in kg times 75.

- If the child wants more ORS than shown, give more
- For infants below 6 months who are not breastfed, also give 100-200ml clean water during this period

- **SHOW THE MOTHER HOW TO GIVE ORS SOLUTION:**
  - Give frequent small sips from a cup
  - If the child vomits, wait 10 minutes then continue - but more slowly
  - Continue breastfeeding whenever the child wants

- **AFTER 4 HOURS:**
  - Reassess the child and classify the child for dehydration
  - Select the appropriate plan to continue treatment
  - Begin feeding the child in clinic

- **IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:**
  - Show her how to prepare ORS solution at home
  - Show her how much ORS to give to finish 4-hour treatment at home
  - Give her instructions how to prepare salt and sugar solution for use at home
  - Explain the 4 Rules of Home Treatment:

1. **GIVE EXTRA FLUID**
2. **GIVE ZINC** (age 2 months up to 5 years)
3. **CONTINUE FEEDING** (exclusive breastfeeding if age less than 6 months)
4. **WHEN TO RETURN**
Plan C: Treat for Severe Dehydration Quickly

FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN

- Start IV fluid immediately.
  - If the child can drink, give ORS by mouth while the drip is set up.
  - Give 100 ml/kg Ringer’s Lactate Solution (or, if not available, normal saline), divided as follows:

<table>
<thead>
<tr>
<th>AGE</th>
<th>First give 30ml/kg in</th>
<th>Then give 70ml/kg in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (under 12 months)</td>
<td>1 hour</td>
<td>5 hours</td>
</tr>
<tr>
<td>Children (12 months up to 5 years)</td>
<td>30 minutes</td>
<td>2½ hours</td>
</tr>
</tbody>
</table>

- Reassess the child every 1-2 hours. If hydration status is not improving, give the IV drip more rapidly.
- 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. Then choose the appropriate plan (A, B, or C) to continue treatment.

- 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.

- 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 abdominal distension, give the fluid more slowly.
  - If the 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.

**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 FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child’s previous classification
- If the child has any new problems, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart

**PNEUMONIA**

After 2 days:
- Check the child for general danger signs.
- Assess the child for cough or difficult breathing.

    } See ASSESS & CLASSIFY chart.

Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:
- If chest indrawing or a general danger sign, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer URGENTLY to hospital.
- If breathing rate, fever and eating are the same, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)
- If breathing slower, less fever, or eating better, complete the 3 days of antibiotic.

**DYSENTERY:**

After 2 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, 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 2 days. If you do not have the second line antibiotic, REFER TO HOSPITAL.
  - **Exceptions:** if the child is less than 12 months old or was dehydrated on the first visit, or if he had measles within the last 3 months, refer to hospital.
  - If fewer 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 need for an extra meal each day for a week.

**PERSISTENT DIARRHOEA**

After 5 days:
- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Ask:

Treatment:
- If the diarrhoea has not stopped (child is still having 3 or more loose stools per day) do a full assessment of the child. Treat for dehydration if present. 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.
GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child’s previous classification
- If the child has any new problems, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart

MALARIA (Low or High Malaria Risk)

If fever persists after 2 days, or returns within 14 days:

Do a full reassessment of the child  >  See ASSESS & CLASSIFY chart. Assess for other causes of fever.

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 malaria is the only apparent cause of fever:
  - Treat with the second-line oral antimalarial (if no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for 7 days, refer for assessment.

FEVER-MALARIA UNLIKELY (Low Malaria Risk)

If fever persists after 2 days:

Do a full reassessment of the child  >  See ASSESS & CLASSIFY chart. Assess for other causes of fever.

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 malaria is the only apparent cause of fever:
  - Treat with the first-line 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

After 2 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.
GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child’s previous classification.
- If the child has any new problems, 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.
- **Chronic ear infection**: Check that the mother is wicking the ear correctly. Encourage her to continue.
- 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.

