INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

SICK CHILD
AGE 2 MONTHS TO 5 YEARS

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AGE UP TO 2 MONTHS

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

**ASSESS**

ASK THE MOTHER 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:

**CLASSIFY**

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>• See if the child is convulsing now.</td>
</tr>
<tr>
<td>• Has the child had convulsions?</td>
<td></td>
</tr>
</tbody>
</table>

THEN ASK ABOUT MAIN SYMPTOMS:

**FAST BREATHING**

- **Children under 2**: 50 breaths per minute
- **Children 2 months to 1 year**: 40 breaths per minute
- **Children 1 to 2 years**: 30 breaths per minute
- **Children 2 to 5 years**: 20 breaths per minute

**SEVERE DISEASE**

- **Any general danger sign**
- **Stridor in calm child**
- **Chest indrawing**
- **If wheeze, go directly to “Treat Wheezing” then reassess after treatment.**

**VERY SEVERE DISEASE**

- **Any general danger sign OR**
- **Stridor in calm child OR**
- **Chest indrawing**

**TREATMENT**

(Urgent pre-referral treatments are in bold print.)

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any general danger sign.</td>
<td>VERY SEVERE DISEASE</td>
<td>➤ Treat convulsions if present now. ➤ Give first dose of an appropriate antibiotic. ➤ Complete assessment immediately. ➤ Treat the child to prevent low blood sugar. ➤ Refer URGENTLY to hospital.*</td>
</tr>
<tr>
<td>• Fast breathing</td>
<td>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</td>
<td>➤ Give an appropriate antibiotic for 5 days. ➤ Treat wheezing if present. ➤ Treat the child to prevent low blood sugar. ➤ Refer URGENTLY to hospital.*</td>
</tr>
<tr>
<td>• No signs of pneumonia or very severe disease</td>
<td>NO PNEUMONIA: COUGH OR COLD</td>
<td>➤ Treat wheezing if present. ➤ If coughing more than 30 days, refer for assessment. ➤ Soothe the throat and relieve the cough with a safe remedy. ➤ Advise mother when to return immediately. ➤ Follow up in 2 days if wheezing. ➤ Follow-up in 5 days if not improving</td>
</tr>
</tbody>
</table>

**CLASSIFY AS**

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<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**IDENTIFY**

The mother reports:

- **Possible pneumonia**
- **Possible severe disease**
Does the child have diarrhoea?

**IF YES, ASK:**
- For how long?
- Is there blood in the stool?

**LOOK AND FEEL:**
- 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?

**DEHYDRATION**

Classify DIARRHOEA

- **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.
  - 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.
  - If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.
  - 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 and food to treat diarrhoea at home (Plan A).
  - Advise mother when to return immediately.
  - Follow-up in 5 days if not improving.

- **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 multivitamin, mineral supplement.
  - Advise mother when to return immediately.
  - Follow-up in 5 days.

- **DYSENTERY**
  - Blood in the stool.
  - Treat for 5 days with an oral antibiotic recommended for Shigella.
  - Advise mother when to return immediately.
  - Follow-up in 2 days.

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

**DANGER SIGNS, COUGH, DIARRHOEA**

**ASSESS AND CLASSIFY**
**Check for throat problem (In All children)**

<table>
<thead>
<tr>
<th>ASK:</th>
<th>LOOK AND FEEL:</th>
<th>Classify THROAT PROBLEM</th>
</tr>
</thead>
</table>
| Does the child have fever? (by history or feels hot or temperature 37.5 °C or above) | - Feel for enlarged tender lymph node(s) in the front of the neck.  
- Look for red (congested) throat  
- Look for white or yellow exudate on the throat and tonsils | Fever OR Sore throat AND TWO of the following:  
- Red (congested) throat  
- White or yellow exudate on the throat or tonsils.  
- Enlarged tender lymph node(s) in the front of the neck. |

**CLASSIFY THROAT PROBLEM**

<table>
<thead>
<tr>
<th></th>
<th>STREPTOCOCCAL* SORE THROAT</th>
<th>NON STREPTOCOCCAL SORE THROAT</th>
</tr>
</thead>
</table>
| Insufficient criteria to classify as streptococcal sore throat | Give first dose of an appropriate antibiotic.  
Give first dose of paracetamol for pain.  
Give erythromycin orally for 10 days. (SEE TREAT THE CHILD). | Give benzathine penicillin intramuscular**. (one dose) or Phenoxy methyl penicillin (penicillin V) orally for 10 days.  
Soothe the throat with a safe remedy.  
Give paracetamol for pain or fever.  
Advise mother when to return immediately.  
Follow up in 5 days if not improving. |

<table>
<thead>
<tr>
<th></th>
<th>NO THROAT PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>No throat signs or symptoms (with or without fever)</td>
<td>No treatment needed.</td>
</tr>
</tbody>
</table>

**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>
</tr>
</thead>
</table>
| Are there ear pulling and irritability?  
Is there severe ear pain (for older children)?  
Is there ear discharge? If yes, for how long? | - Look for pus draining from the ear.  
- Feel for tender swelling behind the ear. | Tender swelling behind the ear. |

**CLASSIFY EAR PROBLEM**

<table>
<thead>
<tr>
<th></th>
<th>MASTOIDITIS</th>
<th>ACUTE EAR INFECTION</th>
<th>CHRONIC EAR INFECTION</th>
<th>NO EAR INFECTION</th>
</tr>
</thead>
</table>
| Pus is seen draining from the ear and discharge is reported for less than 14 days, OR  
Ear pulling and irritability or severe ear pain. | Give first dose of an appropriate antibiotic.  
Give first dose of paracetamol for pain.  
Give erythromycin orally for 10 days. (SEE TREAT THE CHILD). | Give an antibiotic for 10 days.  
Give paracetamol for pain.  
Dry the ear by wicking.  
Advise mother when to return immediately.  
Follow-up in 5 days. | Dry the ear by wicking.  
Refer to ENT specialist. |

| No ear pain and  
No pus seen draining from the ear. | NO EAR INFECTION | No treatment needed. |

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*STREPTOCOCCAL SORE THROAT is the most important bacterial infection that affecting the throat which lead to rheumatic heart disease and must be treat vigorously.

**Give benzathine penicillin intramuscular after sensitivity test. If sensitivity test is positive give erythromycin orally for 10 days (SEE TREAT THE CHILD).**
### Does the child have fever?
**(by history or feels hot or temperature 37.5° C * or above)**

#### HIGH MALARIA RISK

- **LOOK AND FEEL:**
  - For how long?
  - Look or feel for stiff neck.
  - Look or feel for runny nose.
- **Classify FEVER**
  - Any general danger sign OR
  - Stiff neck.
- **HIGH MALARIA RISK**
  - Fever (by history or feels hot or temperature 37.5°C** or above).
  - Give first dose of chloroquine or Quinine intramuscularly**.
  - Give one dose of paracetamol in clinic for fever (38°C or above).
  - Treat the child to prevent low blood sugar.
  - Refer URGENTLY to hospital***

#### LOW MALARIA RISK

- **LOOK AND FEEL:**
  - For how long?
  - Look for runny nose.
  - Look for signs of MEASLES
    - Generalized rash and
    - One of these: cough, runny nose, or red eyes.
- **LOW MALARIA RISK**
  - Fever (by history or feels hot or temperature 37.5°C** or above).
  - Give oral antimalarial.
  - Give one dose of paracetamol in clinic for high fever (38°C or above).
  - Advise mother when to return immediately.
  - Follow-up in 2 days if fever persists.
  - If fever is present every day for more than 5 days, refer for assessment.

