INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

PHYSICIAN CHART BOOKLET

Ministry of Health & Family Welfare, Govt. of India

2003
## SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

### ASSESS AND CLASSIFY THE SICK CHILD

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ASSESS AND CLASSIFY THE SICK YOUNG INFANT
AGE UPTO 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.

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE

ASK:
* Has the infant had convulsions?

LOOK, LISTEN, FEEL:
* 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 feel for bulging fontanelle.
* Look for pus draining from the ear.
* Look at the umbilicus. Is it red or draining pus?
* Look for skin pustules. Are there 10 or more skin pustules or a big boil?
* Measure axillary temperature (if not possible, feel for fever or low body temperature).
* See if the young infant is lethargic or unconscious.
* Look at the young infant's movements. Are they less than normal?
* Look for jaundice? Are the palms and soles yellow?

YOUNG INFANT MUST BE CALM

Classify ALL YOUNG INFANTS

CLASSIFY AS
POSSIBLE SERIOUS BACTERIAL INFECTION
* Convulsions or
* Fast breathing (60 breaths per minute or more) or
* Severe chest indrawing or
* Nasal flaring or
* Grunting or
* Bulging fontanelle or
* 10 or more skin pustules or a big boil or
* If axillary temperature 37.5°C or above (or feels hot to touch) or temperature less than 35.5°C (or feels cold to touch) or
* Lethargic or unconscious or
* Less than normal movements.

LOCAL BACTERIAL INFECTION
* Umbilicus red or draining pus or
* Pus discharge from ear or
* < 10 skin pustules.

SEVERE JAUNDICE
* Palms and soles yellow or
* Age < 24 hours or
* Age 14 days or more

JAUNDICE
* Palms and soles not yellow

LOW BODY TEMPERATURE
* Temperature between 35.5 - 36.4°C

A child with a pink classification needs URGENT attention, complete the assessment and pre-referral treatment immediately so referral is not delayed

IDENTIFY TREATMENT

* Give first dose of intramuscular ampicillin and gentamicin.
* Treat to prevent low blood sugar.
* Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral.
* Advise mother how to keep the young infant warm on the way to the hospital.
* Refer URGENTLY to hospital

* Give oral co-trimoxazole or amoxycillin for 5 days.
* Teach mother to treat local infections at home
* Follow up in 2 days.

* Treat to prevent low blood sugar.
* Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral.
* Advise mother how to keep the young infant warm on the way to the hospital.
* Refer URGENTLY to hospital

* Advise mother to give home care for the young infant.
* Advise mother when to return immediately.
* Follow up in 2 days.

* Warm the young infant using Skin to Skin contact for one hour and REASSESS.
* Treat to prevent low blood sugar.

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.
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?

and if diarrhoea 14 days or more

and if blood in stool

Classify DIARRHOEA

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

DEHYDRATION

SEVERE DEHYDRATION
- Give first dose of intramuscular ampicillin and gentamicin.
- If infant also has low weight or another severe classification:
  - 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 the hospital.

OR
- If infant does not have low weight or any other severe classification:
  - Give fluid for severe dehydration (Plan C) and then refer to hospital after rehydration

SOME DEHYDRATION
- If infant also has low weight or another severe classification:
  - Give first dose of intramuscular 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 the hospital.

- If infant does not have low weight or another severe classification:
  - Give fluids for some dehydration (Plan B).
  - Advise mother to return immediately.
  - Follow up in 2 days

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

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

and if diarrhoea lasting 14 days or more

SEVERE PERSISTENT DIARRHEA
- Give first dose of intramuscular ampicillin and gentamicin if the young infant has low weight, dehydration or another severe classification.
- Treat to prevent low blood sugar.
- Advise how to keep infant warm on the way to the hospital.
- Refer to hospital.

and if blood in stool

SEVERE DYSENTERY
- Give first dose of intramuscular ampicillin and gentamicin if the Young infant has low weight, dehydration or another severe classification.
- Treat to prevent low blood sugar.
- Advise how to keep infant warm on the way to the hospital.
- Refer to hospital.

* What is diarrhoea in a young infant?
If the stools have changed from usual pattern and are many and watery (more water than fecal matter). The normally frequent or loose stools of a breastfed baby are not diarrhoea.

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.
THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION:

**ASK:**
- Is there any difficulty feeding?
- 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?
- What do you use to feed the infant?

**LOOK, FEEL:**
- Determine weight for age.

**IF AN INFANT:**
- Has any difficulty feeding, or
- Is breastfeeding less than 8 times in 24 hours, or
- 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 breastfeeding 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 attached at all
    - 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 at all
  - not suckling effectively
  - suckling effectively
  Clear a blocked nose if it interferes with breastfeeding.

- Does the mother have pain while breastfeeding?
  If yes, look and feel for:
  - Flat or inverted nipples, or sore nipples
  - Engorged breasts or breast abscess

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**Classify FEEDING**

<table>
<thead>
<tr>
<th>Not able to feed or</th>
<th>Not able to feed - possible serious bacterial infection or severe malnutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>No attachment at all or</td>
<td>Treat to prevent low blood sugar.</td>
</tr>
<tr>
<td>Not suckling at all or</td>
<td>Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral.</td>
</tr>
<tr>
<td>Very low weight for age.</td>
<td>Advise mother how to keep the young infant warm on the way to the hospital.</td>
</tr>
<tr>
<td>Refer URGENTLY to hospital.</td>
<td></td>
</tr>
</tbody>
</table>

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

**FEEDING PROBLEM OR LOW WEIGHT**

| Not low weight for age and no other signs of inadequate feeding. |
| Advising mother to give home care for the young infant. |
| Advise mother when to return immediately. |
| Follow-up any feeding problem or thrush in 2 days. |
| Follow-up low weight for age in 14 days. |
| NO FEEDING PROBLEM |

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# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.
THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
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</thead>
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<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>HEP-B 1</td>
</tr>
</tbody>
</table>

* Hepatitis B to be given wherever included in the immunization schedule

ASSESS OTHER PROBLEMS
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

GIVE THESE TREATMENTS IN CLINIC ONLY

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the infant’s weight (or age).
- Use a sterile needle and sterile syringe. Measure the dose accurately.
- Give the drug as an intramuscular injection.
- If infant cannot be referred, follow the instructions provided in the section Where Referral is Not Possible in module. Treat the Young Infant and counsel the Mother.

