INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

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SICK CHILD ........................................................................

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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:

**CHECK FOR GENERAL DANGER SIGNS**

<table>
<thead>
<tr>
<th>ASK:</th>
<th>LOOK:</th>
<th>Classify DANGER SIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child able to drink or breastfeed?</td>
<td>See if the child is abnormally sleepy or difficult to wake up.</td>
<td></td>
</tr>
<tr>
<td>Does the child vomit everything?</td>
<td>See if the child is convulsing now.</td>
<td></td>
</tr>
<tr>
<td>Has the child had convulsions?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THEN ASK ABOUT MAIN SYMPTOMS:**

Does the child have cough or difficult breathing?

**IF YES, ASK:**

**LOOK, LISTEN, FEEL:**
- For how long?
  - Count the breaths in one minute.
  - Look for chest in-drawing.
  - Look and listen for stridor.

**Classify COUGH or DIFFICULT BREATHING**

<table>
<thead>
<tr>
<th></th>
<th>CHILD MUST BE CALM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the child is:</th>
<th>Fast breathing is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 12 months</td>
<td>50 breaths per minute or more</td>
</tr>
<tr>
<td>12 months up to 5 years</td>
<td>40 breaths per minute or more</td>
</tr>
</tbody>
</table>

**classify SIGNS AS**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Urgent pre-referral treatments are in bold print.)</td>
</tr>
</tbody>
</table>
| Not able to drink or breastfeed or
Vomits everything or
Has had convulsions or
Abnormally sleepy or difficult to wake up or
Is convulsing now. | VERY SEVERE DISEASE | ➢ A child with any general danger sign needs URGENT attention. ➢ If the child is convulsing now, manage the airway and treat the child with diazepam. ➢ Complete immediately the assessment and classification and provide any pre-referral treatment before urgently referring to hospital. ➢ If the child has no other severe classification than SEVERE DEHYDRATION give fluid for severe dehydration (plan C) and provide other treatment. |

**TREATMENT**

- **NO PNEUMONIA:**
  - 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 5 days if not improving.

- **SEVERE PNEUMONIA OR VERY SEVERE DISEASE:**
  - Give first dose of an appropriate antibiotic.
  - Treat the child to prevent low blood sugar.
  - Refer URGENTLY to hospital.*

- **PNEUMONIA:**
  - Give appropriate antibiotic for 3 days.
  - Soothe the throat and relieve the cough with a safe remedy.
  - Advise mother when to return immediately.
  - Follow-up in 2 days.

- **NO PNEUMONIA: COUGH OR COLD:**
  - Follow-up in 5 days if not improving.

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*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.

If health workers notice wheezing, are trained in the management of wheezing conditions and if rapid acting bronchodilators are available, health worker should treat wheezing according to the national guidelines (CPA)*
# Does the child have diarrhoea?

**IF YES, ASK:** LOOK AND FEEL:
- For how long?
  - Look at the child’s general condition. Is the child:
    - Abnormally sleepy or difficult to wake up?
    - Restless and irritable?
    - Look for sunken eyes.
    - Offer the child fluid. Is the child:
      - Not able to drink or drinking poorly?
      - Drinking eagerly, thirsty?
    - Pinch the skin of the abdomen. Does it go back:
      - Very slowly (longer than 2 seconds)?
      - Slowly?

for **DEHYDRATION**

Classify DIARRHOEA

and if diarrhoea 14 days or more

and if blood in stool

<table>
<thead>
<tr>
<th>Dehydration present.</th>
<th>SEVERE PERSISTENT DIARRHOEA</th>
<th>Treat dehydration before referral unless the child has another severe classification.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Give vitamin A.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No dehydration.</th>
<th>PERSISTENT DIARRHOEA</th>
<th>Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Give vitamin A and ZINC supplements OR MULTIVITAMIN &amp; MINERALS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up in 5 days.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&lt;1 year of age</th>
<th>SEVERE BLOODY DIARRHOEA</th>
<th>Give first does of oral antibiotic for Shigella</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Refer to hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&gt;1 year of age</th>
<th>BLOODY DIARRHOEA</th>
<th>Give oral antibiotic suitable for Shigella for 3 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Give ZINC supplements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up in 2 days.</td>
</tr>
</tbody>
</table>

**SEVERE DEHYDRATION**
- Abnormally sleepy or difficult to wake up
- Sunken eyes
- Not able to drink or drinking poorly
- Skin pinch goes back very slowly.

**SOME DEHYDRATION**
- Restless, irritable
- Sunken eyes
- Drinks eagerly, thirsty
- Skin pinch goes back slowly.

**NO DEHYDRATION**
- Not enough signs to classify as some or severe dehydration.

**IF YES, ASK:**
- For how long?
- Is there blood in the stool?
- Look and feel:
  - Abnormally sleepy or difficult to wake up?
  - 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?

**IF YES, ASK:**
- For how long?
- Is there blood in the stool?
- Look and feel:
  - Abnormally sleepy or difficult to wake up?
  - 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?

**SEVERE DEHYDRATION**
- Abnormally sleepy or difficult to wake up
- Sunken eyes
- Not able to drink or drinking poorly
- Skin pinch goes back very slowly.

**SOME DEHYDRATION**
- Restless, irritable
- Sunken eyes
- Drinks eagerly, thirsty
- Skin pinch goes back slowly.

**NO DEHYDRATION**
- Not enough signs to classify as some or severe dehydration.
THEN ASK: Does the child have

Decide Malaria Risk

ASK:
- Does the child live in a malaria area?
- Has the child visited a malaria area in the past 4 weeks?
If yes to any, obtain a dipstick test or blood smear if available.

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

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.

Look and feel:
- Look or feel for stiff neck.

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

Malaria Risk

- Any general danger sign or
- Stiff neck.

SEVERE MALARIA OR VERY SEVERE FEBRILE DISEASE
- Give first dose of an antimalarial drug
- Give first dose of an appropriate antibiotic
- Treat the child to prevent low blood sugar
- Give one dose of paracetamol in health centre for high fever (38.5°C or above)
- Refer URGENTLY to hospital

- Dipstick (or blood smear) positive.

MALARIA
- Treat the child with an appropriate antimalarial drug according to dipstick finding
- Give one dose of paracetamol in health centre for high fever (38.5°C or above)
- Advise mother when to return immediately
- Follow-up in 3 days if fever persists
- If fever is present every day for more than 7 days, refer for assessment

- Dipstick (or blood smear) negative.

FEVER: MALARIA UNLIKELY
- Give one dose of paracetamol in health centre for high fever (38.5°C or above)
- Treat any other causes of fever found
- If dipstick cannot detect p. vivax and if blood smear is not available and if no other cause of fever, treat as p. vivax
- Advise mother when to return immediately
- Follow-up in 2 days if fever persists
- If fever is present every day for more than 7 days, refer for assessment

NO MALARIA RISK

- Any general danger sign or
- Stiff neck.