#### VERY SEVERE FEBRILE DISEASE

- **Give first dose of chloroquine or Quinine intramuscularly**.
- **Give first dose of an appropriate antibiotic**.
- **Treat the child to prevent low blood sugar**.
- **Give one dose of paracetamol in clinic for fever (38°C or above)**.
- **Refer URGENTLY to hospital***

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**IF YES : Decide Malaria Risk high or low THEN ASK**

- **Has the child had measles within the last 3 months?**
- **THEN ASK**
  - For how long?
  - If more than 5 days, has fever been present every day?
- **LOOK AND FEEL:**
  - Look for clouding of the cornea.
  - Look for pus draining from the eye.
- **Classify FEVER**
  - Any general danger sign OR
  - Stiff neck.
- **HIGH MALARIA RISK**
  - Fever (by history or feels hot or temperature 37.5°C** or above).
  - Give first dose of chloroquine or Quinine intramuscularly**.
  - Give one dose of paracetamol in clinic for fever (38°C or above).
  - Treat the child to prevent low blood sugar.
  - Give one dose of paracetamol in clinic for fever (38°C or above).
  - Refer URGENTLY to hospital***

- **LOW MALARIA RISK**
  - Fever (by history or feels hot or temperature 37.5°C** or above).
  - Give oral antimalarial.
  - Give one dose of paracetamol in clinic for high fever (38°C or above).
  - Advise mother when to return immediately.
  - Follow-up in 2 days if fever persists.
  - If fever is present every day for more than 5 days, refer for assessment.

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### MEASLES

- **MEASLES**
  - None of the above signs.
  - Give paracetamol for fever (38°C or above).
  - Give Vitamin A.
  - Advise the mother to feed the child.
  - Give first dose of chloroquine or Quinine intramuscularly.

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

**First dose of intramuscular chloroquine or Quinine must be given by medical Doctor, or well trained paramedical staff.

***If the referral to hospital is not possible, the course of antimalarial and the antibiotic should be continued as prescribed in treatment given in clinic only (chart booklet).

****Other apparent bacterial causes of fever include cellulitis, abscess, or boil.

*****Other important complications of measles - stridor, diarrhoea, ear infection and malnutrition- are classified in other tables.
THEN CHECK FOR MALNUTRITION AND ANAEMIA

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

LOOK:
- Look for palmar pallor and mucous membrane pallor is it:
  - Severe palmar pallor and/or mucous membrane pallor?
  - Some palmar pallor and/or mucous membrane pallor?

Classify NUTRITIONAL STATUS

Classify ANEMIA

VITAMIN A SUPPLEMENTATION SCHEDULE:
- 9 months: one dose of vitamin A (100,000 IU)

IMMUNIZATION SCHEDULE:
- At birth: BCG, OPV-0
- At 6 weeks: OPV-1, DPT-1, HB-1
- At 10 weeks: OPV-2, DPT-2, HB-2
- At 14 weeks: OPV-3, DPT-3
- At 9 months: Measles, Vit A, HB-3
- At 18 months: OPV-4, DPT (booster dose)

ASSESS OTHER PROBLEMS
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.
➢ Explain that all the oral drug syrups 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 (give for 5 days), OR ACUTE EAR INFECTION (give for 10 days):
FIRST-LINE ANTIBIOTIC: AMOXICILLIN
SECOND-LINE ANTIBIOTIC: COTRIMOXAZOLE

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>AMOXICILLIN</th>
<th>COTRIMOXAZOLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SYRUP</td>
<td>SYRUP</td>
</tr>
<tr>
<td></td>
<td>250 mg per 5 ml</td>
<td>125 mg per 5 ml</td>
</tr>
<tr>
<td>2 months up to 12 months (4 - &lt;10 kg)</td>
<td>2.5 ml</td>
<td>5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10 - 19 kg)</td>
<td>5 ml</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

➢ FOR DYSENTERY:
GIVE ANTIBIOTIC RECOMMENDED FOR SHIGELLA FOR 5 DAYS.
FIRST - LINE ANTIBIOTIC FOR SHIGELLA: COTRIMOXAZOLE
SECOND - LINE ANTIBIOTIC FOR SHIGELLA: NALIDIXIC ACID

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>COTRIMOXAZOLE SYRUP</th>
<th>NALIDIXIC ACID</th>
</tr>
</thead>
<tbody>
<tr>
<td>(trimethoprim + sulphamethoxazole)</td>
<td>SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml</td>
<td>SYRUP 150 mg/5 ml</td>
</tr>
<tr>
<td></td>
<td>SYRUP</td>
<td></td>
</tr>
<tr>
<td>2 months up to 4 months (4 - &lt;6 kg)</td>
<td>5.0 ml</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10 kg)</td>
<td>5.0 ml</td>
<td>5.0 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10 - 19 kg)</td>
<td>7.5 ml</td>
<td>7.5 ml</td>
</tr>
</tbody>
</table>

➢ FOR CHOLERA:
GIVE ANTIBIOTIC RECOMMENDED FOR CHOLERA FOR 5 DAYS.
FIRST - LINE ANTIBIOTIC FOR CHOLERA: COTRIMOXAZOLE
SECOND - LINE ANTIBIOTIC FOR CHOLERA: ERYTHROMYCIN

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>COTRIMOXAZOLE SYRUP</th>
<th>ERYTHROMYCIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(trimethoprim + sulphamethoxazole)</td>
<td>SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml</td>
<td>SYRUP 200 mg/5 ml</td>
</tr>
<tr>
<td></td>
<td>SYRUP</td>
<td></td>
</tr>
<tr>
<td>2 months up to 4 months (4 - &lt;6 kg)</td>
<td>5.0 ml</td>
<td>1.25 ml</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10 kg)</td>
<td>5.0 ml</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10 - 19 kg)</td>
<td>7.5 ml</td>
<td>5 ml</td>
</tr>
</tbody>
</table>

Phenoxymethyl Penicillin (penicillin V)
syrup 400,000 Units per 5 ml = 250 mg/5 ml
Give 4 times daily for 10 days

<table>
<thead>
<tr>
<th>Age or weight</th>
<th>Phenoxymethyl Penicillin (penicillin V) syrup 400,000 Units per 5 ml = 250 mg/5 ml Give 4 times daily for 10 days</th>
</tr>
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<tbody>
<tr>
<td>2 months up to 12 months (4 -&lt;10 kg)</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>5.0 ml</td>
</tr>
</tbody>
</table>
TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug’s dosage table.

Give Paracetamol for Fever (≥ 38°C) or Throat Pain or Ear Pain.
- Give paracetamol every 6 hours until fever or throat pain or ear pain is gone.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>SYRUP (120 mg / 5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 12 months (4-&lt;10 kg)</td>
<td>5 ml</td>
</tr>
<tr>
<td>12 months up to 3 years (10 - &lt;14 kg)</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

Give Iron
- For treatment of anaemia: give one dose daily for 14 days, then reassess.
- For Iron supplementation: give one dose per week.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>IRON SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 4 months (4 - &lt;6 kg)</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10 kg)</td>
<td>5 ml</td>
</tr>
<tr>
<td>12 months up to 3 years (10 - &lt;14 kg)</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

Give Mebendazole
- Give 500 mg mebendazole tablets as a single dose in clinic if:
  - hookworm/whipworm are a problem in children in your area, and
  - the child is 2 years of age or older, and
  - the child has not had a dose in the previous 6 months.