Give First Dose of Intramuscular Antibiotics

- Give first dose of both ampicillin and gentamicin intramuscularly.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>GENTAMICIN Dose: 5 mg per kg</th>
<th>AMPICILLIN Dose: 100 mg per kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 kg</td>
<td>0.5 ml*</td>
<td>0.5 ml*</td>
</tr>
<tr>
<td>2 kg</td>
<td>1.0 ml*</td>
<td>1.0 ml*</td>
</tr>
<tr>
<td>3 kg</td>
<td>1.5 ml*</td>
<td>1.5 ml*</td>
</tr>
<tr>
<td>4 kg</td>
<td>2.0 ml*</td>
<td>2.0 ml*</td>
</tr>
<tr>
<td>5 kg</td>
<td>2.5 ml*</td>
<td>2.5 ml*</td>
</tr>
</tbody>
</table>

*(Vial of 500 mg mixed with 2.1 ml of sterile water for injection to give 500mg/2.5 ml or 200mg/1 ml)

*Avoid using undiluted 40 mg/ml gentamicin.

- Referral is the best option for a young infant classification with POSSIBLE SERIOUS BACTERIAL INFECTION, SEVERE DEHYDRATION, SOME DEHYDRATION WITH LOW WEIGHT, AND SEVERE MALNUTRITION, if referral is not possible, give oral amoxicillin every 8 hours and intramuscular gentamicin once daily.

Treat the Young Infant 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 20-50 ml (10 ml/kg) expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) sugar water.

  To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.

- If the child is not able to swallow:
  Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.
KEEP THE YOUNG INFANT WARM

Warm the young infant using Skin to Skin contact (Kangaroo Mother Care)

- Provide privacy to the mother. If mother is not available, Skin to Skin contact may be provided by the father or any other adult.
- Request the mother to sit or recline comfortably.
- Undress the baby gently, except for cap, nappy and socks.
- Place the baby prone on mother’s chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby’s head to one side to keep airways clear.
- Cover the baby with mother’s blouse, ‘palu’ or gown; wrap the baby-mother duo with an added blanket or shawl.
- Breastfeed the baby frequently.
- If possible, warm the room (>25°C) with a heating device.

- REASSESS after 1 hour:
  - Look, listen and feel for signs of Possible Serious Bacterial Infection and
  - Measure axillary temperature by placing the thermometer in the axilla for 5 minutes (or feel for low body temperature).

- If any signs of Possible Serious Bacterial Infection OR temperature still below 36.5°C (or feels cold to touch):
  - Refer URGENTLY to hospital after giving pre-referral treatments for Possible Serious Bacterial Infection.

- If no sign of Possible Serious Bacterial Infection AND temperature 36.5°C or more (or is not cold to touch):
  - Advise how to keep the infant warm at home.
  - Advise mother to give home care.
  - Advise mother when to return immediately.

- Skin to Skin contact is the most practical, preferred method of warming a hypothermic infant in a primary health care facility. If not possible:
  - Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold baby close to caregiver’s body, OR
  - Place the baby under overhead radiant warmer, if available.

(Avoid direct heat from a room heater and use of hot water rubber bottle or hot brick to warm the baby because of danger of accidental burns).

Keep the young infant warm on the way to the hospital

- By Skin to Skin contact OR
- Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold baby close to caregiver’s body.
TREAT THE YOUNG INFANT FOR LOCAL INFECTIONS AT HOME

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 infant’s age or weight.
- Tell the mother the reason for giving the drug to the infant.
- Demonstrate how to measure a dose.
- Watch the mother practise measuring a dose by herself.
- Ask the mother to give the first dose to her infant.
- Explain carefully how to give the 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 infant gets better.

Give an Appropriate Oral Antibiotic

For local bacterial infection:

- Give Oral COTRIMOXAZOLE OR AMOXYCILLIN

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>COTRIMOXAZOLE (trimethoprim + sulphamethoxazole)</th>
<th>AMOXYCILLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Tablet single strength (80 mg trimethoprim + 400 mg sulphamethoxazole)</td>
<td>Pediatric Tablet (20 mg trimethoprim + 100 mg sulphamethoxazole)</td>
</tr>
<tr>
<td>Birth up to 1 month (&lt; 3 kg)</td>
<td>1/2*</td>
<td>1.25 ml</td>
</tr>
<tr>
<td>1 month up to 2 months (3-4 kg)</td>
<td>1/4</td>
<td>1</td>
</tr>
</tbody>
</table>

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

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.
- She should return to the clinic if the infection worsens.
- Check the mother’s understanding before she leaves the clinic.

To Treat Skin Pustules or Umbilical Infection

- Apply gentian violet paint twice daily.

  The mother should:
  - Wash hands.
  - Gently wash off pus and crusts with soap and water.
  - Dry the area and paint with gentian violet 0.5%.
  - Wash hands.

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 young infant’s ear.
  - Remove the wick when wet.
  - Replace the wick with a clean one and repeat these steps until the ear is dry.

To Treat Diarrhoea, See TREAT THE CHILD Chart - Page 20-21
TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS

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.

- If still not suckling effectively, ask the mother to express breast milk and feed with a cup and spoon in the clinic. To express breast milk:
  - The mother should wash hands, sit comfortably and hold a cup or 'katori' under the nipple
  - Place finger and thumb each side of areola and press inwards towards chest wall. Do not squeeze the nipple
  - Press behind the nipple and areola between finger and thumb to empty milk from inside the areola; press and release repeatedly
  - Repeat the process from all sides of areola to empty breast completely
  - Express one breast for at least 3-5 minutes until flow stops; then express from the other side

- If able to take with a cup and spoon advise mother to keep breastfeeding the young infant and at the end of each feed express breast milk and feed with a cup and spoon.

- If not able to feed with a cup and spoon, refer to hospital.