**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 5 days:**

Reassess feeding. > See questions at the top of the COUNSEL 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 very low weight for age, ask the mother to return 30 days after the initial visit to measure the child’s weight gain.

**VERY LOW WEIGHT**

**After 30 days:**

Weigh the child and determine if the child is still very low weight for age. Reassess feeding. > See questions at the top of the COUNSEL chart.

**Treatment:**

- If the child is **no longer very low weight for age**, praise the mother and encourage her to continue.
- If the child is still **very low weight for age**, 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 is no longer very low weight for age.

**Exception:**

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

➢ Assess the Feeding of Sick Infants under 2 years
(or if child has very low weight for age)

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 infant is receiving any breast milk, ASK:
- How many times during the day?
- Do you also breastfeed during the night?

Does the infant take any other food or fluids?
- What food or fluids?
- How many times per day?
- What do you use to feed the child?

If very low weight for age, ASK:
- How large are servings?
- Does the child receive his own serving?
- Who feeds the child and how?

During this illness, has the infant’s feeding changed?
- If yes, how?
FEEDING RECOMMENDATIONS DURING SICKNESS AND HEALTH

**Up to 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.

**6 Months up to 12 Months**
- Breastfeed as often as the child wants.
- Give adequate servings of:
  - [Image]
- [Image]
  - 3 times per day if breastfed plus snacks
  - 5 times per day if not breastfed.

**12 Months up to 2 Years**
- Breastfeed as often as the child wants.
- Give adequate servings of:
  - [Image]
- [Image]
  - or family foods 3 or 4 times per day plus snacks.

**2 Years and Older**
- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:
  - [Image]

*A good quality diet 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
COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS

If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:

- If the mother reports difficulty with breastfeeding, assess breastfeeding (see YOUNG INFANT chart). As needed, show the mother correct positioning and attachment for breastfeeding.

- If the child is less than 6 months old and is taking other milk or foods:
  - Build mother’s confidence that she can produce all the breast milk that the child needs.
  - Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.

- If other milk needs to be continued, counsel the mother to:
  - Breastfeed as much as possible, including at night.
  - Make sure that other milk is a locally appropriate breast milk substitute.
  - Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
  - Finish prepared milk within an hour.

- If the mother is using a bottle to feed the child:
  - Recommend substituting a cup for bottle.
  - Show the mother how to feed the child with a cup.

- If the child is not feeding well during illness, counsel the mother to:
  - Breastfeed more frequently and for longer if possible.
  - Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feeds.
  - Clear a blocked nose if it interferes with feeding.
  - Expect that appetite will improve as child gets better.

- If the child has a poor appetite:
  - Plan small, frequent meals.
  - Give milk rather than other fluids except where there is diarrhoea with some dehydration.
  - Give snacks between meals.
  - Give high energy foods.
  - Check regularly.

- If the child has sore mouth or ulcers:
  - Give soft foods that will not burn the mouth, such as eggs, mashed potatoes, pumpkin or avocado.
  - Avoid spicy, salty or acid foods.
  - Chop foods finely.
  - Give cold drinks or ice, if available.
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.
FLUID

Advise the Mother to Increase Fluid During Illness

FOR ANY SICK CHILD:

- If child is breastfed, 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 the TREAT THE CHILD chart

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.