Give Vitamin A (for treatment)
- Give 3 doses:
  - Give first dose of vitamin A in the clinic.
  - Give mother two doses more of vitamin (A) to give her child at home. The second dose on the next day and the third after 14 days (or in one month).

<table>
<thead>
<tr>
<th>AGE</th>
<th>VITAMIN A CAPSULES</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 000 IU</td>
<td>100 000 IU</td>
</tr>
<tr>
<td>Up to 6 months</td>
<td>1/2 capsule</td>
</tr>
<tr>
<td>6 months up to 12 months</td>
<td>1 capsule</td>
</tr>
<tr>
<td>12 months up to 5 years</td>
<td>2 capsules</td>
</tr>
</tbody>
</table>

Give Oral Salbutamol
- Give Salbutamol syrup three times daily for 5 days.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>SALBUTAMOL SYRUP (Salbutamol syrup = 2 mg / 5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 4 months (4 - &lt;6 kg)</td>
<td>1.0 ml</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10 kg)</td>
<td>2 ml</td>
</tr>
<tr>
<td>12 months up to 3 years (10 - &lt;14 kg)</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>5 ml</td>
</tr>
</tbody>
</table>

Give an Oral Antimalarial:
- First Line Antimalarial: chloroquine
- Second Line Antimalarial: sulfadoxine + pyrimethamine
- If chloroquine:
  - Explain to the mother that she should watch her child carefully for 30 minutes after giving a dose of chloroquine.
  - If the child vomits within 30 minutes, she should repeat the dose and return to the clinic for additional tablets or syrup.
  - Explain that itching is a possible side effect of the drug, but is not dangerous.
- If sulfadoxine + pyrimethamine: give single dose in clinic.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>CHLOROQUINE</th>
<th>SULFADOXINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLET (150 mg base)</td>
<td>TABLET (100 mg base)</td>
<td>SYRUP (50 mg base)</td>
</tr>
<tr>
<td>2 months up to 12 months (4-&lt; 10 kg)</td>
<td>1/2</td>
<td>1/2</td>
</tr>
<tr>
<td>12 months up to 3 years (10-&lt; 14 kg)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>1 1/2</td>
<td>1 1/2</td>
</tr>
</tbody>
</table>

Give multivitamin/ mineral supplement
- For persistent diarrhea, give one dose 5 ml daily of multivitamin / mineral mixture for two weeks.
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 does the first treatment in the clinic (except remedy for cough or sore throat).
- Tell her how often to do the treatment at home.
- If needed for treatment at home, give mother the tube of tetracycline ointment or a Small bottle of gentian violet.
- Check the mother’s understanding before she leaves the clinic.

Treat Eye Infection with Tetracycline Eye Ointment For 7 Days.

- Clean both eyes 3 times daily.
  - Wash hands.
  - Ask child to close the eye.
  - Use clean cloth and water to gently wipe away pus.
- Then apply tetracycline eye ointment in both eyes 3 times daily.
  - Ask the child to look up.
  - Squirt a small amount of ointment on the inside of the lower lid.
  - Wash hands again.
- Treat until redness is gone.
- Do not use other eye ointments or drops, or put anything else in the eye.

Dry the Ear by Wicking

- Dry the ear at least 3 times daily.
  - Roll clean absorbent cloth or soft, strong tissue paper into a wick.
  - Place the wick in the child’s ear.
  - Remove the wick when wet.
  - Replace the wick with a clean one and repeat these steps until the ear is dry.

Treat Mouth Ulcers with Gentian Violet

- Treat the mouth ulcers twice daily.
  - Wash hands.
  - Wash the child’s mouth with clean soft cloth wrapped around the finger and wet with salt water.
  - Paint the mouth with half-strength gentian violet.
  - Wash hands again.

Soothe the Throat, Relieve the Cough with a Safe Remedy

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Home made remedies e.g. tea with lemon and honey, anise, tileo, guava leaves decoctions, chicken soup.
- Harmful remedies to discourage:
  - Cough syrups containing: codeine, antihistamines, alcohol, atropine and expectorants.
  - Oil, ghee.
GIVE THESE TREATMENTS IN 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. Measure the dose accurately.
- Give the drug as an intramuscular injection.
- If child cannot be referred, follow the instructions provided.

Give Intramuscular Benzathine Penicillin (single dose) For Streptococcal Sore Throat

Benzathine Penicillin **
Add 5 ml sterile water for vial containing 1,200,000 Unit/ml = 6 ml at 200,000 Unit/ml

< 5 years = 3.0 ml = 600,000 units
single dose intramuscular

Note:*must be given by medical doctor or well trained paramedical staff.
Note: **Skin sensitivity test must be done before every intramuscular injection.
If the skin test is positive give erythromycin orally (see treat the child module).

Give An Intramuscular Antibiotic

FOR CHILDREN BEING REFERRED URGENTLY:
- Give first dose of intramuscular chloramphenicol and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:
- Repeat the chloramphenicol injection every 12 hours for 5 days.
- Then change to an appropriate oral antibiotic to complete 10 days of treatment.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>CHLORAMPHENICOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose: 40 mg per kg</td>
</tr>
<tr>
<td></td>
<td>Add 5.0 ml sterile water to vial containing 1000 mg = 5.6 ml at 180 mg/ml</td>
</tr>
<tr>
<td>2 months up to 4 months (4 - &lt; 6 kg)</td>
<td>1.0 ml = 180 mg</td>
</tr>
<tr>
<td>4 months up to 9 months (6 - &lt; 8 kg)</td>
<td>1.5 ml = 270 mg</td>
</tr>
<tr>
<td>9 months up to 12 months (8 - &lt; 10 kg)</td>
<td>2.0 ml = 360 mg</td>
</tr>
<tr>
<td>12 months up to 3 years (10 - &lt; 14 kg)</td>
<td>2.5 ml = 450 mg</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>3.5 ml = 630 mg</td>
</tr>
</tbody>
</table>
Give intramuscular chloroquine for Severe Malaria.

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Use undiluted chloroquine for injection.
- Use only chloroquine ampoules containing 200mg base in 5ml at 40mg base/ml.
- Dose: 3.5 mg base per kg intramuscular.
- Give first dose of intramuscular chloroquine then refer the child to the hospital.

IF REFERRAL IS NOT POSSIBLE

- Use undiluted chloroquine for injection.
- Use only chloroquine ampoules containing 200 mg base in 5 ml at 40 mg base/ml.
- Dose: 3.5mg base per kg intramuscular.
- Give first dose of intramuscular chloroquine.
- The child should remain lying down for one hour.
- Repeat the chloroquine injection every 6 hours until the child is able to take oral antimalarial then complete the remaining of the total dose with oral chloroquine 5 mg base/kg/day to complete a 3-days course of treatment.
- The total dose is 25 mg base/kg.