VERY SEVERE FEBRILE DISEASE
- Give first dose of an appropriate antibiotic.
- Treat the child to prevent low blood sugar.
- Give one dose of paracetamol in health centre for high fever (38.5°C or above).
- Refer URGENTLY to hospital.

- No signs of very severe febrile disease

FEBRILE DISEASE
- Give one dose of paracetamol in health centre for high fever (38.5°C or above)
- Treat any other causes of fever found.
- Advise mother when to return immediately.
- Follow-up in 2 days if fever persists.
- If fever is present every day for more than 7 days, refer for assessment.

- Any general danger sign or
- Clouding of cornea or
- Deep or extensive mouth ulcers.

SEVERE COMPLICATED MEASLES***
- Give Vitamin A.
- Give first dose of an appropriate antibiotic
- Give one dose of paracetamol in health centre for high fever (38.5°C or above)
- 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
- If pus draining from the eye, apply tetracycline eye ointment
- Give one dose of paracetamol in health centre for high fever (38.5°C or above)
- If mouth ulcers, treat with gentian violet.
- Follow-up in 2 days.

- Measles now or within the last 3 months.

MEASLES
- Give Vitamin A
- Give one dose of paracetamol in health centre for high fever (38.5°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.
**THEN ASK:** Does the child have fever? (continued)
(by history or feels hot or temperature 37.5°C** or above)

<table>
<thead>
<tr>
<th>Measles now or within the last 3 months (see previous page)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decide Dengue Risk:</strong></td>
</tr>
<tr>
<td><strong>ASK:</strong></td>
</tr>
<tr>
<td>• Is it dengue season?</td>
</tr>
<tr>
<td>• Does the child live in a dengue area?</td>
</tr>
<tr>
<td>• Has the child visited a dengue area in the past 2 weeks?</td>
</tr>
<tr>
<td>If yes to any:</td>
</tr>
<tr>
<td><strong>THEN ASK:</strong></td>
</tr>
<tr>
<td>* Has the child had any bleeding from the nose or mouth or in the vomit or stools?</td>
</tr>
<tr>
<td>* Has the child had vomiting during this illness?</td>
</tr>
</tbody>
</table>

**LOOK AND FEEL:**
Look and feel for signs of shock:
- Feel for cold hands and feet
- Press the finger’s nail for 3 seconds for capillary refill: Is the capillary refill longer than 3 seconds?
- Feel the pulse: Is the pulse weak and fast?

Look at the child’s general condition:
- Is the child abnormally sleepy or difficult to wake up?
- Restless?
- Look for bleeding from nose or mouth
- Look for petechiae
- Perform Tourniquet Test

---

**DENGUE risk**

<table>
<thead>
<tr>
<th>Shock</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cold hands and feet WITH</td>
</tr>
<tr>
<td>• capillary refill time longer than 3 seconds OR</td>
</tr>
<tr>
<td>• weak and fast pulse</td>
</tr>
<tr>
<td>OR abnormally sleepy or difficult to wake up</td>
</tr>
<tr>
<td>OR Restless</td>
</tr>
<tr>
<td>OR bleeding from nose, mouth, vomit or stools</td>
</tr>
<tr>
<td>OR Vomiting</td>
</tr>
<tr>
<td>OR Petechiae</td>
</tr>
<tr>
<td>OR Positive Tourniquet Test</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEVERE/SUSPECTED DENGUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the child has shock</td>
</tr>
<tr>
<td>➢ Start giving fluids as in Referral Plan For Severe Dengue</td>
</tr>
<tr>
<td>If the child does not have shock</td>
</tr>
<tr>
<td>➢ Give the child extra fluids or ORS as much as possible on the way to hospital</td>
</tr>
<tr>
<td>➢ Treat the child to prevent low blood sugar</td>
</tr>
<tr>
<td>➢ Give one dose of paracetamol for high fever (38.5 ºC or above)</td>
</tr>
<tr>
<td>➢ Refer the child URGENTLY to hospital</td>
</tr>
<tr>
<td>➢ DO NOT GIVE ASPIRIN.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEVER: POSSIBLE DENGUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Advise mother to continue to feed and give fluids to the child.</td>
</tr>
<tr>
<td>➢ Advise mother when to return immediately.</td>
</tr>
<tr>
<td>➢ Follow up in 1 day</td>
</tr>
<tr>
<td>➢ Give one dose of paracetamol for high fever (38.5 ºC or above)</td>
</tr>
<tr>
<td>➢ DO NOT GIVE ASPIRIN.</td>
</tr>
</tbody>
</table>

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**** These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.
Does the child have an ear problem?

**IF YES, ASK:**
- Is there ear pain?
- Is there ear discharge?
  If yes, for how long?

**LOOK AND FEEL:**
- Feel for tender swelling behind the ear.
- Look for pus draining from the ear.

**Classify EAR PROBLEM**

<table>
<thead>
<tr>
<th>Tender swelling behind the ear.</th>
<th>MASTOIDITIS</th>
<th>Give first dose of an appropriate antibiotic.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Give first dose of paracetamol for pain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer URGENTLY to hospital.</td>
</tr>
</tbody>
</table>

| Pus is seen draining from the ear and discharge is reported for less than 14 days or Ear pain. | ACUTE EAR INFECTION | Give an antibiotic for 5 days. |
|                                                                                           |                    | Give paracetamol for pain.    |
|                                                                                           |                    | Dry the ear by wicking.       |
|                                                                                           |                    | Follow-up in 5 days.          |

| Pus is seen draining from the ear and discharge is reported for 14 days or more. | CHRONIC EAR INFECTION | Give topical quinolone ear drops if available, for at least 2 weeks |
|                                                                                   |                       | Dry the ear by wicking.      |
|                                                                                   |                       | Follow-up in 5 days.         |

| Non of these above signs. | NO EAR INFECTION | No additional treatment. |
**THEN CHECK FOR MALNUTRITION, ANAEMIA AND VITAMIN A DEFICIENCY:**

**ASK:**
- Does the child have night blindness?

**LOOK AND FEEL:**
- Look for visible severe wasting.
- Look for oedema of both feet.
- Look for palmar pallor. Is it:
  - Severe palmar pallor?
  - Some palmar pallor?
- Determine weight for age.

**CLASSIFY NUTRITIONAL STATUS**
- Visible severe wasting or severe palmar pallor or oedema of both feet.
- Some palmar pallor or very low weight for age.
- Not very low weight for age and no other signs of malnutrition.

**VITAMIN A DEFICIENCY:**
- Give Vitamin A.
- Treat the child to prevent low blood sugar.
- Refer URGENTLY to hospital.
- Do NOT give iron.