<table>
<thead>
<tr>
<th>If the child has:</th>
<th>Return for first follow-up in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMONIA</td>
<td>2 days</td>
</tr>
<tr>
<td>DYSENTERY</td>
<td></td>
</tr>
<tr>
<td>MALARIA, if fever persists</td>
<td></td>
</tr>
<tr>
<td>FEVER-MALARIA UNLIKELY, if fever persists</td>
<td></td>
</tr>
<tr>
<td>MEASLES WITH EYE OR MOUTH COMPLICATIONS</td>
<td></td>
</tr>
<tr>
<td>PERSISTENT DIARRHOEA</td>
<td>5 days</td>
</tr>
<tr>
<td>ACUTE EAR INFECTION</td>
<td></td>
</tr>
<tr>
<td>CHRONIC EAR INFECTION</td>
<td></td>
</tr>
<tr>
<td>FEEDING PROBLEM</td>
<td></td>
</tr>
<tr>
<td>COUGH OR COLD, if not improving</td>
<td></td>
</tr>
<tr>
<td>ANAEMIA</td>
<td>14 days</td>
</tr>
<tr>
<td>VERY LOW WEIGHT FOR AGE</td>
<td>30 days</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Any sick child</th>
<th>Not able to drink or breastfeed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Develops a fever</td>
</tr>
<tr>
<td>If child has COUGH OR COLD, also return if:</td>
<td>Fast breathing</td>
</tr>
<tr>
<td></td>
<td>Difficult breathing</td>
</tr>
<tr>
<td>If child has Diarrhoea, also return if:</td>
<td>Blood in stool</td>
</tr>
<tr>
<td></td>
<td>Drinking poorly</td>
</tr>
</tbody>
</table>
**ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGED UP TO 2 MONTHS**

**DO A RAPID APPRAISAL OF ALL WAITING INFANTS**

**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
  - if initial visit, assess the young infant as follows:

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

<table>
<thead>
<tr>
<th>ASK:</th>
<th>LOOK, LISTEN, FEEL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the infant having difficulty in feeding?</td>
<td>Count the breaths in one minute. Repeat the count if 60 or more breaths per minute.</td>
</tr>
<tr>
<td>Has the infant had convulsions (fits)?</td>
<td>Look for severe chest indrawing.</td>
</tr>
<tr>
<td></td>
<td>Measure axillary temperature.</td>
</tr>
<tr>
<td></td>
<td>Look at the umbilicus. Is it red or draining pus?</td>
</tr>
<tr>
<td></td>
<td>Look for skin pustules.</td>
</tr>
<tr>
<td></td>
<td>Look at the young infant’s movements. If the infant is sleeping, ask the mother to wake him/her.</td>
</tr>
<tr>
<td></td>
<td>- Does the infant move on his/her own?</td>
</tr>
<tr>
<td></td>
<td>If the infant is not moving, gently stimulate him/her.</td>
</tr>
<tr>
<td></td>
<td>- Does the infant move only when stimulated but then stops?</td>
</tr>
<tr>
<td></td>
<td>- Does the infant not move at all?</td>
</tr>
</tbody>
</table>

**Classify ALL YOUNG INFANTS**

**SIGN**
- Not feeding well or
- Convulsions or
- Fast breathing (60 breaths per minute or more) or
- Severe chest indrawing or
- Fever (37.5°C* or above) or
- Low body temperature (less than 35.5°C*) or
- Movement only when stimulated or no movement at all

**CLASSIFY AS**

**VERY SEVERE DISEASE**

**TREATMENT**
- Give first dose of intramuscular antibiotics.
- Treat to prevent low blood sugar.
- Refer URGENTLY to hospital.**
- Advise mother how to keep the infant warm on the way to the hospital.

**LOCAL BACTERIAL INFECTION**

**SEVERE DISEASE OR LOCAL INFECTION UNLIKELY**

**SUGGESTION:**

**TREATMENT**
- Give an appropriate oral antibiotic.
- Teach mother to treat local infections at home.
- Advise mother to give home care for the young infant.
- Follow up in 2 days.
- Advise mother to give home care for the young infant.

---

* 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, Management of the sick young infant module, Annex 2 “Where referral is not possible”
THEN CHECK FOR JAUNDICE

**LOOK, LISTEN, FEEL:**
- Look for jaundice (yellow eyes or skin).
- Look at the young infant’s palms and soles. Are they yellow?