<table>
<thead>
<tr>
<th>AGE OR WEIGHT</th>
<th>INTRAMUSCULAR CHLOROQUINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total dose: 25mg base/kg</td>
</tr>
<tr>
<td></td>
<td>Dose: 3.5mg base/kg</td>
</tr>
<tr>
<td></td>
<td>Ampoule: containing 200mg base in 5ml at 40mg base/ml</td>
</tr>
<tr>
<td>1 kg</td>
<td>0.1 ml</td>
</tr>
<tr>
<td>2 kg</td>
<td>0.2 ml</td>
</tr>
<tr>
<td>3 kg</td>
<td>0.3 ml</td>
</tr>
<tr>
<td>4 kg-5 kg</td>
<td>0.4 ml</td>
</tr>
<tr>
<td>4 month up to 9 months (6 kg-&lt;8kg)</td>
<td>0.5-0.6 ml</td>
</tr>
<tr>
<td>9 month up to 12 months (8 kg-&lt;10kg)</td>
<td>0.7-0.8 ml</td>
</tr>
<tr>
<td>12 month up to 3 years (10 kg-&lt;14kg)</td>
<td>1 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14 kg-&lt;19kg)</td>
<td>1.2-1.7 ml</td>
</tr>
</tbody>
</table>

Give intramuscular Quinine* for Severe Malaria

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Check which quinine formulation is available in your clinic. Quinine should be diluted in normal saline to a concentration of 60-100 mg salt/ml.
- Give first dose of intramuscular quinine and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:

- Quinine should be diluted in normal saline to a concentration of 60-100 mg salt/ml.
- Give first dose of intramuscularly 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 QUININE (dose :10 mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 kg&lt; 2 kg</td>
<td>0.1 ml</td>
</tr>
<tr>
<td>2 kg&lt; 3 kg</td>
<td>0.2 ml</td>
</tr>
<tr>
<td>3 kg&lt; 4 kg</td>
<td>0.3 ml</td>
</tr>
<tr>
<td>4 kg&lt; 5 kg</td>
<td>0.4 ml</td>
</tr>
<tr>
<td>5 kg&lt; 6 kg</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>4 month up to 9 months (6-&lt;8kg)</td>
<td>0.7 ml</td>
</tr>
<tr>
<td>9 month up to 12 months (8-&lt;10kg)</td>
<td>0.9 ml</td>
</tr>
<tr>
<td>12 month up to 3 years (10-&lt;14kg)</td>
<td>1.2 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14-&lt;19kg)</td>
<td>1.6 ml</td>
</tr>
</tbody>
</table>

* Quinine salt
Treat a Convulsing Child With Diazepam Rectally

Manage the Airway
- Turn the child on his or her side to avoid aspiration
- Do not insert anything in the mouth.
- If the lips and tongue are blue, open the mouth and make sure the airway is clear.
- If necessary, remove secretions from the throat through a catheter inserted through the nose.

Give Diazepam Rectally: use diazepam ampoules for injection.
- Do not dilute diazepam ampoules containing 5 mg / ml.
- Draw up the needed dose of diazepam into small syringe. Then remove the needle.
- Insert 4 to 5 cm of the tube or the tip of the syringe into the rectum and inject the diazepam, then inject 1ml of water to flush the tube.
- Hold buttocks together for a few minutes.

If High Fever, Lower the Fever
- Sponge the child with room temperature water

Treat the child to prevent low blood sugar

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>DIAZEPAM ampoule for injection 1ml = 5 mg</th>
<th>Dose = 0.2-0.5 mg/kg Give rectally</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month up to 4 months (3-&lt;6 kg)</td>
<td>0.5 ml (2.5 mg)</td>
<td></td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10 kg)</td>
<td>0.75 ml (3.75 mg)</td>
<td></td>
</tr>
<tr>
<td>12 months up to 3 years (10-&lt;14 kg)</td>
<td>1.0 ml (5 mg)</td>
<td></td>
</tr>
<tr>
<td>3 years up to 5 years (14-19 kg)</td>
<td>1.5 ml (7.5 mg)</td>
<td></td>
</tr>
</tbody>
</table>

GIVE RAPID ACTING BRONCHODILATOR

<table>
<thead>
<tr>
<th>Nebulized Salbutamol 5 mg/ml</th>
<th>0.5 ml Salbutamol plus 2.0 ml normal saline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metered Dose Inhaler (MDI) with spacer device (100 mcg/dose)</td>
<td>2-3 puffs</td>
</tr>
</tbody>
</table>

GIVE ORAL SALBUTAMOL Three times daily for 5 days

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>2 mg / 5 ml syrup</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 4 months (4-&lt;6 kg)</td>
<td>1.0 ml</td>
</tr>
<tr>
<td>4 months up to 12 months (6-&lt;10 kg)</td>
<td>2 ml</td>
</tr>
<tr>
<td>12 months up to 3 years (10-&lt;14 kg)</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14-19 kg)</td>
<td>5 ml</td>
</tr>
</tbody>
</table>

Treat Wheezing

- Children with wheeze and
  - GENERAL DANGER SIGN
  - OR STRIDOR
    - Give one dose of rapid acting bronchodilator and refer immediately

- Children with wheezing and
  - NO GENERAL DANGER SIGN
  - AND NO STRIDOR
    - Give rapid acting bronchodilator and reassess the child 30 minutes later

IF:
- CHEST INDRAWING PERSISTS
  - Treat for SEVERE PNEUMONIA (Refer)

- FAST BREATHING ALONE
  - Give further dose of rapid acting bronchodilator
  - Give oral salbutamol for 5 days

- NO FAST BREATHING
  - Treat for NO PNEUMONIA: COUGH OR COLD.
    (Give oral salbutamol for 5 days).
➢ Treat the Child to Prevent Low Blood Sugar

➢ If the child is able to breastfeeding:

Ask the mother to breastfeeding the child.

➢ If the child is not able to breastfeeding but is able to swallowing:

Give expressed breastmilk or a breastmilk 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 swallowing:

Give 50 ml of milk or sugar water by nasogastric tube.
GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

Plan A: Treat Diarrhoea at Home

Counsel the mother on the 3 Rules of Home Treatment:
Give Extra Fluid, Continue Feeding, When to Return

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

TELL THE MOTHER:
- 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 vegetables soup, (Potato, Pamya, kousa, carrot) rice water, yoghurt drink, carrot juice, banana, or clean boiled water after cooling it.

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 A BOX OF 3 PACKETS OF ORS (special for Yemen) TO USE AT HOME and each packet mix with cleaned water in the bottle measured 750 ml.

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.

2. CONTINUE FEEDING

3. WHEN TO RETURN

See COUNSEL THE MOTHER chart

Plan B: Treat Some Dehydration with ORS

Give in clinic recommended amount of ORS over 4-hour period
DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.

<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 &lt; 6 kg</td>
<td>200 - 400</td>
<td>400 - 700</td>
<td>700 - 900</td>
<td>900 - 1400</td>
</tr>
<tr>
<td>6 - &lt; 10 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - &lt; 12 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 - 19 kg</td>
<td></td>
<td></td>
<td></td>
<td></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 under 6 months who are not breastfed, also give 100-200 ml clean boiled water after cooling it.

SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup or cup and spoon (one spoon every 1-2 minutes), or dropper.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

AFTER 4 HOURS:

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

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

1. GIVE EXTRA FLUID
2. CONTINUE FEEDING
3. WHEN TO RETURN

See Plan A for recommended fluids and See COUNSEL THE MOTHER chart
Plan C: Treat 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 30 ml/kg in:</th>
<th>Then give 70 ml/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>2 1/2 hours</td>
</tr>
</tbody>
</table>

* Repeat once if radial pulse is still very weak or not detectable.

- 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.

- 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:
  - 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.

Note:
- If possible, 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 classifications.
- If the child has any new problem, 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.