**SEVERE MALNUTRITION OR SEVERE ANAEMIA**
- Give Vitamin A.
- Assess the child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart.
- If feeding problem, follow-up in 5 days.
- If some pallor:
  - Give iron/folate.
  - Give mebendazole, if the child is 12 months old or older and has not received any dose during the last 4 months.
  - If malaria risk, perform dipstick test (or blood smear, if available) and treat accordingly.
  - Follow-up in 14 days.
- If very low weight for age:
  - Give vitamin A.
  - Follow-up in 30 days.
  - Advise mother when to return immediately.

**ANAEMIA OR VERY LOW WEIGHT**
- If the child is less than 2 years old, assess the child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart.
- If feeding problem, follow-up in 5 days.
- Advise mother when to return immediately.

**NO ANAEMIA AND NOT VERY LOW WEIGHT**
- If the child is less than 2 years old, assess the child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart.
- If feeding problem, follow-up in 5 days.
- Advise mother when to return immediately.

**VITAMIN A SUPPLEMENTATION SCHEDULE**
- Give the first dose at 6 months of age or above. Subsequent doses every 6 months.
- Give Vitamin A to children (6 months up to 5 years) that have not received it in the last 4 months.
- If measles is in the surrounding community, give vitamin A.

**MEBENDAZOLE SCHEDULE**
- Give the first dose at 12 months of age or above. Subsequent doses every 6 months.
- Give Mebendazole to children (12 months up to 5 years) that have not received it in the last 4 months.

**IMMUNIZATION SCHEDULE:**

<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-HB-1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT-HB-2</td>
</tr>
<tr>
<td>14 weeks</td>
<td>DPT-HB-3</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles</td>
</tr>
</tbody>
</table>

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**ASSESS OTHER PROBLEMS**

**MAKE SURE THAT THE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED** after first dose of appropriate antibiotic and other urgent treatment. Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.
TREAT THE CHILD
CARRY OUT THE TREATMENT STEPS IDENTIFIED ON THE ASSESS AND CLASSIFY CHART

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. 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 oral drug tablets or 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 health centre.

→ Give an Appropriate Oral Antibiotic

- FOR PNEUMONIA (3 DAYS), ACUTE EAR INFECTION (5 DAYS) OR VERY SEVERE FEBRILE DISEASE (PRE-REFERRAL DOSE)

<table>
<thead>
<tr>
<th>FIRST-LINE ANTIBIOTIC:</th>
<th>COTRIMOXAZOLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(trimethoprim + sulfamethoxazole)</td>
</tr>
<tr>
<td></td>
<td>Give two times daily</td>
</tr>
<tr>
<td></td>
<td>(4 mg/kg/dose trimethoprim + 20 mg/kg /dose sulfamethoxazole)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADULT TABLET</th>
<th>PEDIATRIC TABLET</th>
<th>SYRUP if available</th>
<th>TABLET</th>
<th>SYRUP if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 mg trimethoprim + 400 mg sulfamethoxazole</td>
<td>20 mg trimethoprim +100 mg sulfamethoxazole</td>
<td>40 mg trimethoprim +200 mg sulfamethoxazole per 5 ml</td>
<td>250 mg</td>
<td>125 mg per 5 ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>COTRIMOXAZOLE</th>
<th>AMOXICILLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 12 months (4 - &lt;10 kg)</td>
<td>1/2</td>
<td>1/2</td>
</tr>
<tr>
<td>1 up to 5 years (10 - 19 kg)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

WHERE REFERRAL IS NOT POSSIBLE: FOR SEVERE PNEUMONIA Give oral Amoxicillin 50mg/kg/dose twice daily for 5 days

FOR BLOODY DIARRHOEA: Give antibiotic recommended for Shigella

<table>
<thead>
<tr>
<th>ANTIBIOTIC FOR SHIGELLA:</th>
<th>CIPROFLOXACIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Give two times daily for 3 days (15 mg/kg/dose)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>CIPROFLOXACIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 months (4 - &lt;6 kg)</td>
<td>TABLET 500 mg</td>
</tr>
<tr>
<td>4 up to 12 months (6 - &lt;10 kg)</td>
<td>1/4</td>
</tr>
<tr>
<td>1 up to 5 years (10 - 19 kg)</td>
<td></td>
</tr>
</tbody>
</table>

FOR CHOLERA: Give antibiotic recommended for Cholera.

<table>
<thead>
<tr>
<th>ANTIBIOTIC FOR CHOLERA:</th>
<th>ERYTHROMYCIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Give four times daily for 3 days (20 mg/kg/dose)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>ERYTHROMYCIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 months (4 - &lt;6 kg)</td>
<td>TABLET 250 mg</td>
</tr>
<tr>
<td>4 up to 12 months (6 - &lt;10 kg)</td>
<td>1/4</td>
</tr>
<tr>
<td>1 up to 5 years (10 - 19 kg)</td>
<td>1</td>
</tr>
</tbody>
</table>
TEACH THE MOTHER TO GIVE ORAL AND RECTAL 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 Antimalarial Drug for Severe Malaria or Malaria**

- FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE/SEVERE MALARIA:
  - Give one dose of artesunate (Plasmotrim rectocap, if available) and refer child urgently to hospital

- FOR CHILDREN WITH MALARIA:
  - Give first dose of an antimalarial drug according to dipstick (or blood smear finding) in the facility. If the dipstick (or blood smear) is positive for both P. falciparum and P. vivax, treat as P. falciparum.
  - 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.
  - Explain possible side effects of the drugs, like rash or itching, but is not dangerous.

- IF DIPSTICK (OR BLOOD SMEAR) POSITIVE FOR P. FALCIPARUM OR FOR BOTH P. FALCIPARUM AND P. VIVAX
  - Give oral Artesunate (tablet 50 mg) for 3-day treatment AND
  - Give Mefloquine one dose only for Day 2:

### Artesunate and Mefloquine Dosage Table

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>Artesunate 50 mg</th>
<th>Mefloquine Tablet 250 mg</th>
<th>Artesunate 50 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Tablet</td>
<td>Rectocap</td>
<td></td>
</tr>
<tr>
<td>Day 2</td>
<td>Artesunate 1/2 tablet</td>
<td>Mefloquine 1/2 tablet</td>
<td>Artesunate 1/2 tablet</td>
</tr>
<tr>
<td>Day 3</td>
<td>1/2 tablet</td>
<td>1 Rectocap</td>
<td></td>
</tr>
</tbody>
</table>

### Artesunate and Chloroquine Dosage Table

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>CHLOROQUINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>10 mg/kg</td>
</tr>
<tr>
<td>Day 2</td>
<td>10 mg/kg</td>
</tr>
<tr>
<td>Day 3</td>
<td>5 mg/kg</td>
</tr>
</tbody>
</table>

- IF VERY SEVERE FEBRILE DISEASE/SEVERE MALARIA
  - Give ONE dose of artesunate (plasmotrim rectocap, if available) and refer urgently

- IF DIPSTICK OR BLOOD SMEAR POSITIVE FOR P. VIVAX ONLY
  - Give chloroquine tablet (150 mg base) for 3 days

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>CHLOROQUINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 11 months (4 &lt;10 kg)</td>
<td>1/2 tablet</td>
</tr>
<tr>
<td>1 up to 5 years (10-19 kg)</td>
<td>1 tablet</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 High Fever (≥38.5°C) or Ear Pain
- Give paracetamol every 6 hours until high fever or ear pain is gone.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>PARACETAMOL (12.5 mg/kg/dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TABLET (100 mg)</td>
</tr>
<tr>
<td>2 months up to 3 years (4 - &lt;14 kg)</td>
<td>1</td>
</tr>
<tr>
<td>3 up to 5 years (14 - 19 kg)</td>
<td>1 1/2</td>
</tr>
</tbody>
</table>

➤Give Vitamin A
- If vitamin A deficiency give 3 doses:
  - Give first dose in clinic.
  - Give mother one dose to give at home the next day and give the third dose on follow-up in 14 days.
- If measles with eye or mouth complications or measles give 2 doses:
  - Give first dose in clinic.
  - Give mother one dose to give at home the next day.
- Give one dose in clinic if:
  - Severe persistent diarrhoea, severe complicated measles, severe malnutrition (pre-referral).
  - Very low weight, persistent diarrhoea (treatment).
  - Measles in surrounding community and no dose received in the last month (prevention).
- For supplementation:
  - Give one dose in clinic, if the child has not received a dose of vitamin A in the past 4 months and the child is 6 months or older.

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

➤Give Iron/Folate
- Give one dose daily for 14 days and then reassess the child.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>IRON/FOLATE TABLET (2 mg/kg/day of elemental iron)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 months (4 - &lt;6 kg)</td>
<td>Ferrous sulfate 200 mg+ 0.4 mg Folate</td>
</tr>
<tr>
<td>4 up to 12 months (6 - &lt;10 kg)</td>
<td>1/4</td>
</tr>
<tr>
<td>1 up to 3 years (10 - &lt;14 kg)</td>
<td>1/2</td>
</tr>
<tr>
<td>3 up to 5 years (14 - 19 kg)</td>
<td>1/2</td>
</tr>
</tbody>
</table>

➤Give Mebendazole
- Give single dose at health centre.

<table>
<thead>
<tr>
<th>AGE OR WEIGHT</th>
<th>MEBENDAZOLE TABLET (Tablet to be chewed or crushed and mixed with food)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TABLET (100 mg)</td>
</tr>
<tr>
<td>12 up to 24 months (&lt; 14 kg)</td>
<td>2 ½</td>
</tr>
<tr>
<td>2 up to 5 years (14-19 kg)</td>
<td>5</td>
</tr>
</tbody>
</table>

➤Give Zinc
- Give 1 dose daily for 10 days

<table>
<thead>
<tr>
<th>AGE</th>
<th>ZINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 6 months</td>
<td>TABLET (20 mg)</td>
</tr>
<tr>
<td>from 6 months</td>
<td>½ (Half Tablet)</td>
</tr>
<tr>
<td></td>
<td>1 Tablet</td>
</tr>
</tbody>
</table>

➤Give Multivitamins & Minerals
- Give one tablet daily for 14 days.
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) or a vial of topical quinolone ear drop.
- 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**

- Clean both eyes 3 times daily.
  - Wash hands.
  - Ask child to close the eye.
  - Use clean cloth and water to gently wipe away pus.
- 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.

**Treat Chronic Ear Infection with topical quinolone ear drop**

- Dry the ear by wicking
  - Give topical quinolone ear drops if available, for at least 2 weeks
    - Put one drop of topical quinolone ear drop into affected ear
    - Give at least 3 times daily for at least 2 weeks
    - Do not put any other ear drop or drop
  - Follow-up in 5 days.

**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.

**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.

**Soothe the Throat, Relieve the Cough with a Safe Remedy**

- Safe remedies to recommend:
  - Breast milk for exclusively breastfed infant.
  - Mild hot tea with lime and a little sugar.
  - Other locally available safe remedies.
- Harmful remedies to discourage:
  - Codeine cough syrup
  - Other cough syrups.
  - Oral and nasal decongestants
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 intra-muscular injection.
- If child cannot be referred, follow the instructions provided.

**Give An Intra-muscular Antibiotic**

FOR CHILDREN BEING REFERRED URGENTLY WHO CANNOT TAKE AN ORAL ANTIBIOTIC:

- Give first dose of both gentamicin and ampicillin intra-muscular in separate syringes and refer child urgently to hospital.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>GENTAMICIN (2.5 mg/kg/dose)</th>
<th>AMPICILLIN 500 mg (50 mg/kg/dose)</th>
<th>AMPICILLIN 1g (50 mg/kg/dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 months (4 - &lt; 6 kg)</td>
<td>Add 6 ml sterile water to 2 ml vial containing gentamicin 80 mg = 8 ml at 10 mg/ml</td>
<td>Add 2.2 ml sterile water to vial containing ampicillin 500 mg = 2.5 ml at 200 mg/ml</td>
<td>Add 4.5 ml sterile water to vial containing ampicillin 1000 mg = 5 ml at 200 mg/ml</td>
</tr>
<tr>
<td>4 up to 9 months (6 - &lt; 8 kg)</td>
<td>1.0 ml</td>
<td>1.2 ml</td>
<td>1.2 ml</td>
</tr>
<tr>
<td>9 up to 12 months (8 - &lt; 10 kg)</td>
<td>1.4 ml</td>
<td>1.7 ml</td>
<td>1.7 ml</td>
</tr>
<tr>
<td>1 up to 3 years (10 - &lt; 14 kg)</td>
<td>1.8 ml</td>
<td>2.2 ml</td>
<td>2.2 ml</td>
</tr>
<tr>
<td>3 up to 5 years (14 - 19 kg)</td>
<td>2.6 ml</td>
<td>3.2 ml</td>
<td>3.2 ml</td>
</tr>
</tbody>
</table>

ATTENTION: Make sure that the child is referred immediately after having received the first dose.

WHERE REFERRAL IS NOT POSSIBLE: Give oral Amoxicillin 50mg/kg/dose twice daily for 5 days

**Treat a Convulsing Child with Diazepam**

Manage the Airway

- Turn the child on his/her side to avoid aspiration.
- Do not insert anything in the mouth.
- If 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

- Draw up the dose from an ampoule of diazepam into a tuberculin (1 ml) syringe. Base the dose on the weight of the child, where possible. Then remove the needle!
- Insert the syringe 4 to 5 cm into the rectum and inject the diazepam solution.
- Hold buttocks together for a few minutes
- Do not give oral medication until the convulsion has been controlled (danger of aspiration!).