**If jaundice present, ASK:**
- When did jaundice first appear?

**Classify Jaundice**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| Any jaundice if age less than 24 hours or | SEVERE JAUNDICE | ➢ Treat to prevent low blood sugar.  
➢ Refer URGENTLY to hospital.  
➢ Advise mother how to keep the infant warm on the way to the hospital. |
| Yellow palms and soles at any age | JAUNDICE | ➢ Advise the mother to give home care for the young infant  
➢ Advise mother to return immediately if palms and soles appear yellow.  
➢ If the young infant is older than 3 weeks, refer to a hospital for assessment.  
➢ Follow-up in 1 day. |
| Jaundice appearing after 24 hours of age and | | |
| Palms and soles not yellow | | |
| No jaundice | NO JAUNDICE | ➢ Advise the mother to give home care for the young infant. |
**THEN ASK: Does the young infant have diarrhoea?**

<table>
<thead>
<tr>
<th>IF YES, LOOK AND FEEL:</th>
<th>Classify DIARRHOEA FOR DEHYDRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look at the young infant’s general condition:</td>
<td>Two of the following signs:</td>
</tr>
<tr>
<td>Infant’s movements</td>
<td>Movement only when stimulated or no movement at all</td>
</tr>
<tr>
<td>- Does the infant move on his/her own?</td>
<td>Sunken eyes</td>
</tr>
<tr>
<td>- Does the infant move only when stimulated but then stops?</td>
<td>Skin pinch goes back very slowly.</td>
</tr>
<tr>
<td>- Does the infant not move at all?</td>
<td></td>
</tr>
<tr>
<td>Is the infant restless and irritable?</td>
<td>Two of the following signs:</td>
</tr>
<tr>
<td>Look for sunken eyes.</td>
<td>Restless, irritable</td>
</tr>
<tr>
<td>Pinch the skin of the abdomen.</td>
<td>Sunken eyes</td>
</tr>
<tr>
<td>Does it go back:</td>
<td>Skin pinch goes back slowly.</td>
</tr>
<tr>
<td>- Very slowly (longer than 2 seconds)?</td>
<td></td>
</tr>
<tr>
<td>- or slowly?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT (Urgent pre-referral treatments are in bold print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two of the following signs:</td>
<td>SEVERE DEHYDRATION</td>
<td>- If infant has no other severe classification:</td>
</tr>
<tr>
<td>Restless, irritable</td>
<td>Give fluid for severe dehydration (Plan C)</td>
<td></td>
</tr>
<tr>
<td>Sunken eyes</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Skin pinch goes back slowly.</td>
<td>If infant also has another severe classification:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Advise the mother to continue breastfeeding.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO DEHYDRATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough signs to classify as some or severe dehydration.</td>
<td>Give fluids to treat diarrhoea at home and continue breastfeeding (Plan A)</td>
</tr>
<tr>
<td></td>
<td>Advise mother when to return immediately</td>
</tr>
<tr>
<td></td>
<td>Follow up in 2 days if not improving</td>
</tr>
</tbody>
</table>

*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 WEIGHT FOR AGE

If an infant has no indications to refer urgently to hospital:

#### ASK:
- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- If yes, what do you use to feed the infant?

#### LOOK, LISTEN, FEEL:
- Determine weight for age.
- Look for ulcers or white patches in the mouth (thrush).

#### ASSESS BREASTFEEDING:
- Has the infant breastfed in the previous hour?

  If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
  (If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

  - Is the infant well attached?
    - **not well attached**
    - **good attachment**

  **TO CHECK ATTACHMENT, LOOK FOR:**
  - More areola seen above infant’s top lip than below bottom lip
  - Mouth wide open
  - Lower lip turned outwards
  - Chin touching breast
  (All of these signs should be present if the attachment is good).

  - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
    - **not suckling effectively**
    - **suckling effectively**

    Clear a blocked nose if it interferes with breastfeeding.