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

**Treatment:**
- If the child has a general danger sign or stridor or chest indrawing or has fast breathing and wheeze, give a dose of pre-referral intramuscular antibiotic. If wheezing also give dose of rapid acting bronchodilator. Then refer URGENTLY to hospital.
- If the child is not wheezing but 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 in the last three months, refer).
- If breathing slower, less fever, or eating better, complete the 5 days of antibiotic. If child is wheezing, also treat as below.
- If child is wheezing but has no general danger sign, fast breathing or chest indrawing:
  - If this is the first episode of wheezing or if the child has had previous episodes but has not been referred, continue salbutamol and refer for assessment.
  - If the child has already been referred for a previous episode of wheezing advise the mother to continue with treatment prescribed by the referral hospital. Advise the mother to return if the child’s breathing becomes more difficult. If this child returns because condition has worsened, refer URGENTLY to hospital for further treatment.

### NO PNEUMONIA - WHEEZE

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

**Treatment:**
- If any danger sign or stridor or chest indrawing:
  - Treat as SEVERE PNEUMONIA OR VERY SEVERE DISEASE, give one dose of pre-referral intramuscular antibiotic.
  - Give one dose of rapid acting bronchodilator and refer URGENTLY to hospital.
- If fast breathing: treat as PNEUMONIA, also give oral salbutamol.
- If child is wheezing but has no general danger signs, fast breathing or chest indrawing:
  - If this is the first episode of wheezing or if the child has previous episodes but has not been referred, continue salbutamol and refer for assessment.
  - If the child has already been referred for a previous episode of wheezing advise the mother to continue with treatment prescribed by the referral hospital. Advise the mother to return if the child’s breathing becomes more difficult. If this child returns because condition has worsened, refer URGENTLY to hospital for further treatment.
- If no wheezing: complete 5 days of oral salbutamol.

### PERSISTENT DIARRHOEA

**After 5 days:**
- 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.
- Tell the mother to continue giving the child the multivitamin mineral supplement.

### NO DIARRHOEA - WHEEZE

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

**Treatment:**
- If any danger sign or stridor or chest indrawing:
  - Treat as SEVERE PNEUMONIA OR VERY SEVERE DISEASE, give one dose of pre-referral intramuscular antibiotic.
  - Give one dose of rapid acting bronchodilator and refer URGENTLY to hospital.
- If fast breathing: treat as PNEUMONIA, also give oral salbutamol.
- If child is wheezing but has no general danger signs, fast breathing or chest indrawing:
  - If this is the first episode of wheezing or if the child has previous episodes but has not been referred, continue salbutamol and refer for assessment.
  - If the child has already been referred for a previous episode of wheezing advise the mother to continue with treatment prescribed by the referral hospital. Advise the mother to return if the child’s breathing becomes more difficult. If this child returns because condition has worsened, refer URGENTLY to hospital for further treatment.
- If no wheezing: complete 5 days of oral salbutamol.

### DYSENTERY

**After 2 days:**
- Assess the child for diarrhoea.
- 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 dehydration.
- If number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse:
  - Change to second-line oral antibiotic recommended for Shigella.
  - Give it for 5 days. Advise the mother to return in 2 days.
  - Exceptions - if the child:
    - is less than 12 months old, or
    - was dehydrated on the first visit, or
    - had measles within the last 3 months
  - If fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better, continue giving the same antibiotic until finished.

### Refer to hospital
**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.

**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 available refer to hospital.) Advise the mother to return again in 2 days if the fever persists. 
  - If fever has been present for 5 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. (If the first-line antimalarial is not available give second line)
  - Advise the mother to return again in 2 days if the fever persists.
  - If fever has been present for more than 5 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.
- Ask the mother, if the child has given vitamin (A) see treat the child.

**FOLLOW-UP**

- Look at mouth ulcers.
- Smell the mouth.

**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 pulling and irritability or severe ear pain or discharge persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up once again in 5 days. If ear pain or discharge persists refer.
- If no ear pain or discharge, praise the mother for her careful treatment. Ask the mother to continue the same antibiotic for other 5 days.
- If discharge, for 14 days or more, refer to ENT specialist for assessment.

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After 2 days:

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

**Treatment for Eye Infection:**
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- If no pus or redness, stop the treatment.
- Ask the mother, if the child has given vitamin (A) see treat the child.
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.

MEASLES

After 2 days:
Do a full reassessment of the child > see ASSESS & CLASSIFY chart.

Treatment:
➢ If general danger sign or clouding of the cornea or deep extensive mouth ulcers or pneumonia, treat as SEVERE COMPLICATED MEASLES.
➢ If pus draining from the eye or mouth ulcers, treat as MEASLES WITH EYE OR MOUTH COMPLICATIONS.
➢ If none of the above signs, advise the mother when to return immediately.
➢ Follow up in two days if not improving.

If the child received already the dose of vitamin A in the previous visit, do not repeat.

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 low weight for age, ask the mother to return 30 days after the initial visit to measure the child’s weight gain.

LOW WEIGHT

After 30 days:
Weigh the child and determine if the child is still low weight for age.
Reassess feeding. > See questions at the top of the COUNSEL chart.

Treatment:
➢ If the child is no longer low weight for age, praise the mother and encourage her to continue.
➢ If the child is still 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 low weight for age.

Exception:
If you do not think that feeding will improve, or if the child has lost weight, refer the child.

Anemia

After 14 days:
➢ Give iron. Advise mother to return in 14 days for more iron.
➢ Continue giving iron daily for 2 months.
➢ If the child has palmar pallor and / or mucous membrane pallor after 2 months, refer for assessment.

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER OF THE NEXT FOLLOW-UP VISIT.

Also, advise the mother when to return immediately.
(SEE COUNSEL CHART.)
**FOOD**

» **Assess the Child’s Feeding**

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 in the box below.

**ASK—**
- Do you breastfeed your child?
  - 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 low weight for age: How large are servings? Does the child receive his own serving? Who feeds the child and how?

- During this illness, has the child’s feeding changed? If yes, how?
Feeding Recommendations During Sickness and Health

<table>
<thead>
<tr>
<th>Since birth up to 6 Months of Age</th>
<th>6 Months up to 12 Months</th>
<th>12 Months up to 2 Years</th>
<th>2 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Start breastfeeding through the first half hour after birth.</td>
<td>• Breastfeed as often as the child wants.</td>
<td>• Breastfeed as often as the child wants.</td>
<td>• Give family foods at 3 meals each day.</td>
</tr>
<tr>
<td>• Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.</td>
<td>• Give adequate semi solid servings of: - shebisa (Boar, Dokhn, Dora+ Fasolia Adass, few drops of oil+ some milk) - Asidah (Boar+ Lahma) - Harisa Boar +Milk or hakin) - Khodar(Patata, Gozar, Tamatem, kusa, Duba ) and Rice . - Small amount of Dijaj or Laham or Samak or kibdah boiled egg and Jobnah. - Zabadi or hakin and khubz. - Natural fresh Seasonal Fruits Juice (Orange, Banana, Babay, Mango, lemon, Jawafa ).</td>
<td>• Give adequate solid servings of: - shebisa or Asidah . - Harisa (Boar + Iaham) - Khodar and Rice. - Small amount of Dijaj or Laham or Samak or kibdah and boiled egg. - Zabadi or jobnah or hakin and khubz - Natural fresh Seasonal Fruits - or family foods 5 times per day, without spices. - with continuing the breast feeding.</td>
<td>• Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as: -Fresh milk or Hakin, Khubz, Zabadi, Jobnah -Natural fresh seasonal fruitses.</td>
</tr>
</tbody>
</table>
| • Do not give other foods or fluids, or water. | • Give these foods: - 3 times per day if breastfed - 5 times per day if not breastfed | • Give these foods: - 3 times per day if breastfed - 5 times per day if not breastfed | -
| • Breastfeeding can be expressed with high hygiene care (in the absence of mothers) | | | |
| • Only if the child is 4 months of age and is not gaining weight adequately: - Add complementary foods (listed under 6 months up to 12 months) - Give these foods 1 or 2 times per day after breast feeding in small amounts gradually. | | | |

Avoid to give tea, sweets and shopping foods. Do not use bottle or teats.