Teach the mother to feed with a cup and spoon

- Place the young infant in upright posture (feeding him in lying position can cause aspiration)
- Keep a soft cloth napkin or cotton on the neck and upper trunk to mop the spilled milk.
- Gently stimulate the young infant to wake him up
- Fill the spoon with milk, a little short of the brim
- Place the spoon on young infant's lips, near the corner of the mouth.
- Gradually allow a small amount of milk to drip into young infant's mouth making sure that he actively swallows it
- Repeat the process till the young infant stops accepting any more feed, or the desired amount has been fed
- If the young infant does not actively swallow the milk, do not insist on feeding; try again after some time

To Treat Thrush (ulcers or white patches in mouth)

- Tell the mother to do the treatment twice daily.
  - The mother should:
    - Wash hands.
    - Wash mouth with clean soft cloth wrapped around the finger and wet with salt water.
    - Paint the mouth with gentian violet 0.25%.
TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS OR LOW WEIGHT

Teach the mother to treat breast or nipple problems

- If the nipple is flat or inverted, evert the nipple several times with fingers before each feed and put the baby to the breast.

- If nipple is sore, apply breast milk for soothing effect and ensure correct positioning and attachment of the baby. If mother continues to have discomfort, feed expressed breast milk with katori and spoon.

- If breasts are engorged, let the baby continue to suck if possible. If the baby cannot suckle effectively, help the mother to express milk and then put the young infant to the breast. Putting a warm compress on the breast may help.

- If breast abscess, advise mother to feed from the other breast and refer to a surgeon. If the young infant wants more milk, feed undiluted animal milk with added sugar by cup and spoon.

Teach the mother how to keep the young infant with low weight or low body temperature warm at home:

- Do not bathe young infant with low weight or low body temperature; instead sponge with lukewarm water to clean.

- Provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.

- When Skin to Skin contact not possible:
  - Keep the room warm (>25°C) with a home heating device.
  - Clothe the baby in 3-4 layers; cover the head, hands and feet with cap, gloves and socks, respectively.
  - Let baby and mother lie together on a soft, thick bedding.
  - Cover the baby and the mother with additional quilt, blanket or shawl, especially in cold weather.

FEEL THE FEET OF THE BABY PERIODICALLY - BABY'S FEET SHOULD BE ALWAYS WARM TO TOUCH

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

➤ Advise Mother to Give Home Care for the Young Infant
  ➤ FOOD
  ➤ FLUIDS

} Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

➤ 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.

➤ Advise the Mother when to return to physician or health worker immediately:

<table>
<thead>
<tr>
<th>Follow-up Visit</th>
<th>When to Return Immediately:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the infant has:</td>
<td>Advise the mother to return immediately if the young infant has any of these signs:</td>
</tr>
<tr>
<td>LOCAL BACTERIAL INFECTION</td>
<td>Breastfeeding or drinking poorly</td>
</tr>
<tr>
<td>JAUNDICE</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td>DIARRHOEA</td>
<td>Develops a fever or feels cold to touch</td>
</tr>
<tr>
<td>ANY FEEDING PROBLEM</td>
<td>Fast breathing</td>
</tr>
<tr>
<td>THRUSH</td>
<td>Difficult breathing</td>
</tr>
<tr>
<td>LOW WEIGHT FOR AGE</td>
<td>Yellow palms and soles (if infant has jaundice)</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea with blood in stool</td>
</tr>
<tr>
<td>Return for follow-up in:</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>14 days</td>
</tr>
</tbody>
</table>

➤ 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.
  ➤ Give iron folic acid tablets for a total of 100 days.
  ➤ Make sure she has access to:
    - Family planning
    - Counselling on STD and AIDS prevention
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

LOCAL BACTERIAL INFECTION
- After 2 days:
  - Look at the umbilicus. Is it red or draining pus?
  - Look for skin pustules. Are there > 10 pustules or a big boil?
  - Look at the ear. Is it still discharging pus?

Treatment:
- If *umbilical redness or pus remains or is worse*, refer to hospital.
- If *umbilical 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 >10 skin pustules or a big boil, refer to hospital.
- If < 10 skin pustules and no big boil, tell the mother to continue giving 5 days of antibiotic and continue treating the local infection at home.
- If ear discharge persists, continue wicking to dry the ear. Continue to give antibiotic to complete 5 days of treatment even if ear discharge has stopped.

JAUNDICE
- After 2 days: Look for jaundice
  - Are the palms and soles yellow?
  - If palms and soles are yellow or age 14 days or more refer to hospital
  - If palms and soles are not yellow and age less than 14 days, advise home care and when to return immediately

DIARRHOEA
- After 2 days:
  - Ask:
    - Has the diarrhoea stopped?
  - If diarrhoea persists, Assess the young infant for diarrhoea (> See ASSESS & CLASSIFY chart) and manage as per initial visit.
  - If diarrhoea stopped - reinforce 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 in 2 days.

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

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 mouth 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 2 days.

THRUSH
- After 2 days:
  - Look for ulcers or white patches in the mouth (thrush).
  - Reassess feeding. > See "Then Check for Feeding problem or Low Weight"
  - If thrush is worse, or the infant has problems with attachment or sucking, refer to hospital.
  - If thrush is the same or better, and if the infant is feeding well, continue gentian violet 0.25% for a total of 5 days.
ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

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>
</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></td>
</tr>
<tr>
<td>Has the child had convulsions?</td>
<td></td>
</tr>
</tbody>
</table>

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

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

IF YES, ASK:  LOOK, LISTEN:
- For how long?
  - Count the breaths in one minute.
  - Look for chest indrawing.
  - Look and listen for stridor.