#### Classify FEEDING

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not well attached to breast or not sucking effectively, or Less than 8 breastfeeds in 24 hours, or Receives other foods or drinks, or Low weight for age, or Thrush (ulcers or white patches in mouth)</td>
<td>FEEDING PROBLEM OR LOW WEIGHT FOR AGE</td>
<td>➢ If not well attached or not suckling effectively, teach correct positioning and attachment.  ➢ If not able to attach well immediately, teach the mother to express breast milk and feed by a cup.  ➢ 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.  ➢ If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup.  ➢ If not breastfeeding at all:  - Refer for breastfeeding counselling and possible relactation.  - Advise about correctly preparing breastmilk substitutes and using a cup.  ➢ Advise the mother how to feed and keep the low weight infant warm at home.  ➢ If thrush, teach the mother to treat thrush at home.  ➢ Advise mother to give home care for the young infant.  ➢ Follow-up any feeding problem or thrush in 2 days.  ➢ Follow-up low weight for age in 14 days.</td>
</tr>
</tbody>
</table>

#### NO FEEDING PROBLEM

- Not low weight for age and no other signs of inadequate feeding.

- Advise mother to give home care for the young infant.
- Praise the mother for feeding the infant well.
THEN CHECK THE YOUNG INFANT’S IMMUNIZATION AND VITAMIN A STATUS:

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
<th>VITAMIN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>BCG</td>
<td>OPV-0</td>
</tr>
<tr>
<td>6 weeks</td>
<td>DPT+HIB-1</td>
<td>OPV-1 hepatitis B 1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT+HIB-2</td>
<td>OPV-2 hepatitis B 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 000 IU to the mother within 6 weeks of delivery</td>
</tr>
</tbody>
</table>

- Give all missed doses on this visit.
- Immunize sick infants unless being referred.
- Advise the caretaker when to return for the next dose.

ASSESS OTHER PROBLEMS
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ Give First Dose of Intramuscular Antibiotics

➢ Give first dose of ampicillin intramuscularly and
➢ Give first dose of gentamicin intramuscularly.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>AMPICILLIN</th>
<th>GENTAMICIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose: 50 mg per kg</td>
<td>Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml</td>
</tr>
<tr>
<td></td>
<td>To a vial of 250 mg</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>Add 1.3 ml sterile water = 250 mg/1.5 ml</td>
<td>Add 6 ml sterile water to 2 ml vial containing 80 mg = 8 ml at 10 mg/ml</td>
</tr>
<tr>
<td></td>
<td>AGE &lt;7 days</td>
<td>Dose: 5 mg per kg</td>
</tr>
<tr>
<td>1-&lt;1.5 kg</td>
<td>0.4 ml</td>
<td>0.6 ml</td>
</tr>
<tr>
<td>1.5-&lt;2 kg</td>
<td>0.5 ml</td>
<td>0.9 ml</td>
</tr>
<tr>
<td>2-&lt;2.5 kg</td>
<td>0.7 ml</td>
<td>1.1 ml</td>
</tr>
<tr>
<td>2.5-&lt;3 kg</td>
<td>0.8 ml</td>
<td>1.4 ml</td>
</tr>
<tr>
<td>3-&lt;3.5 kg</td>
<td>1.0 ml</td>
<td>1.6 ml</td>
</tr>
<tr>
<td>3.5-&lt;4 kg</td>
<td>1.1 ml</td>
<td>1.9 ml</td>
</tr>
<tr>
<td>4-&lt;4.5 kg</td>
<td>1.3 ml</td>
<td>2.1 ml</td>
</tr>
</tbody>
</table>

* Avoid using undiluted 40 mg/ml gentamicin.

➢ Referral is the best option for a young infant classified as VERY SEVERE DISEASE. If referral is not possible, continue to give ampicillin and gentamicin for at least 5 days. Give ampicillin two times daily to infants less than one week of age and 3 times daily to infants one week or older. Give 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 breast milk before departure. If not possible to give expressed breast milk, 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 breast milk or sugar water by naso-gastric tube.
TREAT THE YOUNG INFANT

➤ 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.