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>DIAZEPAM GIVEN RECTALLY (10 mg/2 ml solution) Dose 0.1 ml/kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 months (4 - &lt; 6 kg)</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>4 up to 9 months (6 - &lt; 9 kg)</td>
<td>0.75 ml</td>
</tr>
<tr>
<td>9 up to 12 months (8 - &lt; 10 kg)</td>
<td>1.00 ml</td>
</tr>
<tr>
<td>1 up to 3 years (10 - &lt; 14 kg)</td>
<td>1.25 ml</td>
</tr>
<tr>
<td>3 up to 5 years (14 - 19 kg)</td>
<td>1.5 ml</td>
</tr>
</tbody>
</table>

If high fever, lower the fever:

- Sponge the child with room-temperature water to reduce the fever
- Treat the child to prevent Low Blood Sugar

**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 a 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 breastfeed or drink:
  - Give 50 ml of milk or sugar water by nasogastric tube and REFER URGENTLY to hospital.
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:

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 in addition to breast-milk.
     - If the child is not exclusively breastfed, give one or more of the following: ORS solution food-based fluids (such as soup, rice water, coconut water, fresh fruit juice, mild tea and mild herbal tea), or clean water.

   It is especially important to give ORS at home when:
   - the child has been treated with Plan B or Plan C during this visit.
   - the child cannot return to a clinic if the diarrhoea gets worse.

   Teach the mother how to mix and give ORS. Give the mother 2 packets of ORS to use at home.

   Show the mother how much fluid to give in addition to the usual fluid intake:
   - Up to 2 years: 50 to 100 ml after each loose stool
   - 2 years or older: 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.

   AND GIVE ZINC SUPPLEMENTS
   - Tell the mother how much zinc to give:
     - Up to 6 months: 1/2 tablet per day for 10 days
     - 6 months or more: 1 tablet per day for 10 days

   - Show the mother how to give zinc supplements
     - Infants dissolve the tablet in a small amount of expressed breastmilk, ORS or clean water, in a small cup or spoon
     - Older children tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon

   - Remind the mother to give the zinc supplements for the full 10 days

2. CONTINUE FEEDING
3. WHEN TO RETURN
   - See COUNSEL THE MOTHER chart

Plan B: Treat Some Dehydration with ORS
Give recommended amount of ORS over 4-hour period in clinic

Determine amount of ORS to give during first 4 hours
- 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 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 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 the 4 hours of treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

1. GIVE EXTRA FLUID
   - See Plan A for recommended fluids and zinc supplements
2. CONTINUE FEEDING
3. WHEN TO RETURN
   - See COUNSEL THE MOTHER chart

AGE* Up to 4 months 4 to 11 months 1 year 2 to 5 years
WEIGHT < 6 kg 6 - < 10 kg 10 - < 12 kg 12 - 19 kg
Amount ORS in ml 200 - 400 400 - 700 700 - 900 900 - 1400

* 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.
GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING
(See FOOD advice on COUNSEL THE MOTHER chart)

Plan C: Treat Severe Dehydration Quickly

Follow the arrows. If answer is “YES”, go across. If “NO”, go down.

START HERE

Can you give intravenous (IV) fluid immediately?

YES

NO

Is IV treatment available nearby (within 30 minutes)?

YES

NO

Are you trained to use a naso-gastric (NG) tube for rehydration?

YES

NO

Can the child drink?

YES

NO

Refer URGENTLY to hospital for IV or NG treatment

Plan D: SEVERE/SUSPECTED DENGUE

1. IF THE CHILD HAS SIGN OF SHOCK (such as cold hand, capillary refill time longer than 3 seconds, weak and fast pulse):

- If IV fluid available in health centre:
  - Start giving IV fluid immediately in Health Centre and refer urgently to hospital.
  - If the child can drink, give ORS by mouth while the IV drip is set up.
  - Give 10 ml/kg/hour Ringer’s Lactate Solution (or, if not available, normal saline).

- If IV fluid not available in health centre, but available nearby (within 30 minutes):
  - Start giving ORS if the child can drink. Show the mother how to give frequent sips during the trip.
  - Refer urgently for IV treatment.

- If IV fluid not available nearby, start giving ORS as in Plan B if the child can drink.
  - Refer urgently for IV treatment.

2. IF THE CHILD DOES NOT HAVE SIGN OF SHOCK (such as cold hand, capillary refill time longer than 3 seconds, weak and fast pulse):

- Start giving ORS if the child can drink. Show the mother how to give frequent sips during the trip.
  - Refer urgently for IV treatment.

IMMUNIZE EVERY SICK CHILD, AS NEEDED
GIVE FOLLOW-UP CARE

- Give follow-up 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?

Treatment:
- If chest in-drawing or a general danger sign, give a dose of second-line antibiotic or intramuscular antibiotic (both ampicillin and gentamicin). 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 5 days of antibiotic.
- If the child has pneumonia and malaria and no improvement, refer.

BLOODY DIARRHOEA

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?
- Is the child still taking zinc supplements?

Treatment:
- If the child is dehydrated, treat dehydration. Continue Zinc supplements
- If number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse REFER TO HOSPITAL
- If fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better, continue giving the same antibiotic until finished.

PERSISTENT DIARRHOEA

After 5 days:
Ask:
- Has the diarrhoea stopped?
- How many loose stools is the child having per day?
- Is the child still taking MULTIVITAMIN & MINERAL OR Zinc supplements?

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.
- Advise to continue Multivitamin/Mineral or Zinc as recommended if not being referred to hospital.

GIVE MORE FOOD AS SOON AS THE CHILD IS GETTING BETTER
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

If fever persists after 3 days, or returns within 14 days:
- Do a full reassessment of the child ➔ See ASSESS & CLASSIFY chart.

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, refer to hospital.

FEVER-MALARIA UNLIKELY

If fever persists after 2 days:
- Do a full reassessment of the child ➔ See ASSESS & CLASSIFY chart.
- Make sure that the child has not visited areas with malaria risk or dengue risk. If having visited, see follow-up box FEVER-MALARIA UNLIKELY or FEVER: POSSIBLE DENGUE.

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, provide treatment.
- If no apparent cause of fever, advise mother to return again in 2 days if fever persists.
- If fever has been present for 7 days, refer for assessment.

FEVER-MALARIA UNLIKELY

If fever persists after 2 days:
- Do a full reassessment of the child ➔ See ASSESS & CLASSIFY chart.
- Perform dipstick test (or blood smear, if available).

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.
- Dipstick test (or blood smear) positive, treat with antimalarial. Advise the mother to return again in 2 days, if the fever persists.
- Dipstick test negative and no apparent cause of fever, advise mother to return again in 2 days if fever persists or refer for assessment if fever present for more than 7 days.

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 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 classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart.