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

• If still breastfeeding, give more frequent 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 as rice, beans and vegetable soup.
  - give milk not more than 50 ml/kg.
  - give frequent small meals at least 6 times a day.

• For other foods, follow feeding recommendations for the child’s age.
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 4 months old and is taking other milk or foods or

- If the mother thinks she does not have enough milk
  - Assess breastfeeding:
    - Build mother’s confidence that she can produce all the breastmilk that the child needs (proper weight gain).
    - Suggest giving more frequent, longer breastfeeds day and 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 breastmilk 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 being fed actively, counsel the mother to:
  - Sit with the child and encourage eating.
  - Give the child an adequate serving in a separate plate or bowl.

- 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 feedings.
  - Clear a blocked nose if it interferes with feeding.
  - Expect that appetite will improve as child gets better.
  - Express breast milk if necessary, under good hygienic conditions, and keep it in cold place.

- Follow-up any feeding problem in 5 days.

- Advise the mother to expose her child to sunlight for prevention of rickets.
FLUID

- **Advise the Mother to Increase Fluid During Illness**
  
  **FOR ANY SICK CHILD:**
  - Breastfeed more frequently and for longer at each feed.
  - Increase fluid. For example, give soup, rice water, yoghurt drinks, belila water, home fluids 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.

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 follow-up in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMONIA</td>
<td>2 days</td>
</tr>
<tr>
<td>NO PNEUMONIA- WHEEZE</td>
<td></td>
</tr>
<tr>
<td>DYSENTERY</td>
<td></td>
</tr>
<tr>
<td>MALARIA, fever persists</td>
<td></td>
</tr>
<tr>
<td>MALARIA UNLikelY, if fever persists</td>
<td></td>
</tr>
<tr>
<td>MEASLES WITH EYE OR MOUTH COMPlications</td>
<td></td>
</tr>
<tr>
<td>MEASLES, if not improving</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>FEEDING PROBLEM</td>
<td></td>
</tr>
<tr>
<td>ANY OTHER ILLNESS, if not improving</td>
<td></td>
</tr>
<tr>
<td>Pallor</td>
<td>14 days</td>
</tr>
<tr>
<td>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. Advise the mother to give the child (from 6 to 30 months) the weekly dose of iron after recovery.

  **WHEN TO RETURN IMMEDIATELY**
  Advise mother to return immediately if the child has any of these signs:

  | Any sick child                                      | • Not able to drink or breastfeed |
  |                                                    | • Becomes sicker                  |
  |                                                    | • Develops a fever                |

  | If child has NO PNEUMONIA: COUGH OR COLD, also return if: | • Fast breathing |
  |                                                            | • Difficult breathing |

  | If child has Diarrhoea, also return if:                  | • Blood in stool |
  |                                                            | • Drinking poorly |
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, and to avoid too much spices, tea or coffee.
- Check the mother’s immunization status and give her tetanus toxoid if needed.
- Check the mother’s supplementation with iron and vitamin A according to the national policy.
- Make sure she has access to:
  - Family planning
  - Counselling on reproductive health problems.
- Advise mother to use iodized salt for the family foods instead of the ordinary salt.
- Advise mother to avoid bad habits such as kat and smoking. (shisha or mada’h)
ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT
AGE UP TO 2 MONTHS

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:

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION

ASK:
- Has the infant had convulsions?
- Is the young infant not able to feed?
- Does the young infant vomit every thing?

LOOK, LISTEN, FEEL:
- See if the infant is convulsing now.
- Count the breaths in one minute. Repeat the count if elevated.
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look and listen for wheeze.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look at the umbilicus. Is it red or draining pus?
  - Does the redness extend to the skin?
  - Measure temperature (or feel for fever or low body temperature).
  - Look for skin pustules.
  - Are there many or severe pustules?
  - See if the young infant is lethargic or unconscious.
  - Look at the young infant’s movements. Are they less than normal?

CHECK FOR SIGNIFICANT JAUNDICE

ASK:
- when did the jaundice start?

LOOK:
- At the palms and soles. Are they JAUNDICED?

IF JAUNDICE

- Jaundice extending to palms or soles OR
- Jaundice starting on first day of life OR
- Jaundice still present after 14 days of age.

SIGNIFICANT JAUNDICE

- Encourage breastfeeding
  - If breastfeeding poorly, provide extra fluid by cup and spoon
  - Refer URGENTLY to hospital

POSSIBLE SERIOUS BACTERIAL INFECTION

- Convulsions OR
- Not able to feed OR
- Vomit every thing OR
- Fast breathing (60 breaths per minute or more) OR
- Severe chest indrawing OR
- Nasal flaring OR
- Grunting OR
- Wheeze OR
- Bulging fontanelle OR
- Pus draining from ear OR
- Umbilical redness extending to skin OR
- Fever(37.5°C* or above or feels hot) or low body temperature(less than 35.5°C* or feels cold) OR
- Many or severe skin pustules OR
- Lethargic or unconscious OR
- Less than normal movement.

LOCAL BACTERIAL INFECTION

- Red umbilicus or draining pus OR
- Skin pustules OR
- Pus draining from the eyes.

SIGNIFICANT BACTERIAL INFECTION UNLIKELY

- None of the above signs

TREATMENT

- Treat current convulsion with rectal diazepam.
- Give first dose of intramuscular antibiotics.
- Treat to prevent low blood sugar.
- if vomiting every thing, give nothing by mouth
- Advise mother how to keep the infant warm on the way to the hospital.
- Refer URGENTLY to hospital.

LOCAL BACTERIAL INFECTION

- Teach mother to treat local infections at home.
- Advise mother to give home care for the young infant.
- Follow-up in 2 days.

SIGNIFICANT BACTERIAL INFECTION UNLIKELY

- Advise mother to give home care for the young infant.
- Follow-up in 2 days.
THEN ASK:
Does the young infant have diarrhoea?

**IF YES, ASK:**

**LOOK AND FEEL:**
- For how long?
- Is there blood in the stool?
  - Look at the young infant’s general condition. Is the infant: Lethargic or unconscious? Restless and irritable?
  - Look for sunken eyes.
  - Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

**Classify DIARRHOEA**

**for DEHYDRATION**

- Dependent on diarrhoea:
  - and if diarrhoea 14 days or more
  - and if blood in stool

**Two of the following signs:**
- Lethargic or unconscious
- Sunken eyes
- Skin pinch goes back very slowly.

**SEVERE DEHYDRATION**
- If infant does not have SEVERE CLASSIFICATION: Give fluid for severe dehydration (Plan C). OR
- If infant also has SEVERE CLASSIFICATION: Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.

**Two of the following signs:**
- Restless, irritable
- Sunken eyes
- Skin pinch goes back slowly.

**SOME DEHYDRATION**
- Give fluid and food for some dehydration (Plan B).
- If infant also has SEVERE CLASSIFICATION: Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.