Classify COUGH or DIFFICULT BREATHING

CHILD MUST BE CALM

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any general danger sign or chest indrawing or stridor in calm child.</td>
<td>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</td>
</tr>
<tr>
<td>Fast breathing.</td>
<td>PNEUMONIA</td>
</tr>
<tr>
<td>No signs of pneumonia or very severe disease.</td>
<td>NO PNEUMONIA: COUGH OR COLD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IDENTIFY TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give first dose of injectable chloramphenicol (if not possible give oral amoxycillin).</td>
</tr>
<tr>
<td>Refer URGENTLY to hospital.</td>
</tr>
<tr>
<td>Give Cotrimoxazole for 5 days.</td>
</tr>
<tr>
<td>Soothe the throat and relieve the cough with a safe remedy if child is 6 months or older.</td>
</tr>
<tr>
<td>Advise mother when to return immediately.</td>
</tr>
<tr>
<td>Follow-up in 2 days.</td>
</tr>
<tr>
<td>If coughing more than 30 days, refer for assessment.</td>
</tr>
<tr>
<td>Soothe the throat and relieve the cough with a safe home remedy if child is 6 months or older.</td>
</tr>
<tr>
<td>Advise mother when to return immediately.</td>
</tr>
<tr>
<td>Follow-up in 5 days if not improving.</td>
</tr>
</tbody>
</table>

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Child.
## Does the child have diarrhoea?

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

### CLASSIFY DIARRHOEA

<table>
<thead>
<tr>
<th>DEHYDRATION</th>
<th>SEVERE DEHYDRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two of the following signs:</td>
<td></td>
</tr>
</tbody>
</table>
  - Lethargic or unconscious
  - Sunken eyes
  - Not able to drink or drinking poorly
  - Skin pinch goes back very slowly. |

#### SEVERE DEHYDRATION
- If child has no other severe classification:
  - Give fluid for severe dehydration (Plan C).
- **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 doxycycline for cholera.

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

#### SOME
- Give fluid and food for some dehydration (Plan B).
- **If child also has a severe classification:**
  - Refer URGENTLY to hospital# with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.
  - Advise mother when to return immediately.
  - Follow-up in 5 days if not improving.

<table>
<thead>
<tr>
<th>DEHYDRATION</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough signs to classify as some or severe dehydration.</td>
<td></td>
</tr>
</tbody>
</table>

#### NO
- 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.

### and if diarrhoea 14 days or more

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

- No dehydration. **PERSISTENT DIARRHOEA**
  - Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.
  - Give single dose of vitamin A.
  - Give zinc sulphate 20 mg daily for 14 days.
  - Follow-up in 5 days.

- Blood in the stool. **DYSENTERY**
  - Treat for 5 days with cotrimoxazole.
  - Follow-up in 2 days.

---

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Child.
Does the child have fever?
(by history or feels hot or temperature 37.5°C or above)

IF YES:
Decide Malaria Risk: High Low

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

LOOK AND FEEL:
- Look for signs of MEASLES
  - Generalized rash and
  - One of these: cough, runny nose, or red eyes.
- Look for MEASLES:
  - Look for mouth ulcers. Are they deep and extensive?
  - Look for pus draining from the eye.
  - Look for clouding of the cornea.

HIGH MALARIA RISK
- Any general danger sign or
- Stiff neck or
- Bulging fontanelle.
  - VERY SEVERE FEBRILE DISEASE
    - Give first dose of IM quinine after making a blood smear.
    - Give first dose of IV or IM chloramphenicol (If not possible, give oral amoxycillin).
    - Treat the child to prevent low blood sugar.
    - Give one dose of paracetamol in clinic for high fever (temp. 38.5°C or above).
    - Refer URGENTLY to hospital.
- Fever (by history or feels hot or temperature 37.5°C or above).
  - MALARIA
    - Give oral antimalarials for HIGH malaria risk area after making a blood smear.
    - Give one dose of paracetamol in clinic for high fever (temp. 38.5°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 7 days, refer for assessment.

LOW MALARIA RISK
- Any general danger sign or
- Stiff neck or
- Bulging fontanelle.
  - VERY SEVERE FEBRILE DISEASE
    - Give first dose of IM quinine after making a blood smear.
    - Give first dose of IV or IM chloramphenicol (If not possible, give oral amoxycillin).
    - Treat the child to prevent low blood sugar.
    - Give one dose of paracetamol in clinic for high fever (temp. 38.5°C or above).
    - Refer URGENTLY to hospital.
- NO runny nose and NO measles and NO other cause of fever.
  - MALARIA
    - Give oral antimalarials for LOW malaria risk area after making a blood smear.
    - Give one dose of paracetamol in clinic for high fever (temp. 38.5°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 7 days, refer for assessment.
- Runny nose PRESENT or Measles PRESENT or Other cause of fever PRESENT
  - FEVER - MALARIA UNLIKELY
    - Give one dose of paracetamol in clinic for high fever (temp. 38.5°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 7 days, refer for assessment.
- Any general danger sign or Clouidng of cornea or Deep or extensive mouth ulcers.
  - SEVERE COMPLICATED MEASLES
    - Give first dose of Vitamin A.
    - Give first dose of injectable chloramphenicol (if not possible give oral amoxycillin).
    - 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 first dose of Vitamin A.
    - If pus draining from the eye, treat eye infection with tetracycline eye ointment.
    - If mouth ulcers, treat with gentian violet.
    - Follow-up in 2 days.
- Measles now or within the last 3 mouths.
  - MEASLES
    - Give first dose of Vitamin A.

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

** Other causes of fever include cough or cold, pneumonia, diarrhoea, dysentery and skin infections.
Does the child have an ear problem?

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

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

**Classify EAR PROBLEM**

<table>
<thead>
<tr>
<th>Tender swelling behind the ear.</th>
<th>MASTOIDITIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give first dose of injectable chloramphenicol (if not possible give oral amoxicillin).</td>
<td></td>
</tr>
<tr>
<td>Give first dose of paracetamol for pain.</td>
<td></td>
</tr>
</tbody>
</table>
| Refer URGENTLY to hospital*.

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

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

* If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Child.
THEN CHECK FOR MALNUTRITION

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

**Classify NUTRITIONAL STATUS**

<table>
<thead>
<tr>
<th>SEVERE MALNUTRITION</th>
<th>VERY LOW WEIGHT</th>
<th>NOT VERY LOW WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible severe wasting or oedema of both feet.</td>
<td>Very low weight for age.</td>
<td>Not very low weight for age and no other signs of malnutrition.</td>
</tr>
</tbody>
</table>

**THEN CHECK FOR ANAEMIA**

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

**Classify ANAEMIA**

<table>
<thead>
<tr>
<th>SEVERE ANAEMIA</th>
<th>ANAEMIA</th>
<th>NO ANAEMIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe palmar pallor</td>
<td>Some palmar pallor</td>
<td>No palmar pallor</td>
</tr>
</tbody>
</table>

**THEN CHECK THE CHILD'S IMMUNIZATION *, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID SUPPLEMENTATION STATUS**

**IMMUNIZATION SCHEDULE:**

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>BCG + OPV-0</td>
</tr>
<tr>
<td>6 weeks</td>
<td>DPT-1 + OPV-1(+ HepB-1&quot;)</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT-2 + OPV-2(+ HepB-2&quot;)</td>
</tr>
<tr>
<td>14 weeks</td>
<td>DPT-3 + OPV-3(+ HepB-3&quot;)</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles + Vitamin A</td>
</tr>
<tr>
<td>16-18 months</td>
<td>DPT Booster + OPV + Vitamin A</td>
</tr>
<tr>
<td>60 months</td>
<td>DT</td>
</tr>
</tbody>
</table>

**PROPHYLACTIC VITAMIN A**

Give a single dose of vitamin A:
- 100,000 IU at 9 months with measles immunization
- 200,000 IU at 16-18 months with DPT Booster
- 200,000 IU at 24 months
- 200,000 IU at 30 months
- 200,000 IU at 36 months

**PROPHYLACTIC IFA**

Give 20 mg elemental iron + 100 mcg folic acid (one tablet of Pediatric IFA or 5 ml of IFA syrup or 1 ml of IFA drops) for a total of 100 days in a year after the child has recovered from acute illness. If:
- The child is 6 months of age or older, and
- Has not received Pediatric IFA Tablet/syrup/drops for 100 days in last one year.

* A child who needs to be immunized should be advised to go for immunization the day vaccines are available at AW/SC/PHC

** ASSESS OTHER PROBLEMS**

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED after first dose of an appropriate antibiotic and other urgent treatments.

Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Child.
**Give These Treatments in Clinic Only**

### 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 Dose: 40 mg per kg</th>
</tr>
</thead>
<tbody>
<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 Quinine for Severe Malaria

**For Children Being Referred with Very Severe Fibrile Disease:**
- Check which quinine formulation is available in your clinic.
- Give first dose of intramuscular quinine and refer child urgently to hospital.

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

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

*quinine salt

### Plan C: Treat Severe Dehydration Quickly

**Follow the Arrows. If Answer is "Yes", Go Across. If "No", Go Down.**

#### START HERE
Can you give intravenous (IV) fluid immediately?

- **YES**
  - Start IV fluid immediately. If the child can drink, give ORS by mouth while the drip is set up. Give 100 ml/kg Ringer's Lactate Solution (or, if not available, normal saline), divided as follows:
    - **Infants (under 12 months):**
      - First give 30 ml/kg in:
        - 1 hour*
        - Then give 70 ml/kg in:
          - 5 hours
    - **Children (12 months up to 5 years):**
      - 30 minutes*
      - Then give 70 ml/kg in:
        - 2 1/2 hours
      - 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

- **NO**
  - Is IV treatment available nearby (within 30 minutes)?
    - **YES**
      - Refer URGENTLY to hospital for IV treatment.
      - If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip.
    - **NO**
      - Are you trained to use a naso-gastric (NG) tube for rehydration?
        - **YES**
          - Start rehydration by tube (or mouth) with ORS solution: give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).
          - Reassess the child every 1-2 hours:
            - If there is repeated vomiting or increasing abdominal distension, give the fluid more slowly.
            - If hydration status is not improving after 3 hours, send the child for IV therapy.
          - After 6 hours, reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.
        - **NO**
          - Refer URGENTLY to hospital for IV of NG 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.
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 an Appropriate Oral Antibiotic
- **FOR PNEUMONIA, ACUTE EAR INFECTION (OR FOR VERY SEVERE DISEASE IF INJECTABLE CHLORAMPHENICOL IS NOT AVAILABLE):**
  - **FIRST-LINE ANTIBIOTIC:** COTRIMOXAZOLE
  - **SECOND-LINE ANTIBIOTIC:** AMOXICILLIN

<table>
<thead>
<tr>
<th>COTRIMOXAZOLE</th>
<th>AMOXICILLIN*</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIMETHOPRIM + SULPHAMETHOXAZOLE</td>
<td>GIVE THREE TIMES DAILY FOR 5 DAYS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>ADULT TABLET</th>
<th>PEDIATRIC TABLET</th>
<th>SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 12 months (4 - &lt;10 kg)</td>
<td>80 mg trimethoprim + 400 mg sulphaemethoxazole</td>
<td>20 mg trimethoprim + 100 mg sulphaemethoxazole</td>
<td>40 mg trimethoprim + 200 mg sulphaemethoxazole per 5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10 - 19 kg)</td>
<td>1</td>
<td>3</td>
<td>7.5 ml</td>
</tr>
</tbody>
</table>

* Oral Amoxicillin can be given in VERY SEVERE DISEASE if it is not possible to administer injectable Chloramphenicol.

### Give Paracetamol for High Fever (≥ 38.5°C) or Ear Pain
- Give a single dose of paracetamol in the clinic.
- Give 3 additional doses of paracetamol for use at home every 6 hours until high fever or ear pain is gone.

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

### Give Zinc
- For persistent diarrhoea give zinc sulphate (20 mg elemental zinc) daily for 14 days.

<table>
<thead>
<tr>
<th>ZINC TABLET</th>
<th>ZINC SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tablet</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

### Give Vitamin A
- Give single dose in the clinic in Persistent Diarrhoea & Severe Malnutrition.
- Give two doses in Measles (Give first dose in clinic and give mother one dose to give at home the next day).

<table>
<thead>
<tr>
<th>VITAMIN A SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
</tr>
<tr>
<td>Up to 6 months</td>
</tr>
<tr>
<td>6 months up to 12 months</td>
</tr>
<tr>
<td>12 months up to 5 years</td>
</tr>
</tbody>
</table>

### Give Iron & Folic Acid therapy
- Give one dose daily for 14 days.

<table>
<thead>
<tr>
<th>IFA TABLET</th>
<th>IFA SYRUP</th>
<th>IFA DROPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERRIC SULFATE 100 mg &amp; FOLIC ACID 100 mcg (20 mg elemental iron)</td>
<td>Ferrous Sulphate 100 mg &amp; Folic acid 0.5 mg per 5 ml (20 mg elemental iron per ml)</td>
<td>Ferrous Ammonium Citrate 20 mg of elemental iron &amp; Folic Acid 0.2 mg per 1 ml</td>
</tr>
<tr>
<td>AGE or WEIGHT</td>
<td>IFA PEDIATRIC TABLET</td>
<td>IFA SYRUP</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>2 months up to 4 months (4 - &lt;6 kg)</td>
<td>1 tablet</td>
<td>1.00 ml (&lt; 1/4 tsp)</td>
</tr>
<tr>
<td>4 months up to 12 months (6 - &lt;10 kg)</td>
<td>1 tablet</td>
<td>1.25 ml (1/4 tsp)</td>
</tr>
<tr>
<td>12 months up to 3 years (10 - &lt;14 kg)</td>
<td>1 tablet</td>
<td>2.00 ml (&lt;1/2 tsp)</td>
</tr>
<tr>
<td>3 years up to 5 years (14 - 19 kg)</td>
<td>2 tablets</td>
<td>2.5 ml (1/2 tsp)</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 Oral Antimalarials for HIGH malaria risk areas

**FIRST-LINE ANTIMALARIAL:** CHLOROQUINE  
**SECOND-LINE ANTIMALARIAL:** SULPHADOXINE (OR SULPHALENA) PLUS PYRIMETHAMINE*

* First line treatment in areas with High Resistance to Chloroquine

**PRESCRIPTIVE TREATMENT:** Give to all children classified as MALARIA for 3 days

<table>
<thead>
<tr>
<th>Age</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chloroquine</td>
<td>Primaquin</td>
<td>Chloroquine</td>
</tr>
<tr>
<td></td>
<td>Tablet (150 mg base)</td>
<td>Syrup (50 mg base per 5 ml)</td>
<td>Tablet (2.5 mg base)</td>
</tr>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>1/2</td>
<td>7.5 ml</td>
<td>0</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
<td>15 ml</td>
<td>3</td>
</tr>
</tbody>
</table>

**RADICAL TREATMENT:** Give ONLY if blood smear is *P. vivax* positive; no radical treatment is required if *P. falciparum* smear positive.

<table>
<thead>
<tr>
<th>Age</th>
<th>Daily dose for 5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primaquine Tablet 2.5 mg base</td>
</tr>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>0</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
</tr>
</tbody>
</table>

**PRIMAQUIN SHOULD NOT BE GIVEN TO CHILDREN UP TO 1 YEAR AND DURING PREGNANCY.**

### Give Oral Antimalarials for LOW malaria risk areas

**FIRST-LINE ANTIMALARIAL:** CHLOROQUINE  
**SECOND-LINE ANTIMALARIAL:** SULPHADOXINE (OR SULPHALENA) PLUS PYRIMETHAMINE*

* First line treatment in areas with High Resistance to Chloroquine

**PRESCRIPTIVE TREATMENT:** Give to all children classified as malaria for 1 day

<table>
<thead>
<tr>
<th>Age</th>
<th>Day 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chloroquine</td>
</tr>
<tr>
<td></td>
<td>Tablet (150 mg base)</td>
</tr>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>1/2</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
</tr>
</tbody>
</table>

**RADICAL TREATMENT:** Give only if smear is positive for malarial parasite

If blood smear is *P.falciparum* positive

<table>
<thead>
<tr>
<th>AGE</th>
<th>Single dose of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chloroquine</td>
</tr>
<tr>
<td></td>
<td>Tablet (150 mg base)</td>
</tr>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>1/2</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
</tr>
</tbody>
</table>

If blood smear is *P.vivax* positive

<table>
<thead>
<tr>
<th>Age</th>
<th>Chloroquine Single dose</th>
<th>Primaquin Daily dose for 5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tablet (150 mg base)</td>
<td>Syrup (50 mg base per 5 ml)</td>
</tr>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>1/2</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
<td>15 ml</td>
</tr>
</tbody>
</table>

### SECOND LINE ANTIMALARIAL:

<table>
<thead>
<tr>
<th>Age</th>
<th>Sulpha (500 mg)- pyrimethamine (25 mg) tablet single dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>1/4</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
</tr>
</tbody>
</table>

### SECOND LINE ANTIMALARIAL:

<table>
<thead>
<tr>
<th>Age</th>
<th>Sulpha (500 mg)- pyrimethamine (25 mg) tablet single dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>1/4</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>1</td>
</tr>
</tbody>
</table>
TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

➢ Soothe the Throat, Relieve the Cough with a Safe Remedy if the infant is 6 months or older

- Safe remedies to recommend:
  - Continue Breastfeeding
  - Honey, tulsi, ginger, herbal teas and other safe local home remedies

- Harmful remedies to discourage:
  - Preparations containing opiates, codeine, ephedrine and atropine

➢ 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.

- 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 young infant’s ear.
  - Remove the wick when wet.
  - Replace the wick with a clean one and repeat these steps until the ear is dry.

GIVE EXTRA FLUID FOR DIARRHOEA

➢ 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</td>
<td>&lt; 6 kg</td>
<td>6 - &lt; 10 kg</td>
<td>10 - &lt; 12 kg</td>
<td>12 - 19 kg</td>
</tr>
<tr>
<td>In ml</td>
<td>200 - 400</td>
<td>400 - 700</td>
<td>700 - 900</td>
<td>900 - 1400</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 water during this period.

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

➢ AFTER 4 HOURS:
- Reassess the child and classify the child for dehydraton.
- 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 2 packets 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
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:
- If the child is exclusively breastfed: Breastfeed frequently and for longer at each feed. If passing frequent watery stools:
  - For less than 6 months age give ORS and clean, preferably boiled, water in addition to breast milk
  - If 6 months or older give one or more of the home fluids in addition to breast milk.
- If the child is not exclusively breastfed: Give one or more of the following home fluids; ORS solution, yoghurt drink, milk, lemon drink, rice or pulses-based drink, vegetable soup, green coconut water or plain 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:

<table>
<thead>
<tr>
<th>Age</th>
<th>Extra Fluid Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 2 years</td>
<td>50 to 100 ml after each loose stool</td>
</tr>
<tr>
<td>2 years or more</td>
<td>100 to 200 ml after each loose stool</td>
</tr>
</tbody>
</table>

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

2. CONTINUE FEEDING

3. WHEN TO RETURN

See COUNSEL THE MOTHER chart

IMMUNIZE EVERY SICK CHILD, AS NEEDED
COUNSEL THE MOTHER

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?
  - 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?
**COUNSEL THE MOTHER**

## 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 any other foods or fluids not even water

*Remember:*
- Continue breastfeeding if the child is sick

### 6 Months up to 12 Months
- Breastfeed as often as the child wants.
- Give at least one katori serving* at a time of:
  - Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - Offer banana/biscuit/cheeko/mango/papaya

*3 times per day if breastfed; 5 times per day if not breastfed.

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

### 12 Months up to 2 Years
- Breastfeed as often as the child wants.
- Offer food from the family pot
- Give at least 1 1/2 Katori serving* at a time of:
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - Offer banana/biscuit/cheeko/mango/papaya

*5 times per day.

*Remember:*
- Sit by the side of child and help him to finish the serving
- Wash your child’s hands with soap and water every time before feeding

### 2 Years and Older
- Give family foods at 3 meals each day.
- Also, twice daily, give nutritious food between meals, such as: banana/biscuit/cheeko/mango/papaya as snacks

*Remember:*
- Ensure that the child finishes the serving
- Teach your child wash his hands with soap and water every time before feeding

---

**Feeding Recommendations For a Child who Has PERSISTENT DIARRHOEA**

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yogurt OR
  - replace half the milk with nutrient-rich semisolid food.
  - Add cereals to milk (Rice, Wheat, Semoline)
- 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 6 months old and is taking other milk or foods:
  - Build mother’s confidence that she can produce all the breastmilk that the child needs.
  - Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.

  If other milk needs to be continued, counsel the mother to:
  - Breastfeed as much as possible, including at night.
  - Make sure that other milk is a locally appropriate dairy/animal milk.
  - 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.

- 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, yoghurt drinks or clean water.

**FOR CHILD WITH DIARRHOEA:**
- Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on TREAT THE CHILD chart.

➤ **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>DYSENTERY MALARIA, if fever persists</td>
<td></td>
</tr>
<tr>
<td>FEVER-MALARIA UNLIKELY, if fever persists</td>
<td></td>
</tr>
<tr>
<td>MEASLES WITH EYE OR MOUTH COMPICATIONS</td>
<td></td>
</tr>
<tr>
<td>DIARRHOEA, if not improving</td>
<td>5 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>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:

| 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            |
|                                      | • Blood in stool                 |
| If child has Diarrhoea, also return if: | • Drinking poorly                |

**NEXT WELL-CHILD VISIT**

Advise mother when to return for next immunization according to immunization schedule.
GIVE FOLLOW-UP CARE FOR THE SICK CHILD

- 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 indrawing or a general danger sign, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer URGENTLY to hospital.
- If breathing rate, fever and eating are the same, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)
- If breathing slower, less fever, or eating better, complete the 5 days of antibiotic.

**DIARRHOEA**

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

Treatment:
- If diarrhoea persists, Assess the child for diarrhoea (>See ASSESS & CLASSIFY chart) and manage as on initial visit.
- If diarrhoea has stopped (child having less than 3 loose stools per day), tell the mother to follow the usual feeding recommendations for the child’s age.

**DYSENTERY**

After 2 days:
Assess the child for diarrhoea.  > See ASSESS & CLASSIFY chart.
Ask:
- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:
- If the child is dehydrated, treat 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 in your area. Give it for 5 days. Advise the mother to return in 2 days.
  
  Exceptions - if the child:
  - is less than 12 months old, or
  - had measles within the last 3 months } 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.
- If number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse after treatment with nalidixic acid/second line drug: Refer to hospital.

**PERSISTENT DIARRHOEA**

After 5 days:
Ask:
- Has the diarrhea 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. Continue oral zinc for a total of 14 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.

MALARIA (Low or High Malaria Risk)

If fever persists after 2 days, or returns within 14 days:
Do a full reassessment of the child. > See ASSESS & CLASSIFY chart.
Assess for other causes of fever.

Treatment:
- If the child has any general danger sign or stiff neck, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any cause of fever other than malaria, provide treatment.
- If malaria is the only apparent cause of fever:
  - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists. Continue Primaquine if P. vivax was positive for a total of 5 days.
  - If fever has been present for 7 days, refer for assessment.

MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:
Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Check for foul smell from 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.

FEVER-MALARIA UNLIKELY (Low Malaria Risk)

If fever persists after 2 days:
Do a full reassessment of the child. > See ASSESS & CLASSIFY chart.
Assess for other causes of fever.

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

EAR INFECTION

After 5 days:
Reassess for ear problem. > See ASSESS & CLASSIFY chart.
Measure the child's temperature.

Treatment:
- If there is tender swelling behind the ear or high fever (38.5°C or above), refer URGENTLY to hospital.
- Acute ear infection: if ear pain or discharge persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- Chronic ear infection: Check that the mother is wicking the ear correctly. If ear discharge getting better encourage her to continue. If no improvement, refer to hospital for assessment.
- 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

➤ 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.

FEEDING PROBLEM

After 5 days:
Reassess feeding. ➤ See questions at the top of the COUNSEL chart. Ask about any feeding problems found on the initial visit.

➤ Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
➤ If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

VERY LOW WEIGHT

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

Treatment:
➤ If the child is no longer very low weight for age, praise the mother and encourage her to continue.
➤ If the child is still very low weight for age, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.

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

ANAEMIA

After 14 days:
➤ Give iron folic acid. Advise mother to return in 14 days for more iron folic acid.
➤ Continue giving iron folic acid every 14 days for 2 months.
➤ If the child has palmar pallor after 2 months, refer for assessment.
**MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS**

**Name:** __________________________  **Age:** ______  **Weight:** ______ kg  **Temperature:** ______°C  **Date:** __________

**ASK:** What are the infant's problems?  __________  **Initial visit?** ______  **Follow-up Visit?** ______  

**ASSESS** (Circle all signs present)

**CLASSIFY**

### CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE

- **Has the infant had convulsions?**
  - 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 feel for bulging fontanelle.
  - Look for pus draining from the ear.
  - Look at the umbilicus. Is it red or draining pus?
  - Look for skin pustules. Are there 10 or more pustules or a big boil?
  - Measure axillary temperature (If not possible, feel for fever or low body temperature):
    - 37.5°C or more (or feels hot)?
    - Less than 35.5°C ?
    - Less than 36.5°C but above 35.4°C (or feels cool to touch)?
  - See if young infant is lethargic or unconscious
  - Look at young infant's movements. Less than normal?
  - Look for jaundice. Are the palms and soles yellow?

### DOES THE YOUNG INFANT HAVE DIARRHOEA?

- **For how long?** ______ Days.
- **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

### THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION

- **Is there any difficulty feeding?**  Yes ___ No ___
  - Determine weight for age. Very low ___ Low ___ Not Low ___
- **Is the infant breastfed?** Yes _____ No ___
  - If Yes, how many times in 24 hours? ______ times
- **Does the infant usually receive any other foods or drinks?**  Yes ___ No ___
  - If Yes, how often?
- **What do you use to feed the infant?**

**If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks,** or is low weight for age AND has no indications to refer urgently to hospital:

**ASSESS BREASTFEEDING:**

- **Has the infant breastfed in the previous hour?**
  - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
  - **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 ___
    - **no attachment at all**  **not well attached**  **good attachment**
  - **Is the infant suckling effectively** (that is, slow deep sucks, sometimes pausing)?
    - **not sucking at all**  **not sucking effectively**  **suckling effectively**
  - **Look for ulcers or white patches in the mouth (thrust).**

- **Does the mother have pain while breastfeeding?**
  - If yes, than look for:
    - Flat or inverted nipples, or sore nipples
    - Engorged breasts or breast abscess

### CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPV 0</td>
<td>OPV 1</td>
</tr>
<tr>
<td>HEP-B 1</td>
<td></td>
</tr>
</tbody>
</table>

Circle immunizations needed today.

**Return for next immunization on:**

<table>
<thead>
<tr>
<th>(Date)</th>
</tr>
</thead>
</table>

### ASSESS OTHER PROBLEMS:
Return for follow up in:

Advise mother when to return immediately.

Give any immunizations needed today:

Counsel the mother about her own health.
**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

<table>
<thead>
<tr>
<th>Name: ____________________</th>
<th>Age: _____</th>
<th>Weight: _____ kg</th>
<th>Temperature: _____ °C</th>
<th>Date: ____________________</th>
</tr>
</thead>
</table>

**ASK:** What are the child's problems?

<table>
<thead>
<tr>
<th>Initial visit?</th>
<th>Follow-up Visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHECK FOR GENERAL DANGER SIGNS**
- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS

**LETHARGIC OR UNCONSCIOUS**

**CLASSIFY**

<table>
<thead>
<tr>
<th>General danger sign present?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Remember to use danger sign when selecting classifications.

**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.

**DOES THE CHILD HAVE DIARRHOEA?**
- Yes | No |
- For how long? _____ Days
- Is there blood in the stool?
- Look at the child's general condition. Is the child:
  - Lethargic or unconscious
  - Restless and irritable
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
    - Pinch the skin of the abdomen. Does it go back:
      - Very slowly (longer than 2 seconds)?
      - Slowly?

**DOES THE CHILD HAVE FEVER?** (by history/feels hot/temperature 37.5°C or above)
- Yes | No |
- Decide Malaria Risk: High | Low |
- Fever for how long? _____ Days
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

If the child has measles now or within the last 3 months:
- Look or feel for stiff neck.
- Look and feel for bulging fontanelle.
- Look for runny nose
- Look for signs of MEASLES:
  - Generalized rash
  - One of these: cough, runny nose, or red eyes
- Look for mouth ulcers
- If Yes, are they deep and extensive
- Look for pus draining from the eye
- Look for clouding of the cornea.

**DOES THE CHILD HAVE AN EAR PROBLEM**
- Yes | No |
- Is there ear pain?
- Is there ear discharge?
- If Yes, for how long? _____ Days
- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

**THEN CHECK FOR MALNUTRITION**
- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine weight for age.
- Very Low | Not Very Low |

**THEN CHECK FOR ANAEMIA**
- Look for palmar pallor.
- Severe palmar pallor? Some palmar pallor? No pallor?

**CHECK THE CHILD'S IMMUNIZATION, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID STATUS**

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
<th>DPT 3</th>
<th>DPT (Booster)</th>
<th>DT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPV 0</td>
<td>OPV 1</td>
<td>OPV 2</td>
<td>OPV 3</td>
<td>OPV</td>
<td>IFA</td>
</tr>
<tr>
<td>HEP-B 1</td>
<td>HEP-B 2</td>
<td>HEP-B 3</td>
<td>MEASLES</td>
<td>VITAMIN A</td>
<td></td>
</tr>
</tbody>
</table>

Return for next immunization or vitamin A or IFA supplement on:

(Date) ____________________

**ASSESS CHILD'S FEEDING**

If child has VERY LOW WEIGHT or ANAEMIA 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 foods or fluids?

How many times per day? _____ times. What do you use to feed the child and how?

How large are the servings?

Does the child receive his own serving? | Yes | No |
Who feeds the child and how?

During this illness, has the child's feeding changed? | Yes | No |
If Yes, how?