FEVER: POSSIBLE DENGUE

After 1 day:

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

Treatment:

- If the child has
  - sign of sock (cold hands with capillary refill time longer than 3 seconds or weak and fast pulse) or
  - irritable or lethargic or
  - mucosal bleeding (haematemesis, melaena, bleeding from nose or gum, petechiae) or
  - vomiting or
  - tourniquet test positive

  treat as SEVERE/SUSPECTED DENGUE

- If the child has any other apparent cause of fever, provide treatment and continue to follow-up in 1 day.
- If fever has been present for 7 days or more, refer for assessment.

ACUTE EAR INFECTION AND CHRONIC 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:
    - Continue to treat with the same antibiotic for 5 more days.
    - Encourage mother to continue wicking to dry the ear.
    - Follow-up in 5 days.
  - Chronic ear infection:
    - Check that the mother is wicking the ear and giving ear drops correctly. Teach mother on how to dry the ear by wicking and how to give ear drop correctly, if needed
    - Encourage mother to continue
    - Follow-up in 5 days

- If no ear pain or discharge, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.
GIVE FOLLOW-UP CARE (continued)

- 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.

ANAEVMIA
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 any 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. Give iron for 14 days
- 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.

VITAMIN A DEFICIENCY
After 14 days:
Give the third dose of vitamin A at the health centre and counsel the mother on vitamin A rich foods (eggs, meat, liver, dark green leaves, yellow vegetables).

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?
  - Do you have any problem with breastfeeding?

- 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 very 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

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, it is not necessary to give even water.

Remember:
• Continue breastfeeding if the child is sick

Feeding Recommendations for a child 4 to 5 months who is not gaining weight or the mother has already introduced other foods
- If the child is not gaining weight adequately after the age of 4 months or the mother has already introduced other foods:
  - Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
  - Thick enriched borbor, well mashed foods
  - Give mashed fruits like banana and ripe papaya.
• Give these foods 1 or 2 times per day after breastfeeding.

6 Months up to 12 Month

Initiation of Complementary Food
- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Feed your child with appropriate cooked food:
  - Food Type: Thick enriched borbor*, well mashed foods
  - Frequency: 2 times per day plus frequent breastfeeds
  - Amount: 2-3 tablespoons
- Give mashed ripe fruits: banana, papaya, mango

7 up to 9 Months of Age
- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Feed your child with appropriate cooked food:
  - Food Type: Thick enriched borbor*, well mashed foods
  - Frequency: 3 times per day plus frequent breastfeeds
  - Amount: Increasing gradually to half a bowl** per meal
- Give mashed ripe fruits: banana, papaya, mango

9 up to 12 Months of Age
- Breastfeed as often as the child wants, day and night, at least 6 times in 24 hours.
- Feed your child with appropriate cooked food:
  - Food Type: Thick enriched borbor*, finely chopped or mashed foods, and food that baby can pick up
  - Frequency: 3 times per day plus one snack***
  - Amount: Increasing gradually from half a bowl** to 3/4 bowl** per meal
- Give mashed ripe fruits: banana, papaya, mango

Remember:
• Keep the child in your lap and actively feed
• Wash your own and child’s hands with soap and water every time before feeding

12 Months up to 24 Months
- Breastfeed as often as the child wants, day and night, at least 3 times in 24 hours.
- Feed your child with appropriate cooked food:
  - Food Type: Thick enriched borbor*, chopped or mashed if necessary
  - Frequency: 3 times per day plus 2 snack***
  - Amount: Increasing to 1 full bowl** per meal
- Give ripe fruits: banana, papaya, mango

Feeding Recommendations for a child who has PERSISTENT DIARRHOEA
- Breastfeed as often as the child wants.
- Feed your child with appropriate cooked food:
  - Food Type: Family food, chopped or mashed if necessary
  - Frequency: 3 times per day plus 2 snack***
  - Amount: 1 full bowl** per meal
- Give ripe fruits: banana, papaya, mango

2 Years and Older
- Breastfeed as often as the child wants.

If baby is not breastfed, for any age up to 24 months, give an additional 2-3 extra meals per day

NOTE
- Add animal protein at least one time per day
- Add vegetable or fruit at least two times per day

If still breastfeeding, give more frequent, longer breastfeeds, day and night.

Feeding Recommendations for a child who has PERSISTENT DIARRHOEA
- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
  - decrease other milk and increase breastfeeding
  - decrease other milk and give enriched borbor (see above)
  - do not use condensed milk.
- For other foods, follow feeding recommendations for the child’s age (see above).

Snacks*** (examples)
- Ripe banana
- Ripe papaya or mango
- Fried banana or sweet potato or taro snacks
- Pumpkin snacks
- Soya drink

Bowl**
- chan chongkeh” standard Cambodian 250ml bowl

For other foods, follow feeding recommendations for the child’s age (see above).
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:

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

2.1. If the child is less than 6 months old and is taking other milk or foods, for the reasons such as the mother feels she does not have enough breast milk or she is pregnant:
   - Build mother’s confidence that she can produce all the breast milk that the child needs. It is not necessary to give other foods, fluids or water.
   - Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.
   - Always give breast milk before other foods.
   - Tell mother that other milk can be harmful—introducing germs, triggering allergies and filling the stomach so that the baby takes less breast milk.
   - Only in the rarest cases, should a baby receive a locally appropriate breast milk substitute, hygienically prepared.
   - Do not give condensed milk.
   - 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.
     - Finish milk within an hour.

2.2. If the child is 6 months or older and child is not being fed actively, counsel the mother to:
   - Breastfeed more frequently and for longer.
   - Sit with the child and encourage eating.
   - Give the child an adequate serving in a separate plate or bowl.

3. If the child is not feeding well during illness, counsel the mother to:
   - Breastfeed more frequently and for longer.
   - 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.

4. Follow-up any feeding problem in 5 days.
**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, coconut water 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>POSSIBLE DHF</td>
<td>1 day</td>
</tr>
<tr>
<td>PNEUMONIA</td>
<td>2 days</td>
</tr>
<tr>
<td>DYSENTERY</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>FEVER: DHF UNLIKELY, if fever persists</td>
<td></td>
</tr>
<tr>
<td>FEBRILE DISEASE, if fever persists</td>
<td></td>
</tr>
<tr>
<td>MALARIA, if fever persists</td>
<td>3 days</td>
</tr>
<tr>
<td>PERSISTENT DIARRHOEA</td>
<td></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>ANY OTHER ILLNESS, if not improving</td>
<td></td>
</tr>
<tr>
<td>ANAEMIA</td>
<td>14 days</td>
</tr>
<tr>
<td>VITAMIN A DEFICIENCY (NIGHT BLINDNESS)</td>
<td></td>
</tr>
<tr>
<td>VERY LOW WEIGHT FOR AGE</td>
<td>30 days</td>
</tr>
</tbody>
</table>

**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></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not able to drink or breastfeed</td>
<td></td>
</tr>
<tr>
<td>• Becomes sicker</td>
<td></td>
</tr>
<tr>
<td>• Develops a fever</td>
<td></td>
</tr>
</tbody>
</table>

If child has NO PNEUMONIA:

<table>
<thead>
<tr>
<th>COUGH OR COLD, also return if:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fast breathing</td>
<td></td>
</tr>
<tr>
<td>• Difficult breathing</td>
<td></td>
</tr>
</tbody>
</table>

If child has Diarrhoea, also return if:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blood in stool</td>
<td></td>
</tr>
<tr>
<td>• Drinking poorly</td>
<td></td>
</tr>
</tbody>
</table>

If child has FEVER: POSSIBLE DENGUE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any sign of sock or</td>
<td></td>
</tr>
<tr>
<td>• Irritable or lethargic or</td>
<td></td>
</tr>
<tr>
<td>• Any sign of mucosal bleeding or</td>
<td></td>
</tr>
<tr>
<td>• Vomiting</td>
<td></td>
</tr>
</tbody>
</table>

**NEXT WELL-CHILD VISIT**

Advise mother when to return for next immunization according to schedule.
Counsel the Mother About Her Own Health

Ask:

<table>
<thead>
<tr>
<th>Question</th>
<th>Action/Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the mother sick?</td>
<td>Provide care for her or refer her for help</td>
</tr>
<tr>
<td>Does she have a breast problem? (such as engorgement, sore nipples, breast infection)</td>
<td></td>
</tr>
<tr>
<td>Has she received a dose of mebendazole in the last 6 months? (IF PREGNANT, DO NOT GIVE IN FIRST TRIMESTER)</td>
<td>If NO: Give one dose of 500 mg of mebendazole¹:</td>
</tr>
<tr>
<td></td>
<td>• Mebendazole 500 mg: 1 tablet OR</td>
</tr>
<tr>
<td></td>
<td>• Mebendazole 100 mg: 5 tablets</td>
</tr>
<tr>
<td>Does she have night blindness?</td>
<td>Give Vitamin A 10,000 UI per day for 30 days</td>
</tr>
<tr>
<td>Is she pregnant?</td>
<td>Give supply for 3 months of iron/folate</td>
</tr>
<tr>
<td></td>
<td>Counsel on compliance with iron treatment</td>
</tr>
<tr>
<td>Does she have access to:</td>
<td>Provide counseling or refer if necessary.</td>
</tr>
<tr>
<td>• Birth spacing?</td>
<td></td>
</tr>
<tr>
<td>• Counseling on STD and AIDS prevention?</td>
<td></td>
</tr>
</tbody>
</table>

¹ Do not give during the first trimester of pregnancy

Check:

<table>
<thead>
<tr>
<th>Tetanus toxoid immunization status:</th>
<th>Tetanus toxoid schedule:</th>
<th>If tetanus toxoid is due:</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was TT last given?</td>
<td>TT1: At first contact</td>
<td>Give intramuscularly 0.5 ml of TT, upper arm</td>
</tr>
<tr>
<td>Which dose of TT was this?</td>
<td>TT2: At least 4 weeks after TT1</td>
<td>Advise mother when the next dose is due</td>
</tr>
<tr>
<td></td>
<td>TT3: At least 6 months after TT2</td>
<td>Record on mother card</td>
</tr>
<tr>
<td></td>
<td>TT4: At least 1 year after TT3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TT5: At least 1 year after TT4</td>
<td></td>
</tr>
</tbody>
</table>

Advise her to eat well to keep up her own health and strength
ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT
UP TO 2 MONTHS

ASSESS
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.

CHECK FOR VERY SEVERE DISEASE

ASK:
• Has the infant had convulsions (fits)?
• Is the infant having difficulty feeding?
• Is the infant having any sign of bleeding (including blood in stool?)

LOOK, LISTEN, FEEL:
• Count the breaths in one minute. Repeat the count if elevated.
• Look for severe chest indrawing.
• Look and listen for grunting.
• Look at the young infant’s movements
  – Does the infant move only when stimulated?
  – Does the infant not move even when stimulated?
• Measure axillary temperature
  • Look for sign of bleeding (including blood in stool)
  • Look for red umbilicus or pus draining from umbilicus
  • Look for skin pustules

Classify ALL YOUNG INFANTS

SIGN
Convulsions or
History of difficulty feeding or
Fast breathing (60 breaths per minute or more) or
Severe chest indrawing or
Grunting or
No spontaneous movement or
Fever (37.5 °C* or above) or
Low body temperature (less than 35.5 °C*)
Any sign of bleeding

CLASSIFY AS
VERY SEVERE DISEASE

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

LOCAL BACTERIAL INFECTION

• Umbilicus red or draining pus or
• Skin pustules

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

VERY SEVERE DISEASE OR LOCAL BACTERIAL INFECTION UNLIKELY

TREATMENT
➤ Advise mother to give home care for 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, Treat the Child, Annex: “Where Referral Is Not Possible.”
THEN ASK:
Does the young infant have diarrhoea?

**IF YES, LOOK AND FEEL:**
- Look at the young infant’s general condition.
  - Does the infant move only when stimulated?
  - Does the infant not move even when stimulated?
  - Is the infant restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

Classify DIARRHOEA for DEHYDRATION

<table>
<thead>
<tr>
<th>Two of the following signs:</th>
<th>SEVERE DEHYDRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No spontaneous movement</td>
<td></td>
</tr>
<tr>
<td>• Sunken eyes</td>
<td></td>
</tr>
<tr>
<td>• Skin pinch goes back</td>
<td></td>
</tr>
<tr>
<td>very slowly.</td>
<td></td>
</tr>
</tbody>
</table>

- If infant does not have VERY SEVERE DISEASE:
  - Give fluid for severe dehydration (Plan C) OR
- If infant also has VERY SEVERE DISEASE:
  - Give first dose of IM Ampicillin and Gentamicin
  - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.
  - Advise mother to continue breastfeeding
  - Advise mother how to keep young infant warm on the way to hospital

<table>
<thead>
<tr>
<th>Two of the following signs:</th>
<th>SOME DEHYDRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Restless, irritable</td>
<td></td>
</tr>
<tr>
<td>• Sunken eyes</td>
<td></td>
</tr>
<tr>
<td>• Skin pinch goes back</td>
<td></td>
</tr>
<tr>
<td>slowly.</td>
<td></td>
</tr>
</tbody>
</table>

- Give fluid, zinc supplementation and food for some dehydration (Plan B).
- If infant also has VERY SEVERE DISEASE:
  - Give first dose of IM Ampicillin and Gentamicin
  - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.
  - Advise mother to continue breastfeeding.
  - Advise mother how to keep the young infant warm on the way to hospital
  - Advise mother when to return immediately.
  - Follow-up in 2 days if not improving.

<table>
<thead>
<tr>
<th>Two of the following signs:</th>
<th>NO DEHYDRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not enough signs to</td>
<td></td>
</tr>
<tr>
<td>classify as some or</td>
<td></td>
</tr>
<tr>
<td>severe dehydration.</td>
<td></td>
</tr>
</tbody>
</table>

- Give fluids, zinc supplementation to treat diarrhoea at home (Plan A).
- Advise mother when to return immediately.
- Follow-up in 2 days if not improving.