**Not enough signs to classify as some or severe dehydration.**

**NO DEHYDRATION**
- Give fluids to treat diarrhoea at home (Plan A).

**BACTERIAL INFECTION DIARRHOEA**

**ASSESS AND CLASSIFY**

- If the young infant is dehydrated, treat dehydration before referral unless the infant has also SEVERE CLASSIFICATION: Refer to hospital.

- Blood in the stool.
  - Treat to prevent low blood sugar.
  - Advise mother how to keep the infant warm on the way to the hospital.
  - Refer URGENTLY to hospital.

- Diarrhoea lasting 14 days or more.
  - SEVERE PERSISTENT DIARRHOEA

**Blood in the stool.**

* 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 FEEDING PROBLEM OR LOW WEIGHT:

**ASK:**
- Is there any difficulty feeding?
- Is the infant breastfed? If yes, how many times in 24 hours?
- Is the infant breastfed during night?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- What do you use to feed the infant?

**LOOK, LISTEN, FEEL:**
- Determine weight for age.
- In newborn: determine birth weight

**classify FEEDING**

<table>
<thead>
<tr>
<th>NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION</th>
<th>FEEDING PROBLEM OR LOW WEIGHT</th>
<th>NO FEEDING PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not able to feed or</td>
<td>• Poor positioning or</td>
<td>• Advise mother to</td>
</tr>
<tr>
<td>• No attachment at all or</td>
<td>• Not well attached to breast</td>
<td>give home care for</td>
</tr>
<tr>
<td>• Not suckling at all or</td>
<td>• Not suckling effectively</td>
<td>the young infant</td>
</tr>
<tr>
<td>• Premature (Preterm) and not able to suck</td>
<td></td>
<td>warm on the way to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the hospital.</td>
</tr>
</tbody>
</table>

**IF AN INFANT: Has any difficulty feeding,**
- **IS breastfeeding less than 8 times in 24 hours,**
- **Is taking any other foods or drinks,**
- **Is low weight for age, or low birth weight (2500 grams or less)**
- **Is in the first week of life**

**AND Has no indications to refer urgently to hospital:**

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

**TO CHECK POSITIONING, LOOK FOR:**
- Infant’s neck is straight or bent slightly back,
- Infant’s body is turned towards the mother,
- Infant’s body is close to mother’s body, and
- Infant’s whole body supported.

*(If all of these signs are present, the infant’s positioning is good)*

**To CHECK ATTACHMENT, LOOK FOR:**
- Chin touching breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth

*(If all of these signs are present, the attachment is good)*

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**IF AN INFANT: Has any difficulty feeding,**
- **Is breastfeeding less than 8 times in 24 hours,**
- **Is taking any other foods or drinks,**
- **Is low weight for age, or low birth weight (2500 grams or less)**
- **Is in the first week of life**

**AND Has no indications to refer urgently to hospital:**

**ASSESS BREASTFEEDING:**
- Has the infant breastfed in the previous hour?
THEN CHECK THE YOUNG INFANT’S IMMUNIZATION

<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>OPV-0</td>
</tr>
<tr>
<td></td>
<td>DPT-1</td>
</tr>
<tr>
<td></td>
<td>OPV-1</td>
</tr>
<tr>
<td></td>
<td>HBV-1</td>
</tr>
</tbody>
</table>

ASSESS OTHER PROBLEMS
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

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>AMOXYCILLIN</th>
<th>COTRIMOXAZOLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Give three times daily for 5 days</td>
<td>Give two times daily for 5 days</td>
</tr>
<tr>
<td>Birth up to 1 month (&lt; 3 kg)</td>
<td>1.25 ml Syrup 125 mg in 5 ml</td>
<td>1.25 ml Syrup (40 mg trimethoprim + 200 mg sulphamethoxazole)</td>
</tr>
<tr>
<td>1 month up to 2 months (3-4 kg)</td>
<td>2.5 ml</td>
<td>1.25 ml</td>
</tr>
</tbody>
</table>

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

Give First Dose of Intramuscular Antibiotics

- Give first dose of both ampicillin and gentamicin Intramuscularly.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>GENTAMICIN*</th>
<th>AMPICILLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 kg</td>
<td>0.25 ml</td>
<td>0.4 ml</td>
</tr>
<tr>
<td>2 kg</td>
<td>0.50 ml</td>
<td>0.8 ml</td>
</tr>
<tr>
<td>3 kg</td>
<td>0.75 ml</td>
<td>1.2 ml</td>
</tr>
<tr>
<td>4 kg</td>
<td>1.00 ml</td>
<td>1.6 ml</td>
</tr>
<tr>
<td>5 kg</td>
<td>1.25 ml</td>
<td>2.0 ml</td>
</tr>
</tbody>
</table>

- Referral is the best option for a young infant classified with POSSIBLE SERIOUS BACTERIAL INFECTION. If referral is not possible, give ampicillin and gentamicin intramuscularly every 8 hours for at least 5 days.

*Avoid using undiluted 40 mg/ml gentamicin vials.
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ To Treat Convulsing Young Infant, See TREAT THE CHILD Chart.

➢ To Treat Diarrhoea, See TREAT THE CHILD Chart.

➢ 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.
➢ Teach 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:
➢ Wash hands before applied treatment
➢ Gently wash off pus and crusts with soap and water
➢ Dry the area
➢ Paint with gentian violet
➢ Wash hands after applied treatment

To Treat Thrush (ulcers or white patches in mouth)

The mother should:
➢ Wash hands before applied treatment
➢ Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
➢ Paint the mouth with half-strength gentian violet
➢ Wash hands after applied treatment

To Treat Eye Infection:

The mother should do the following 6-8 times daily:
➢ Wash her hands before applied treatment
➢ Wet clean cloth with water
➢ Use clean water and cloth to gently remove pus from the infant’s eyes
➢ Wash her hands after applied treatment

Apply tetracycline eye ointment in both eyes 4 times daily for 5 days.
Teach Correct Positioning and Attachment for Breastfeeding

- Show the mother how to hold her infant
- make sure that the mother is in comfortable position,
- with the infant’s neck straight or bent slightly back,
- with infant’s body close to her body,
- with infant’s body turned towards her, and
- infant’s whole body is 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 in 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 To Express Breast Milk If Indicated

- Infant - mother separation e.g.
  - admitted infant to NICU or sick infant
  - sick or working mother
  - mother travelling away from home
- Breast engorgement

Advise Mother to Give Home Care for the Young Infant

- FOOD
  - Breastfeeding (exclusive) frequently, as often and for as long as the infant wants, day or night, during sickness and health.
- FLUIDS
  - Do not use bottle at all.

WHEN TO RETURN

Follow-up Visit

<table>
<thead>
<tr>
<th>If the infant has:</th>
<th>Return for follow-up in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCAL BACTERIAL INFECTION</td>
<td>2 days</td>
</tr>
<tr>
<td>BACTERIAL INFECTION UNLIKELY ANY FEEDING PROBLEM</td>
<td></td>
</tr>
<tr>
<td>THRUSH</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 mother to return immediately if the young infant has any of these signs:

- Breastfeeding or drinking poorly
- Becomes sicker
- Develops a fever
- Fast breathing
- Difficult breathing
- Blood in stool

MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.