➤ Give an Appropriate Oral Antibiotic for local infection

For local bacterial infection:

First-line antibiotic: ___________________________
Second-line antibiotic: _________________________

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>COTRIMOXAZOLE</th>
<th>AMOXICILLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Tablet</td>
<td>Tablett</td>
</tr>
<tr>
<td></td>
<td>single strength (80 mg trimethoprim + 400 mg sulphamethoxazole)</td>
<td>(20 mg trimethoprim + 100 mg sulphamethoxazole)</td>
</tr>
<tr>
<td>Birth up to 1 month (&lt;4 kg)</td>
<td>1/2*</td>
<td>1.25 ml*</td>
</tr>
<tr>
<td>1 month up to 2 months (4-6 kg)</td>
<td>1/4</td>
<td>1</td>
</tr>
</tbody>
</table>

* Avoid cotrimoxazole in infants less than 1 month of age who are premature or jaundiced.
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

Teach the Mother How 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 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 again

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 clean soft cloth wrapped around the finger
- Wash hands again

To Treat Diarrhoea, See TREAT THE CHILD CHART.

Immunize Every Sick Young Infant, as needed.
COUNSEL THE MOTHER

➢ Teach Correct Positioning and Attachment for Breastfeeding

➢ Show the mother how to hold her infant
  - with the infant’s head and body in line
  - with the infant approaching breast with nose opposite to the nipple
  - with the infant held close to the mother’s body
  - with the infant’s whole body supported, not just neck and shoulders.

➢ Show 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 onto 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.
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.

3. When to Return:

<table>
<thead>
<tr>
<th>Follow up visit</th>
<th>Return for first follow-up in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the infant has:</td>
<td>1 day</td>
</tr>
<tr>
<td>JAUNDICE</td>
<td>1 day</td>
</tr>
<tr>
<td>LOCAL BACTERIAL INFECTION</td>
<td>2 days</td>
</tr>
<tr>
<td>FEEDING PROBLEM</td>
<td>2 days</td>
</tr>
<tr>
<td>THRUSH</td>
<td>2 days</td>
</tr>
<tr>
<td>DIARRHOEA</td>
<td>2 days</td>
</tr>
<tr>
<td>LOW WEIGHT FOR AGE</td>
<td>14 days</td>
</tr>
</tbody>
</table>

   When to return immediately:
   Advise the caretaker to return immediately if the young infant has any of these signs:
   ➢ Breastfeeding poorly
   ➢ Reduced activity
   ➢ Becomes sicker
   ➢ Develops a fever
   ➢ Feels unusually cold
   ➢ Fast breathing
   ➢ Difficult breathing
   ➢ Palms and soles appear yellow
GIVE FOLLOW-UP CARE FOR THE YOUNG INFANT

ASSESS EVERY YOUNG INFANT FOR “VERY SEVERE DISEASE” DURING FOLLOW UP VISIT.

➢ LOCAL BACTERIAL INFECTION

After 2 days:
Look at the umbilicus. Is it red or draining pus?
Look for skin pustules.

Treatment:
➢ If umbilical pus or redness remains 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.
➢ If skin pustules are same or worse, refer to hospital. If 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?

➢ 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 three weeks of age. If jaundice continues beyond three weeks of age, refer the young infant to a hospital for further assessment.

➢ DIARRHOEA

After 2 days:
Ask: Has the diarrhoea stopped?

Treatment:
➢ If the diarrhoea has not stopped, assess and treat the young infant for diarrhoea. >SEE “Does the Young Infant Have Diarrhoea ?”
➢ If the diarrhoea has stopped, tell the mother to continue exclusive breastfeeding.
GIVE FOLLOW-UP CARE FOR THE 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 to hospital.
GIVE FOLLOW-UP CARE FOR THE YOUNG INFANT

➤ 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 14 days). 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” above.

➤ If thrush is worse, or 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.
ASSESS OTHER PROBLEMS

Ask about mother’s own health.

Does the child have a history of a chronic disease?

How many months old?

Does the child have a history of recurrent infections?

If yes, how many?

Is there a need for special care?

If yes, what?

Does the child have a history of a specific disease?

If yes, what?

Does the child have a history of allergic reactions?

If yes, to what?

Does the child have a history of a specific condition?

If yes, what?

FREQUENT PROBLEMS

Assess child’s feeding & growth and anemia or very low weight or is less than 2 years old.

Weight (kg):____

Length (cm):____

Age:____

Vitamin A

Yes:____

No:____

Does the child have an anemia?

If yes, what?

Check the child’s immunization status.

Severe fever, profuse sweating, signs of meningitis

Check the child’s nutrition and anemia.

If yes, what?

Does the child have an anemia? (By RBC/hema/haematocrit < 30% of above)

Yes:____

No:____

Check for general danger signs.

Does the child have a cough or difficult breathing?

Ventilations, cough sound, stridor

Does the child have a fever? (Celsius or Fahrenheit)

Skin color, mucous membranes, extremities

CONCLUSIONS

Your child does not have any medical problem.

Your child has a medical problem.

NOTES: THE PRESENTATION OF A SICK CHILD CAN BE A CATASTROPHE. IT IS IMPORTANT TO REMEMBER TO USE SIMPLE STEPS TO MANAGE THE SICK CHILDefficient.

Name:____

Age:____

Weight:____

Temperature:____

MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

CLASSIFY

1. Initial Visit

2. Follow-up Visit

3. Discharge
ASSESS OTHER PROBLEMS

ASSESS RESPIRATION

The infant has no difficulties to cough intend to hospital

DETOXIFICATION

If the infant has no problems to cough intend to hospital

CLASSIFY

ASSUME (Cresta de Serie specimen)

ASK WHAT ARE THE MAIN PROBLEMS?

MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

(Decr)
Weight-for-age chart for boys

Age (completed weeks and months)
Integrated Management of Childhood Illness Chart booklet

Process of updating the chart booklet

The generic IMCI chart booklet was developed and published in 1995 based on evidence existing at that time (Reference: Integrated management of Childhood Illness Adaptation Guide: C. Technical basis for adapting clinical guidelines, 1998). New evidence on the management of acute respiratory infections, diarrhoeal diseases, malaria, ear infections and infant feeding, published between 1995 and 2004, was summarized in the document "Technical updates of the guidelines on IMCI : evidence and recommendations for further adaptations, 2005".

Evidence reviews supported the formulation of recommendations in each of these areas (see document and the references). Reviews were usually followed by technical consultations where the recommendations and their technical bases were discussed and consensus reached. Similarly, a review and several expert meetings were held to update the young infant section of IMCI to include "care of the newborn in the first week of life". More recently, findings of a multi-centre study (Lancet, 2008) led to the development of simplified recommendations for the assessment of severe infections in the newborn.

Who was involved and their declaration of interests

The following experts were involved in the development of the updated newborn recommendations: Zulfiqar Bhutta, Ayivi Blaise, Wally Carlo, Rolando Cerezo, Magdy Omar, Pavel Mazmanyan, MK Bhan, Helenlouise Taylor, Gary Darmstadt, Vinod Paul, Anne Rimoin, Linda Wright and WHO staff from Regional and Headquarter offices. Dr. Gul Rehman and a team of CAH staff members drafted the updated chart booklet based on the above. Dr Antonio Pio did the technical editing of the draft IMCI chart booklet, in addition to participating in its peer-review. Other persons who reviewed the draft chart booklet and provided comments include Ashok Deorari, Teshome Desta,, Assaye Kassie, Dinh Phuang Hoa, Harish Kumar, Vinod Paul and Siddhorth Ramzi.. Their contributions are acknowledged.

None of the above experts declared any conflict of interest.

The Department plans to review the need for an update of this chart booklet by 2011.