What is diarrhea in a young infant?

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

**If referral is not possible, see IMCI, Treat the Child Annex: “Where Referral in Not Possible”**
THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

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?

LOOK, LISTEN, FEEL:

- Determine weight for age.

IF AN INFANT: Is less than 7 days old
- Is breastfeeding less than 8 times in 24 hours
- Is taking any other foods or drinks, or
- Is low weight for age,

AND

Has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?

If 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 able to attach?

  not well attached  good attachment

TO CHECK ATTACHMENT, LOOK FOR:

- Chin touching breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth

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

Classify FEEDING

- Not well attached to breast or
- Not suckling effectively or
- Less than 8 breastfeeds in 24 hours or
- Receives other foods or drinks or
- Low weight for age
- Thrush (ulcers or white patches in mouth)

FEEDING PROBLEM OR LOW WEIGHT

- Advise the mother to breastfeed as often and for as long as the infant wants, day and night.
  - If not well attached or not suckling effectively, teach correct positioning and attachment.
  - If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding.
- 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 re-lactation.
  - Advise about correctly preparing breastmilk substitutes and using a cup.
- If thrush, teach the mother to treat thrush at home.
- If low weight for age, teach the mother how to keep the young infant with low weight warm 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.

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

NO FEEDING PROBLEM

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

ASSESS OTHER PROBLEMS
TREAT THE YOUNG INFANT

Give First Dose of Intramuscular Antibiotics

Give first dose of both ampicillin and gentamicin intramuscular.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>GENTAMICIN</th>
<th>AMPICILLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(2.5 mg/kg/dose)</td>
<td>(50 mg/kg/dose)</td>
</tr>
<tr>
<td></td>
<td>Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml</td>
<td>Add 2.2 ml sterile water to vial containing 500 mg = 2.5 ml at 200 mg/ml</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>1 kg</td>
<td>0.25 ml*</td>
<td>0.3 ml</td>
</tr>
<tr>
<td>2 kg</td>
<td>0.50 ml*</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>3 kg</td>
<td>0.75 ml*</td>
<td>0.8 ml</td>
</tr>
<tr>
<td>4 kg</td>
<td>1.00 ml*</td>
<td>1.0 ml</td>
</tr>
<tr>
<td>5 kg</td>
<td>1.25 ml*</td>
<td>1.3 ml</td>
</tr>
</tbody>
</table>

* Avoid using undiluted 40 mg/ml gentamicin.

ATTENTION: Referral is the best option for a young infant classified with VERY SERVERE DISEASE. If referral is not possible, give gentamicin and ampicillin for at least 5 days. Give ampicillin every 6 hours plus gentamicin once daily.

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 (trimethoprim + sulphamethoxazole)</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></td>
<td>(50mg/kg/day)</td>
<td>(8 mg/kg/dose trimethoprim + 40 mg/kg/dose sulphamethoxazole)</td>
</tr>
<tr>
<td>Tablet 250 mg</td>
<td>Syrup 125 mg in 5 ml If available</td>
<td>Adult Tablet single strength (80 mg trimethoprim + 400 mg sulphamethoxazole)</td>
</tr>
<tr>
<td>1/4</td>
<td>1.25 ml</td>
<td>Pediatric Tablet (20 mg trimethoprim +100 mg sulphamethoxazole)</td>
</tr>
<tr>
<td>2.5 ml</td>
<td>1/2*</td>
<td>Syrup (40 mg trimethoprim +200 mg sulphamethoxazole) If available</td>
</tr>
<tr>
<td>Birth up to 1 month (&lt; 3 kg)</td>
<td>1.25 ml*</td>
<td></td>
</tr>
<tr>
<td>1 to 2 months (3-4 kg)</td>
<td>1/4</td>
<td></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

➢ To Treat Diarrhoea, See TREAT THE CHILD CHART. (Pages 13-14)

➢ Immunize Every Sick Young Infant, as needed.

➢ Teach the Mother to Treat Local Infections at Home
  ➢ Explain how the treatment is given.
  ➢ Watch her as she does the first treatment in the clinic.
  ➢ Tell her to do the treatment two times daily. She should return to the clinic if the infection worsens.

Treat skin pustules or umbilical infection:
The mother should:
  ➢ Wash hands
  ➢ Gently wash off pus and crusts with soap and water
  ➢ Dry the area
  ➢ Paint with gentian violet
  ➢ Wash hands

Treat thrush (ulcers or white patches in mouth):
The mother should:
  ➢ Wash hands
  ➢ 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

➢ 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.

➢ Teach the mother how to Keep the young infant With low body temperature warm at home:
  - Provide skin to skin contact as much as possible, day and night.
  - 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, gloves and
socks, wrap the young infant in a soft dry cloth and cover with a blanket.
  - keep the young infant in the same bed with the mother.
  - Change clothes (e.g. napkins) whenever they are wet.
  - Keep the room warm (25°C) with home heating device.
  - Avoid bathing the young infant for at least for the next 24 hours.
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

Teach Correct Positioning and Attachment for Breastfeeding

- Show the mother how to hold her infant
  - with the infant’s head and body straight
  - facing her breast, with infant’s nose opposite her nipple
  - with infant’s body close to her body
  - supporting infant’s whole body, not just neck and shoulders.

- Show her how to help the infant to attach. She should:
  - touch her infant’s lips with her nipple
  - wait until her infant’s mouth is opening wide
  - move her infant quickly 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.

Advise Mother to Give Home Care for the Young Infant

- FOOD
- AND
- FLUIDS

> EXCLUSIVELY BREASTFEED THE YOUNG INFANT
  - Give only breastfeeds to the young infant
  - Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

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>FEEDING PROBLEM</td>
<td></td>
</tr>
<tr>
<td>THRUSH</td>
<td></td>
</tr>
<tr>
<td>LOW WEIGHT FOR AGE</td>
<td>14 days</td>
</tr>
</tbody>
</table>

MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.
In cool weather, cover the infant’s head and feet and dress the infant in extra clothing.

When to Return Immediately:

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

- Breastfeeding poorly or drinking poorly
- Infant does not move even when stimulated
- Becomes sicker
- Develops a fever
- Abdomen feels cold
- Fast breathing
- Difficult breathing
GIVE FOLLOW-UP CARE FOR THE SICK 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.

➤ DIARRHOEA

After 2 days:
- Ask: - Has the diarrhoea stopped?

Treatment
- If the diarrhea has not stopped, assess the young infant for diarrhoea (SEE “Does the Young Infant Have Diarrhea?”
- If the diarrhoea has stopped, tell the mother to continue exclusive breastfeeding.

➤ 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.
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➤ 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.
Weight-for-age GIRLS
Birth to 5 years (z-scores)