- In cool weather, cover the infant’s head and feet and dress the infant with extra clothing.
**LOCAL BACTERIAL INFECTION**

After 2 days:
- Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?
- Look at the skin pustules. Are there many or severe pustules?
- Look for pus draining from the eye(s).

Treatment:
- If pus or redness remains 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 pus is still draining from the eye(s), treat with oral antibiotic for 14 days.
- If discharge has improved, reassure the mother. Tell her to continue to gently clean the infant’s eye until there is no pus at all.

**BACTERIAL INFECTION UNLIKELY**

After 2 days:
- Reassess the young infant for serious bacterial infection ⇒ see “Check for Possible serious bacterial infection” above.

Treatment:
- If signs of possible serious bacterial infection ⇒ refer to hospital.
- If signs of local bacterial infection, treat accordingly.
- If still not improving, continue to give home care.
- If improving, praise the mother for caring the infant well.
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

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" 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 5 days.
CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION

- Has the infant had convulsions?
- Is the young infant not able to feed?
- Does the young infant vomit everything?
- Is the young infant convulsing now?
- Count the breaths in one minute. _____ breaths per minute
- Repeat if elevated _____
- Fast breathing?
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look and listen for wheeze.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look for pus draining from the eyes.
- Look at umbilicus. Is it red or draining pus?
- Does the redness extend to the skin?
- Look at young infant movement. Are they less than normal.
- Fever (temperature 37.5°C or feels hot) or low body temperature (below 35.5°C or feels cool).
- Look for skin pustules. Are there many or severe pustules?
- See if young infant is lethargic or unconscious.

CHECK FOR SIGNIFICANT JAUNDICE

- When did the jaundice start? _____ day
- Look at the palms and soles. Are they JAUNDICED?

DOES THE YOUNG INFANT HAVE DIARRHOEA?

- Yes ____  No ___
- For how long? _____ Days
- Is there blood in the stools?

DOES THE YOUNG INFANT HAVE DIFFICULTY BREASTFEEDING?

- Yes ____  No ___
- Look at the young infant’s general condition.
- Is the infant:
  - Lethargic or unconscious?
  - Restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

- Is there any difficulty feeding?                    Yes _____  No ______
- Is the infant breastfed?                                 Yes _____ No ______
- If Yes, how many times in 24 hours? _____ times
- If Yes, is the infant breastfed by night?
- Does the infant usually receive any other foods or drinks?                              Yes _____ No _____
- If Yes, how often?___________________________________
- What do you use to feed the child?_________________________
- Determine weight for age.                     Low ___  Not Low _______
- If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other foods or drinks, or is low weight for age, or low birth weight (2500 gram or less), or is in the first week of life AND has NO indications to refer urgently to hospital: ASSESS BREAST FEEDING

ASSESS BREAST FEEDING:

- If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeeding for 4 minutes.
- Is the infant position correct? To check positioning, look for:
  - Infant’s neck straight or bent slightly back Yes ___ No ___
  - Infant’s body turned towards mother Yes ___ No ___
  - Infant’s body close to mother’s body Yes ___ No ___
  - Infant’s whole body supported Yes ___ No ___

- Is the infant able to attach? To check attachment, look for:
  - 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 ___

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
  - Not suckling at all          not well attached           suckling effectively

CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS

- Circle immunizations needed today. BCG                             Opv -0OPV-1 DPT-1            HB-1

ASSESS OTHER PROBLEMS

NAME:___________________________Age:________Weight:_____kg  Temperature:_____…C  Initial visit?______ Follow-up Visit?______

ASK: What are the infant’s problems?_________________________________________________________________________________

CLASSIFY

DOES THE YOUNG INFANT HAVE DIARRHOEA?

- Yes ____  No ___

CHECK FOR SIGNIFICANT IMMUNIZATION INFECTION

MANAGEMENT OF THE SICK CHILD AGE up to 2 MONTHS

RECORDING FORM
Feeding advice:

- Give any immunization needed today.

Advice mother when to return immediately:

Return for follow-up in:
DOES THE CHILD HAVE ANY GENERAL DANGER SIGN?  
Yes __ No __

- VOMITS EVERYTHING
- HISTORY OF CONVULSIONS
- LETHARGIC OR UNCONSCIOUS
- CONVULSING NOW

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?  
Yes __ No __

- For how long?  ____ Days.
- Count the breaths in one minute.  ____ breaths per minute.
- Fast breathing?
- Look for chest indrawing.
- Look and listen for stridor.
- Look and listen for wheeze.

DOES THE CHILD HAVE DIARRHOEA?  
Yes __ No __

- For how long?  ____ Days.
- Is there blood in the stools?
- Look at the child’s general condition
- Is the child:
  - Lethargic or unconscious?
  - Restless and irritable?
  - 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?

CHECK FOR THROAT PROBLEM

- Dose the child have fever? (by history or feels hot/temperature 37.5°C or above)
- Dose the child have sore throat?
- Feel enlarged tender lymph node(s) on the front of the neck
- Look for red (congested) throat
- Look for white or yellow exudate on the throat and tonsils

DOES THE CHILD HAVE AN EAR PROBLEM?  
Yes __ No __

- Are their ear pulling and irritability? (for young infants)
- Is there severe ear pain? (for older children)
- Is their ear discharge? If yes, for how long? ____ Days
- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

DOES THE CHILD HAVE FEVER?  
Yes __ No __

- (by history or feels hot/temperature 37.5°C or above)
- Decide MALARIA RISK: HIGH    LOW
- For how long? ____ Days
- If more than 5 days, has fever been present every day?
- Has child had measles within the last three months?
- 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 the child has measles now or within the last 3 months:

- Look for mouth ulcers. If yes, are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

CHECK FOR MALNUTRITION AND ANEMIA

- Look for visible severe wasting.
- Look for oedema of both feet. Determine weight for age.
  - Low____
  - Not low____
- Look for palmar and mucous membrane pallor.
  - Severe palmar and/or mucous membrane pallor?  Some palmar and/or mucous membrane pallor?

CHECK THE CHILD’S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION

- (circle immunizations and vitamin A needed today)
- At birth                BCG         OPV-0
- At 6 weeks          OPV-1       DPT-1           HB-1
- At 10 weeks        OPV-2       DPT-2           HB-2
- At 14 weeks        OPV-3       DPT-3
- At 9 months       Measles    +VIT A
- At 18 months      OPV-4       DPT (booster dose )

Return for next immunization on:  
______________
(Date)

ASSESS CHILD’S FEEDING if child has ANEMIA OR LOW WEIGHT or is less than 2 years old.

- Do you breastfeed your child?  
  - Yes __ No __
  - If yes, how many times in 24 hours?  ______ times.
  - Do you breastfeed during the night?  
    - Yes __ No __
- Does the child take any other food or fluids?  
  - Yes __ No __
  - If yes, what food or fluids?  ______________________________________________
    ____________________________________________________________________
- How many times per day?  ____
- What do you use to feed the child?  ______________________________________
- Does the child receive his own serving?  ____________________________________
- Who feeds the child and how?  __________________________________________
- During the illness, has the child’s feeding changed?  
  - If yes, how?  __________________________________________________________

FEEDING PROBLEMS

ASSESS OTHER PROBLEMS:

NAME: ___________________________AGE: ___________WEIGHT: _____kg  TEMPERATURE: _____°C  INITIAL VISIT?______

ASK: What are the infant’s problems?  ______________________________________

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS to 5 YEARS
Return for follow-up in:

Advice mother when to return immediately:

Give any immunization needed today:

Feeding advice: