

# NATIONAL STANDING ORDERS

FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS



COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA



2024



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FOR JUNIOR COMMUNITY HEALTH EXTENSION WORKERS



**Revised By:**

COMMUNITY HEALTH PRACTITIONERS'  
REGISTRATION BOARD OF NIGERIA  
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2024

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# FOREWORD

In today's dynamic healthcare landscape, the quest for quality and uniformity of care at the primary health care level remains paramount. It is with great pleasure that the Community Health Practitioners Registration Board of Nigeria [CHPRBN] presents the 2024 revised National Standing Orders for Junior Community Health Extension Workers (JCHEWs). It is a comprehensive set of standard operational guidelines meticulously crafted through the collaborative efforts of the reputable regulatory establishment, principally supported by the USAID/Nigeria through its Health Workforce Management Activity, the Federal Ministry of Health, the National Primary Health Care Development Agency [NPHCDA], and other Pertinent MDAs.

The significance of the National Standing Orders cannot be overstated. As a guiding framework that links Communities and the national health system, it serves as a cornerstone in ensuring consistency and excellence in healthcare practices across the nation. By providing clear protocols and procedural guidelines, it empowers Junio Community Health Extension Workers to deliver services of the highest standard, thereby enhancing positive Community health outcomes.

Accordingly, the National Standing Orders foster a culture of accountability and professionalism within the Community Health Profession. By adhering to established guidelines, Junior Community Health Extension Workers uphold ethical standards and demonstrate their commitment to providing safe and effective care to all individuals, regardless of their socio-economic status or geographic location.

Furthermore, this document has been painstakingly compiled to serve as a tool for capacity building and continuous improvement. Through regular updates and revisions, it reflects the latest advancements in healthcare and best practices, equipping healthcare providers with the knowledge and skills necessary to adapt to evolving healthcare needs and challenges.

In essence, the National Standing Orders epitomize our collective commitment to advancing healthcare delivery and safeguarding the well-being of our citizens. It is our fervent hope that this document will serve as a catalyst for positive change and contribute significantly to the achievement of national health objectives. Therefore, I strongly endorse the 2024 edition of the National Standing Orders to the Junior Community Health Extension Workers, to provide quality, affordable, and uniformity of care within the national health system. Predominantly, I extend our deepest appreciation to all those who have contributed to this review, recognizing their dedication and expertise in shaping the future of healthcare in Nigeria. It is my ardent hope and trust that Community Health Extension Workers will appreciate the huge efforts put in place for this review by reciprocating with strict adherence to this national document and demonstrating a high sense of responsibility

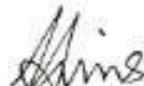
**Dr.Tunji Alausa**  
**Hon. Minister of state for Health**  
**August,2024**

## ACKNOWLEDGEMENT

The review and production of the 2024 edition were made possible by USAID/Nigeria through its Health Workforce Management Activity. The regulatory establishment [CHPRBN] reviewed this document through collaborative support from the Federal Ministry of Health, the National Primary Health Care Development Agency [NPHCDA], and other critical stakeholders. The Board acknowledged all the sources of materials used in this publication.

The main objective of the National Standing Orders is to ensure quality, affordable, and uniform care, especially at the Primary Health Care level, provided by Community Health Practitioners. The review committee deserves a high level of commendation for the effort they put into the review process of this important document. Their dedication and collaboration have been instrumental in achieving the overarching objective of ensuring quality, affordable, and uniform care for individuals, families, and communities.

In light of the foregoing and the spirit of collaboration, I am pleased to extend sincere heartfelt appreciation to all contributors to this revised edition. Indeed, your invaluable contributions will undoubtedly benefit countless individuals and communities in Nigeria. Your partnership exemplifies the spirit of collective effort in advancing healthcare delivery and promoting the well-being of our dear citizens.



**Dr. Bashir Idris, RCHP, FIPHP [Lifidin Jama'a]**  
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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

## FEEDBACK AND SUPPORT CONTACT

We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

### HOW TO PROVIDE FEEDBACK

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

Online Form: Please fill out your structured feedback using the google form via this link

**SECTION ONE****THE NEWBORN**  
**(BIRTH – 28 DAYS)**



## 1.1 THE NEWBORN

A newborn is a baby 0-28 days old. They will cry and breathe without help if they are cared for in a safe way. A normal baby is able to establish spontaneous and normal respiration or cries immediately after birth. The baby should be able to adapt well to its new environment (extra-uterine) with minimal medical attention. When a baby is just crying, you know he is breathing; so, crying is usually a good sign in a newborn. As the baby's breathing improves, their skin will become pink. This is good sign to look out for. The newborn infant may be tired and weak from the strain of being born or the baby may be born with some sickness. So, you must always observe the newborns carefully and handle them gently with clean hands. It is not good to slap the baby on any part of their body.

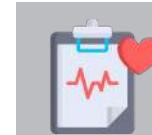
Newborn babies are wet, and they get cold easily. Keep them dry and well wrapped. Mothers should be encouraged to bring their babies for visits while they are well; monthly in the first two (2) years of life, every 3 months thereafter until age of 5 years and subsequently when necessary. They should also be encouraged to immunize their babies as soon as possible and continue until they are fully immunized.



### SECTION 1.1.1

## IMMEDIATE CARE OF THE NEWBORN

It is imperative to cleanse one's hands both prior to and subsequent to tending to an infant.



## HISTORY

- Did Mother attend ANC?
- Was pregnancy and birth normal
- Where was the baby delivered
- How was the baby delivered? Vaginal, Caesarean etc.
- Did the baby cry immediately after birth
- Was the baby put to breast within 30 minutes after birth



## EXAMINATIONS

- Wash hand using accepted techniques
- APGAR score; Record.

A = Appearance (Colour) – Observe the baby's skin colour whether pink, bluish or pale.

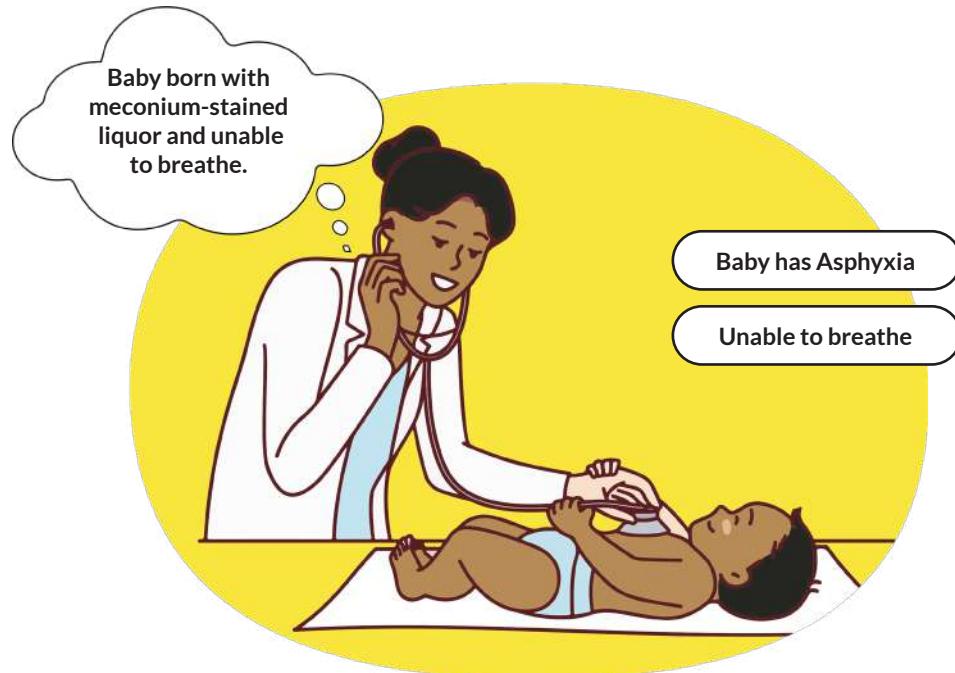
P = Pulse (Heart rate) – The heart rate is counted per min. (what is the normal rate?)

G = Grimace (Reflex response) – The baby's response to external stimuli is observed by the facial expression.

A = Activity (Muscle tone) – Spontaneous movement of limbs and on stimulation is observed.

R = Respiration (Respiratory effort) – Observe chest and abdominal movement with respiratory excursion. (what is the normal rate?)

## FIRST ONE HOUR



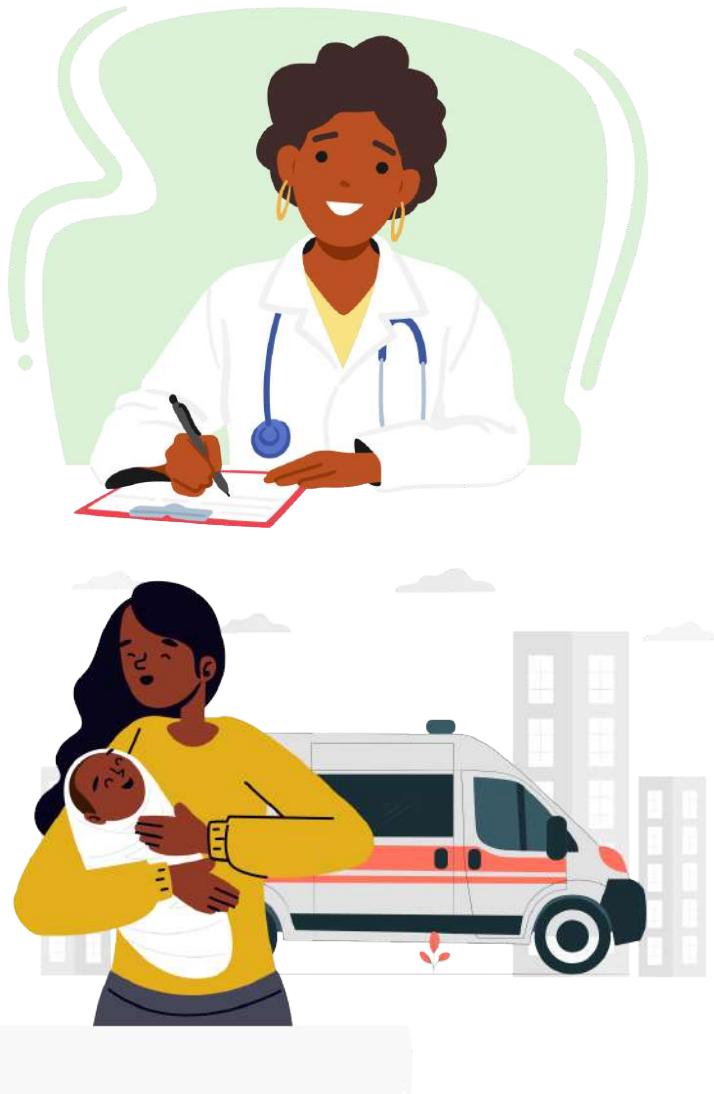
- Maintain the temperature of newborn Keep warm; initiate skin to skin with mother, wear cap and cover a clean dry cloth within one hour after birth Put the baby on mother's breast, and initiate breast feeding within 30 minutes after birth
- Ensure the room temperature is at least 25°C -28°C to help keep the baby warm.  
Keep baby away from direct sunlight
- Eye Care; Apply 5% Erythromycin eye ointment  
Cord Care:  
Wash hands with soap and water before and after cord care  
Cut the baby cord between 1 – 3 minutes after birth and apply 4% Chlorhexidine (7.1% Chlorhexidine Digluconate) gel in 25g tube to umbilical cord once daily until cord stumps falls off.  
Do not cover with dressing or diaper  
Do not apply methylated spirit or other medications or substance such as toothpaste, salt engine oil and cow dung  
Delay bathing baby for the first 24 hours of life.
- Prevent haemorrhagic disease of the newborn – give IM Vitamin K1 into the anterolateral thigh (dose – 1mg for babies >1.5kg and 0.5mg for babies <1.5kg)
- Document your findings in the baby's note
- Give Mother/Care Giver guidance for home care:
  - a. Register birth. Practice exclusive breastfeeding for six months. Recognize and manage common breast problems
  - d. Practice hand washing
  - e. Monitor closely for neonatal jaundice and recognize other danger signs and present at the health facility
  - f. Complete immunization schedule as in the child health card
- At discharge give the mother and Care Giver the National Pictorial Newborn Discharge Guide Information Leaflet for basic instructions, where available.

## UNABLE TO BREATHE



- Put the baby on a ventilation table and Immediately commence Neonatal resuscitation (Helping Babies Breathe within a minute.) through the following ways:
  - i.position the head and neck of the baby to open the airway
  - ii.Clear secretions from the airway using the mucous bulb extractor
  - iii.Dry newborn, stimulate and re-position
  - iv. Assist the baby to breathe using the bag and mask, making sure you are using the right sized mask and bag.
- Ensure numbers i, ii, iii and iv are done within 1 minute for the baby who is unable to breathe at birth
- DO NOT handle the baby upside down, slap the feet or pinch the chest.
- If baby fails to breathe, continue to ventilate and REFER to a higher-level facility for advanced care.
- If baby begins to breathe and cry:
  - a.check if baby is fast breathing (two counts of 60 breaths or more in one minute) and
  - b.check for high temperature (37.5°C or more) or very low
  - c.continue with other newborn care steps under "Normal baby" above
  - d.Continue to care for babies who are crying
- Do not remove vernix or bathe baby until at least 24 hours after birth
- Continue to keep baby warm and in skin-to-skin contact with mother
- Encourage mother to initiate breast feeding within 30 minutes of birth (offer help)
- Do not give artificial teats or pre-lacteal feeds to the newborn (no water, sugar water or local feeds)
- Examine newborn 1 hour after delivery of placenta

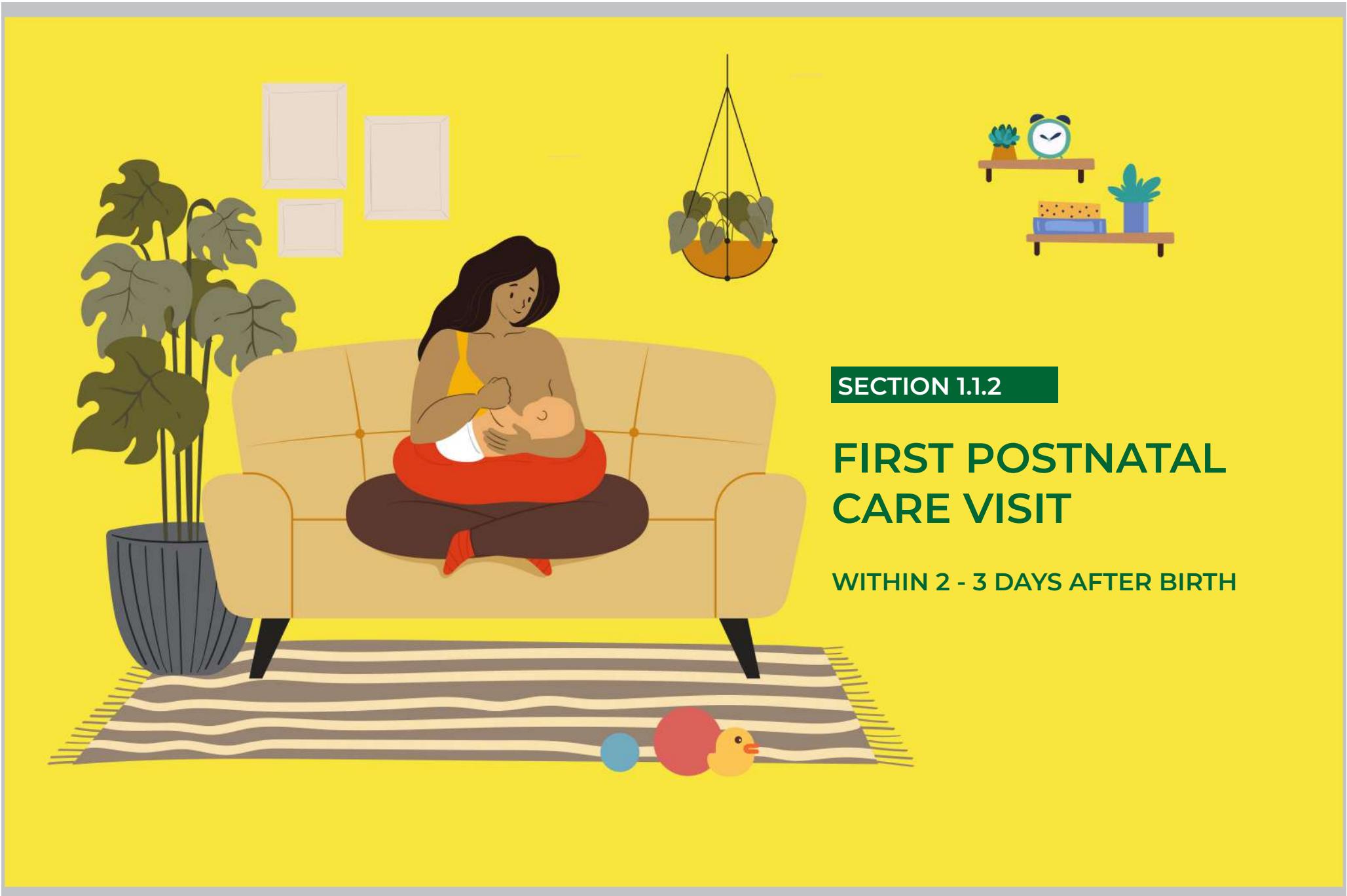
## AFTER 1 HOUR OF BIRTH



- A Carry out comprehensive clinical examination of the newborn within 60-90 minutes after birth, and ensure DOCUMENTATION of findings: 2. Specifically, record all observed danger signs seen in the newborn:  
Not feeding, poor feeding, vomiting –  
Lethargy –  
Respiratory distress, chest-in-drawing, nasal flaring –  
Fast breathing (breathing rate >60 per minute), grunting  
Low body temperature (38°C)  
Convulsions  
Any jaundice in first hour of life, or yellow palms and soles at any time AND REFER IMMEDIATELY for higher level of care
- Ensure Referral and follow-up to health facility
- Communicate/Liaise with health facility
- Fill out the community referral form (In triplicate)
- Assist to mobilize for transport (Emergency transport system)
- Keep newborn in skin-to-skin with the mother in Kangaroo Mother Care (KMC) position
- Express breast milk and feed baby with cup
- Practice and maintain hygiene
- Follow-up with the patients
- Complete neonatal examination record in JCHEW notes, sign and date it.
- Record all the findings in the newborn's registration books or chart prepared for the purpose.
- Record any discussion or advice given to Parents/Care givers.
- Record any congenital abnormality in the congenital abnormality registry, as applicable.
- Classify the newborn into normal or abnormal (specify problems identified)
- Educate Parents/Care givers to do the following:
  - a. Ensure baby does not have contact with wet or cold surfaces
  - b. Ensure a room temperature of at least 25°C - 28°C to help keep the baby warm but keep the baby away from direct sunlight
  - c. Ensure continuous breastfeeding whenever the baby shows signs of readiness to feed and be sure baby is feeding and sucking well.



- d. Ensure good positioning of the baby and good attachment during breastfeeding.
  - e. Ensure adequacy of feeds by feeding the baby every 2-3 hours or 8 -12 times a day.
  - f. Recognize, manage and prevent breastfeeding problems (such as:
    - I.Inverted nipples.
    - II.Breast engorgement (Very full, tight and shiny breasts)
    - III.Sore or cracked nipples (usually results from poor attachment or skin infection) , etc.
  - g. Always ensure baby is passing stools and urinating
  - h. Ensure baby has received immunizations – BCG, OPV0 and hepatitis B vaccine which should have been given within 24hours of delivery if this has not been done.
  - i. Ensure to commence post-partum family planning
  - j. Visit the health clinic for next immunization visit at 6 weeks
- Ensure adequate home care by:
  - a. Registering birth
  - b. Practicing exclusive breastfeeding for six months
  - c. Practicing hand washing
  - d. Monitoring baby closely for neonatal jaundice and recognizing other danger signs and visiting the health facility
  - e. Using only 4% chlorhexidine (7.1% chlorhexidine digluconate) gel in 25g tube for cord care
  - f. Completing immunization schedule as in the child health card
- Always supporting baby's head and neck and never shake or throw baby up, whether in play or in frustration.



### SECTION 1.1.2

## FIRST POSTNATAL CARE VISIT

WITHIN 2 - 3 DAYS AFTER BIRTH



## 1.1.2 FIRST POSTPARTUM HOME VISIT

The postnatal period begins immediately after the birth of a newborn, extending to six weeks after delivery. This period is crucial for the survival of the newborn. Proper care must be taken to avoid complications including death. The post-natal care visits days are 3, 5, 7, 9, 14, 21, 28. If the birth weight of the baby is normal ( $>2.5\text{kg}$ ), at least three home visits are required on days 3, 7 and 14. - If the birth weight of the baby is low ( $<2.5\text{kg}$ ), small baby, additional postnatal visit on day is required on day 2 thereby making it 4 visits in the first week on day 2, 3, 5 and 7.

Additional follow up visit on day 9, 14, 21 and 28 is needed  
First Postnatal Home visit 2-3 Days after the Birth of a newborn



## HISTORY

- Ask for the frequency of newborn breastfeeding (infants eat about every 1–3 hours)
- Ask for the number of times the Newborn wets the diaper in a day (should have about 6 wet diapers a day)
- Ask for the number of times in a day that the newborn stools (most newborns have 3 or 4 soft bowel movements a day)
- Ask for number of times the newborn sleeps in a day (A newborn may sleep 14 to 17 hours or more in 24 hours)
- Ask for the number of hours that the newborn sleeps between feedings (Newborns should not sleep more than 4 hours between feedings until they have good weight gain, usually within the first few weeks).
- Ask which of the actions below the mother has noticed in the child in the first 3-5days of the child's life
  - a.pay attention to faces or bright objects 8–12 inches (20–30 cm) away
  - b.respond to sound – they may quiet down, blink, turn head, startle, or cry
  - c.hold arms and legs in a flexed position
  - d.move arms and legs equally
  - e.lift head briefly when on stomach (babies should be placed on the stomach only while awake and under supervision)
  - f.have strong newborn reflexes, such as:
    - g.rooting and sucking turns toward, then sucks breast/bottle nipple
    - h.grasp: tightly grabs hold of a finger placed within the palm
    - i.straightens arm when the head is turned to that side and bends opposite arm
    - j.throws out arms and legs, then curls them in when startled (startle

response)

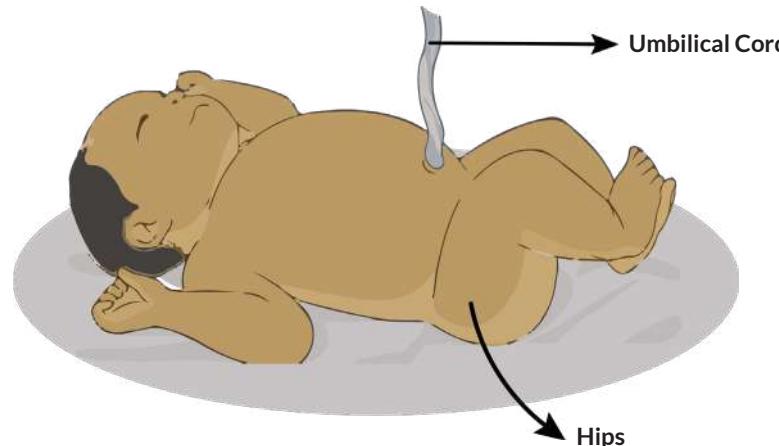
- Ask mother if she has commenced Post-partum Family Planning:
- Ask if the mother is experiencing low energy, fatigue, sleep, or appetite problems (then she may have postnatal blues)
- Other educational needs



## EXAMINATIONS

Perform comprehensive physical examination (PE) within 24 hours of birth, and within 72 hours of life

- Provide essential newborn care
- Assess for Danger signs and refer newborn to the health facility if any danger sign is seen/observed
- Check the baby's weight, length, and head circumference and plot the measurements on a growth chart.



- Check if Newborns seem hungry
- Watch as the mother breastfeeds the newborn and offer help with any problems.
- Let the mother undress the baby and conduct the following:
  - a.an eye exam,
  - b.listening to the
  - I.baby's heart and feeling pulses if readings are abnormal, refer
  - II.inspecting the umbilical cord If smelly or issuing pus, clean and apply Cord care daily using 4% chlorhexidine gel
  - III.checking the hips Note and observe abnormalities, and refer
  - IV.Physiologic jaundice



- Repeat Initial examinations done for the newborn within in the first 60-90 minutes of life as shown in II above



- Screening for:

- Congenital malformations, (Birth defects)
- Congenital heart diseases
- Congenital cataracts
- Cryptorchidism (Undescended Testicle)



## HEALTH EDUCATION

### Action/Activities to be Carried Out During Postnatal Care Visits

- Discourage harmful traditional care practices and Counsel the mother against these harmful practices including the following:
  - I.Cord care - Apply only Clorhexidine (CHX) and discourage the use of other substances such as toothpaste or Cow dung to the cord.
  - II.Colostrum is yellowish-coloured milk and should be given to the newborn because it protects the newborn from infection.
- Promote Exclusive Breast Feeding  
Exclusive breastfeeding means that a baby takes only breast milk with no additional foods or liquids, not even water (as breast milk is predominantly water), except medicine if necessary, for the first 6 months when complementary feeding begins. Baby should be breastfed 8 – 12 times per day and on demand. Tell the mother the advantages of breast milk which include:
  - It is the best food for the baby as it digests easily
  - It protects newborn from infection
  - It promotes bonding between the mother and the newborn
- Demonstrate good positioning and good attachment and discuss the importance of breastfeeding.
- Promote Immunization: Newborns are particularly vulnerable to infections. Immunization is an important way to protect an infant's health. They prevent illnesses and diseases and failure to immunize may put the infant at risk of serious illness or even death
- Check immunization status and educate on the importance of completing all the child's immunizations.
- Immunize newborns- Applicable for ONLY oral immunization Refer to the health facility for appropriate immunization
- Register birth (if not done already).
- Provide information on other scheduled visits –  
Second postnatal visit day 3 –

Third postnatal visit: day 7 –

Fourth visit: between day 14 – 21 –

Fifth visit: day 28 - Sixth visit: day 42 (6 weeks)

- Encourage caregivers to talk, sing, and play with the newborn.
- Educate and Counsell mother on Post-partum Family Planning:  
Family planning methods.  
Oral contraceptives (progesterone only.)  
Education on Long Acting Methods e.g. injectables and self-injectables including DMPA-SC.  
Long- acting and permanent methods (IUD/tubal ligation, implants)

## **PROVIDE FURTHER HEALTH EDUCATION TO THE NEWBORN MOTHER ON:**

### **A. ROUTINE CARE**

- Wash hands before handling the baby and avoid people who may be sick.
- Keep the diaper below the umbilical cord so the stump can dry.
- Give sponge baths with warm water until the umbilical cord falls off
- Use fragrance-free soaps and lotions.
- Hold the baby and be attentive to their needs.
- Sing, talk, and read to your baby and look directly to your baby's eyes and smile when breastfeeding . Provide ways for your baby to see, hear, move arms and legs freely, and to
- Call your Health care worker if your infant has a fever of 100.4°F (38°C),is acting sick, isn't eating, isn't peeing or pooping, looks yellow, or has increasing redness or pus around the umbilical cord or circumcision.
- Don't give medicine to an infant younger than 2 months old without talking to the health facility
- Breastfeed your baby.
- If you as a new mother feel intense tired, sad, moody, or anxious, call your Health worker.
- Talk to your health worker if you're worried about your living situation or don't have the things that you need to take care of your baby or have food, or a safe place to live. Your health worker can tell you about community resources or refer you to a social worker.
- Ensure you give your newborn six basic needs required: security, clothing, enough sleep, nutritious food, sensory stimulation, love, and attention

## B. SAFETY

- To reduce the risk of Sudden Infant Death Syndrome (SIDS):
  - a. Always place your baby to sleep on a firm, flat mattress on their back, and not on the stomach or side, in a crib or bassinet without any crib bumpers, blankets, quilts, pillows, or plush toys.
  - b. Let your baby sleep in your room or crib next to your bed until your baby's first birthday, or for at least 6 months, when the risk of SIDS is highest.
  - c. Avoid overheating by keeping the room temperature comfortable. Dress your baby for room temperature and don't cover your baby's head while they're sleeping. Watch for signs of overheating, such as sweating or feeling hot to the touch.
  - d. Don't let your baby fall asleep on a product that isn't specifically designed for sleeping babies, such as a sitting device (like a car seat), a feeding pillow
- Don't smoke or use e-cigarettes. Don't let anyone else smoke or vape around your baby.
- Always put your baby in a rear-facing car seat in the back seat. Never leave your baby alone in a car.
- While your baby is awake, don't leave your little one unattended, especially on high surfaces or in the bath.
- Never shake your baby — it can cause bleeding in the brain and even death. Call a friend, relative, or your healthcare provider for help.
- Avoid sun exposure by keeping your baby covered and, in the shade, when possible.  
Counsel and provide emotional support. Reassure her that this is usually a temporary condition that happens to some women who have given birth. It sometimes helps if women know that feeling depressed following the birth of a baby is normal and many women experience these feelings. Try and talk to the woman's family and explain to them the need for extra support at this time. Verify that she and the newborn are getting the care they need.



## SECTION 1.2

# NEWBORN WITHOUT COMPLAINT

HEALTHY BABY



## 1.2.1 NEWBORN WITHOUT COMPLAINT

The visit of a newborn without complaint, is a preventative health appointment with the baby's health caregiver with the goal of helping the baby to stay healthy in their earliest years, so they can grow into healthy adults. At this visit attention is focused on the total health and wellbeing of the baby, not limited to sickness, but based on the baby's age and unique needs.

This visit is very important and should always include screening for health problems, growth monitoring, and promotion. Health education about nutrition, immunization and protection from illness and other conditions as relevant to the family is given. Mothers should be encouraged to take their babies for visits monthly while they are well in the first two years of life and every 3 months thereafter until 5 years old, and once a year until the child reaches 21 years. These visits also provide opportunities to monitor mothers and talk to them about postpartum depression or anxiety.



## HISTORY

### BIRTH

- Was pregnancy and birth normal?
- Where was the child delivered?
- Did the child cry immediately after birth?
- Was the child put to breast within 30 minutes after birth?
- Was the child jaundiced (yellow) at any time?

### NUTRITION

- How have you been feeding the baby?
- Exclusive Breastfeeding? Supplementary feeding? If not exclusive breast feeding, what else?
- Soda: With whom does the baby live?
- Does mother work outside the home?
- Who looks after the baby when the mother is away?
- What is your source of water?
- What type of toilet do you use?
- Is your house screened against mosquitoes?
- Do you and the Child sleep under mosquito net or Insecticide Treated Net (ITN) everyday?

### MEDICAL

- Has the child had illness in the past? e.g. Yellow eyes (Jaundice), conjunctivitis, fever etc.
- What treatment was given? Where?
- Any illness or chronic cough in the family?
- Does the child have any problem now?



## EXAMINATIONS



**General appearance:**  
Obvious congenital abnormalities e.g. (mongolism, spina bifida, microcephaly, harelip)  
Crying, active, limp, floppy.



**Mouth:**  
ability to suck normally, abnormality (cleft upper palate)



**Arms and legs:**  
normal movement, deformity, fingers and toes (for extra or joined webbed fingers)



**Take blood pressure**



**Colour:**  
normal, pale, yellow, blue



**Spine:**  
swelling, opening, curvature



**Genitalia:**  
abnormality (check vaginal/penal opening, size of clitoris, both testes in scrotal sac), swelling, congenital hernia.



**Give appropriate childhood vaccines (will vary by age)**



**Weight:**  
weigh and chart.



**Temperature:**  
check and record.



**Anus:**  
open or closed.



**Development Milestone:**  
At birth sees and responds to voice, Neurological tests (muscle tone, moro, sucking, rooting and grasping reflexes)



**Head Circumference:**  
size, swelling, colour and texture of hair, fontanelle-depressed or bulging, sutures-normal or wide



**Chest:**  
breathing normally, respiratory rate (note if 60 per minute or more)



**Abdomen:**  
condition of cord, umbilical hernia.



**Measure heart rate**



**Eyes:**  
discharge (sticky), yellow, red



## HEALTH EDUCATION

### Encourage mothers to:

- a.Wash hands with soap and water (or use a hand sanitizer) before handling your baby.
- b.Support baby's head and neck.
- c.Never shake baby, whether in play or in frustration.
- d.Always fasten baby securely when using a carrier, stroller, or car seat
- e.Avoid rough play with newborns, such as jiggling them on the knee or throwing them in the air.
- f.Clean around the cord stump with plain water and blot dry until the stump dries up and falls off
- g.Feed babies whenever they seem hungry. Baby may show you they're hungry by crying, putting fingers in their mouth, or making sucking noises. A newborn baby needs to be fed every 2–3 hours
- h.Change the position of your baby's head from night to night (first right, then left, and so on). This helps prevent a flat spot from developing on one side of the head.
- Advice on Immunisation
- Discourage application of anything else apart from chlorhexidine gel on the cord
- Refer for nutrition counselling and food demonstration at 5 months.
- Remind the mother to take home-based records with her anytime she takes the baby to the clinic or hospital.

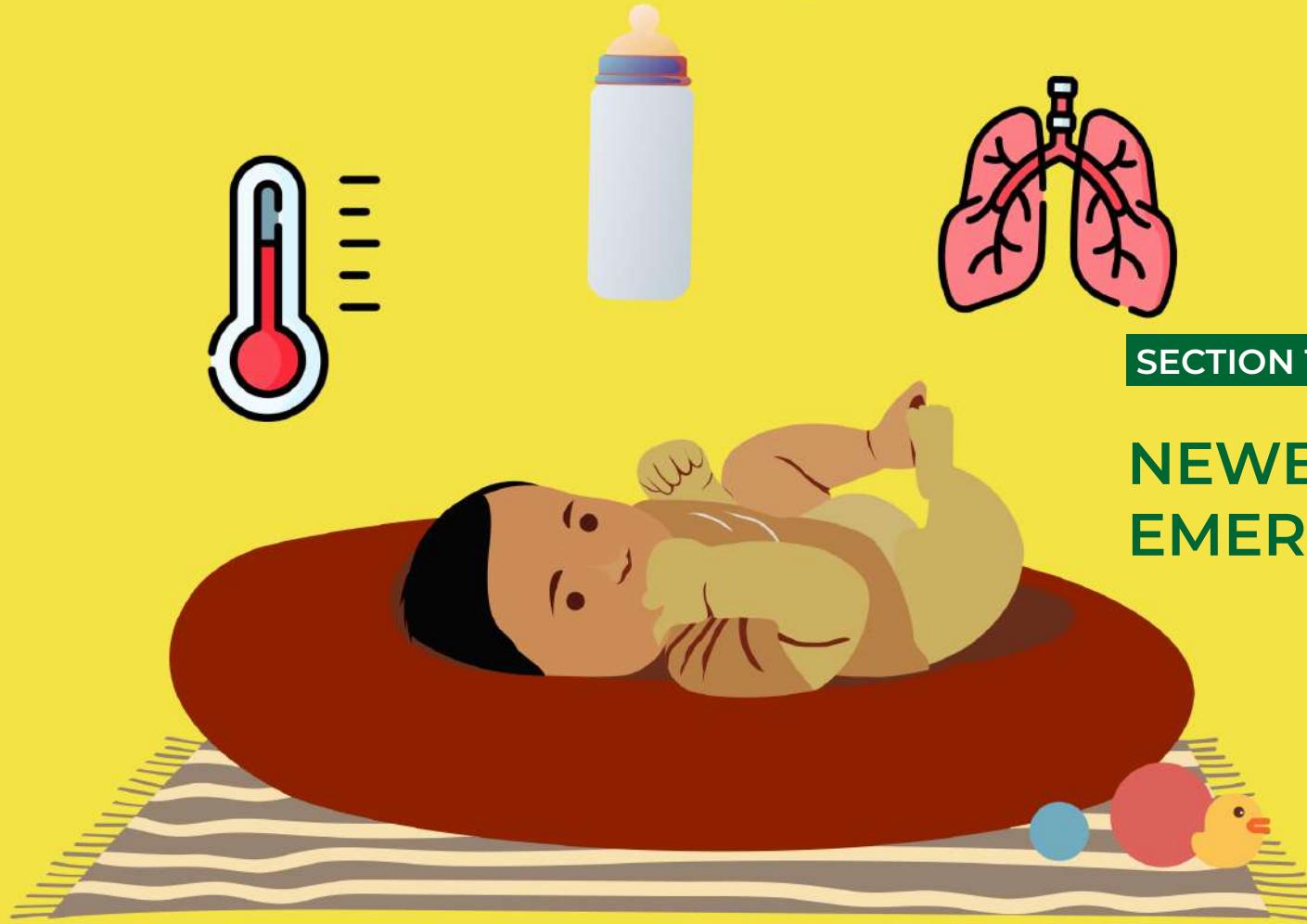
**APPENDICES:** FROM National Guidelines for Comprehensive Newborn Care

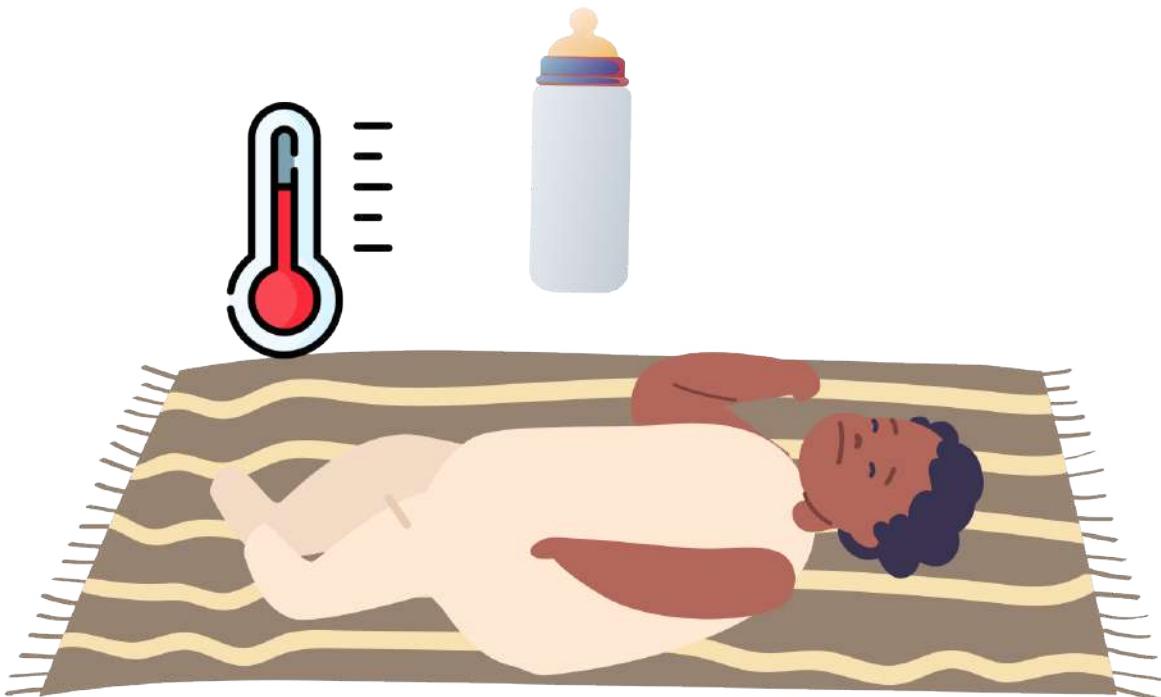
REFERRAL LEVELS November 2021 | First Edition.

Figure 5.1: Essential care for every baby in the first 90 minutes of life

Figure 5.2: Good attachment to the breast

Figure 5.3: Essential Care for Every Baby (ECEB) Chart

**SECTION 1.3****NEWBORN  
EMERGENCIES**



## NEWBORN EMERGENCIES

An ill newborn can quickly become an emergency, so all newborns illnesses should be treated promptly. Immediate actions must be taken whenever these dangers signs are observed in a newborn: abnormal temperture (Cold or Hot), poor sucking or inability to suckle, breathing problem – fast breathing and severe chest in-drawing, yellowness of hand and body, poor feeding or not feeding at all, bleeding from the cord or redness around the cord stump, no movement at all or only on stimulation and convulsion. There should be no hesitation in initiating appropriate actions or immediately refer newborn, where necessary to the higher-level facility for specialist care.



### 1.3.1. DIFFICULT BREATHING

Difficult breathing means the baby has to make some effort to breathe. Rapid breathing for a newborn is respiration rate of between 40R60 per minute. Difficult breathing in children is an emergency. It may be caused by infection, cold. In babies, chest in-drawing, flaring of nose indicate difficult breathing, and a danger sign to look out for.



## HISTORY

How old is the baby?  
What is the problem with the baby? When did it start?  
Has the baby been ill? Had fever? Or been abnormally sleepy or difficult to wake up?  
Has the baby stopped feeding well?  
What do you feed the baby on?  
Was the baby given any medicine or treatment?  
What medicines were given to the baby since he was ill?  
Are you using methylated powder or camphor?

Were the baby's eyes yellow at birth?  
Who takes care of the baby?  
Was the pregnancy normal? If not, what were the problems?  
Was the baby born head first or bottom first?  
Was the delivery normal?  
Was there any difficulty?  
Was the baby normal at birth?  
Did the baby cry immediately after birth?  
How was the cord cut and dressed?



## EXAMINATIONS



**General appearance:**  
Skin colour (blue, pale, yellow)  
Spontaneous movement.



**Chest:**  
Check respiratory rate (note if 60 or above per minute), gasping breath, heart beat, chest in-drawing.



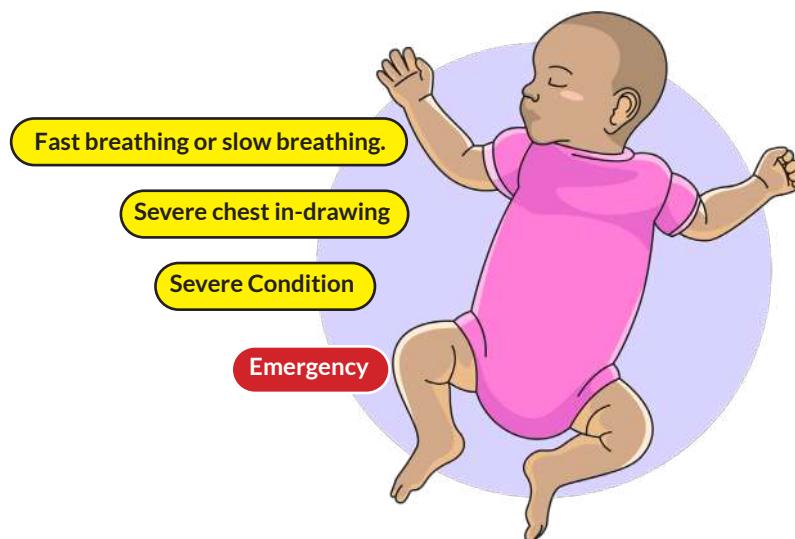
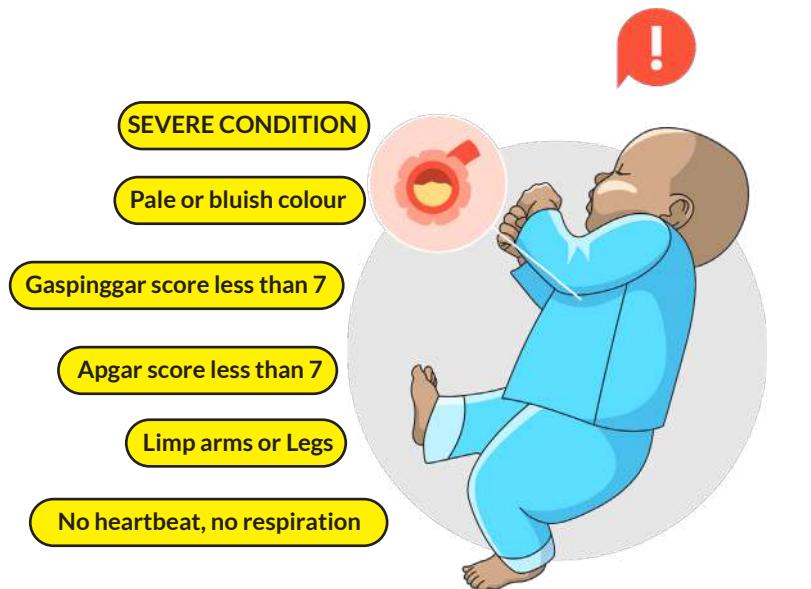
**Head**  
swelling, anterior fontanelle -for bulging or depression, Face -for any obvious abnormalities.



**Weight:**  
weigh and chart.



**Temperature:**  
Check with low reading or digital thermometer and record



### Not breathing or gasping at birth

- Position the baby with the back slightly extended.
- Gently clear secretions from mouth and nose using a clean suction device or wipe (e.g. Penguin suction).
- Stimulate breathing by gently rubbing the back once or twice.
- If baby is still not breathing or gasping; immediately cut the cord and move to ventilation area.
- Ventilate with Ambu bag and appropriately sized mask for 60 seconds (first golden minute).
- If baby is still not breathing, improve ventilation and ventilate for another minute.
- Check the heart rate:  
If >100bpm and baby still not breathing or if heart rate is slow, continue ventilation and REFER to immediately for higher level of care.

### Difficult breathing after birth

- Communicate with parents/Caregiver:
  - The need for referral.
  - The referral hospital.
  - Available continued care for mother (if needed) at the referral hospital.
  - Obtain their consent for referral.
- Give first dose of antibiotics (e.g. IM. Ceftriaxone 20-30mg/kg) immediately (Stat).
- REFER immediately to hospital



## HEALTH EDUCATION

- Educate the Parents/Caregivers on the importance of referral.



### 1.3.2 CONDITIONS AFFECTING HANDS AND FEET

These are common conditions affecting either the arms and/or legs. Deformities of the arms and legs if present since birth often are not correctable. New deformities or swellings may be due to normal movement of the parts whenever there is history of injury, swelling or deformity. Some of these affecting the arms and legs may be secondary to underlying medical conditions.



## HISTORY

How old is the baby?  
What is the problem with the baby? When did it start?  
Has the baby been ill? Had fever? Or been abnormally sleepy or difficult to wake up?  
Has the baby stopped feeding well?  
What do you feed the baby on?  
Was the baby given any medicine or treatment?  
What medicines were given to the baby since he was ill?  
Are you using methylated powder or camphor?  
Were the baby's eyes yellow at birth?  
Who takes care of the baby?



## EXAMINATIONS



**General appearance:**  
Skin colour (blue, pale, yellow)  
Spontaneous movement.



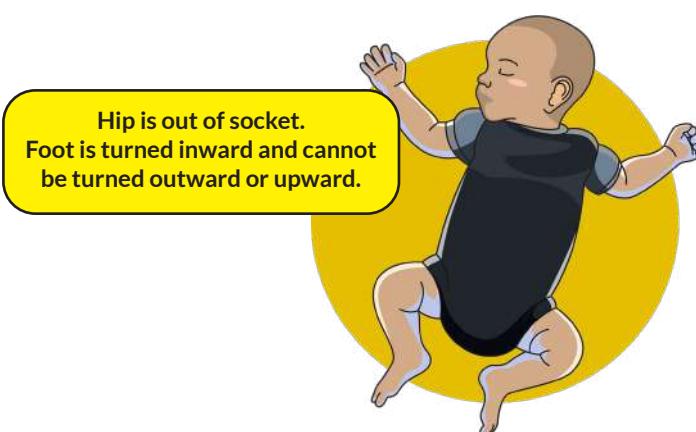
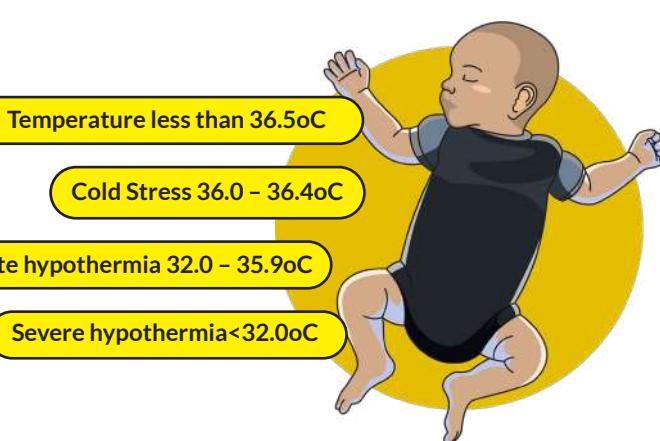
**Skin:**  
rashes, dryness, jaundice



**Temperature:**  
Check with low reading or digital thermometer and record



**Eyes:**  
jaundice (examine under natural light)



### Cold Hands and Feet

- Ensure baby is dry and in clean dry clothing
- Place baby in skin to skin contact in a pre-warmed blouse/shirt opening at the front with the baby in a nappy, hat and socks
- Wrap baby in warm blanket
- Ensure that the room is warm (at least 25oC) and is without drafts
- If temperature is improving but baby cannot maintain normal temperature, put baby in Kangaroo Mother Care (KMC).
- If temperature does not improve after one hour of re-warming,
- REFER immediately to hospital

### Yellow Hands and Feet

- REFER immediately to hospital where phototherapy is possible.

### Foot is turned inward and cannot be turned outward or upward.

- REFER immediately to the hospital.

Less than normal movement in one or more limbs with or without tenderness



Fracture of the collar bone.  
Pain on picking up baby by the armpit.



## HEALTH EDUCATION

### Educate mothers to do the following:

- Continue skin to skin contact between mother and baby.
- Teach mother about Kangaroo Mother Care (KMC)
- Exclusive breastfeeding
- Counsel family members to support mother go through process

### IV.Baby unable to move limb(s) or foot.

- Splint the bad limb (Upper limb) by putting the baby's palm on the chest and strap limbs down.
- II.Splint the bad limb.
- III.Bandage the bad limb to the good limb.
- REFER to the hospital for advanced care.

### IV.Baby unable to move limb(s) or foot.

- Apply figure of 8 bandages.
- Give paracetamol suppository per rectum, if not available, give Syrup 2.5ml immediately (stat).
- REFER to the Hospital.



### 1.3.3 CONDITIONS AFFECTING UMBILICAL CORD

The umbilical cord is very significant in a Newborn, any infection around the area can cause Neonatal mortality. Common indication of danger include bleeding from the umbilical cord, redness, pus, and smelly cord. These are conditions affecting umbilical cord which could endanger the baby's life.



## HISTORY

What is the problem? When did it start?  
Is the baby having fever? Or been abnormally sleepy or difficult to wake?  
Is umbilical cord smelly or bleeding or just wet?  
Has the umbilical cord dropped off?  
What medicine have you given the baby?



## EXAMINATIONS



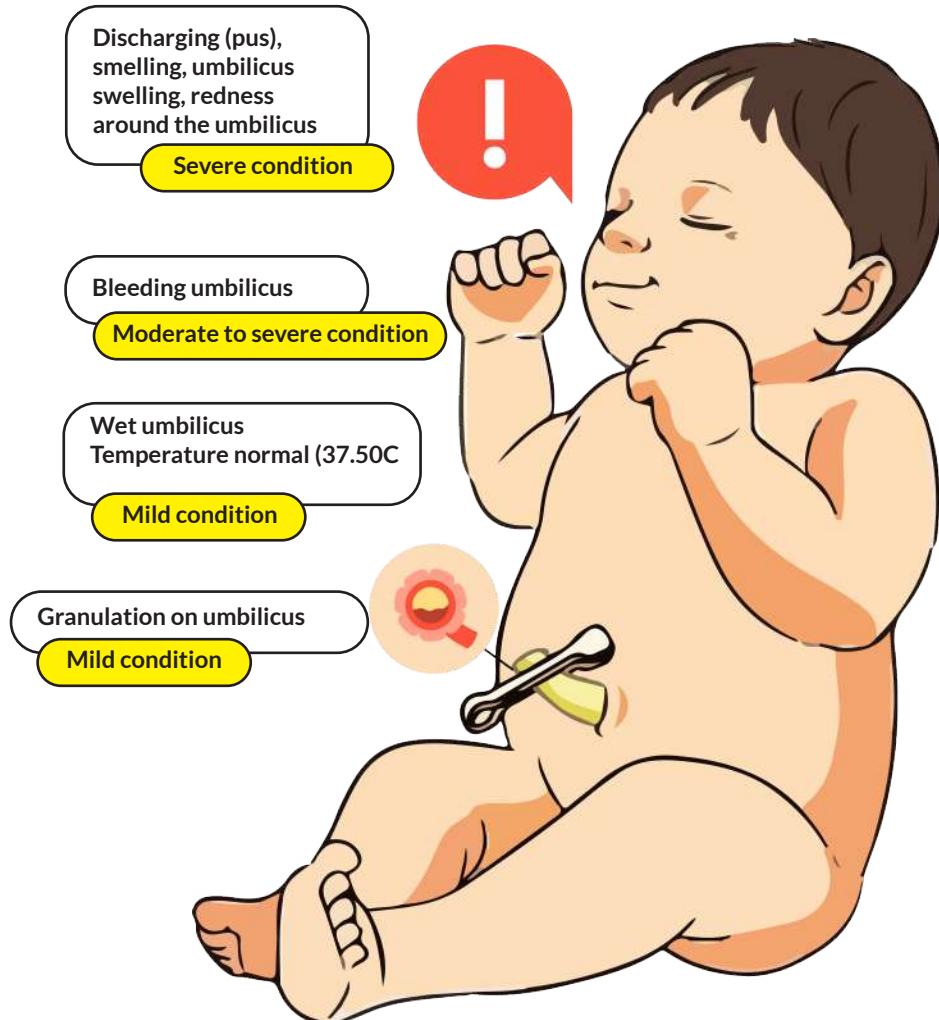
Check umbilicus for discharge, bleeding, swelling, redness, granulation on umbilicus



Skin:  
rashes, dryness, jaundice



Temperature:  
Check with low reading or digital thermometer and record



### I.Smelly umbilical cord

- Wash the umbilical cord with clean water and soap, dry with clean cloth.
- Give antibiotic (IM. Ceftriaxone 20-30mg/kg Stat OR IM Gentamicin 5mg/kg Stat).
- REFER immediately for higher level of care.

### I.Bleeding umbilical cord

- Re-tie the cord immediately
- Give a third tie at the base of the cord
- Clean with sterile water...
- Apply chlorhexidine gel
- Give IM. Vitamin K, 0.5mg (preterm baby) , 1.0mg (full term baby)
- Refer if bleeding persists.

### Wet umbilicus.

- Clean with sterile water
- Teach mother to clean with sterile water
- Expose umbilicus
- Review daily and Check immunization status

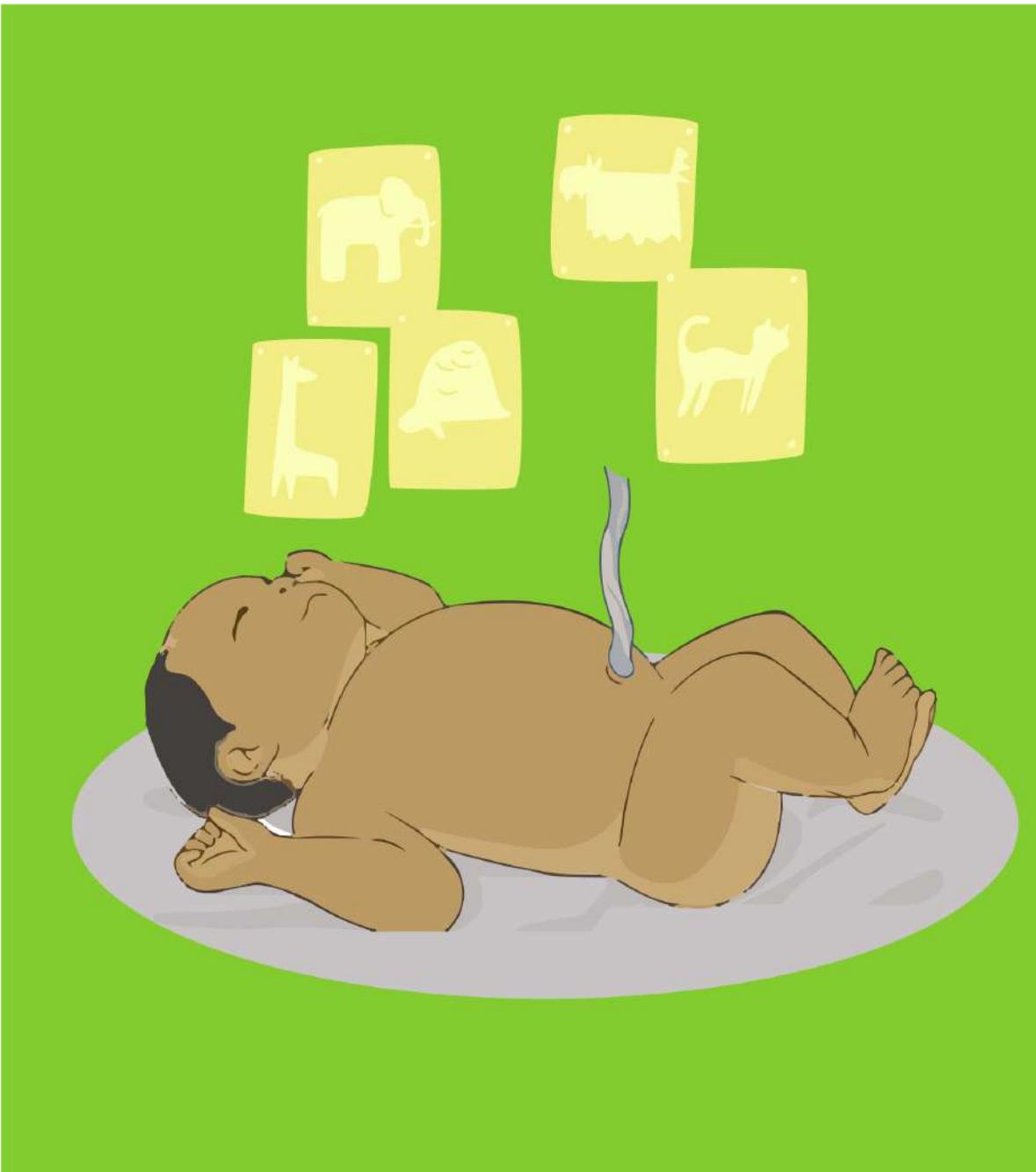
### Retained umbilical stump

- Clean umbilical stump with sterile water.
- Cauterize with blue stone
- Review daily
- Administer immunization as necessary
- Record in home-based card and return to mother, where applicable.



## HEALTH EDUCATION

- Educate Parent/Caregiver on.
- Practice and maintenance personal hygiene
- Proper care of the umbilical cord.
- Harmful traditional practices (DISCOURAGE use of toothpaste, cow dung or any other substance on the cord).



### 1.3.4 BLEEDING CONDITIONS IN NEWBORN

Bleeding in the newborn is often a serious problem due to its cardiovascular effects arising from blood loss, and/or the damaging effects on neonatal tissues, such as the brain. Bleeding can occur in different parts of the baby's body such as nose, gum, ear, gastrointestinal tract etc. due to various causes. It is important that health care practitioners assess newborn experiencing any type of bleeding to receive prompt medical attention to determine the cause and appropriate treatment to prevent complications and death.



## HISTORY

- 1) What is the problem with the baby? If bleeding, when did it start?
- 2) Has the baby been ill?
- 3) Is the baby feeding well?
- 4) Has the baby been given any medicines?
- 5) Where is the bleeding coming from?



## EXAMINATIONS



**Mouth:**  
Examin Mouth



**Rectum:**  
Check Rectum



**Ear:**  
Check Ear



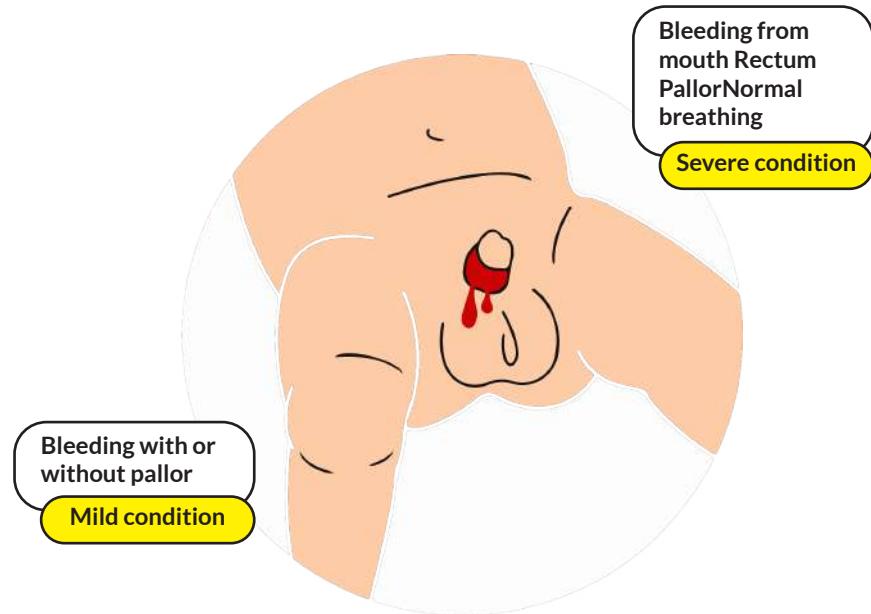
**Nose:**  
Check Nose



**Sole of feet- pallor:**  
Check Feet



**Chest:**  
Check Breathing



### Baby bleeding from mouth, rectum or other parts of the body

Apply pressure on the site, where practicable.  
 Show Parent/caregiver how to maintain pressure.  
 Give IM Vitamin K into the anterolateral thigh; 0.5mg (preterm baby), 1.0mg/kg (full term baby).  
 REFER immediately to higher level facility.

### Bleeding from Circumcision

Apply pressure on site for 10 minutes  
 Educate parent/caregiver how to maintain pressure (over a period of 1-2 hours).  
 Give IM Vitamin K into the anterolateral thigh; 0.5mg (preterm baby), 1.0mg/kg (full term baby).  
 If bleeding does not stop, REFER to higher level facility. to hospital.  
 If there is pallor, REFER to higher level facility.

### Bleeding into the eye

Reassure the mother  
 If bleeding does not stop after 3 days



## HEALTH EDUCATION

- Teach mother/caregiver how to apply pressure on bleeding site.
- Counsel/Reassure mother/caregiver on baby's condition and the need for referral.



### 1.3.5 CONDITIONS AFFECTING THE HEAD

There are many problems that can affect the head during the delivery process, such as injury to the head, swelling of the head, sunken or bulging fontanelles, cephalohematoma and caput succedaneum.



## HISTORY

What is the problem with the baby? When did it start?  
Has the baby been ill? Had fever? Or been abnormally sleepy or difficult to wake up?  
Has the baby stopped feeding well?  
What do you feed the baby on?  
Has the child convulsed?  
Was the swelling present at birth?  
Was the head larger than normal at birth or after?  
What part of the head is involved?



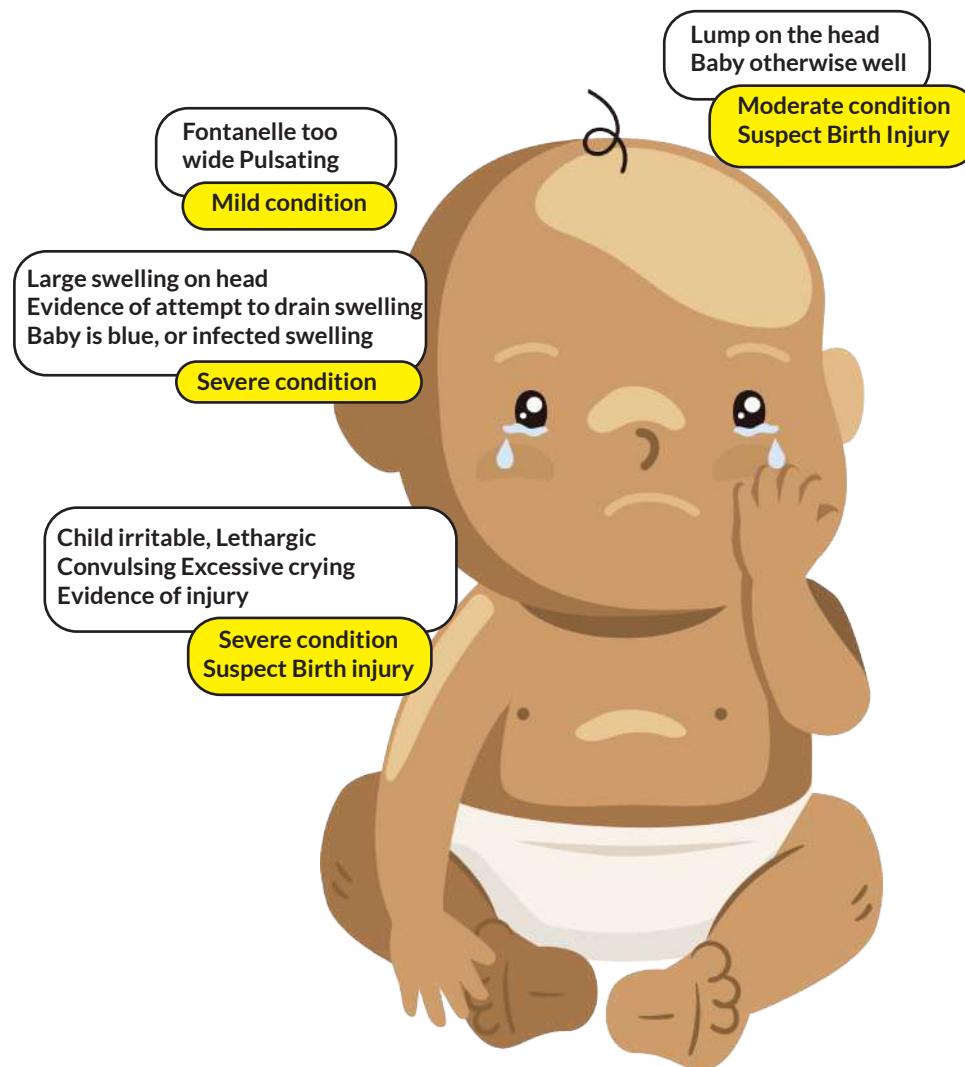
## EXAMINATIONS



**General Appearance:**  
Irritable, lethargic, crying excessively, evidence of injury



**Head:**  
Swelling, check size (head circumference), Fontanelle(depressed, bulging) Evidence of attempt to drain swelling. Check for lump. Check wideness of the fontanelle Check if fontanelle is pulsating



### Swelling on the Head with Convulsion

Reassure parent/caregiver on need for referral.  
REFER immediately to higher level facility.

### Swelling on the Head not present at Birth but comes up within about 12-24 hours and continues to increase

Give parenteral IM. Ceftriaxone 20-30mg/kg Stat.  
Reassure mother/caregiver on need for referral  
REFER immediately to hospital

### Swelling on the side of the head, no other complaint

1. Give parenteral IM. Ceftriaxone 20-30mg/kg Stat.
2. Explain and reassure parent/caregiver on finding.
3. Do not attempt to incise or drain swelling.
4. Ask parent /caregiver not to apply anything
5. REVIEW in 2 days, then 1 week  
If swelling getting bigger, REFER to next higher level.

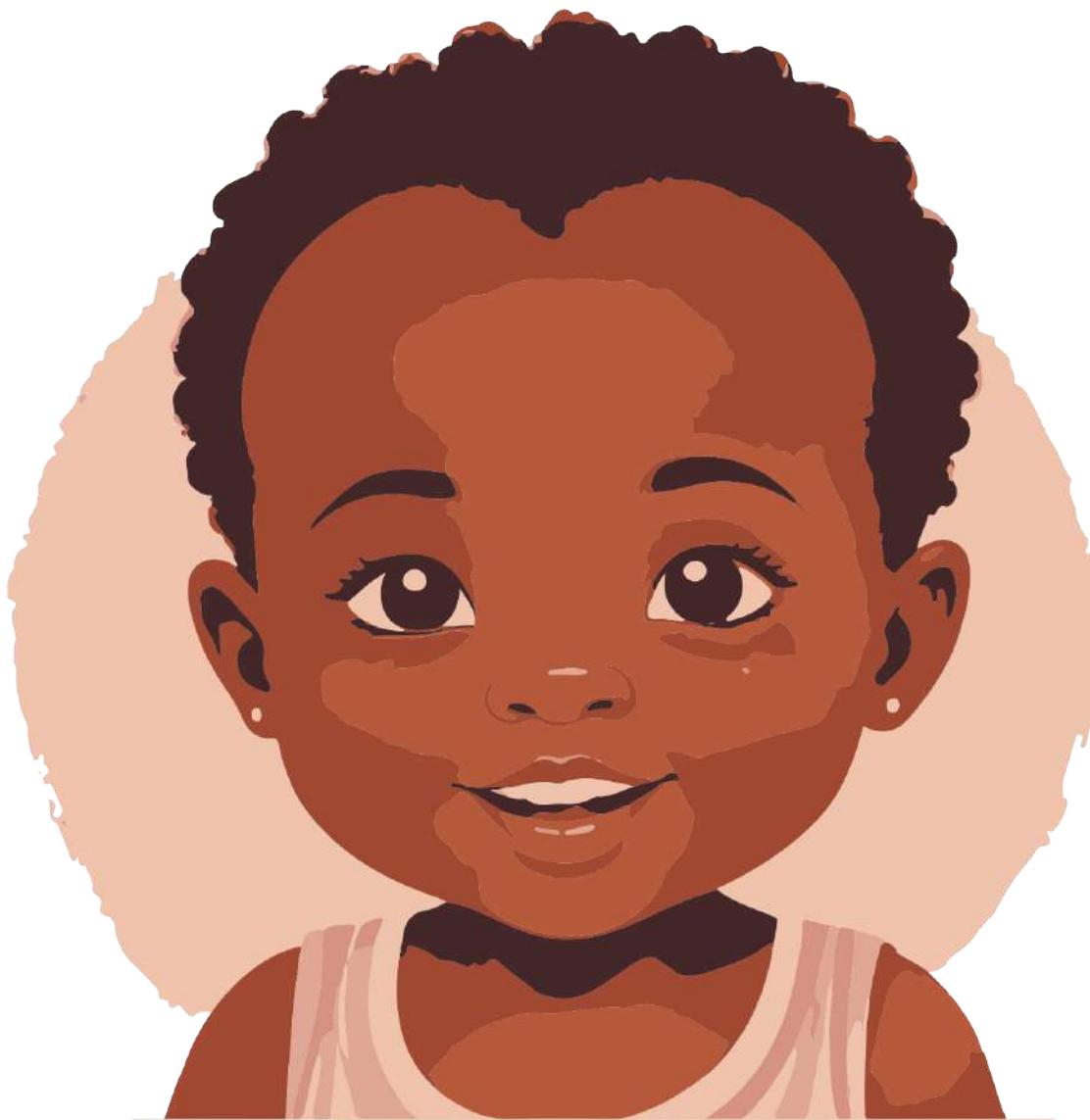
### Wide opening on front part of head

Explain condition to parent/caregiver that fontanelle should close at about 18 months.  
Monitor head circumference weekly for 2 months.



## HEALTH EDUCATION

- Counsel and reassure mother/caregiver on baby/condition.
- Explain to mother/caregiver about open fontanelle.



## 1.3.6 CONDITIONS AFFECTING THE EYES

The process of delivery can be a channel for Newborn to develop eye conditions. When the baby sweeps through the vulva bacterial infection can set in and put the Newborn in danger. These are problems affecting the eyes which if not well managed could lead to impaired vision or blindness



## HISTORY

- 1.What is the problem with baby's?
- 2.How long has the baby had the problem?
- 3.What's the nature of discharge? Blood, pus?
- 4.Has the baby had it before?
- 5.Did the problem come suddenly or gradually?
- 6.Did anything enter the baby's eyes?
- 7.Did the mother or anyone else put something in the baby's eyes? What was it?  
Has any medicine been put in the baby's eye? If so what medicine?



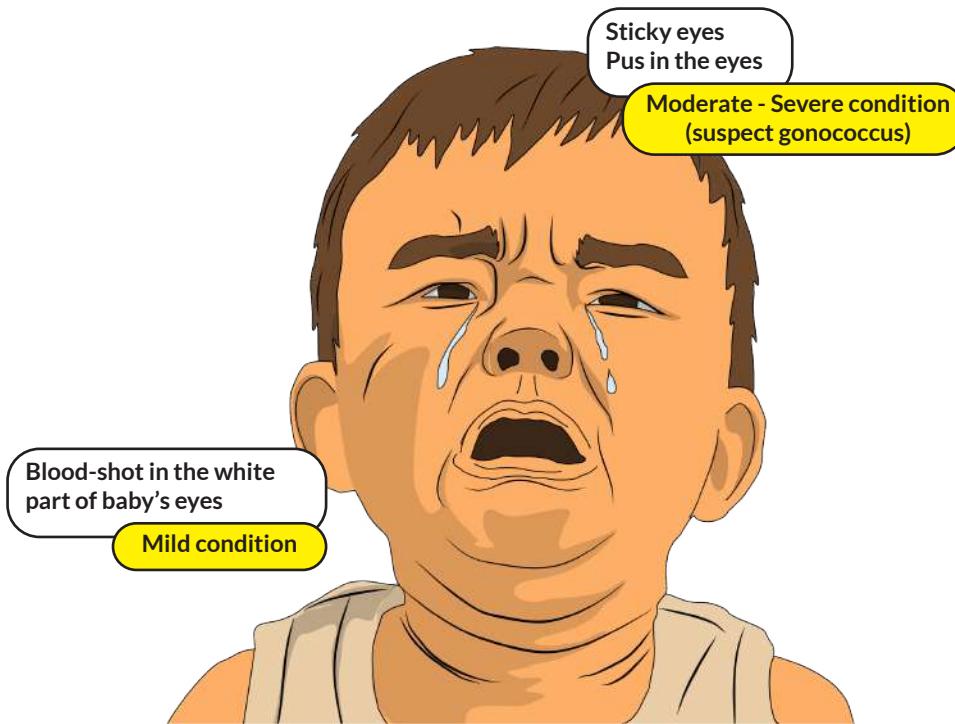
## EXAMINATIONS



**General Appearance:**  
In Pain



**Eyes:**  
Redness,  
pus sticky eyes



### Discharge from baby's eye(s)

Wash hands using appropriate techniques before and after treatment.  
Gently clean eyes with cotton wool soaked in cooled boiled water 6-8 times a day.  
Use separate cotton wool for each eye.  
Apply 1% Tetracycline eye ointment in each eye for 7 days  
Give parenteral Ceftriaxone 20-30mg/kg IM Stat.  
Review in 2 days.  
If no improvement and eye discharge become copious, REFER to higher level of care.

### Wide opening on front part of head

Explain condition to mother (This is due to pressure at birth)  
No treatment is needed  
Follow-up in 2 days then 1 week  
If mother anxious, REFER to hospital



## HEALTH EDUCATION

- Counsel and reassure mother/caregiver.
- Teach mother/caregiver to practice and maintain hygiene.
- Discourage mother/caregiver from applying any other substance.



### 1.3.7 CONDITIONS AFFECTING BABY'S BREAST

These are common problems affecting baby's breast which may be due to the effect of maternal hormones



## HISTORY

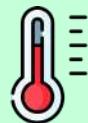
What's the problem with the baby and when did it start?  
Is the child crying excessively?  
Does the child have fever?  
When did the fever start  
What treatment have you given at home?



## EXAMINATIONS



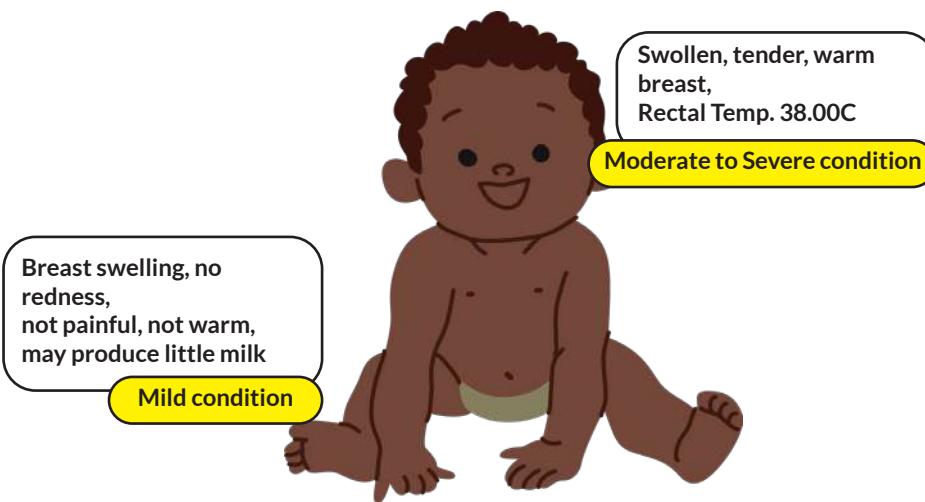
**General Appearance:**  
Ill Looking



**Body temperature:**  
check Temperature  
and Record



**Breast:**  
check for tenderness,  
redness, production of little  
milk, warm breasts



#### Swelling of breast in the newborn infant; excessive crying; fever

Give Drop Paracetamol 0.3ml.  
REFER to higher level of care.

#### Swelling of breast in the newborn infant

Explain to mother that condition will disappear by itself.  
Advise her to leave breast alone, squeezing will increase swelling.  
Follow-up visit until better.  
If no improvement, REFER



## HEALTH EDUCATION

- Educate mother to avoid expressing or squeezing the breast of the newborn baby.
- Encourage personal hygiene practices.



### 1.3.8 CONDITIONS AFFECTING THE ANUS

The anus is the terminal end of the alimentary canal. Common problems affecting the anus include fissures, redness and prolapse. Some babies may be born with imperforate anus and may not be able to pass stool



## HISTORY

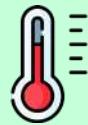
What is the problem?  
Has the child passed stool since birth?  
Is there vomiting, if yes how many times?  
Has any medication been given?



## EXAMINATIONS



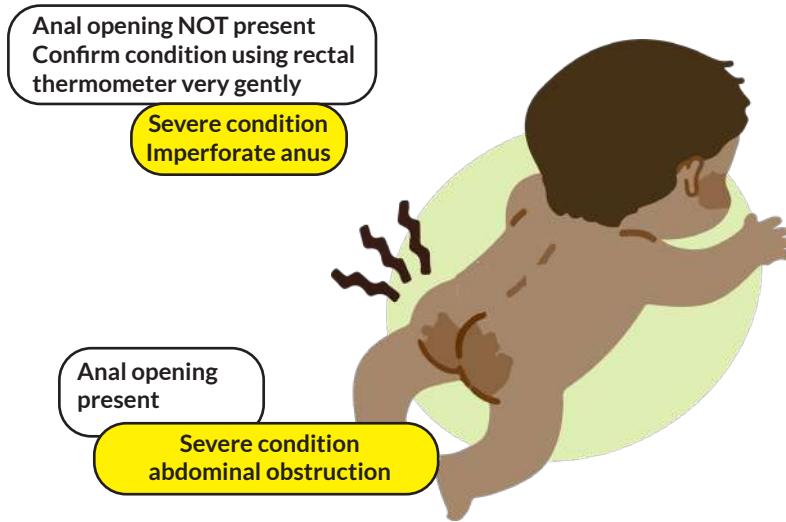
**General Appearance:**  
ill looking, in pains



**Body temperature:**  
check Temperature  
and Record



**Anus:**  
Confirm anal opening,  
using thermometer



#### Newborn unable to pass stool in the first 48 hours of birth

Baby should not receive anything by mouth.  
REFER immediately to higher level of care.

#### Newborn unable to pass stool in the first 48 hours of birth, with or without vomiting

Baby should not receive anything by mouth.  
REFER immediately to higher level of care.



## HEALTH EDUCATION

- Counsel and reassure mother parent/caregiver about baby's condition.
- Educate parents/caregiver on importance of referral.



### 1.3.9 CONDITIONS AFFECTING THE LIMB

These are common condition affecting either the arms and/or legs. Deformities of the arms and legs if present since birth often are not correctable. New deformities or swellings may be due to normal movement of the parts whenever there is history of injury, swelling or deformity.



## HISTORY

What is the problem? When did it begin?

Was there an accident or injury?

Is the baby able to move limbs?

Is there any pain when moving the limbs?



## EXAMINATIONS



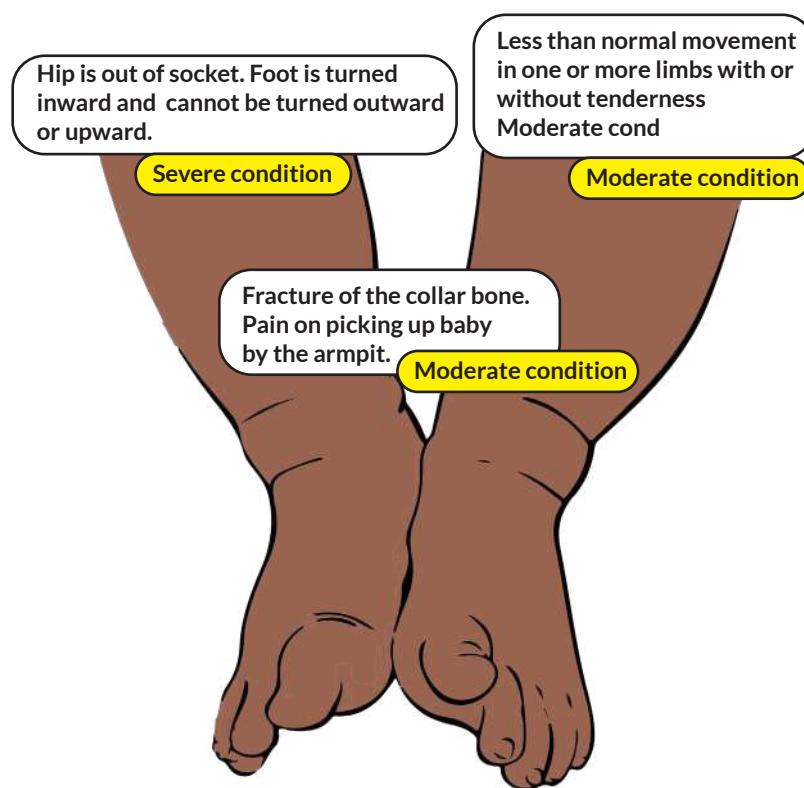
### General Appearance:

ill looking, crying  
excessively



### Limbs:

deformity- foot turned  
inwards, swelling, fracture,  
tenderness, loss of  
function, warm to touch  
(area of tenderness)



**Foot is turned inward and cannot be turned outward or upward.**

REFER immediately to the hospital.

**Baby unable to move limb(s)or foot.**

Splint the bad limb (Upper limb) by putting the baby's palm on the chest and strap limbs down.

Splint the bad limb.

Bandage the bad limb to the good limb.

REFER to the hospital for advanced care

**Foot is turned inward and cannot be turned outward or upward.**

Apply figure of 8 bandages.[a visual of this would be great]

Give Paracetamol Suppository 125mg per rectum, if not available, give Drop Paracetamol(100Mg/1ml) 0.3ml immediately (stat).

REFER to the Hospital



## HEALTH EDUCATION

- Counsel and Reassure mother/caregiver on baby's condition
- Teach mother about accident prevention at home.



### 1.3.10 CONDITIONS AFFECTING THE SKIN

These are common conditions affecting the skin. It could be due to poor hygiene and lack of safe water for bathing.



## HISTORY

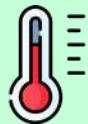
How long has the postules, abcess, rash been there?  
Does anyone in the family have a similar rash or skin problem?  
What is the source of your water supply?



## EXAMINATIONS



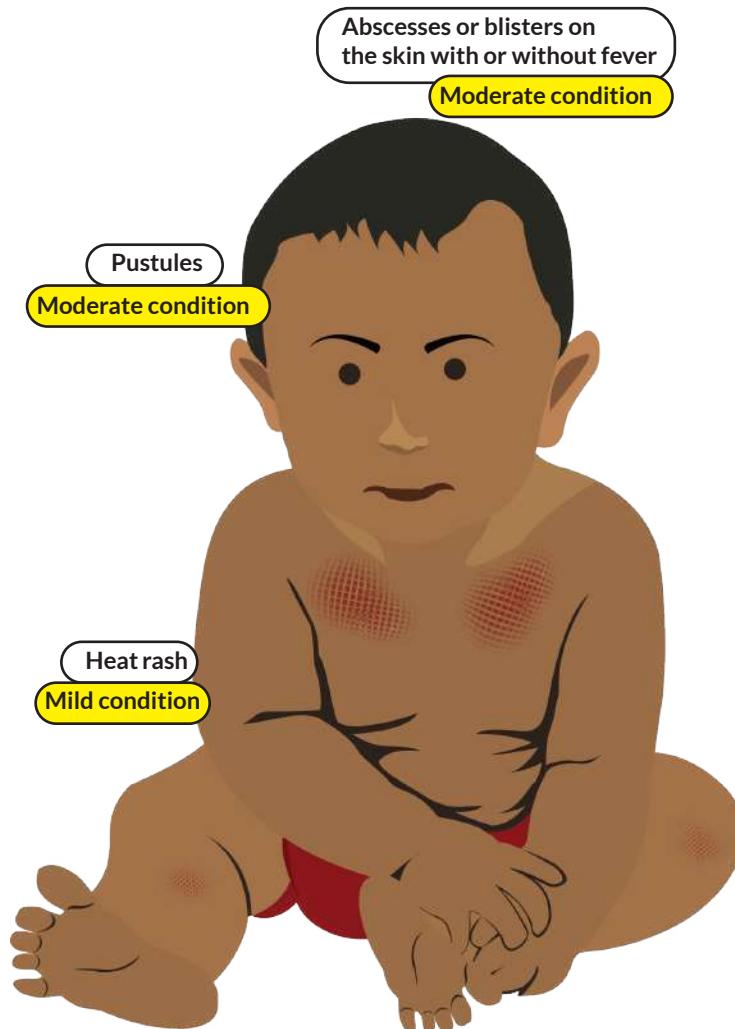
**General Appearance:**  
uncomfortable



**Body temperature:**  
respiratory rate,  
wheeze: check and  
record



**Skin:**  
ocation, distribution and  
size of lesions  
colour of rash or lesion



### Abscesses (Boil)

Apply warm compress 3 times daily until drained  
Daily cleaning and dressing  
If fever is present, Give Paracetamol Suppository 125mg per rectum, if not available, give Drop Paracetamol(100mg/1ml) 0.3ml 8 hourly for 3 days  
Review in 2 days

### Pustules, or blisters on the skin

Wash hand with clean water and soap  
Gently wash off pus and crust with boiled and cooled water and soap  
Dry the area with clean towel, Paint with GV, Wash hand  
Advise mother to continue  
Review in 2 days, if no improvement, REFER to hospital   
Examine mother for skin infection and if present, treat using Adult section of the standing orders  
Encourage personal hygiene.

### Skin Rashes

#### Advise mother to:

Avoid heavy clothing, use light clothing  
Bath child twice daily.  
Calamine lotion after bathing.  
Keep in well ventilated room.  
Ensure good hygiene practices



## HEALTH EDUCATION

- Proper hand washing techniques
- Teach mother/caregiver about personal hygiene



## 1.3.11 NEONATAL TETANUS

Neonatal infections are illnesses that affect newborn babies, usually or normally within the first one month of life. The infections could be caused by bacteria, virus, fungi or parasite which may occur during pregnancy, birth or shortly after delivery. These infections are of significant concern in the newborn because of their immature immune system which makes them more vulnerable to infection. Health care practitioners must therefore take immediate steps to ensure prompt diagnosis and treatment which are crucial in preventing complications, and ensuring the wellbeing of the newborn.

### A. Neonatal Tetanus

This is a condition characterized by poor or inability to suckle, Spasms and stiffness of the body.



## HISTORY

What is the problem with the baby?  
How long has the baby had the problem?  
Has the baby stopped sucking well?  
Does the baby have fever? Or cold body?  
Does the baby have stiffness of the body?  
Is the baby able to open mouth without difficulty?  
Is the baby's breathing normal? Difficult?



## EXAMINATIONS



**General Appearance:**  
ill looking, lethargic  
or unconscious



**Body temperature:**  
check and record



**Neck:**  
stiff neck.



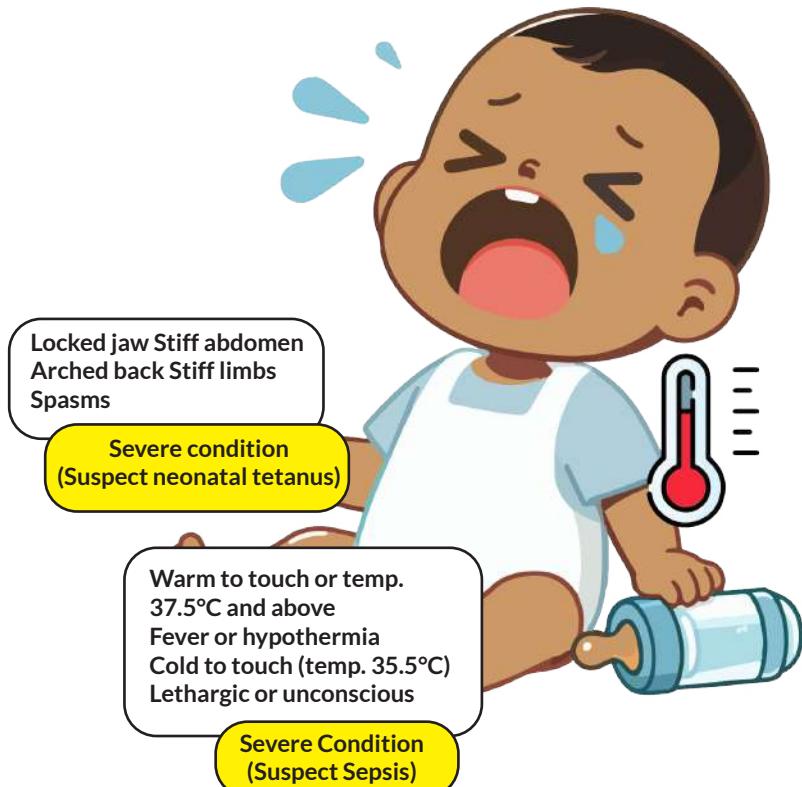
**Body:**  
stiffness, arching of  
the back, spasms.



**Mouth:**  
locked jaw.



**Limbs:**  
Stiffness

**Does not open mouth, cannot feed, "convulsion"**

Give first line management OR medication before referral IM Phenobarbitone 20mg/kg stat if not available consider rectal diazepam).  
REFER immediately to higher level of care.

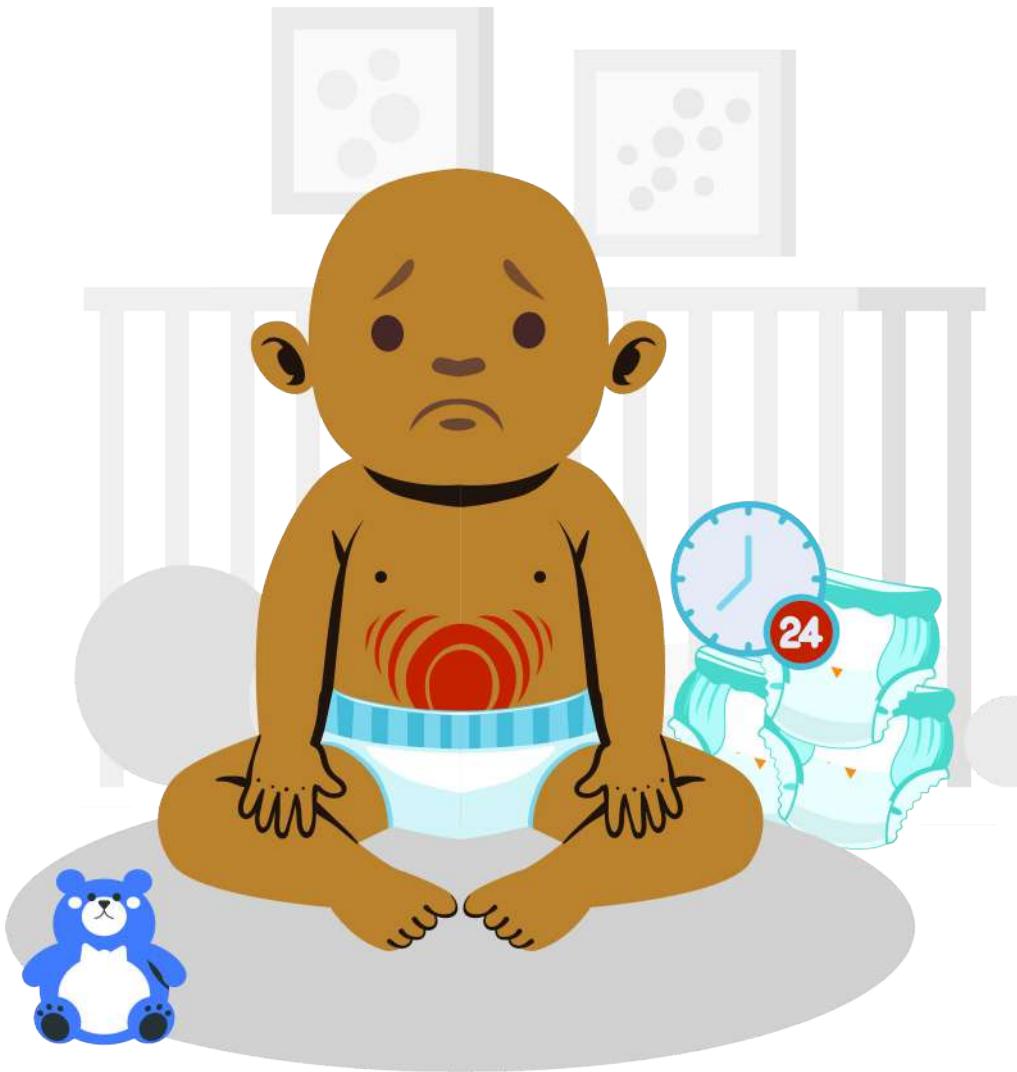
**Inability to suckle at breast fever or cold body convulsion difficult breathing**

Clear nose, if blocked  
Check blood glucose, and correct hypoglycaemia if present  
Keep baby and avoid hypothermia  
REFER immediately to higher level of care.



## HEALTH EDUCATION

- Reassure mother/caregiver on baby's condition.



### 1.3.12 DIARRHOEA AND VOMITING IN NEWBORN

Diarrhoea is passage of 3 or more loose/watery stools in 24 hours. Vomiting is throwing up of contents of the stomach. Babies under six months often bring up little of their food immediately after being fed (this is normal). A child on exclusive breast-feeding can stool for 5-8 times daily (this is normal).



## HISTORY

How long has the baby had diarrhea?  
How many times has the baby passed stool?  
Is the baby vomiting? How often? Does the baby vomit everything?  
Is there any other complaint such as fever?  
Is the baby on exclusive breast feeding? If no, what has the baby  
being fed with? What is the method of feeding?  
Has any medication been given? What type?  
Does the baby take breast eagerly normally or poorly?



## EXAMINATIONS



**General Appearance:**  
irritable, ill-looking,  
lethargic,  
unconscious, alert.



**Chest:**  
check respiratory rate  
and record



**Eyes:**  
normal, sunken,  
tears on crying



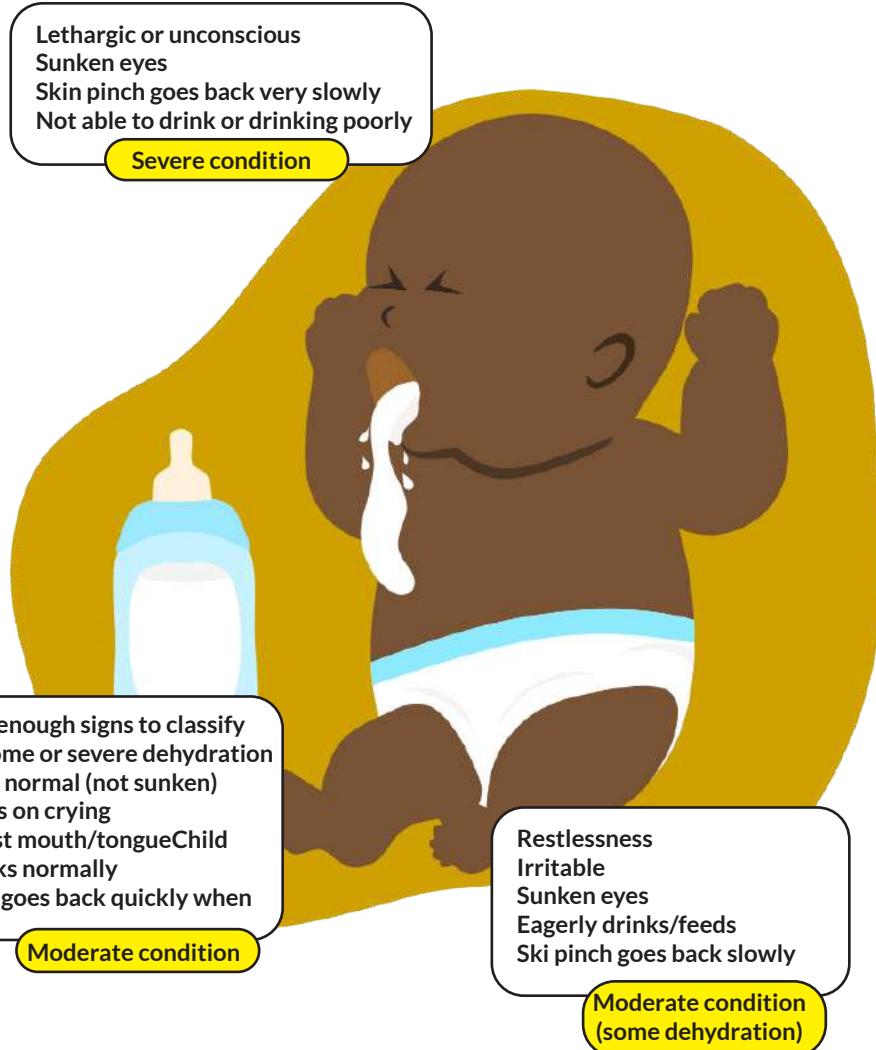
**Mouth:**  
unable to suck/drink,  
drinking poorly,  
moist tongue



**Skin:**  
skin pinch goes back  
quickly or slowly or  
very slowly



**Head:**  
anterior fontanelle  
depressed,



### Diarrhoea with or without vomiting

Give fluid, treat as plan C  
 Keep warm and refer immediately to hospital.  
 Encourage to continue breast-feeding.  
 Teach mother how to make Lo-ORS/Zinc  
 For Zinc: Give half tablet (10mg) everyday for 10 days  
 For LO-ORS: One half cup (50-100ml) given until diarrhoea stops (500ml/day) if mother is not doing exclusive breastfeeding

### Diarrhoea with or without vomiting

Treat as plan B  
 Review in 2 days

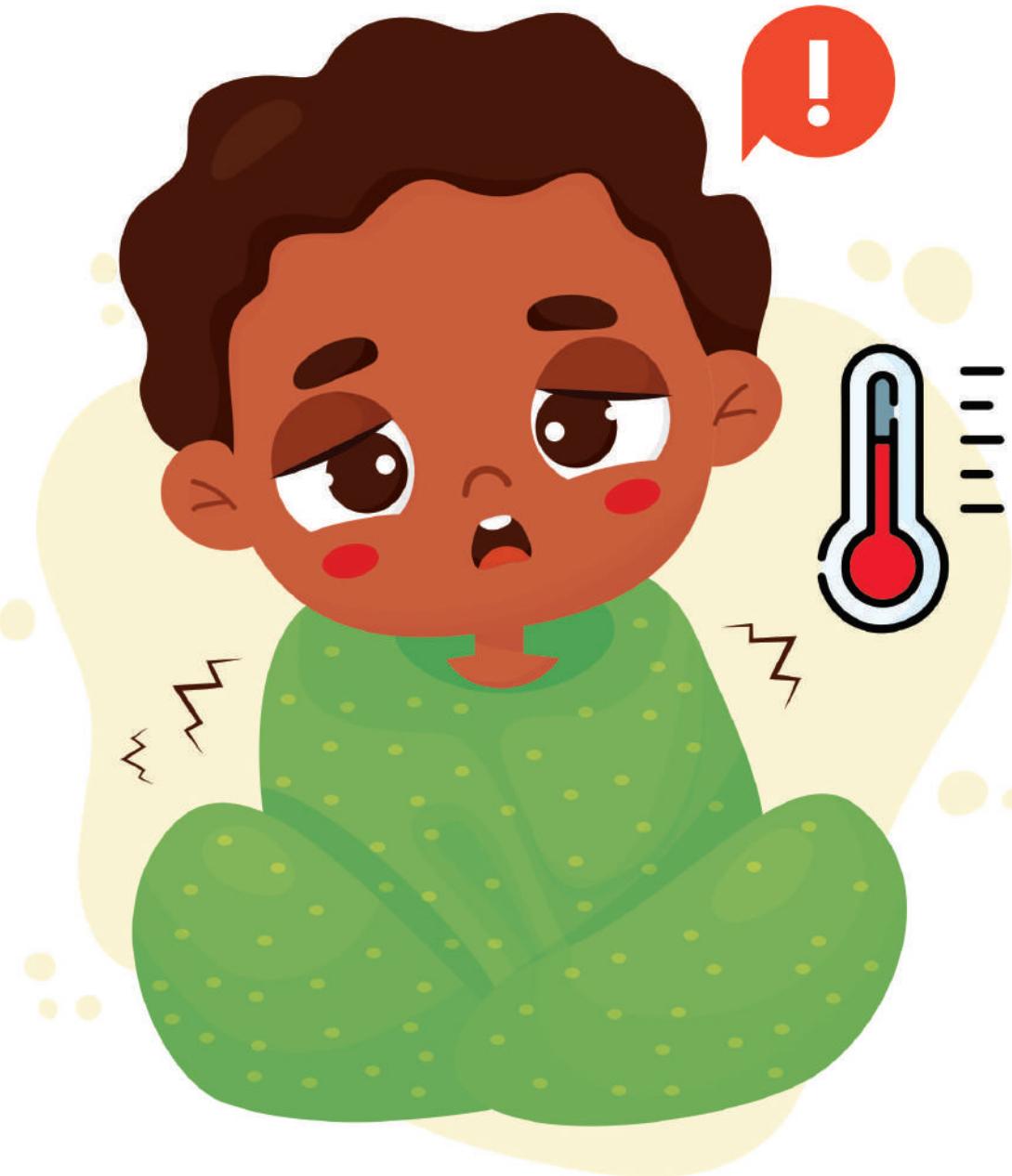
### Skin Rashes

Treat as plan A  
 Tell mother to breast-feed frequently and for longer period at each feed (Treatment Plan A).  
 Give Lo-ORS and Zinc in addition to breast milk  
 Teach mother how to make Lo-ORS.  
 Give 50-100ml of ORS after each loose stool in addition to regular fluids.  
 Advise to continue giving extra fluids till diarrhoea stops  
 Teach mother danger signs and ask to bring child to clinic immediately, if any danger sign below is present:  
 Sunken eyes  
 Lethargic or unconscious  
 Drinking poorly or not able to drink. Skin pinch goes back very slowly.



## HEALTH EDUCATION

- Advise on regular and complete immunization
- Counsel on proper personal hygiene and hand washing.
- Advise on use of long-lasting insecticide nets (LLINs).
- Advise on environmental hygiene.
- Encourage exclusive breast feeding and avoid bottle feeding.
- Breast feed frequently and longer at each feed.  
Keep baby warm.
- Remind mother to take home-based records with her anytime she takes baby to clinic or hospital



### 1.3.13 SEVERELY ILL BABY

This refer to infections involving blood stream of a newborn less than 28 days old, its categorized into 2 group base on time of presentation after birth, namely: Early onset sepsis and late onset sepsis. Early on set sepsis refers to sepsis in neonate at or before 72 hour of life, while late onset sepsis occurs after 72 hours. Neonatal sepsis is most common after the second day through the first month of life; the Community Health Practitioner can save the life of the newborn through early identification, correct action and use of the steps for preventing infections. It is therefore important that parent/caregiver and health care provider's lookout for signs of infection in the first to three days of life of the newborn and make sure the baby is breast feeding.



## HISTORY

What is wrong with the baby?  
When did you notice the problem?  
Has the baby been ill?  
Is the baby feeding well?  
Is the baby difficult to wake?  
What do you feed the baby on?  
Is the baby cold or hot, how long?

Has the baby convulsed before?  
What medication has been given to the baby for the problem?  
Was the pregnancy normal? If not, what was the problem?  
Was the delivery normal?  
Was the baby normal at birth?  
Did the baby cry immediately at birth?



## EXAMINATIONS



**General Appearance:**  
severely ill-looking,  
unconscious,  
lethargic



**Body temperature:**  
check and record



**Head:**  
bulging  
fontanelle



**Nose:**  
Nasal flaring  
grunting



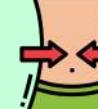
**Chest:**  
check respiration  
and record chest  
in-drawing



**Umbilical Cord:**  
redness extending  
to the skin



**Skin:**  
many or several  
skin-pustules



**Abdomen:**  
distension



**Ear:**  
Draining  
pus



**Weight:**  
check and record

- One or a combination of any of the following:
- Warm to touch Rectal temp 38.0C and above.
  - Hypothermia (cold to touch below 36.50C).
  - Convulsion/Fits.
  - Lethargic
  - Unconsciousness
  - Severe chest-in- drawing
  - Fast breathing( 60 or more per minute)
  - Nasal flaring
  - Grunting
  - Bulging fontanelle
  - Pus draining from ear
  - Umbilical redness extending to the skin
  - Limited movement
  - Abdominal distension
  - Weight- not gaining weight
- Possible serious bacterial infection**
- Severe condition**



### Severely ill baby

Give stat dose of IM. Benzyl Penicillin 50,000 I.U.  
0.5ml 6 hourly for 24 - 48hours  
Continue to breast feed if baby can suck.  
If baby cannot suck give expressed breast-milk with cup and spoon or give sugar water 10% sugar water  
Keep baby warm, if no fever. REFER immediately.   
If HIV infected mother, after counseling refuse to breastfeed, advise on nutritionally adequate food.



## HEALTH EDUCATION

- Encourage exclusive breastfeeding
- Keep baby warm
- Advise on personal and environmental hygiene
- Advise on use of Long Lasting Insecticidal Nets (LLINs)
- Advise on immunization
- Remind mother to take home based records with her any time she takes baby to clinic or hospital



## 1.4 NEWBORN ABNORMALITIES

Sometimes babies are born with some physical abnormalities. The health worker should examine for any physical abnormalities and initiate immediate action to avoid permanent disabilities.



## HISTORY

How old is the baby?  
What is wrong with the baby?  
When did you notice the problem?  
How old was your pregnancy before delivery?  
Was the pregnancy normal, if not what was the problem?

Is the baby sucking well?  
Does any other person in the family have this type of problem?  
What medicine or substances have been given to the baby since s/he was born?



## EXAMINATIONS



**General Appearance:**  
any obvious abnormality, alert, ill-looking, irritable, excessive crying, sleepy



**Body temperature:**  
check and record



**Head:**  
Swelling, size, head circumference



**Chest:**  
respiratory rate



**Mouth:**  
cleft palate, hare lip



**Skin:**  
Birth marks



**Ear:**  
Positioning of the 2 ears



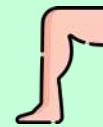
**Eyes:**  
squint



**Genitalia:**  
undescended testes, no vaginal perforation /opening, bleeding, abnormal penile opening



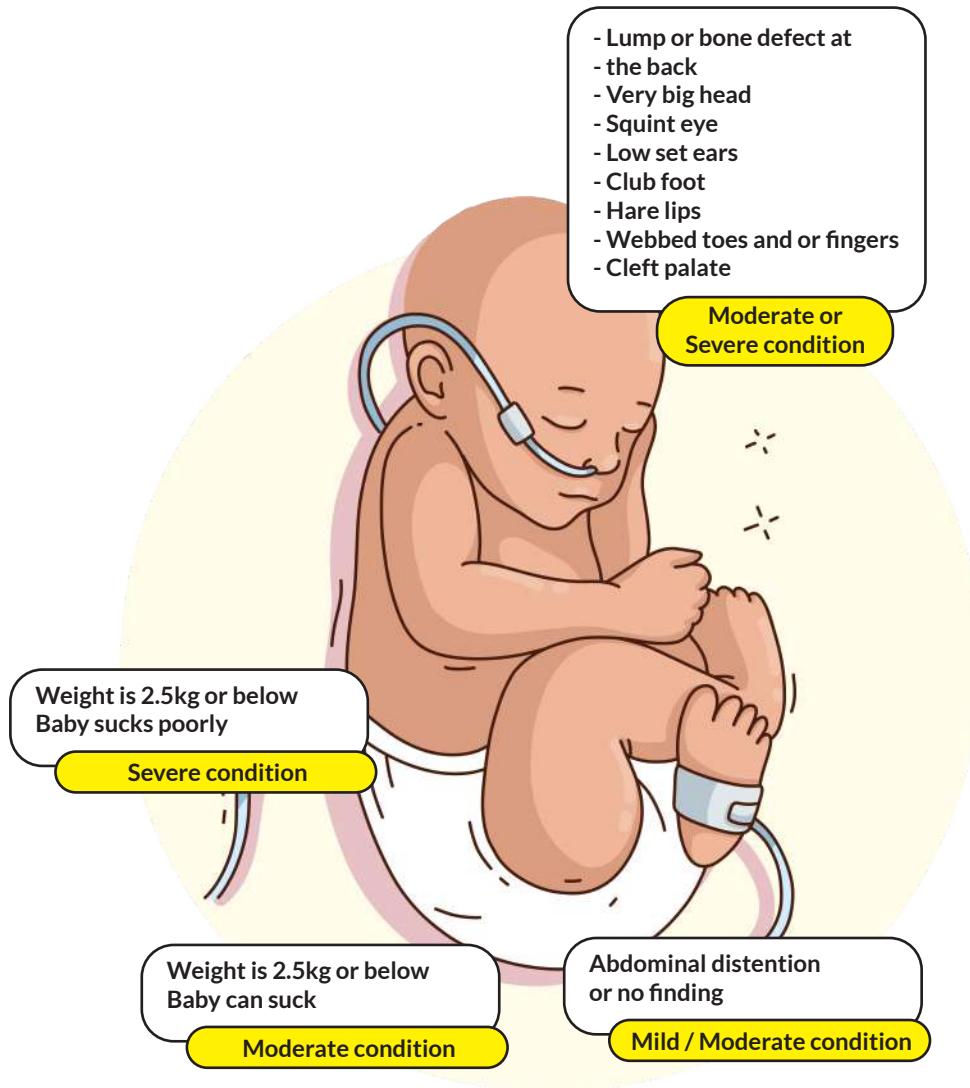
**Abdomen:**  
distension



**Limbs:**  
abnormalities like webbed toes or fingers, extra digit



**Weight:**  
weigh and chart



## Physical Abnormalities

Explain findings to mother  
REFER to hospital

## Premature/low birth weight

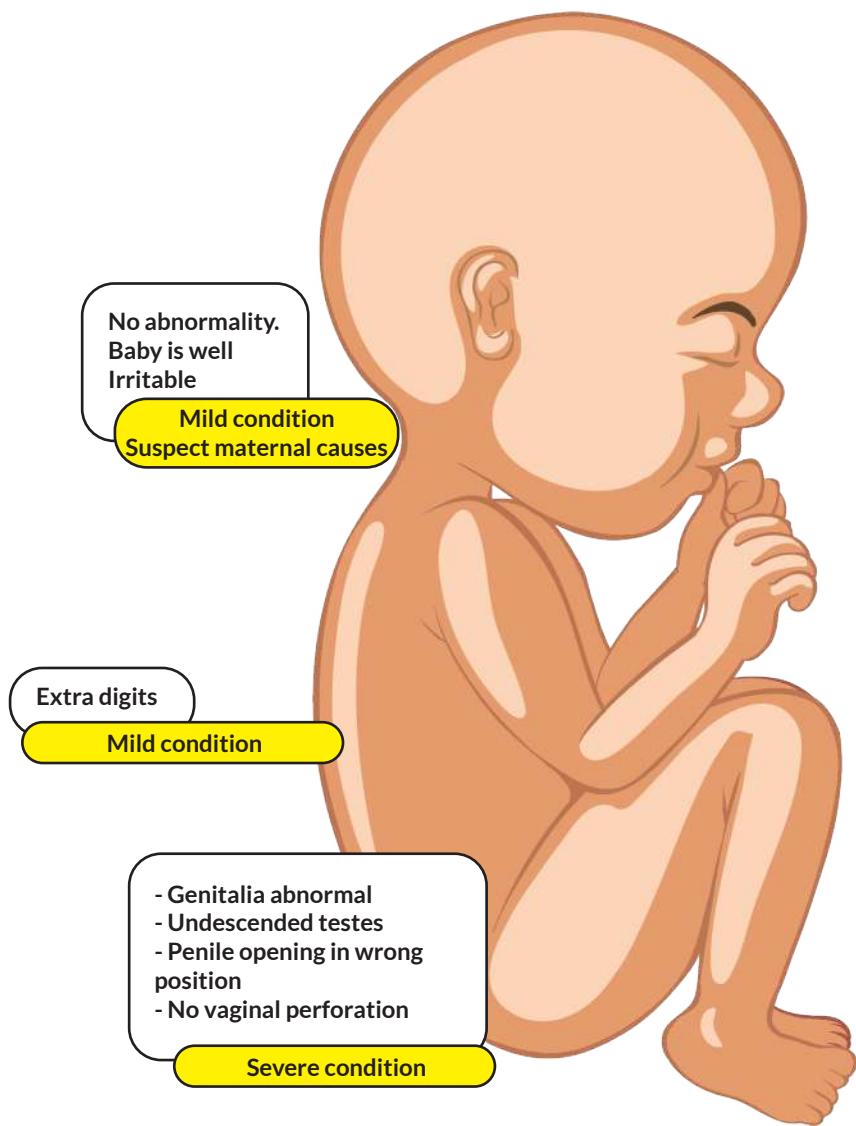
Exclusively feed baby with expressed breast milk with spoon /dropper, starting with breastfeeding before offering the cup  
Feed baby to baby 2-3 hours (wake baby and feed)  
Keep baby longer at the breast, do not interrupt feeding if baby is trying  
Encourage mother to express milk into baby's mouth directly  
Keep baby warm using Kangaroo Mother Care (KMC) method  
Less than 1.5kg REFER immediately to hospital   
Ensure warmth during referral

## Small Baby

Encourage exclusive breast feeding  
Keep baby warm using KMC  
Review in 2 days, if improving, review weekly for 2 weeks  
If no improvement, REFER

## Premature/low birth weight

Encourage exclusive breast-feeding.  
Probe rectum to stimulate defecation  
If no improvement, REFER



### Baby not feeding well, crying always

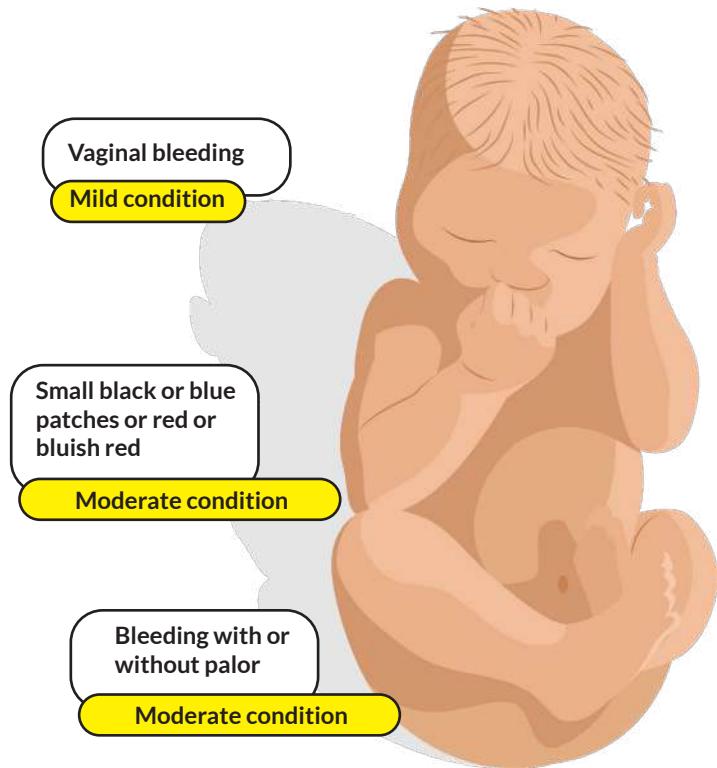
Examine mother's breasts and treat if necessary.  
Observe how mother feeds infant and correct if necessary.  
Counsel mother accordingly  
Express mother's breast and feed with cup and spoon  
if difficulty in sucking.  
Encourage exclusive breast feeding  
Follow-up every 2days  
Monitor baby weekly including weighing

### More than five fingers or five toes

If no bone present(soft) tie tightly with a piece of strong sterile cotton or silk thread  
Advise family that finger or toe will turn black and fall off in a few days  
Follow up in 3 days  
If bone is present in extra digit DO NOT TIE, REFER to hospital immediately

### Abnormal appearance of genitalia

REFER to hospital



### Slight vaginal bleeding in baby girl

Explain to mother that this is a passing condition, and nothing needs to be done

Review in 48 hours, if still bleeding, REFER to hospital

### Birth marks

Reassure mother

### Bleeding from circumcision

Put pressure on side for 10 minutes

Show mother how to maintain pressure 1-2 hours

If bleeding does not stop, REFER



## HEALTH EDUCATION

- Explain to mother possible cause of abnormality
- Advice on regular and complete Immunization.
- Encourage Exclusive Breast Feeding.
- Keep Baby Warm.
- Remind mother to take home-based records with her anytime she takes baby to the clinic or hospital



## 1.5 ORAL HEALTH

This is care of oral cavity. Examination of the mouth of the newborn is an absolutely essential component of examination of the child in order to detect congenital malformations, swelling, pallor, cyanosis and infections. The areas to inspect are the lips, tongues, gum, palate, cheeks, floor and lining of the mouth.



## HISTORY

What is wrong with the baby?  
When did you notice the problem?  
Has the baby been ill?  
Is the baby feeding well?  
Was the baby born with tooth/teeth in the mouth? Or teeth came shortly after birth?  
Has the baby been given any medication?



## EXAMINATIONS



**General appearance:**  
ill-looking or not



**Mouth:**  
roof of mouth  
(formed completely)



**Tooth:**  
presence or  
absence of white  
patches



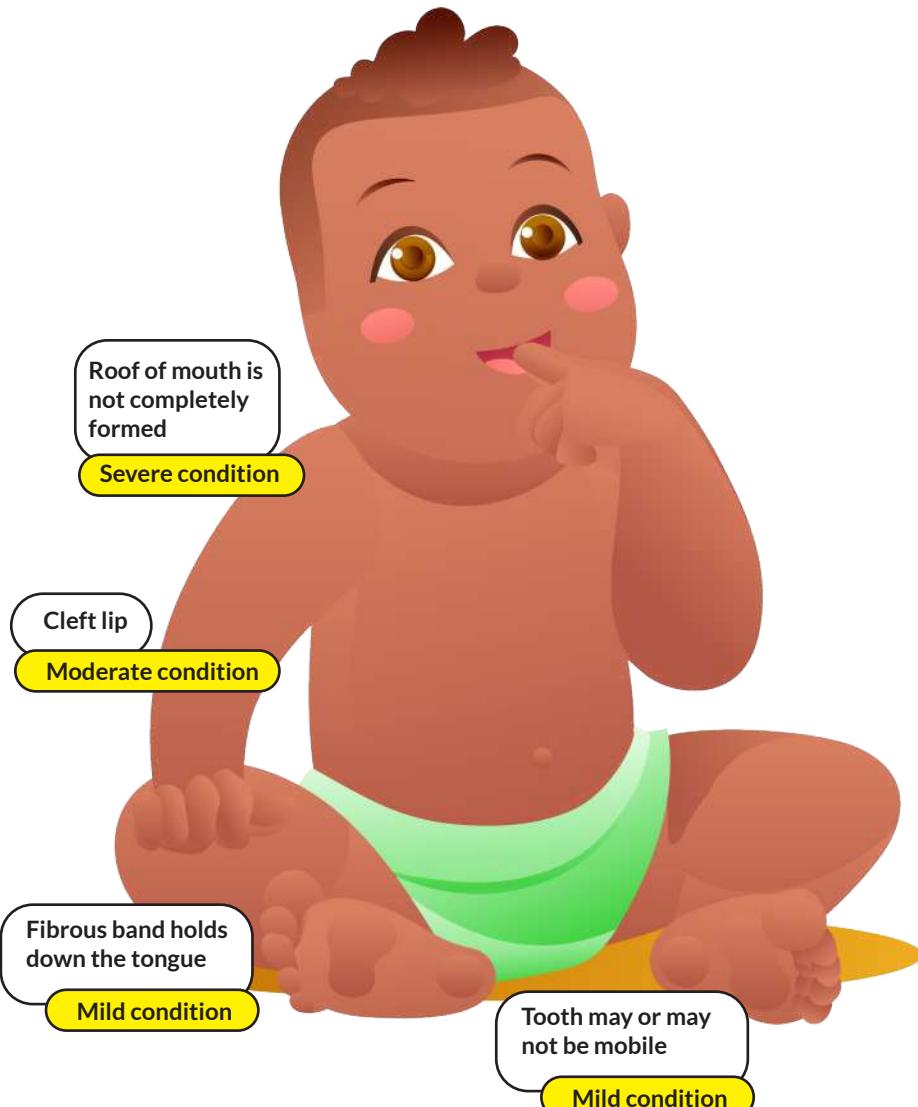
**Temperature:**  
Check with low  
reading or digital  
thermometer and  
record



**Tongue:**  
sore, fissured, smooth,  
dry, tied- check for band  
holding tongue, swelling



**Lips:**  
Cleft



### Baby is not able to feed

REFER immediately to hospital.

### II. a. Baby's lip is not completely formed Baby is able to feed successfully

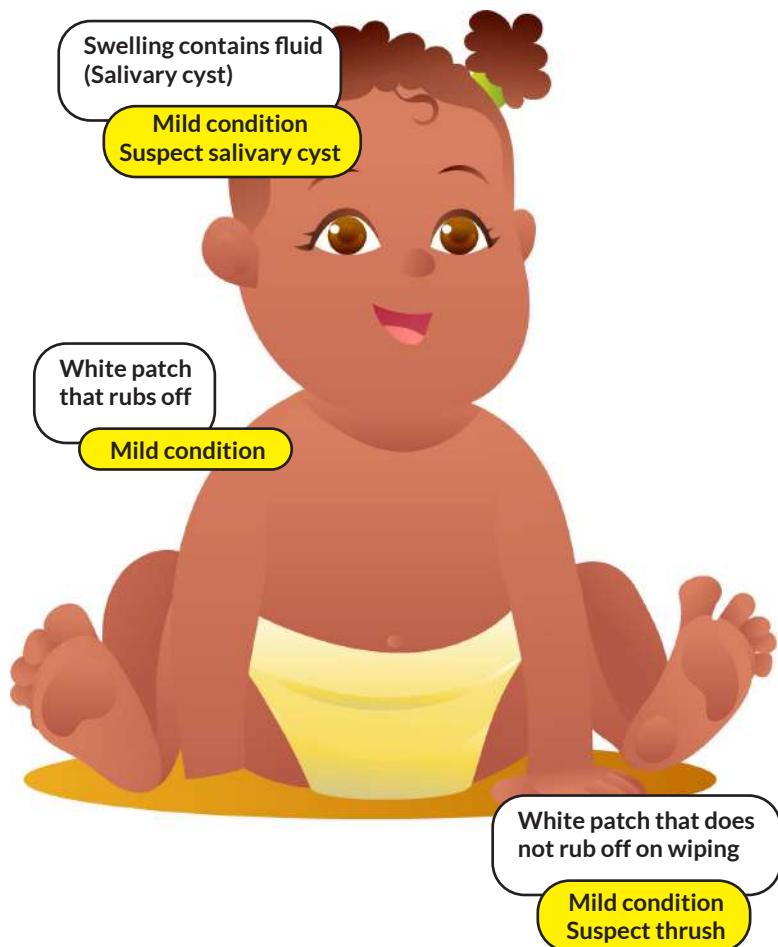
Reassure parents that the condition can be corrected surgically when baby is about 6 weeks old  
That temporary measures can help baby feed better and look better  
Help mother, put child to breast or feed with expressed milk using cup and spoon  
REFER immediately to the hospital

### Tongue Tie

Explain the findings to the parents. As the baby grows older, the tie may not interfere with speech.  
Refer to the clinic

### Tooth/teeth in the mouth at birth or shortly after

Explain to parents that condition is normal.  
Reassure that baby is not evil  
REFER immediately.



### Soft swelling under the tongue

REFER to the hospital

### White patches in mouth

No treatment needed.  
Explain to mother that patch is only milk

### White patches in the mouth

Clean mouth with cotton wool soaked in normal saline  
Give Nystatin oral suspension 0.3mls 6 hourly for 7 days  
Review after 3 days  
If no improvement, REFER



## HEALTH EDUCATION

- Oral hygiene, emphasizing proper utilization of cleaning materials - cotton wool and salt solutions.
- Nutrition and prevention of tooth decay, encourage exclusivebreast feeding
- Discourage uvulectomy
- Remind mother to take home-based records with her anytime she takes baby to the clinic or hospital
- Educate the mother on personal and environmental hygiene.
- Advice on regular and completed Immunization.
- Remind mother to take home-based records with her any time she takes baby to the clinic or Health facility



# NATIONAL STANDING ORDERS

FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS

COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA



2024



## SECTION TWO

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(1 Month – 5 Years)

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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

## FEEDBACK AND SUPPORT CONTACT

We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

### HOW TO PROVIDE FEEDBACK

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

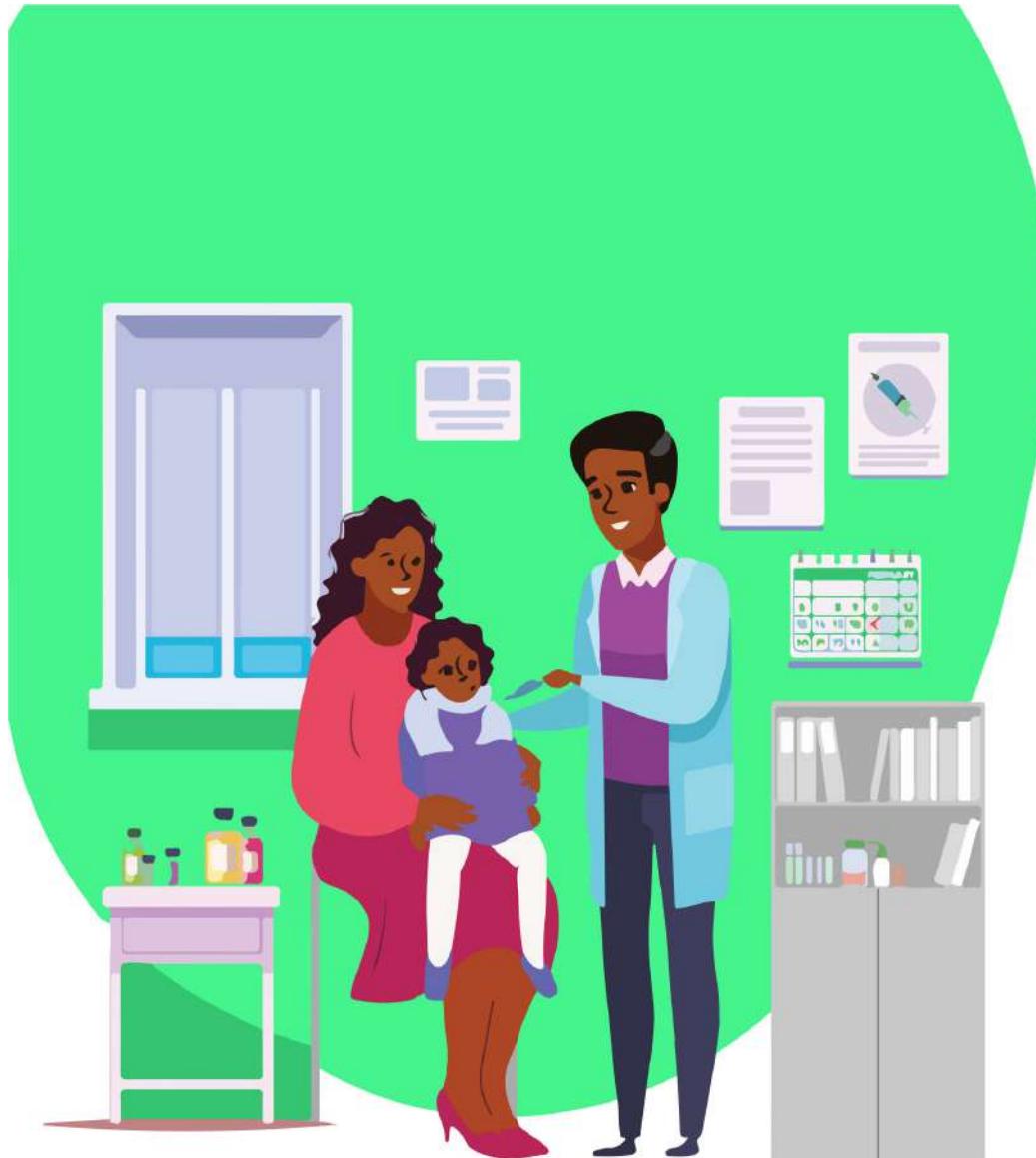
Online Form: Please fill out your structured feedback using the google form via this link



## SECTION TWO

# EARLY CHILDHOOD

(1 Month – 5 Years)



## 2.1 CHILD'S FIRST VISIT

The child's first visit is very important one and should always include screening for health problems, growth monitoring and promotion, health education on nutrition, immunization and protection from illness and other conditions that are relevant to child and the family. Mothers should be encouraged to bring their children for visits while they are well - monthly in the first 2 years of life, every 3 months thereafter until 5 years, and subsequent visits when necessary.



## HISTORY



### BIRTH:

- Were pregnancy and birth normal? Where was the child delivered?
- Did the child cry immediately after birth?
- Was the child jaundiced (yellow) at any time?

### DEVELOPMENTAL MILESTONE:

- Is the child developing normally?
- At about the age of 2 months-sees, responds to voice
- At about the age of 4months holds head up
- At about the age of 8months sits by self
- At about the age of 12months walks alone

### DEVELOPMENTAL MILESTONE:

- What immunization has the child had? Does the child have immunization card?

### DEVELOPMENTAL MILESTONE:

- How have you been feeding the child?
- Exclusive breastmilk if less than 6 months? Complementary feeding, supplementary feeding and breastmilk after 6 months?
- What food is he/she eating now?
- If not exclusively breastfeeding, is mother using any family planning method?

### SOCIAL:

- With whom does the child live? Does mother work outside the home Who looks after the child when the mother is away?
- What is your source of water? What type of toilet do you use?
- Is your house screened against mosquitoes?
- Do you use Long Lasting Insecticide Net (LLIN)

### MEDICAL:

- Has the child had illnesses in the past?
- e.g. Measles? Mumps? What treatment was given? Where? Any illness or chronic cough in the family?
- Does the child have any problem no



## EXAMINATIONS



**General Appearance:**  
Well-looking,  
ill-looking



**Eyes:**  
discharge(sticky),  
yellow, red and  
swollen eyelids



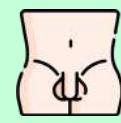
**Nose:**  
discharge  
blood, mucus,  
blockage



**Spine:**  
swelling  
or opening



**Colour:**  
normal, pale,  
yellow, blue



**Genitalia:**  
abnormality (check  
vaginal/penial opening,  
size of clitoris, both  
testis in scrotal sac),  
swelling, congenital  
hernia.



**Head:**  
Isize, swelling, colour and  
texture of hair,  
fontanelledepressed or  
bulging, suturesnormal  
or wide



**Skin:**  
rashes, sores,  
bruises



**Neck:**  
glands, masses,  
stiffness



**Temperature:**  
check and record



**Anus:**  
Redness or  
prolapse, irritation  
and imperforation.



**Developmental Milestone:**  
(a) At about the age  
of 2 months - sees,  
responds to voice  
(b) At about the age  
of 2 months - sees,  
responds to voice  
(c) At about the age of 8  
months - sits by self  
(d) At about the age of  
12 months - walks alone



**Arms and legs:**  
normal movement,  
deformity, fingers  
and toes (for extra  
or joined webbed  
fingers)



**Abdomen:**  
condition of  
umbilical cord,  
umbilical hernia,  
rigidity, tenderness,  
mass and distended



**Mouth:**  
ability to suck normally,  
bleeding gums, dental  
caries, pallor, sores, cracks,  
redness of the throat (tonsillitis),  
abnormality (cleft upper palate)



**Weight:**  
check and char



**Chest:**  
respiratory rate,  
wheezes, stridor,  
lower chest  
indrawing



**Haemoglobin:**  
Estimate and  
record



No abnormality found on  
checking child health card for:  
- Immunization status  
- Growth monitoring  
- Hb (haemoglobin)

Well child

#### No complaint (routine visit)

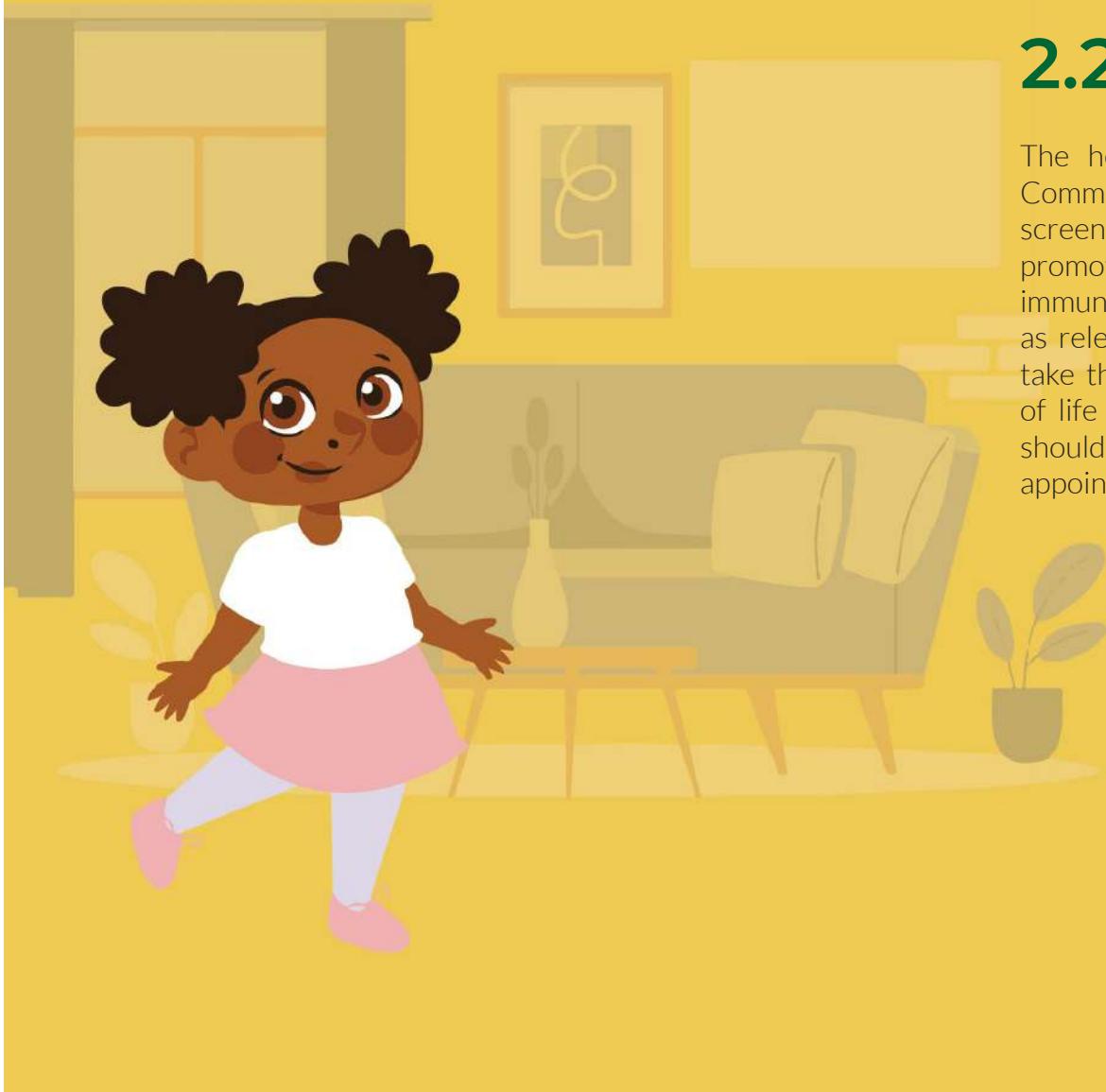
Encourage exclusive breastfeeding if under 6months  
Explain growth chart, commend mother and advise to report for regular growth monitoring  
REFER for food demonstration at 5months. Mothers should attend at least once.   
Advise mother to introduce complementary feeding at 6 months and continue breastfeeding till 2years  
Give Vitamin A  
If child has not received Vitamin A in the last 4 months:  
a. 0-5months 50,000units  
b. 6-11months 100,000units  
c. 12months-5 years: 200,000units  
If not fully immunized for age, advise appropriately (see appendix)  
Check hemoglobin every 4 months if child is less than 1year and every 6 months thereafter.  
Check mother's TT status and advise appropriately  
Advise mother on family planning methods,  
Record findings and management in child's home based record and give it to mother  
Give appointment to child's home based record and give to mother



## HEALTH EDUCATION

### Encourage the mother on:

- Exclusive breastfeeding up to 6 months and breastfeeding up to 2 years.
- Regular and complete Immunization
- Regular clinic attendance.
- Child spacing and good nutrition.
- Personal and food hygiene
- Use of long-lasting insecticide Nets (LLINs)
- Encourage mother to take home-based records with her anytime she brings child to the clinic or hospital.



## 2.2 HEALTHY CHILD

The healthy child visit is a very important one for the Community Health Practitioner and should always include screening for health problems, growth monitoring and promotion, health education about nutrition, birth registration, immunization and protection from illness and other conditions as relevant to the family. Mothers should be encouraged to take their children for visits while they are well—two years of life and 3-monthly thereafter until 5 years old. Mothers should equally be taught the importance of keeping clinic appointment(s)



## HISTORY

Ask the mother for any complaint(s)



## EXAMINATIONS



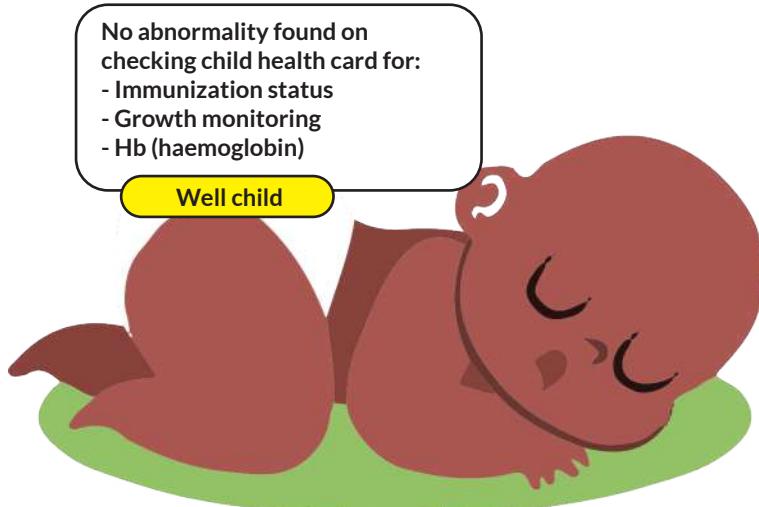
Look for any congenital abnormality



**General Appearance:**  
Healthy looking child, no abnormality found



Check the child's immunization record, growth monitoring chart, and haemoglobin



### No complaint (routine visit)

Encourage exclusive breastfeeding if under 6 months (feeding option if mother is HIV positive)  
 Interpret result of child's arm circumference/weight to mother and teach mother how to use arm circumference strip  
 Advise mother to introduce complementary feeding at 6 months  
 Revert to action number 4 on 2.1  
 Refer for food demonstration at 5 months on how to prepare complementary food   
 Refer for food demonstration at 5 months.   
 Give Vitamin A if child has not received Vitamin A in last 4 months:  
 2-6months: 50,000 units  
 6-11Months: 100,000 units  
 12month-5yrs: 200,000 units  
 Advise to report for regular growth monitoring.  
 If not fully immunized for age, advise appropriately (see appendix)  
 Check mother's Tetanus Toxoid status and advise appropriately  
 Record findings and management in child's home-based record and give to mother or caregiver  
 Give appointment appropriate to child's age



## HEALTH EDUCATION

**Encourage the mother on:**

- Exclusive breast-feeding up to 6 months (feeding option if mother is HIV-positive) and breastfeeding up to 2years
- Immunization
- Regular clinic attendance
- Child spacing and good nutrition using local food to demonstrate.
- Personal and food hygiene
- The use of Long-Lasting Insecticidal Nets (LLINs)
- Importance of taking home-based records with her anytime
- she takes child to the clinic or hospital.



## 2.3. FEVER

Fever is elevation of body temperature above 37.50C. Fever is a sign of infection or loss of body fluid. Rapid rise of temperature may lead to fits especially in young children of 6 months to five years (febrile convulsion). Some common causes of fever are malaria, tuberculosis, respiratory, gastro-intestinal and other bacterial and viral infections. All patients with a history of fever should be treated and encouraged to drink plenty of water, other fluids and fruits. High fever should be treated as an emergency.



## HISTORY

How long has the child had the fever?  
Is there any convulsion?  
Has the child ever had any convulsion?  
Is the child having a runny nose? Cough? Or difficulty breathing?  
Is the child coughing up blood,  
Is the child vomiting or having diarrhoea?  
Is the child having bloody diarrhoea?  
Is the child having skin rashes?  
Is the child having any ear pains? Sore throat? Headache?  
Stiffness of the neck?  
Is the child passing urine normally? Is it painful?  
Is it more or less frequent?  
Is the child bleeding inside and outside the body?  
From the eyes, ears, and nose?  
Has any analgesic or other medication been given?  
Is anyone currently ill in the family or compound?



## EXAMINATIONS:



**General Appearance:**  
alert, restless, listless,  
drowsy or difficult  
to wake, delirious,  
dehydrated, thin,  
weak or convulsing



**Eyes:**  
pus, blood



**Nose:**  
discharge-clear  
or purulent,  
blood



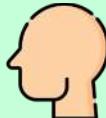
**Ear:**  
tenderness behind  
the ear, discharge,  
blood



**Chest:**  
rashes, septic  
spots, profuse  
perspiration.



**Throat:**  
sores, pains



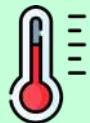
**Head:**  
fontanelle  
bulging or  
depressed



**Skin:**  
rashes, sores,  
bruises



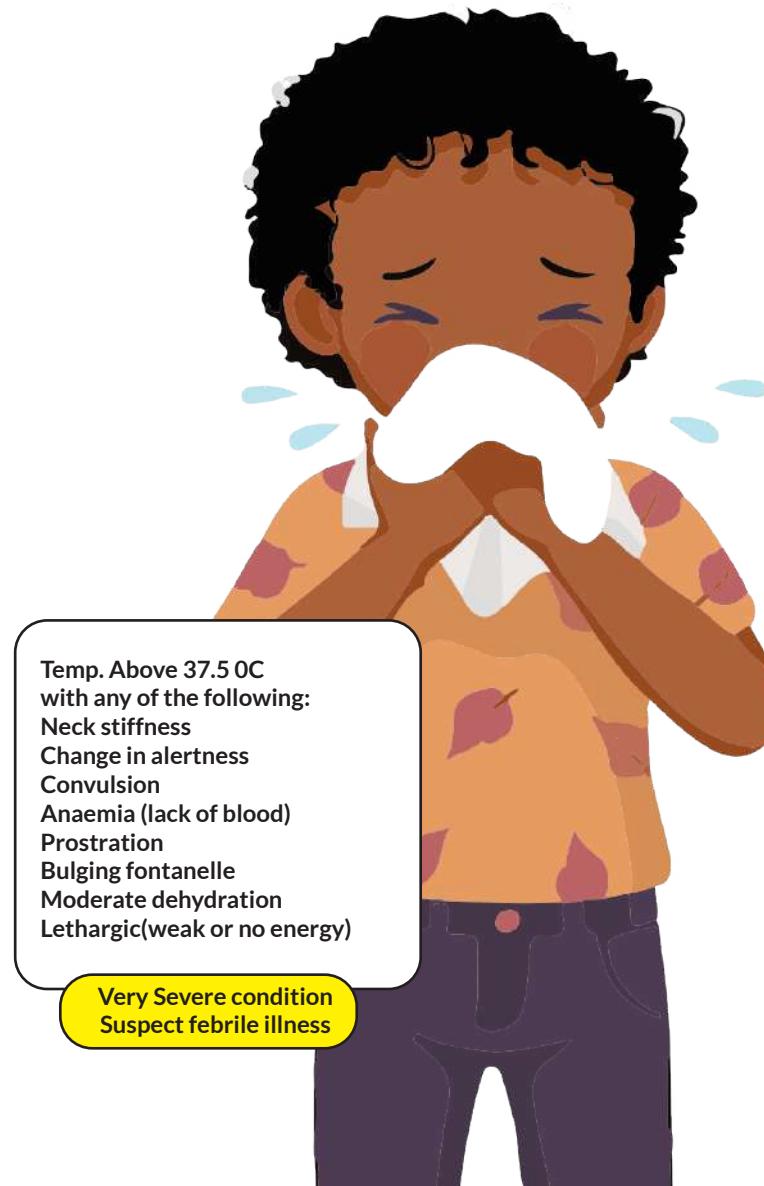
**Neck:**  
Stiffness,  
nodes.



**Temperature:**  
check and record



**Abdomen:**  
tenderness,  
masses



**Temp. Above 37.5 0C  
with any of the following:**

- Neck stiffness
- Change in alertness
- Convulsion
- Anaemia (lack of blood)
- Prostration
- Bulging fontanelle
- Moderate dehydration
- Lethargic(weak or no energy)

**Very Severe condition  
Suspect febrile illness**

#### Fever with any of the following danger signs:

- A. VOMITING EVERYTHING
- B. UNABLE TO DRINK, OR SUCKLE
- C. CONVULSION OR HISTORY OF CONVULSING
- D. STIFF NECK

Tepid sponge For children being referred with very severe febrile disease

Give first dose of intramuscular artesunate OR give first dose of intramuscular Quinine

Give first dose of an appropriate antibiotic:

Susp. Amoxicillin 250mg/5ml

Dose:1month-12months: 2.5ml 8hourly for 5days

12months-5years: 5ml 8hourly for 5days

Give one dose of Paracetamol 120mg/5ml for high fever (37.5°C or above)

2 months-3years: 0.3ml immediately (stat)

3-5years: 5ml immediately (stat)

Give breastmilk (30-50ml) to prevent low blood sugar OR sugar water if breastmilk is not available to keep up the sugar level.

REFER Immediately to the appropriate health facility; but if referral is not possible: 

Give first dose of intramuscular artesunate

Child should remain lying down for one hour

Repeat IM. Artesunate at 12 and 24 hours later and then once daily for 6 days.

Artesunate/Age or weight:

1 month-4 months (4-6kg) - 9.6mg-12mg

4 months-12 months (6-10kg) - 14.4mg-21.6mg

12 months-2 years (10-12kg) - 24.0mg-26.6mg

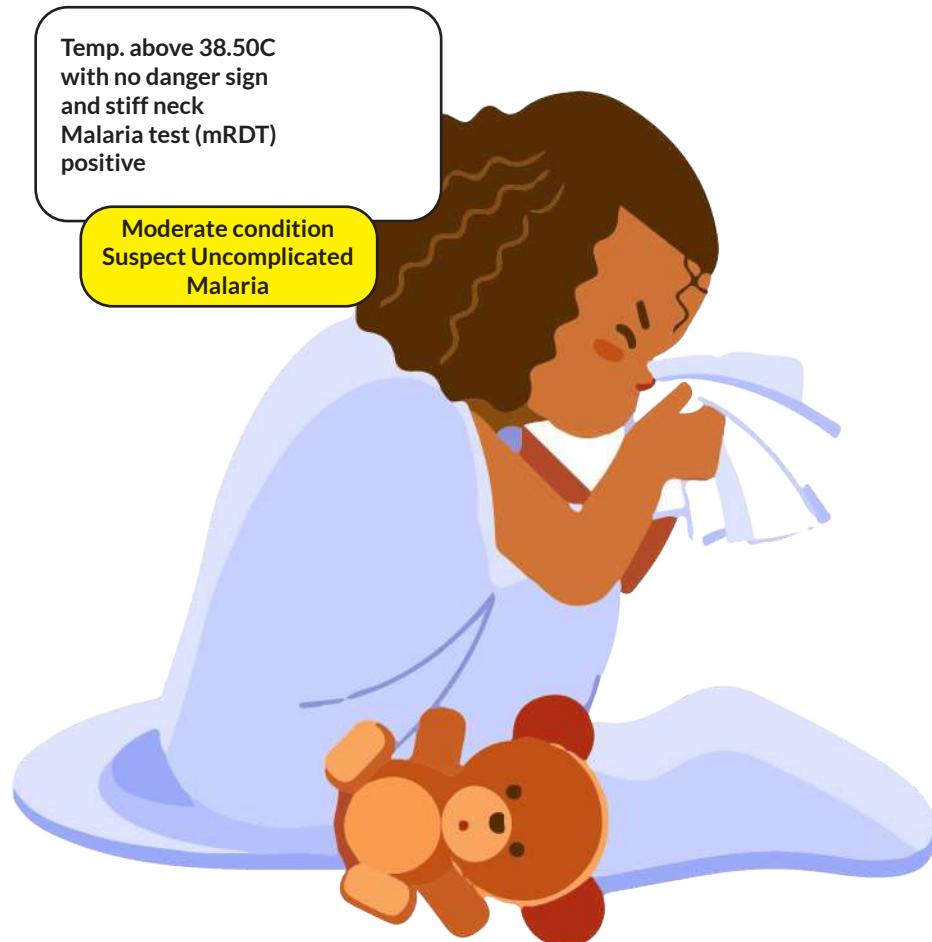
2 years-3 years (12-14kg) - 28.8mg-31.2mg

3 years-5 years (14-19kg) - 33.6mg-45.6mg

OR

Give first dose of intramuscular quinine, child should remain lying down for one hour

Repeat quinine injection at 4 and 8 hours later and then every 12 hours until the child is able to take an oral anti-malarial. Do not continue quinine injections for more than 1 week:



#### Fever with any of the following danger signs:

Age/weight:	150mg/ml (2mls ampoules)	300mg/ml (2ml ampoules)
1months–4months(4-6kg)	0.4ml	0.2ml
4months–12months(6-10kg)	0.6ml	0.3ml
12months-2years(10-12kg)	0.8ml	0.4ml
2years–3years(12-14kg)	1.0ml	0.5ml
3years–5years(14-19kg)	1.2ml	0.6ml

where IM quinine is not available, artesunate suppository can be used as pre-referral drug

All cases of very severe febrile illness must be referred to secondary level healthcare facility immediately after giving Pre-referral treatment with a letter describing signs, symptoms and treatment given to the patient at PHC level

#### Fever with any of the following danger signs:

Treat with Oral ACT Anti-malarial Arthemeter/Lumefantrine (AL 20mg/120mg):

Day 1 give 1st dose & 2nd dose 8 hours later then, 12hourly for 3 days

Age	Weight/kg	Dose
1 month – 3 years 5-14 1		tab twice daily
4-5 years	15-24 2	tabs twice daily
OR		
Artesunate Amodiaquine (AA) both as a fixed dose combination		

Age	Weight/kg Dose:	1st	2nd	3rd
2-11 months	<10 25mg/67.5mg	1 tab	1 tab	1 tab
12 months - 5 years	10-18 50mg/135mg	1 tab	1 tab	1 tab

Give Syr. Paracetamol 120mg/5ml for high fever

1 month–3 years: 2.5ml 8hourly for 3 days

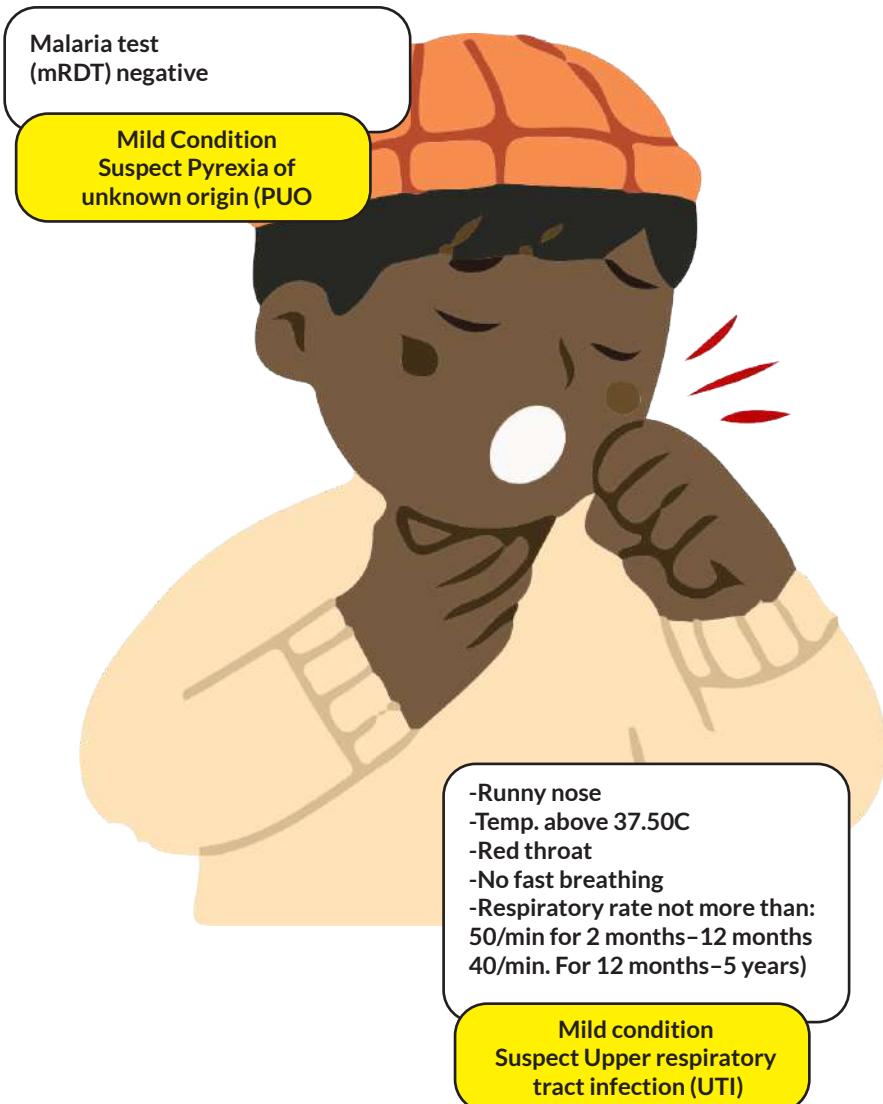
3-5 years: 5ml 8hourly for 3 days

Advise the mother to use LLINs for the child

Advise mother when to return immediately

Follow-up in 2 days if fever persists every day for more than 7 days

REFER to the appropriate health facility for assessment



### Fever, cough with runny nose/sore throat

Give one dose of paracetamol for high fever ( $37.5^{\circ}\text{C}$  or above).  
 Advise the mother to use Long Lasting Insecticidal Nets (LLINs) for the child  
 Advise mother when to return immediately.  
 Follow-up in 2 days  
 If fever persists, ASSESS for other causes of fever such as measles, UTI, pneumonia  
 If fever is present every day for more than 7 days, REFER for further assessment

### Fever, cough with runny nose/sore throat

Tepid sponge  
 Give Syr. Paracetamol 120mg/5ml  
 2 month-2 years: 2.5ml 8hourly for 3 days  
 2-5 years : 5ml 8hourly for 3days  
 If child cannot take orally or is vomiting everything, give paracetamol (PCM) suppository  
 Give an appropriate antibiotic Susp. Amoxicillin 125mg/5ml  
 2 months-12 months: 2.5ml 8hourly for 5 days  
 12 months-5 years: 5ml 8hourly for 5 days  
 Review in 2 days  
 If no improvement, REFER to the appropriate health facility



-Rash with any of the following:  
Inability to drink or breastfeed  
Lethargic  
Stridor (when calm)  
Severe malnutrition  
Chest in-drawing  
Clouding of the cornea  
Deep or extensive mouth ulcer  
Temp. 37.50C or above

**Mild Condition Suspect**  
pyrexia of unknown origin (PUO)  
**Severe condition**  
**Suspect complicated measles**

Cough  
Measles rash  
Pus draining from the eyes or Mouth ulcers  
No fast breathing -temperature 37.50C or above

**Moderate condition**  
**Suspect Measles with eye or mouth complications**

### Fever, cough with runny nose/sore throat

Give one dose of paracetamol for high fever (37.50C or above)

Advise the mother to use LLINs for the child

Advise the mother when to return immediately

Follow up in 2 days

If fever persists ASSESS for other condition(s)

Give Vitamin A treatment

Age	200,000iu	100,000iu
2-6 months	¼	1/2
6-12 months	½	1
12 months-5 years	1	2

Give first dose of an appropriate antibiotic Susp. Amoxicillin 125mg/5ml

Dose: 2 months-12 months: 2.5ml 8hourly for 5 days

12 months-5 years: 5ml 8hourly for 5 day

If clouding of the cornea or pus draining from the eye, apply chloramphenicol eye ointment

REFER immediately to the appropriate health facility.

### Fever with measles-type rash

Give Vitamin A treatment

Age	200,000iu	100,000iu	50,000iu	MultivitaminSyr
2-5months	¼	½	1	2.5ml
6-11months	½	1	2	5.0ml
12months-5years	1	2	4	5.0ml

If pus draining from the eye, treat eye infection with chloramphenicol eye ointment [dosage]

If mouth ulcers, treat with gentian violet

Follow-up in 3 days

If no improvement, REFER to the appropriate health facility

Measles now or within  
the last 3 months

Mild condition  
Suspect Measles



#### Fever with measles-type rash

Give Vitamin A treatment

Age	200,000iu	100,000iu	50,000iu	MultivitaminSyr
2–5months	¼	½	1	2.5ml
6–11months	½	1	2	5.0ml
12months–5years	1	2	4	5.0ml

Fever with facial swelling, sore throat and bleeding from nose,  
eyes, ears gums

REFER immediately to the appropriate health facility

ENSURE UNIVERSAL PRECAUTIONS

No specific treatment for the disease is yet available

Efforts to help those who are infected include giving either oral rehydration salts/ORS or intravenous fluids

#### Fever with chills; feeling like flu, headache, muscle aches

Give Susp. Amoxicillin 250mg/5ml

2 months–12 months: 2.5ml 8hourly for 5 days

12 months–5 years: 5ml 8hourly for 5 days

REFER immediately to the appropriate health facility

Temperature 37.50C or above  
Headache  
Joint and muscle aches  
Sore throat  
Weakness  
Stomach pains  
Loss of appetite  
Vomiting or cough up blood  
Bloody diarrhoea

Severe Condition  
Suspect  
Haemorrhagic Fever



## HEALTH EDUCATION

- Environmental sanitation and prevention of disease transmission (vector control, drainages).
- Proper housing condition (ventilation, lighting)
- Use of long-lasting insecticide nets (LLINs)/materials for malaria control.
- Safe disposal of animal and human bodies infected with lassa virus, SARS virus and ebola virus
- Wearing protective clothing when around person with the disease
- Personal and food hygiene.
- Encourage fluid intake
- Nutrition counselling.
- Safe water and disease prevention
- Importance of immunization in disease prevention and control
- Importance of taking home-based records on child's next visit to the clinic or hospital.



## 2.4 CONVULSION

Convulsion is a jerky movement of the arms and legs and twitching of muscles. It is very common in infants and children and can be caused by high fever from any cause, head injury, tumour or sometimes infections of the brain or spinal cord. Muscle twitching due to tetanus or lockjaw should not be mistaken for convulsion. Tetanus often begins with tightness of the mouth, jaw and muscle twitching



## HISTORY

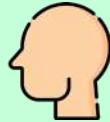
Has the child had a fever? Any accident? Head injury?  
Did the child take any medicine, or any substance accidentally?  
Has the child had any previous convulsion? With or without fever?  
Has the child been given any medication? If yes, what?  
Does any other family member suffer from convulsions?



## EXAMINATIONS:



**General Appearance:**  
convulsing, conscious,  
drowsy, unconscious,  
smelling of cow's  
urine



**Head:**  
swelling, sign of injury,  
fontanelle for bulging



**Temperature:**  
check and record



**Eyes:**  
pupils for size  
and reaction  
to light



**Chest:**  
respiratory rate,  
lower chest in-drawing



**Ear:**  
pus, bulging drums or  
perforation of drums



**Neck:**  
stiffness



**Nose:**  
flaring of  
alae nasi



**Weight:**  
check and record



### Convulsion with fever

Lie the child on his or her side to avoid aspiration

Do not insert anything in the mouth

Keep the airway clear

Tepid sponge

Give the first dose of i/m Paraldehyde and REFER child to the appropriate health facility urgently:

Age or Weight	ParaldehydeDose:1ml= 1gram
0-2 months (1.5-<4kg)	0.5ml
2 months-4 months (4-<6kg)	1.0ml
4 months-12 months (6-<10kg)	1.5 ml
12 months-3 years (10-<14kg)	2.0ml
3years-5years(14-<19kg)	2.5ml

After 10 minutes, if convolution continues, repeat i/m paraldehyde.

If convolution continues 10mins after second paraldehyde, give a third dose

### History of convolution more than 24 hours before coming to the clinic

Tepid sponge

Give first dose of paraldehyde

Age or Weight	ParaldehydeDose:1ml= 1gram
0-2months(1.5-<4kg)	0.5ml
2months-4months(4-<6kg)	1.0ml
4months-12months(6-<10kg)	1.5ml
12months-3years(10-<14kg)	2.0ml
3years-5years(14-<19kg)	2.5ml

Explain findings to the mother

REFER immediately to the appropriate health facility 



- Not convulsing now
- Temperature >37.50C
- Any of the following:
  - Bulging fontanelle
  - Neck stiffness
  - Signs of head injury

Severe condition  
Suspect Meningitis  
or head injury

Not convulsing  
Temperature less than  
37.50C

Moderate condition  
Suspect febrile illness

#### History of convulsion

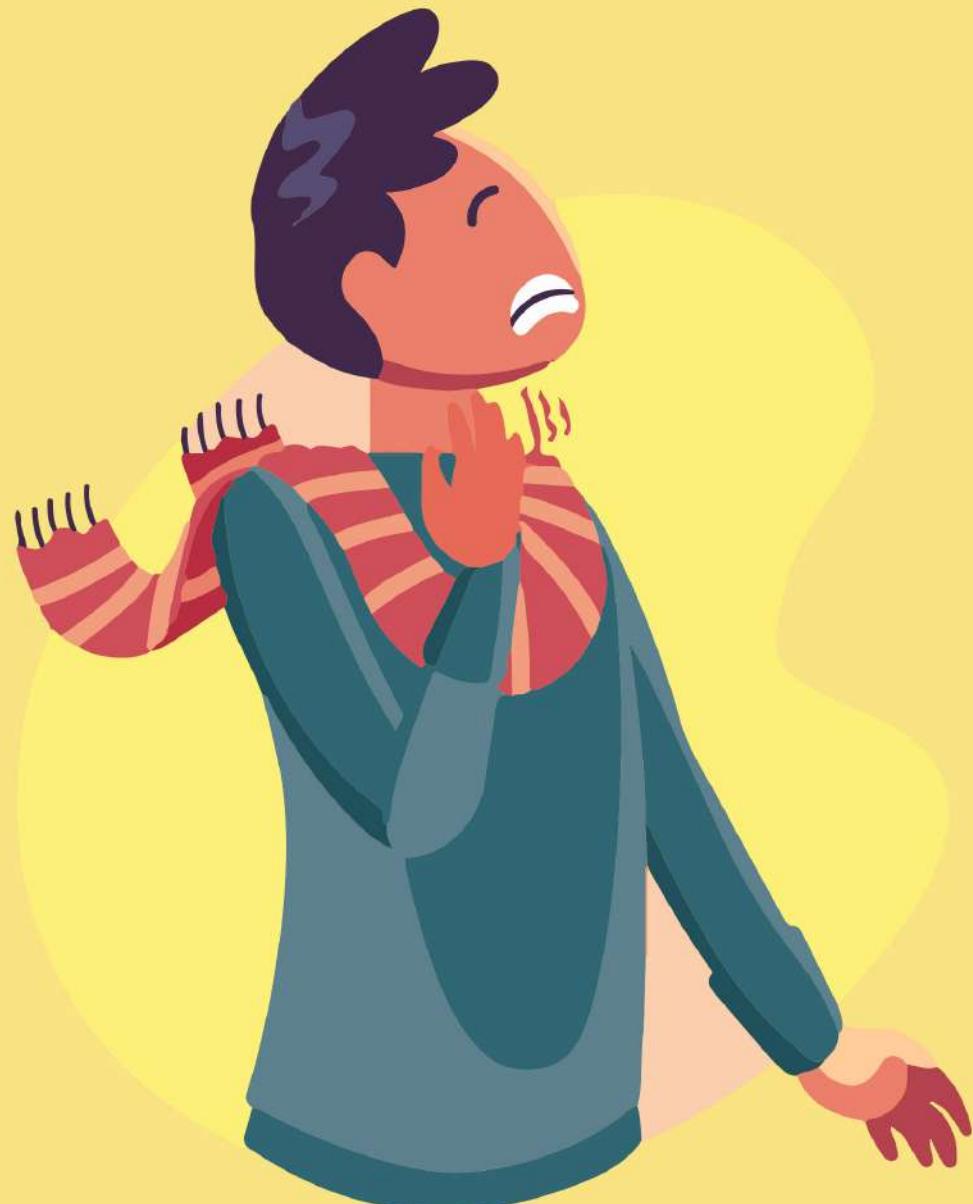
Conduct RDT and if positive, treat for uncomplicated malaria with ACTs (refer to section on treatment with ACTs)  
Review in 3 days  
Follow up



## HEALTH EDUCATION

### Explain to Caregiver the:

- Causes (Fever, infection etc) and prevention of convulsion.
- Management of a person during convulsion episode.
- Management of fever especially in children <5years old.
- Use of long lasting Insecticidal Nets (LLINs).
- Importance of taking home-based records on child's next visit to the clinic.



## 2.5 COUGH/ DIFFICULT BREATHING

Cough is usually a symptom of irritation or blockage of the air passages. It is forceful pushing of air out of the lungs. Difficult breathing is when the child is making extra effort to breathe, is breathing too fast or having noisy breathing. Difficult breathing can be seen by looking for chest in-drawing below the ribs and flaring of the nose as the child breathes in. Lower chest in-drawing and fast breathing indicate pneumonia. Fast breathing means a respiratory rate of 60 and above per minute for an infant less than 2 months of age; respiratory rate of 50 and above per minute for an infant aged 2-12 months; and for a respiratory rate of 40 and above per minute for a child 12 months – 5 years. The most common causes of difficult breathing are pneumonia, asthma, mucus plug, enlarged adenoids and aspiration of a foreign body or heart diseases. Aspirin or kerosene poisoning can also cause fast breathing.



## HISTORY

How old is the child?  
How long has the child had the cough or difficult breathing?  
Is there wheezing? Any previous episodes?  
Has the child been vomiting?  
Has the child convulsed?  
Is there a fever? For how long?  
Has the child had measles or immunized for measles?  
Is the child able to drink or suc



## EXAMINATIONS:



**General Appearance:**  
alert or abnormally  
sleepy or difficult to wake,  
severe malnutrition,  
respiratory distress



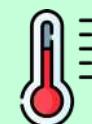
**Document oxygen  
saturation using a pulse  
oximeter if available**



**Eyes:**  
redness,  
discharge



**Chest:**  
Respiratory rate (count  
for 1 full minute in a  
calm child), Subcostal  
retraction, lower chest  
in-drawing Stridor,  
Wheeze



**Temperature:**  
check and record



**Feet:**  
Swollen



**Nose:**  
flaring of  
alae nasi



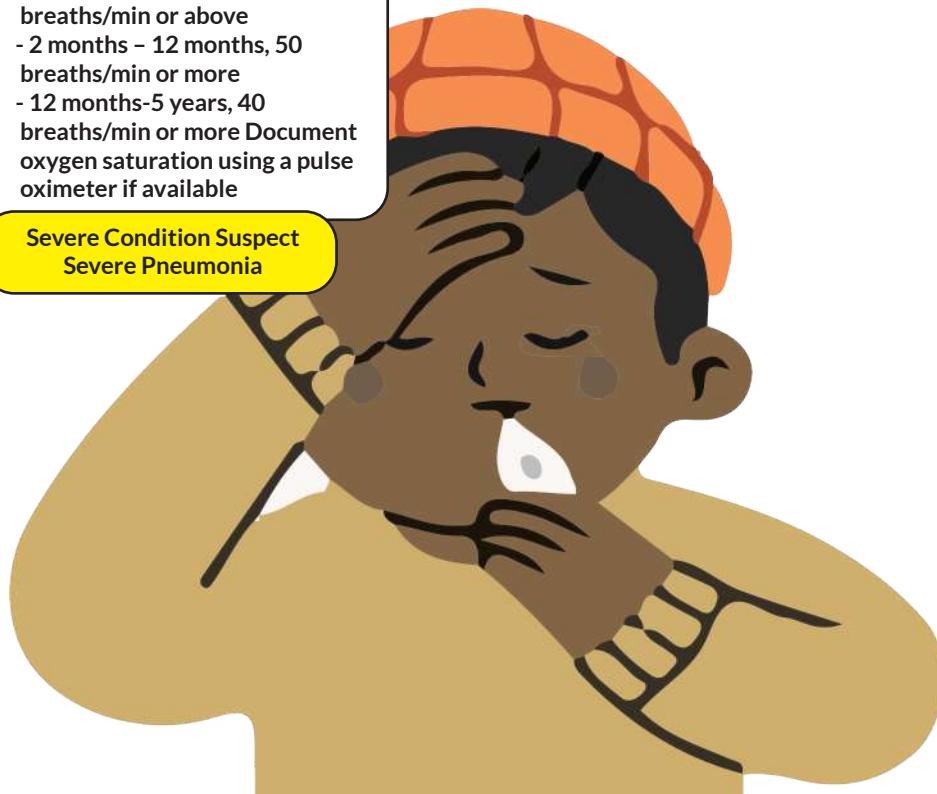
**Throat:**  
soreness  
or redness

- Fast/Difficult breathing.
- Chest in-drawing.
- Flaring of the nose
- Stridor (in a calm child).
- Lethargic.
- May be unconscious

**Severe malnutrition Assessment of fast breathing:**

- Less than 2 months 60 breaths/min or above
- 2 months - 12 months, 50 breaths/min or more
- 12 months-5 years, 40 breaths/min or more Document oxygen saturation using a pulse oximeter if available

**Severe Condition Suspect Severe Pneumonia**



**Fast breathing,  
Chest indrawing**

**Moderate Condition  
Suspect Pneumonia**

**Cough and/or difficult breathing with one or more of the following:**

- A. ABNORMALLY SLEEPY OR DIFFICULT TO WAKE
- B. INABILITY TO DRINK
- C. GRUNTING WHEN CALM

Give first dose of oral Amoxicillin (250mg) dispersible tablets REFER immediately

Oxygen saturation is or less than 95% REFER immediately

**Cough for more than 14 days, failure to thrive, with or without family history of TB**

REFER immediately

**III. Cough with fast breathing or chest in-drawing**

- Susp.Amoxicillin 125mg/5m
- a. 2mths-12mths: 2.5ml 8hourly for 5 days
  - b. 12mth-5 yrs 5ml 8hourly for 5days
- REFER immediately



## HEALTH EDUCATION

- Overcrowding and disease transmission control
- Prevention of air pollution (from firewood and kerosene smoke, and frying) and respiratory infection/problems
- Role of adequate nutrition and fluid intake in prevention of infections and quick recovery.
- Use of Long Lasting Insecticide Nets (LLINs)
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.6 DIARRHEA

Diarrhea is the passage of three or more loose or watery stools in 24 hours. Passing 5 to 8 soft or semi-liquid stools per day is normal in exclusively breast-fed infants. Children with diarrhea may quickly become dehydrated and diarrhea in children often leads to malnutrition. The main danger in diarrheal diseases is dehydration, and it kills children more easily than adults. Replacement of fluids is the most important treatment. Persistent diarrhoea is one that lasts for two weeks or more. HIV/AIDS is a major cause of persistent diarrhoea.



## HISTORY

How long has the child had diarrhoea?

How many times does the child usually pass stool each day?

How many now?

Has the child passed any stools while in the clinic? (if so, look at it)

Are the stools watery? Is there blood or mucus?

Is the child vomiting? How often?

Has the child been active?

Are there other complaints such as cough, fever, draining ear,  
abdominal pain?

What has the child been fed? What is the method of feeding?

Has any medication been given?

Is anyone else in the household having diarrhoea?

Does the child drink normally, eagerly or poorly?



## EXAMINATIONS:



**General Appearance:**  
alert, restless, irritable,  
thin, dehydrated, lethargic, unconscious



**Chest:**  
respiratory rate Rapid  
breathing: 60 or more/  
minute age less than  
2 months. 50 or more/  
minute age 2-12 months  
40 or more/minute age  
12 months – 5 years



**Neck:**  
nodes enlarged,  
throat inflamed



**SEE APPENDIX**  
or chart on assessment  
of dehydration



**Offer the child**  
**something to drink, and**  
**note if the child drinks**  
**normally, eagerly or**  
**poorly (or is not able to**  
**drink)**



**Mouth and Tongue:**  
moist, dry, very dry



**Temperature:**  
check and record



**Eyes:**  
normal, sunken,  
very sunken  
and dry



**Head:**  
anterior fontanelle  
depressed.



**Abdomen:**  
tenderness,  
distended



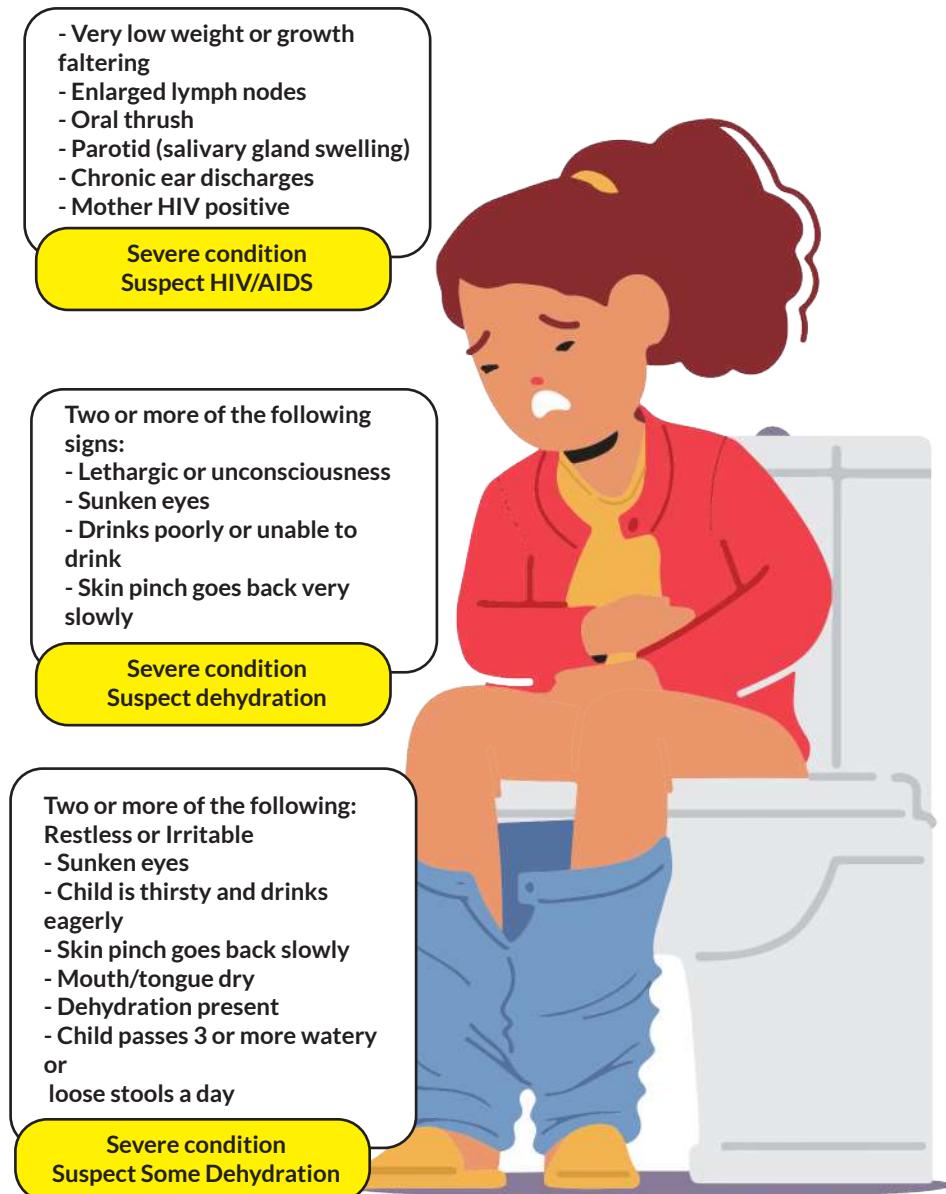
**Ear:**  
purulent discharge,  
tenderness behind  
ear



**Skin:**  
skin pinch goes  
back quickly, slowly  
or very slowly



**Weight:**  
weigh and chart



### Recurrent bouts of frequent stool with or without weight loss

Give Vitamin A

<6months - 50,000IU

6-11months - 100,000IU

12months - 5 years 200,000IU

REFER immediately

Prepare and give mother LO-ORS/Zinc to give the child slowly on the way

### Frequent watery stool with weakness, with or without vomiting

If child has no other severe classification give low osmolarity ORS with dispersible zinc sulphate tablets for severe dehydration (see Plan C)

If child has another severe classification, REFER immediately

Advise mother to give frequent sips of low osmolarity ORS with dispersible zinc sulphate tablets

Advice mother to continue breast-feeding.

### Frequent stooling for 14 days or more

See Plan B. Treat SOME dehydration with LO-ORS/Zinc.

If child has another severe classification, REFER immediately

Advise mother to give frequent sips of low osmolarity ORS with dispersible zinc sulphate tablets

### LO-ORS

Age

<2years

>2years

Dosage

50-100ml(1/4to½cup) after each loose stool

100-200ml(1/2to1cup)after each loose stool

### ZINC

<6months

>6months

10mg daily for 10days

20m daily for 10days

**Dehydration present**

**Severe condition Suspect Persistent Diarrhea**



No dehydration  
Well, alert.  
Eyes normal.  
Tears present.  
Mouth/Tongue Moist.  
Child drinks normally.  
Skin pinch goes back quickly OR  
Child passes 3 or more watery or loose stools a day

**Mild condition  
No dehydration**

### Frequent stooling of less than 14 days

Give low osmolarity ORS, dispersible zinc sulphate tablets and fluid to treat diarrhoea at home.

Follow Plan A

Review in 2 days

REFER if diarrhea persists

### Frequent stooling of more than 14 days with or without vomiting,

Give low Osmolarity ORS and dispersible zinc sulphate tablets and Vitamin A  
Follow Plan A.

If child has another severe classification, REFER immediately

### Frequent stooling of more than 14 days with or without vomiting

Give low Osmolarity ORS and dispersible zinc sulphate tablets and Vitamin A Advise mother on feeding child who has persistent diarrhea  
Review in 5 days

If no improvement, REFER

### Diarrhea with fever, abdominal pain, cough/coldfast breathing, ear pain /sore throat

Treat Diarrhoea as in Plan A

Treat for malaria

Refer to appropriate section on additional problem(s)

Review in 2 days

### Diarrhea with vomiting

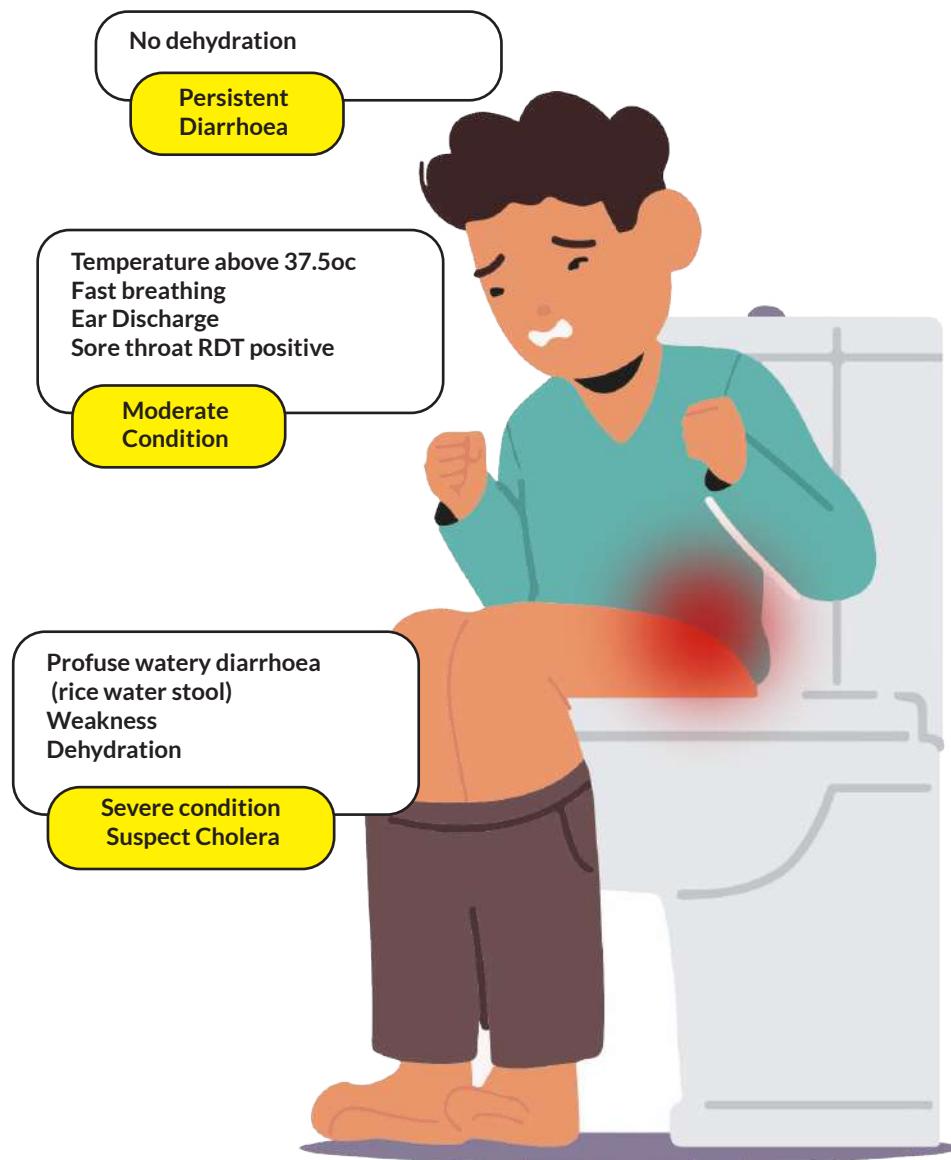
ORS, 7 litres in 4 hours.

Give Ciprofloxacin 15mg/kg/dose-2 times a day for 3 days

Supervise disposal of stool and vomitus

Notify appropriate Authority

Review Daily



### Frequent stool with visible blood.

REFER to the appropriate health facility if:

Child is less than 12 months

Was dehydrated on the first visit

Has had measles within the last 3 months

1.Give Ciprofloxacin15mg/kg/dose-2 times a day for 3 days

Age	500mg tablet	250mg tablet
2months-6months	¼tablet	½
6months-5Years	½tablet	1

Give LO-ORS and zinc tablets

Review in 3 days,

If no improvement, REFER Immediately to the appropriate health facility.

### Frequent stooling of more than 14 days with or without vomiting,

Give Vitamin A

2-6 months	50,000IU
6-11 months -	100,000 IU
12 months - 5 years -	200,000IU

Give LO-ORS and zinc

Give Ready to Use Therapeutic Food (RUTF) if the child has appetite

If no appetite refer to Stabilization Care if available

If no Outpatient Therapeutic Programme or Stabilization Care counsel mother on adequate nutritious foods (locally available food)

### LO-ORS

Age	Dosage
<2years	50-100ml(1/4to½cup) after each loose stool
>2years	100-200ml(1/2to1cup)after each loose stool

### ZINC

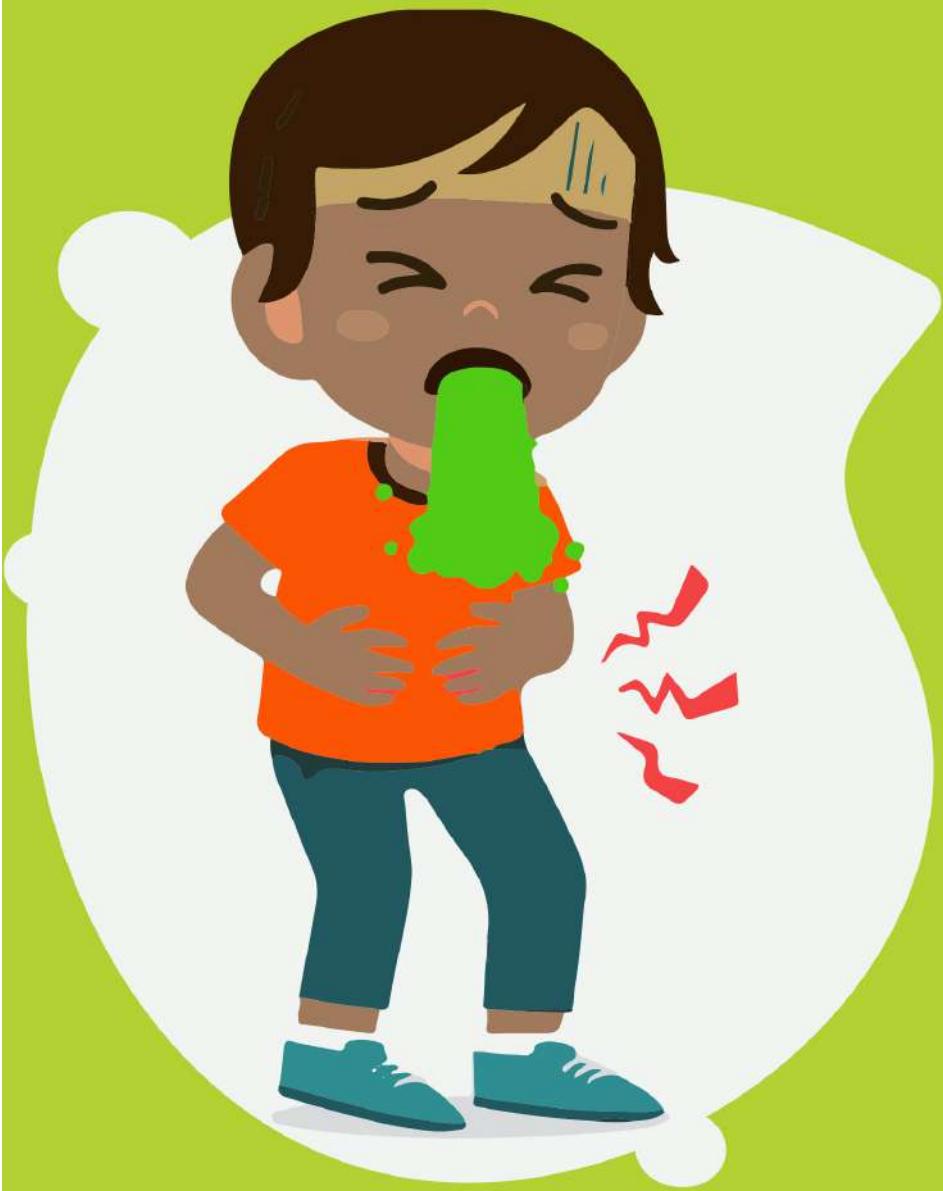
<6months	10mg daily for 10days
>6months	20m daily for 10days



## HEALTH EDUCATION

**Encourage the mother on:**

- Personal Hygiene
- Environmental sanitation
- Exclusive breastfeeding
- Complementary feeding if above six months.
- Use of Long Lasting Insecticide Nets
- Remind mother to take home-based records with her anytime she takes baby to the clinic or hospital.
- Importance of taking home-based records on child's next visit to the clinic or hospital.



## 2.7 VOMITING

Vomiting is the throwing up of the content of the stomach. Babies under six months often bring up little of their food immediately after being fed. This is normal. The common causes of vomiting are gastro-enteritis, meningitis, ear infection, liver disease and abdominal problems.



## HISTORY

How long has the child been vomiting? How often?  
Is it associated with eating?  
Is it projectile? Does it contain blood or greenish fluid? Is there diarrhea?  
If no diarrhea, when was the last stool? (obstruction)

Is the child urinating normally?  
Does the child have any other signs of illness?  
Fever, cough, pain in the head, abdominal pain?  
Has the child been recently dewormed?



## EXAMINATIONS:



**General Appearance:**  
ill, thin, jaundiced



**Eyes:**  
normal sunken,  
very sunken  
and dry



**Neck:**  
stiffness, enlarged  
and tender nodes



**Abdomen:**  
Distension  
Tenderness  
board-like stiffness  
visible intestinal  
movement



**Weight:**  
weigh and chart



**Temperature,  
Pulse, Respiration  
& Blood Pressure**  
check and record



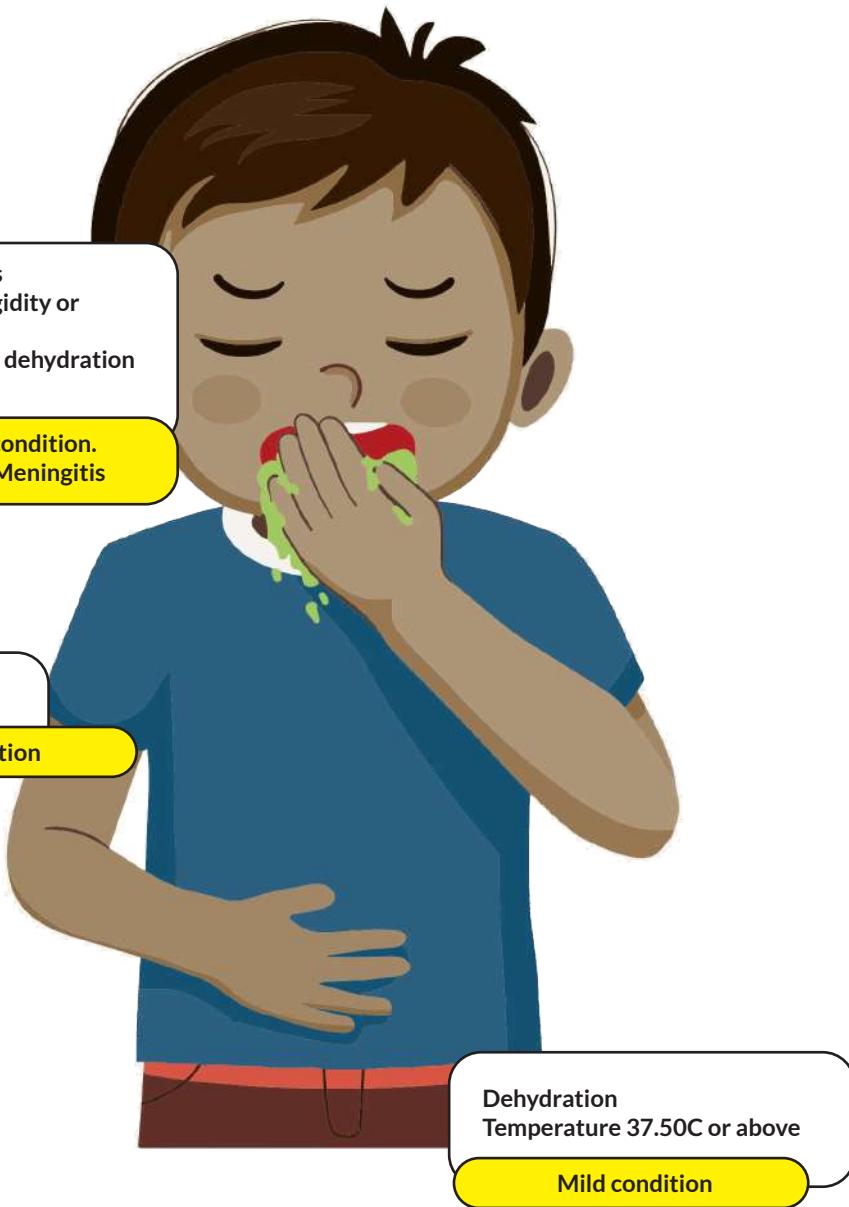
**Ear:**  
red drums, purulent  
discharge, tenderness  
behind the ear



**Head:**  
fontanelle  
depressed or  
bulging



**Throat:**  
redness, purulent  
discharge and  
inflamed tonsils



#### Vomiting with any of the following:

A. BLOOD (BROWNISH VOMITUS)

B. NECK STIFFNESS

C. WEAKNESS

D. FORCEFUL VOMITING

Give IM. Benzyl penicillin double dose stat

2 months to 11 months (300mg stat)

12 months to 5 years (600mg stat)

REFER immediately to the appropriate health facility.

If referral is difficult, repeat 6 hourly till you get to hospital.

#### Vomiting, frequent watery stools

Follow plan A for diarrhea treatment

#### Vomiting with or without diarrhoea but with fever

Follow Plan A for diarrhea and treat fever appropriately

#### Vomiting for less than 12 hours with normal stool

Demonstrate to mother how to make and give Lo-ORS

Continue feeding

Teach mother the causes of vomiting

Review next day

If better, advise mother to continue feeding

If not better, REFER to the appropriate health facility.

#### Occasional vomiting after feeding, no other complaint

Reassure mother

Advise mother to feed baby properly

Teach mother to feed baby sitting upright

Advise mother to keep baby upright for 10-15mins

after feeding



## HEALTH EDUCATION

- Causes of vomiting.
- Personal, food and environmental hygiene.
- Adequate fluid intake and prevention of dehydration  
(excessive loss of body fluids)
- Frequent feeding with small amounts of food.
- Use of Long-Lasting Insecticide Nets (LLINs)
- Importance of taking home-based records on child's next visit to the clinic



## 2.8 PALLOR

Pallor is a major sign of anaemia. Anaemia is reduced number of red blood cells or reduced amount of hemoglobin in each red cell (below 10 grams). A child can develop anaemia as a result of not eating adequate nutritious foods, malaria, malnutrition, parasites (hook worm or whipworm), infections and sickle cell disease. Anaemia can lead to death.



## HISTORY

Is there bleeding from any source?

Nose, gums

Coughing or vomiting;

In the stool;

Black stools, injury;

Does the child have a fever? For how long?

Is there bleeding from any source?

Nose, gums

Coughing or vomiting;

In the stool;

Black stools, injury;

Does the child have a fever? For how long?

Has the child had painful swelling of the fingers,  
toes, the back of hands and feet? Or bone pains?

Does the child have a good appetite? What food  
does he eat? Does the child reject some foods

Does the child crawl, play on the ground or go barefoot?

Does the child have abdominal pain?

Has the child been swimming or washing in the stream?

Does anybody in the family have similar problems?

Has any medication been given?

Is the mother using camphor?



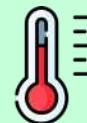
## EXAMINATIONS:



**General Appearance:**  
tall and thin,  
malnourished



**Eyes:**  
jaundice or  
conjunctival  
pallo



**Temperature**  
check and record



**Head:**  
bossing  
of the skull



**Heart:**  
rate, murmur



**Abdomen:**  
enlarged spleen,  
distension



**Chest:**  
respiratory rate, lower  
chest indrawing



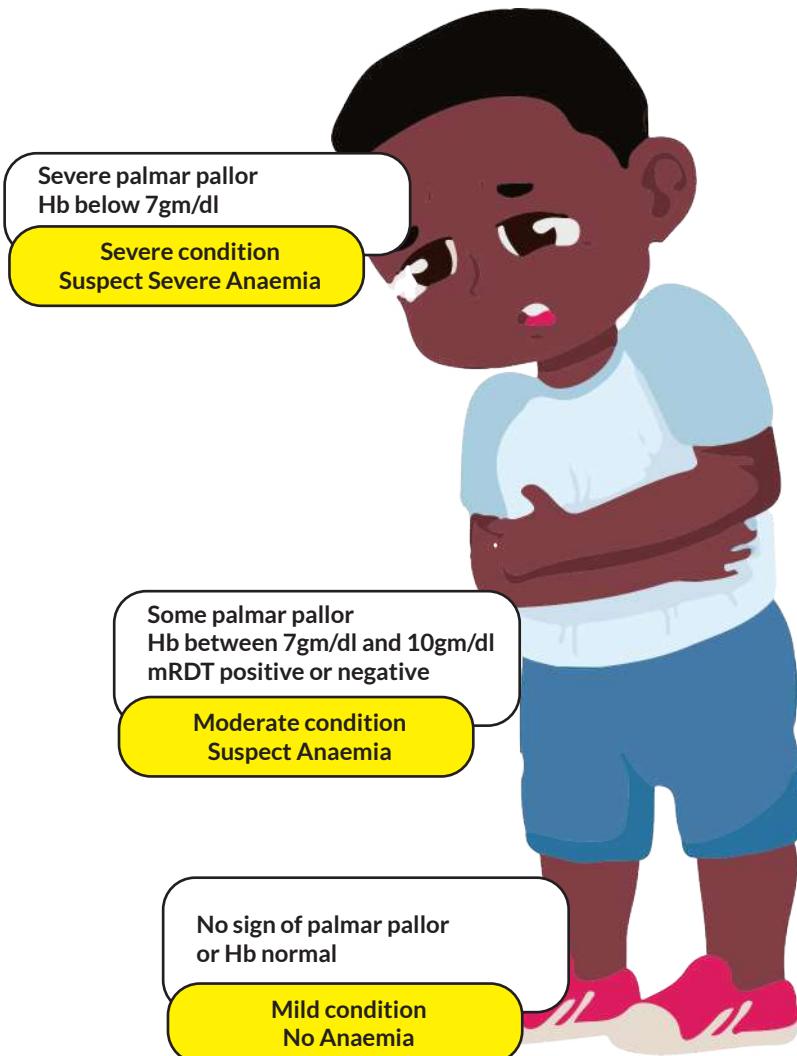
**Limbs:**  
Swollen and  
tender joints,  
feet and/or digits,  
or back of hands  
and feet  
Nails for pallor



**Haemoglobin:**  
Estimate  
and record



**Urine:**  
colour, blood,  
protein



#### Paleness of the body with or without tiredness

Prevent low blood sugar

Give breast milk or 50mls of sugar water: (dissolve 1teaspoon of sugar (5grm with 3.5 tablespoon of clean water)

#### Paleness of the body

Give appropriate dosage of iron and folic acid (If child has sickle cell disease, give only folic acid).

Give oral anti malarial if mRDT positive

Advise mother to put child to sleep under

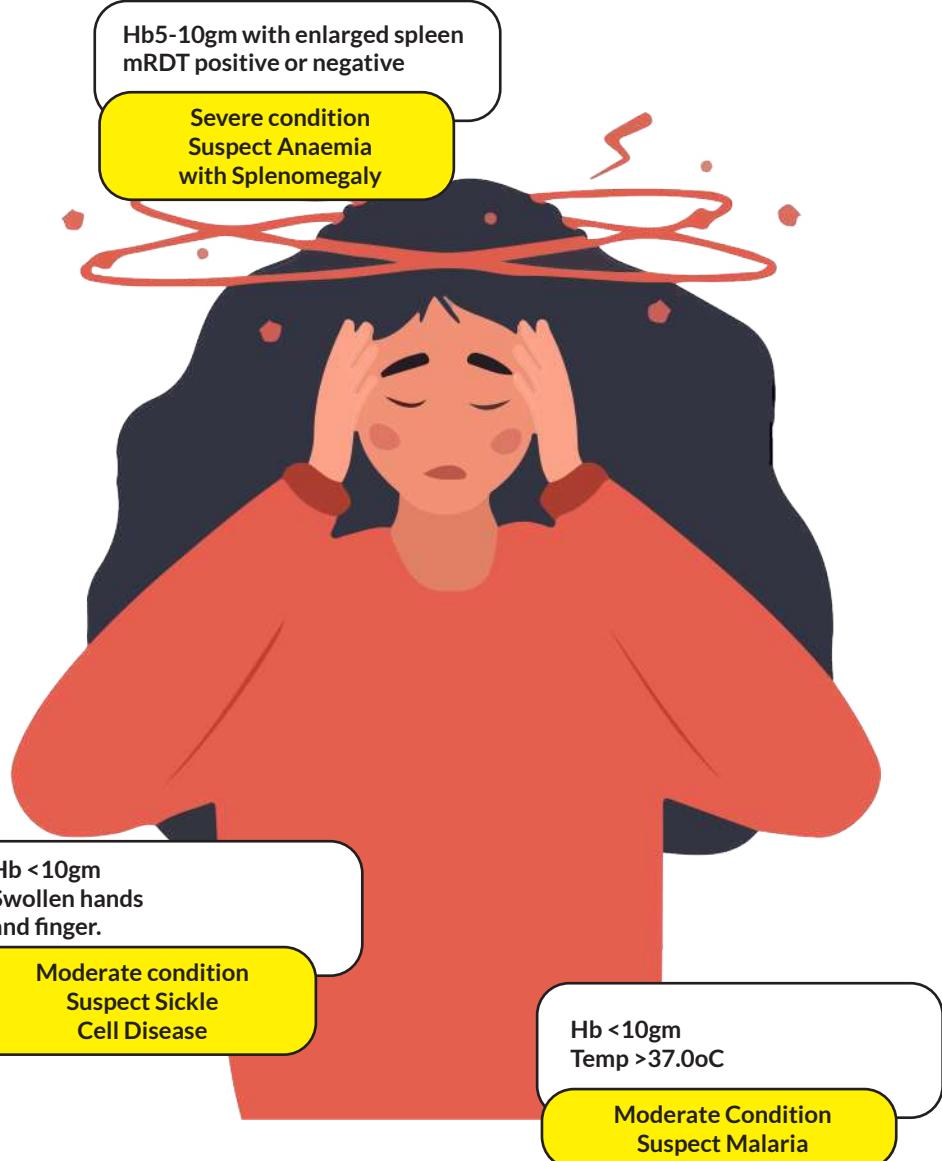
#### Paleness of the body

If child is less than 2 years old, assess child's feeding and counsel the mother on feeding recommendations.

#### Paleness of the body

Give ACT if mRDT positive, treat for uncomplicated malaria (see dosage in section 2.2)

Give Syr Folic Acid 5ml daily for 2 weeks (see dosage above)



### Anaemia with history of bone pains

Conduct mRDT  
If positive, treat for uncomplicated malaria  
Give Ibuprofen syrup first dose (5mg/kg body weight per dose)  
REFER immediately

### Anaemia with Fever

Treat as 4 above  
REFER to appropriate section on fever

### Sickle cell crisis with bone pains and abdominal pains

Encourage Fluids intake  
IM. Paracetamol 300mg/2ml Stat  
2 months – 2 years 0.5ml (75mg)  
2 years – 5yr 1ml (150mg)  
REFER immediately to the appropriate health facility



## HEALTH EDUCATION

- Personal, food and environmental hygiene.
- Nutritional counseling.
- Immunization.
- Use of Long Lasting Insecticide Nets (LLINs)
- Regular Growth Monitoring
- Importance of taking home-based records on Child's next visit to the clinic or hospital



## 2.9 JAUNDICE

Jaundice is the yellow discolouration of eyes (conjunctiva) and skin due to increase bile pigment in the body. Jaundice is as a result of the buildup of bilirubin - a reddish pigment resulting from haem metabolism in the body. It may or may not be as a result of liver problem. The buildup of this yellow pigment may be due to abnormalities in the formation, transportation, metabolism and excretion. At times the level may not be clinically recognizable until it is high. Jaundice occurs in liver problem, sickle cell disease, haemolysis, amoebiasis and tumour of the pancreas.



## HISTORY

Is the infant unwell? (sepsis & GIT obstruction can cause jaundice)  
Is there yellow discolouration of eyes and skin  
When did you notice the yellowish discolouration of the eyes? At what age?  
Is there dehydration or poor weight gain? (both exacerbate jaundice)  
Is there family history of haemolytic disease (ABO/G6PD, spherocytosis, sickle cell)  
Is there dark urine or pale stools (suggest biliary obstruction)  
What medication have you given (e.g herbs)?  
Birth trauma such as cephalhaematoma, significant bruising (breakdown of haem)



## EXAMINATIONS:



**General Appearance:**  
conscious, drowsy,  
unconscious,



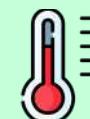
**Eyes:**  
yellowish



**Head:**  
swelling, sign of injury,  
fontanelle for bulging



**Chest:**  
respiratory rate, lower  
chest indrawing



**Temperature:**  
check and record



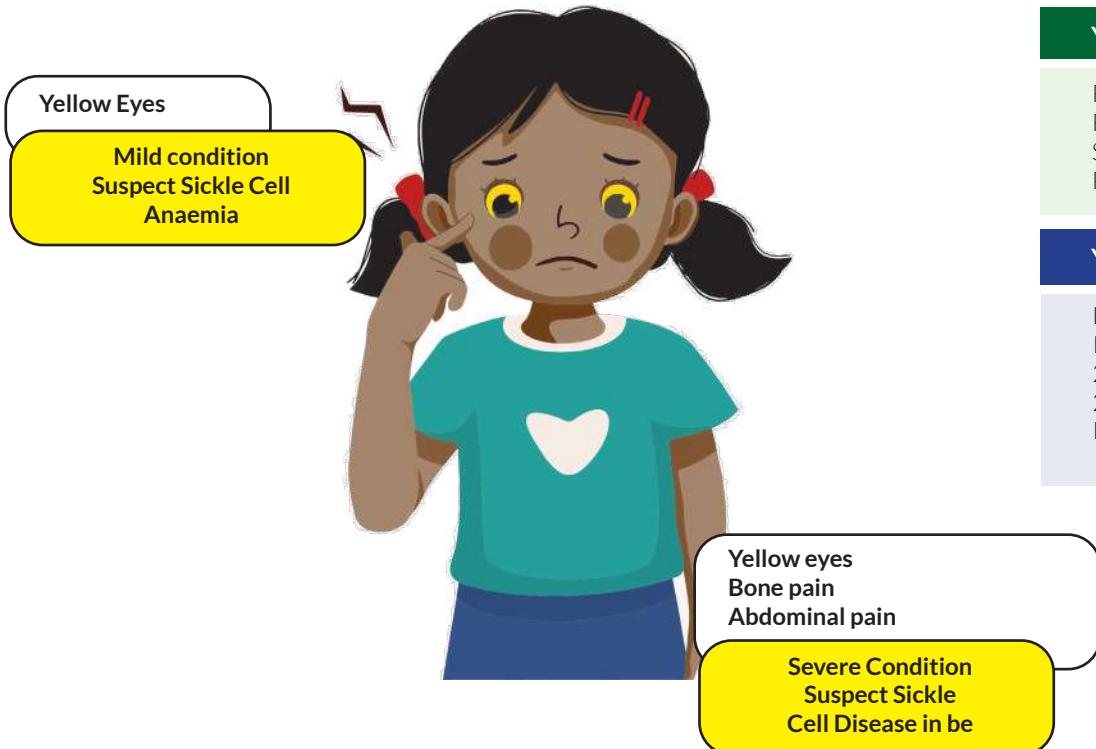
**Ear:**  
pus, bulging drums  
or perforation of drums



**Weight:**  
Check and  
record



**Hands:**  
palms and nail beds for  
pallor and yellowish  
discolouration



#### Yellow eye with or without swelling of hands and feet

Refer for diagnosis (hb genotype test)

Routinely follow up and give:  
Syr. Folic acid 5mg daily for life  
Paludrine 100mg daily

#### Yellow eyes with or without bone pains, abdominal pains

Encourage oral fluid intake  
IM. Paracetamol 300mg/2ml  
2 months - 2 years 0.5ml (75mg)  
2 years - 5 yr 1ml (150mg)  
REFER immediately



## HEALTH EDUCATION

- Personal, food and environmental hygiene.
- Nutritional counseling.
- Immunization.
- Regular growth monitoring.
- Genetic counselling
- Use of Long Lasting Insecticide Nets (LLINs)
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.10 MALNUTRITION

Malnutrition is a state resulting from a deficiency or excess of one or more essential nutrients. Acute malnutrition is caused by a decrease in food consumption and/or illness resulting in bilateral pitting oedema or sudden weight loss. It is characterized by the presence of bilateral pitting oedema or wasting (low Mid Upper Arm Circumference or low Weight For Height). Acute malnutrition comprises of both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). All children under 5 years of age attending clinic should be examined and have their weight charted on the growth chart. Failure to gain weight should alert the health worker to take action.



## HISTORY

**WHILE TAKING HISTORY FILL THE OTP (OUTPATIENT THERAPEUTIC PROGRAMME) CARD ACCORDINGLY. (SEE ANNEX FOR OTP CARD)**

- What is the problem? For how long?
- What is the child's weight at birth?
- Is the child still breastfeeding?
- How is the food intake in the last few days?
- What kind of food has the child been eating?
- Does the child have good appetite?
- Does the child have diarrhoea?
- How many times does the child pass stool in a day?
- Is the child vomiting?
- Is the child coughing?
- Does the child pass adequate urine?
- Does the child have oedema? (not necessary)
- Is the child immunized?
- Has the child been dewormed?



## EXAMINATIONS:



**General Appearance:**  
ill looking, weak, wasted,  
stunted growth, looking  
puffy



**Nutritional conditions as Kwashiorkor and Marasmus**



**Eyes:**  
sunken, discharge,  
conjunctiva  
discolouration



**Face:**  
moon-shaped,  
oedema



**Chest:**  
chest indrawing



**Mouth:**  
sores and candida



**Head:**  
colour, texture  
of hair; bossing  
of the forehead



**Skin:**  
scabies, rashes,  
loss of skin turgor



**Neck:**  
enlarged  
lymph nodes,



**Temperature:**  
check and record



**Limbs:**  
oedema  
of the legs



**Weight and Height:**  
check and record



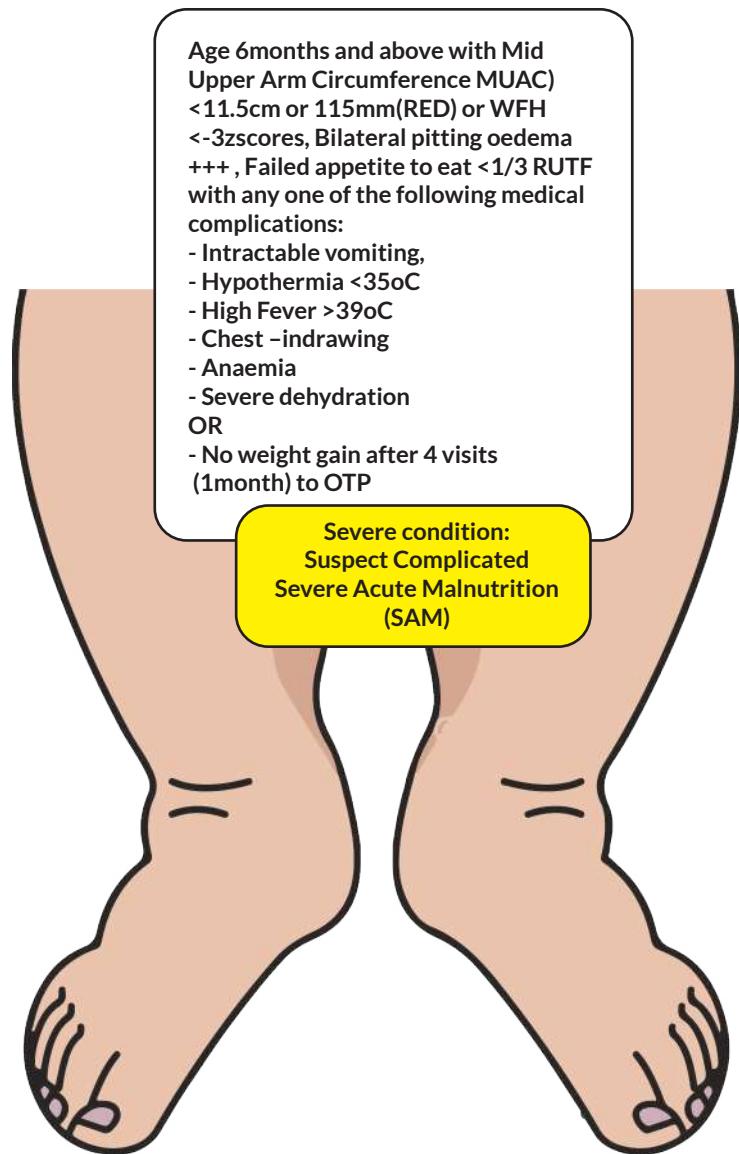
**Appetite Test:**  
check and record



**Axilla:**  
enlarged  
lymph nodes



**MidUpperArmCircumference (MUAC):**  
Measure and record



**Age 6months and above with Mid Upper Arm Circumference MUAC <11.5cm or 115mm(RED) or WFH <-3zscores, Bilateral pitting oedema +++ , Failed appetite to eat <1/3 RUTF with any one of the following medical complications:**

- Intractable vomiting,
- Hypothermia <35oC
- High Fever >39oC
- Chest -indrawing
- Anaemia
- Severe dehydration

**OR**

- No weight gain after 4 visits (1month) to OTP

**Severe condition:  
Suspect Complicated  
Severe Acute Malnutrition  
(SAM)**

#### Swollen leg, hand and face with severe weight loss.

Give Vit A and treat the child to prevent low blood sugar using 10% sugar water while waiting for transfer to Stabilization Centre  
Preparation of sugar water (10% dilution)

Quantity of Water	Quantity of Sugar	Ratio Teaspoon to Sugar Cube
100ml	10g	2 level teaspoons (2 sugarcubes)
200ml	20g	4 level teaspoons (4 sugarcubes)

REFER to the appropriate health facility to Stabilization Centre

#### Age >6months thin, loss of muscles, change of hair colour, not gaining weight

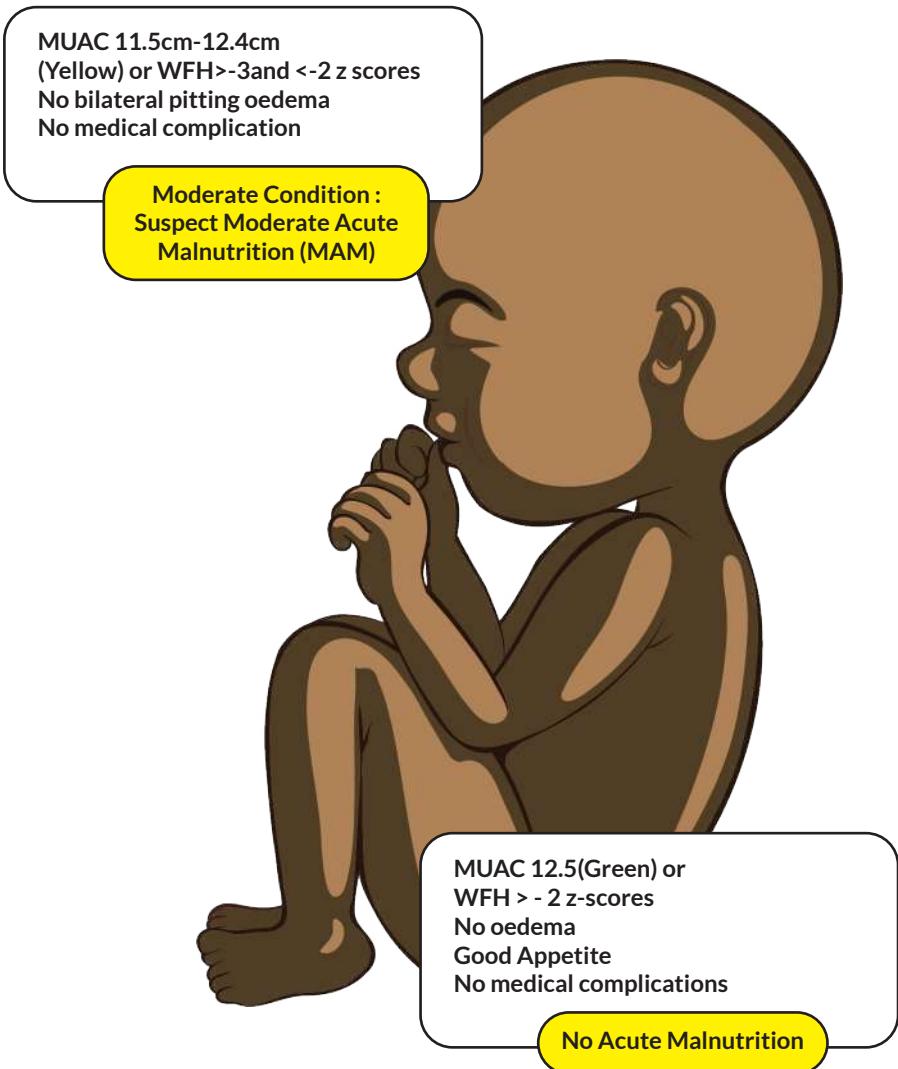
Treat at PHC with Outpatient Therapeutic Programme (OTP), then Give child Ready to Use Therapeutic Food (RUTF) per week Give a lot of water when feeding child with RUTF Do not give ORS, Folic Acid or Iron supplement and Zinc to SAM children. RUTF Ration according to the Weight of the Child (based on 92g packets)

Weight (in kg)	RUTF (paste) Packets per day	Packets per week
5-3.9	1½	11
4-5.4	2	14
5.5-6.9	2½	18
7.0-8.4	3	21
8.5-9.4	3½	235
9.5-10.4	4	28
10.5-11.9	4½	32
12	5	35

Give routine medicines to all children admitted to OTP except for malaria treatment;  
Conduct mRDT.  
a. OTP routine medicines

NAME OF PRODUCT	TIME	AGE/WEIGHT	PRESCRIPTION	DOSE
VITAMIN A NAME OF PRODUCT	AT ADMISSION	6-11 MONTHS	100 000IU (BLUE CAPSULE)	Single dose on admission DO NOT GIVE IF THE CHILD HAS ALREADY RECEIVED DURING THE LAST 1 MONTH NAME OF PRODUCT
	DO NOT GIVE TO CHILDREN WITH OEDEMA	12 PRQWKV WR 59 months	200 000IU (RED CAPSULE)	
AMOXICILLIN	AT ADMISSION	ALL CHILDREN	SEE SEPARATE PROTOCOL	8 hourly for 7 days or 12 hourly for 5 days
ANTI MALARIAL (follow national protocol)	TEST AT ADMISSION IF MALARIAL AREA	ACT ACCORDING TO NATIONAL MALARIA PROTOCOL	TREAT WITH ACT ONLY IF POSITIVE TEST	ANTI MALARIAL (follow national protocol)
DEWORMING ALBENDAZOLE	SINGLE DOSE AT SECOND VISIT	<12 MONTHS	DO NOT GIVE	NONE
		12-24 MONTHS	200mg	Single dose on second visit
		ABOVE 2YEARS	400mg	
IMMUNISATIONS	MEASLES AT ADMISSION	ACCORDING TO CLINIC SCHEDULE	ACCORDING TO NATIONAL CALENDAR	UPDATE CHILD'S VACCINATION CALENDAR DURING TREATMENT





### Not eating well with diarrhoea

REFER to Supplementary Feeding Programme.

If not available, assess the child's feeding and counsel on appropriate feeding recommendation

(see annex for appropriate feeding recommendation)

REFER for food demonstration

Deworm if up to 12months (see 3)

REFER to section on Diarrhea and treat as appropriate

### Infant < 6 months with fever

Give Infant and Young Child Feeding Counseling with appropriate Counseling Cards

Conduct Food Demonstration

REFER to section on fever and treat as appropriate

### Infant<6months or > 6 months not gaining weight (on breastfeeding)

REFER to Stabilization Centre if <6months

Treat at OTP if child is >6months and with no medical complication

Give other Routine Medicines based on history taken

Discharge if weight gain on 2 consecutive visits

#### Criteria For Admission

MUAC<11.5cm

#### Criteria for discharge

Minimum length of stay 8 weeks

MUAC>12.5cm

Sustained weight gain

Clinically well

Bilateral oedema

MUAC>12.5cm

No oedema for 2 consecutive visits

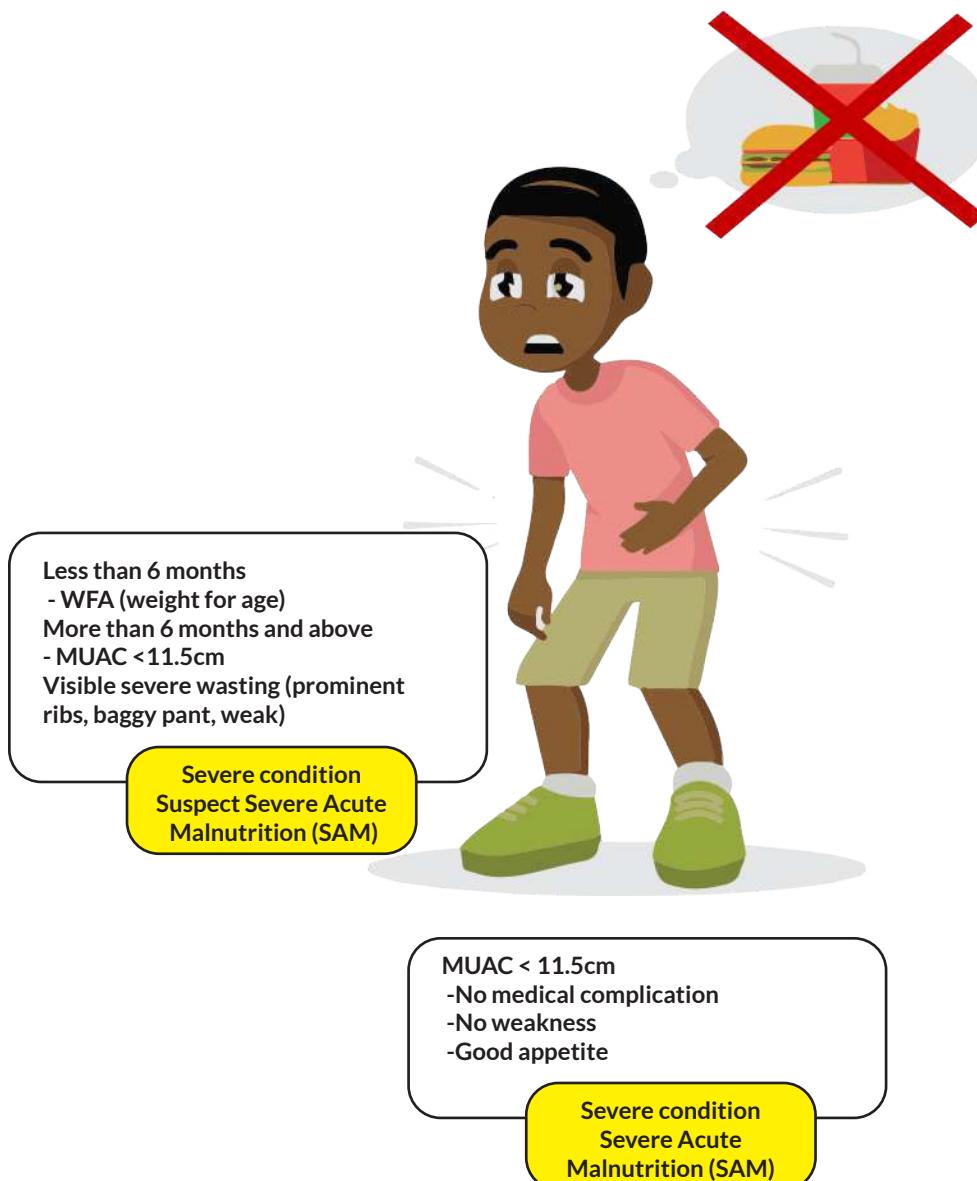
Clinically well

WFH<-3zscores(ifused)

MUAC>12.5cm and

WFH>-2SD for 2 consecutive visits

Clinically well



### Child is thin, low weight for height (wfh), old man's look

Treat at OTP and give RUTF according to weight (see table 3)

After 4 visits to OTP if no improvement REFER to Stabilization Centre



**Note:** Babies who are below 6months and are malnourished are with or without medical complications are treated at Stabilization Centres, Babies above 6 months without medical complications are treated at OTP (Outpatient Therapeutic Programme) and Babies above 6 months with complications (hypoglycemia, high fever, severe anemia) are treated at the Stabilization Centre.

### Correct use of rutf

RUTF is a food and medicine for very thin or swollen children only. Do not share it.

Sick children often do not like to eat. Give small regular meals of RUTF and encourage the child to eat often (if possible, eight meals per day). Your child should have the recommended packets per day.

For breastfeeding children, continue to breastfeed. Offer breast milk first before every RUTF feed.

RUTF is the only food sick and thin/swollen children need to recover during their time in OTP.

Always give RUTF before other family foods, such as pap, kunu, ogi, akamu, or other meals.

Always offer plenty of clean water or breast milk to drink while eating RUTF. Children will need to drink more water than normal.

Use soap and water to wash the child's hands and face before feeding. Keep food packets clean and well stored.

Caregivers shall also use soap and water to wash their hands prior to feeding. Sick children get cold quickly. Always keep the child covered and warm.

For children with diarrhoea, continue feeding. Give them extra food and water.

Return to the health facility whenever the child's condition deteriorates or if the child is not eating sufficiently



## HEALTH EDUCATION

### Encourage the mother on:

- Personal, food and environmental hygiene (WASH Practices)
- Adequate nutrition (At least 5 of 8 food groups)
- Regular and complete Immunization
- Periodical deworming
- Use of Long -Lasting Insecticide Nets (LLINs)
- Regular growth monitoring and promotion
- Importance of taking home-based records on child's next visit to the clinic

I suggest that the template of Integrated Management of Childhood Illness (IMCI) be incorporated into the Standing Orders as an appendix for referencing



## 2.11 HIV/AIDS

HIV/AIDS is caused by a virus, which infects human beings. AIDS is the disease condition resulting from low immunity. Babies born to HIV-infected women may become infected during pregnancy, delivery or through breastfeeding. At the same time, many babies who are not breastfed because of fear of HIV transmission may die from diarrhoea, pneumonia or other diseases (not related to HIV) because they are not protected by immune substances found in breast milk. Thus, HIV-infected mothers need to be well guided on how best to feed their babies.

Ensure that more babies survive without becoming infected with HIV. Women can be given Antiretrovirals to reduce the chances of transmitting the virus to their babies. Babies born to HIV positive women are referred to as HIV exposed babies, a baby can only be said to be HIV positive after diagnostic confirmation.



## HISTORY

How old is your baby?

What immunizations has the child taken

Are you breastfeeding your baby? If yes, how many times  
do you breastfeed? If no, why not?

What are you feeding your baby with?

Have you introduced complementary/supplementary diet? If yes, when?

How many times do you feed your baby per day?

How do you feed your baby?

Has the child been sick recently?

Are you on ARV?

Do you give your child ARV?



## EXAMINATIONS



**General Appearance:**  
ill looking, weak, wasted,  
stunted growth,



Monitor growth  
as per childwelfare clinic  
Growth monitoring  
using growth chart



**Neck:**  
enlarged  
lymph nodes



**Axilla:**  
enlarged lymph  
nodes



**Weight and Height:**  
weigh, measure,  
and record



**Physical Examination:**  
Head: colour,  
texture of hair



**Limbs:**  
thin or oedema  
of the legs



**Mouth:**  
ores and  
candida



**Mid Upper Arm Circumference (MUAC):**  
Measure and record



**Temperature:**  
check and record



**Chest:**  
rchest  
indrawing



Collect blood  
sample for initial  
DNA PCR at 4-6  
weeks of age ( or  
earliest  
opportunity  
thereafter) and  
6 weeks after  
complete cessation  
of breastfeeding



**Skin:**  
scabies, rashes,  
loss of skin turgor



**Eyes:**  
sunken, discharge,  
conjunctiva  
discolouration



### Baby born to HIV- infected mother

Educate the mother on factors known to increase the risk of Mother to Child Transmission and prevention  
 Give baby Nevirapine daily for first six weeks only and stop  
 Continue baby on cotrimoxazole prophylaxis until baby's status is determined through PCR  
 Provide information on Early Infant Diagnosis (EID) for HIV exposed baby  
 Collect blood sample (Dry Blood Spot (DBS) at six weeks and send to higher level for DNAPCR. If positive REFER   
 Advise on routine immunization  
 Encourage exclusive breastfeeding for the first 6months of life thereafter, introduce adequate complementary foods and continue breastfeeding until 12months with mother being on ARV  
 Maintain or refill ARV for breastfeeding HIV positive Mothers. Follow up in 14 days, monthly for 3 months, then monthly as per national guidelines and avoid mixed feeding

### Baby born to HIV- infected mother

Irrigate and continue ARV for the mother  
 For the baby treat as in table 1

### Baby born to hiv- infected mother with tb co-infection

REFER   
 Baby: Continue INH prophylaxis for the first six months of life  
 Mother: Continue DOT (Director Observation Therapy)



## HEALTH EDUCATION

- Factors known to increase the risk of mother –to-child transmission and prevention.
- The continuous use of ART (Nevirapine to babies)
- Adequate nutrition.
- Immunization.
- Periodical deworming
- Regular growth monitoring.
- Use of Long-Lasting Insecticide Nets (LLINs).
- Personal, food and environmental hygiene
- The importance of attending ante-natal care (ANC) in order to provide appropriate care for the mother and foetus.
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.12 MEASLES – TYPE RASH

Measles is an acute viral infection characterised by the appearance of rashes in little groups made up of macules (flat spot) and papules (raised spots). It begins with high fever, cough, catarrh, and redness of eyes and mouth. The mouth may later become sore and rashes appear on the whole body after the fourth day of onset. The child may also get other serious illness like pneumonia, diarrhoea, or malnutrition at the same time or soon after the child has had the disease. It is a serious illness because it can easily lead to complications especially in poorly nourished children.



## HISTORY

How long has the child been ill?  
Does the child have a fever?  
Does the child have cough? Is it a barking cough?  
Is there runny nose?  
What food is the child taking? Is the child refusing to feed?  
Is there diarrhoea? Vomiting? (If so, may be force-feeding)  
Has any medicine or treatment been given?  
Are there any other children in the family under 2 years who have not been immunized for measles?  
Are there children in the neighbourhood with the same complaint?



## EXAMINATIONS:



**General Appearance:**  
alert, abnormally sleepy, or difficult to wake, unconscious, ill-looking or thin.



**Eyes:**  
red, purulent discharge, or sensitive to light (eyes closed), cloudy



**Temperature:**  
check and record



**Nose:**  
runny, discharge



**Hydration status:**  
bulging or depressed fontanelle, sunken eyes, dry mouth and skin



**Chest:**  
respiratory rate, lower chest indrawing  
wheeze, stridor



**Skin:**  
rash, peeling, infected spots, haemorrhagic rashes



**Weight:**  
weigh and chart



**Ears:**  
bulging, discharging pus or fluid, perforation of eardrum, redness



**Mouth:**  
sores, Koplik's spots, thrush b). throat-inflamed tonsils, purulent exudates

- Rash with any of the following
- Inability to drink or suckle
  - At a breast
  - Lethargic
  - Stridor (when child is calm)
  - Severe malnutrition
  - Chest in-drawing
  - Clouding of the cornea
  - Deep or extensive mouth ulcer
  - Temp 37.5oc or above
  - Pus drawing from eyes

**Severe condition  
Suspected severe  
Complicated measles**



- Cough
- Measles type rash
  - Red eyes without ulcer
  - So fast breathing

**Moderate condition  
Suspect Measles**

### Measles rash with fever and cough

Give Vitamin A treatment:

2 – 6 months (200,000 IU)  $\frac{1}{4}$  or (100,000IU)  $\frac{1}{2}$  or 50,000IU 1 once/day.

6-12 months (200,000IU)  $\frac{1}{2}$  or (100,000IU) 1 or 50,000IU 2 once/day.

12mths – 5 yrs (200,000IU) 1 or (100,000IU) 2 or (50,000IU) 4 once/day.

Give Multivitamin Syrup:

2-6 months 2.5ml 8hourly

6-12 months 5.0ml 8hourly

12 months-5yrs. 5.0ml 8hourly

Give first dose of an appropriate antibiotic

Give Susp Amoxicillin 250mg/5ml

2 months up to 12 months – 2.5ml 8hourly for 5 days

12 months up to 5 years – 5ml 8hourly for 5 days

(If clouding of the cornea or pus draining from the eye, apply chloramphenicol eye ointment

REFER to the appropriate health facility



#### Infant feeding in the context of HIV:

Give Susp Amoxicillin 250mg/5ml

2 months up to 12 months – 2.5ml 8hourly for 5 days

12 months up to 5 years – 5ml 8hourly for 5 days

Clean eyes with cooled boiled cotton wool

If cornea is cloudy or pus from eyes, apply chloramphenicol eye ointment tds x 5 days.

Give Vitamin A:

< 6 months - 50,000IU

6-11 months - 100,000IU

12 months – 5 years - 200,000IU

Give Syr. Paracetamol 120mg/5ml

2 months - 2 years : 2.5ml 8hourly for 3 days

2-5 years: 5ml 8hourly for 3 days

Apply Gentian Violet to mouth ulcers

Review in 2days

If no improvement, REFER to the appropriate health facility

#### Measles rash, with fever

Give Vitamin A treatment:

2 – 6 months (200,000 IU)  $\frac{1}{4}$  or (100,000IU)  $\frac{1}{2}$  or 50,000IU 1 once/day.

6-12 months (200,000IU)  $\frac{1}{2}$  or (100,000IU) 1 or 50,000IU 2 once/day.

12 months – 5 yrs (200,000IU) 1 or (100,000IU) 2 or (50,000IU) 4 once/day.

Give Multivitamin Syrup:

2-6 months 2.5ml 8hourly

6-12 months 5.0ml 8hourly

12 mths-5years. 5.0ml 8hourly



## HEALTH EDUCATION

- Immunization for measles prevention and control.
- Personal hygiene
- Adequate nutrition
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.13 SKIN DISORDERS

Skin disease is the presence of itchy or non-itchy raised lesions on the body. It may be due to poor hygiene, allergy, malnutrition, poor housing conditions as well as the environment.

Some rashes can easily spread to other members of the family therefore, early referral and correct treatment is important for the welfare of the whole family. Some skin diseases affect the external skin (ringworm) or affect the skin internally (pyoderma). Others affect many parts of the body systems and are generally more important (measles, leprosy, diabetes, HIV/AIDS, Jaundice). Others are scabies, eczema, tinea vesicular, vitiligo, athletes' foot, urticaria and contact dermatitis



## HISTORY

How long has the rash been there?  
Does it itch? Is the child scratching?  
Are there any other symptoms? Fever, cough, headaches, difficult breathing, sore throat? Has the child eaten any unusual foods?  
Does anyone else in the family have a similar rash or skin problem?  
How often do you bathe the child?  
Where and with whom does the child sleep?  
What medicine (including injections or home treatment)  
has the child been given lately? Has the child been passing excessive urine?  
Has the child been having excessive thirst?



## EXAMINATIONS:



**General Appearance:**  
thin, malnourished,  
distressed/uncomfortable



**Eyes:**  
redness, discolouration  
of eyelids (dark - due to  
repeated scratching)



**Temperature:**  
check and record



**Skin:**  
location, distribution  
and size of lesions  
colour of rash or lesions  
lesions or rash: flat  
(macules), raised,  
pus or fluid-filled,  
weeping, crusted,  
ulcerated, scratch marks  
or combination of (a)  
to (c)



**Urine:**  
sugar, colour.



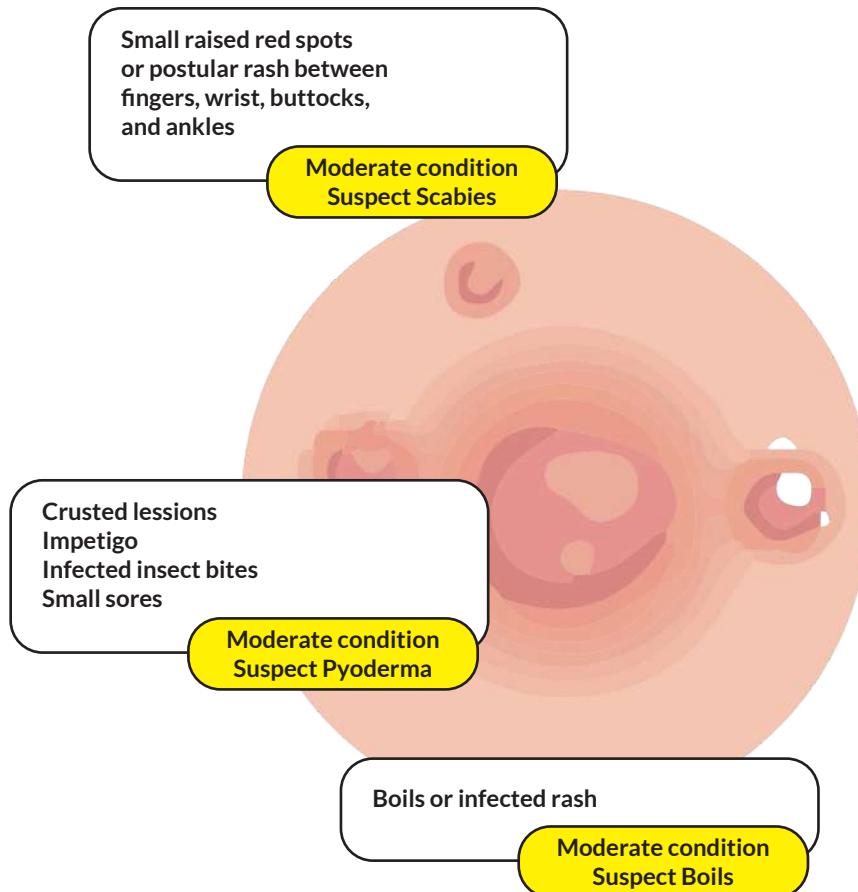
**Chest:**  
respiratory  
rate, wheeze



**Mouth:**  
redness, discolouration  
of eyelids (dark-due  
to repeated scratching)



**Ears:**  
red or discharging



### Itchy skin with rash

Advise bathing daily with medicated soap.  
 Apply Benzyl Benzoate lotion for 3 nights to all parts except face and scalp  
 Examine all members of family and TREAT EVERYONE whether any rash is found or not  
 Advise on the following:

Boil clothes and beddings

Dry in the sun

Iron if possible

If pyoderma, treat as boil in Findings II

If open sores, REFER Immediately to the appropriate health facility.

Repeat treatment if no improvement after one week

### Boils

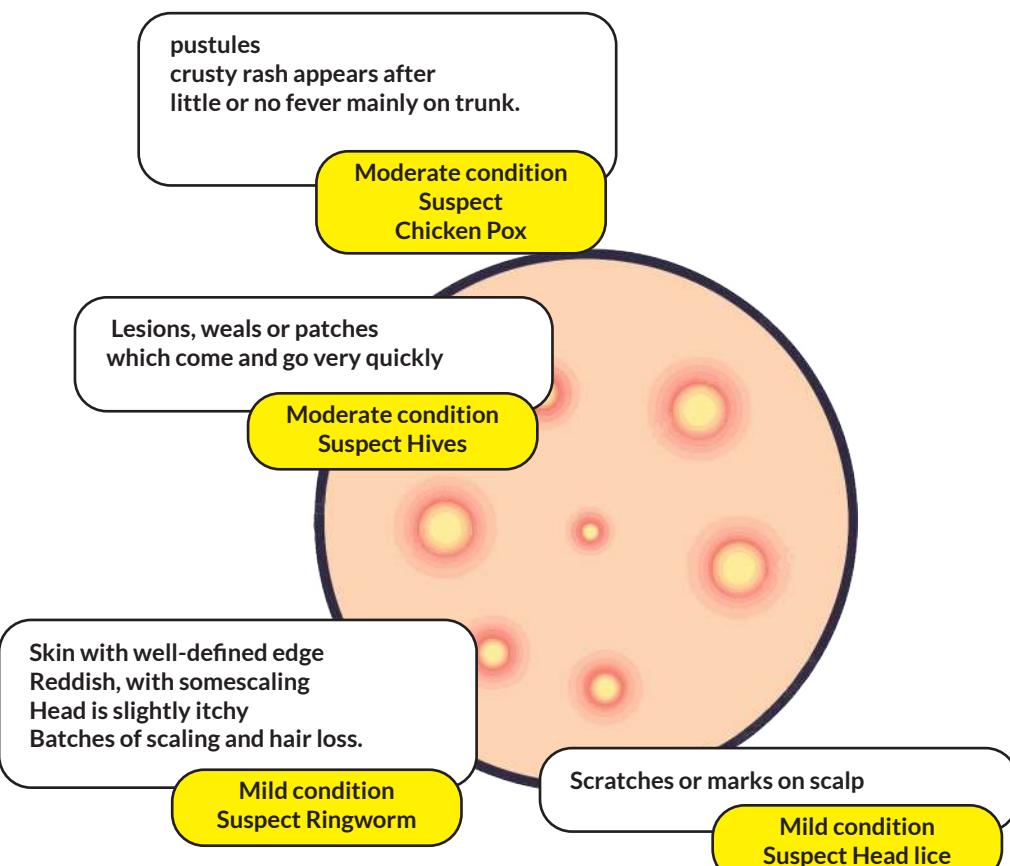
Give Cotrimoxazole 240mg/5ml  
 2-12 months : 2.5ml 12hourly for 5 days  
 1-5 years : 5ml 12hourly for 5 days  
 Incise and drain any abscess which is fluctuant (ripe).  
 Daily cleaning and dry dressing at the clinic.  
 Review in 5 days.

If no improvement, REFER to the appropriate health facility

### Itchy skin with rash

Give Susp. Cotrimoxazole 240mg/5ml  
 2-12 months : 2.5ml 12hourly for 5 days  
 1-5 years : 5ml 12hourly for 5 days  
 Susp Amoxicillin 250mg/5ml  
 2 months up to 12 months – 2.5ml 8hourly for 5 days  
 12 months up to 5 years – 5ml 8hourly for 5 days  
 Wash with medicate soap twice daily especially crushed lesions.  
 Use Gentian Violet on open sores  
 If fever present, treat as section on FEVER  
 Review in 5 days.

If no improvement, REFER to the appropriate health facility



#### Itchy skin with red papules which form small blisters

Syr. Paracetamol 120mg/5ml  
2 months - 2 years : 2.5ml 8hourly for 3 days  
2-5 years: 5ml 8hourly for 3 days  
Calamine lotion – apply locally  
Gentian Violet, if lesions are infected.  
Encourage fluids.  
If fever present, conduct mRDT.

If positive, treat as appropriate in section on FEVER.

#### Itchy skin with rash

Ask if child has had it before  
Ask what medicines have been or are being given.  
Stop all medicines unless absolutely necessary.  
Ask if the child ate any unusual food in the past 24 hrs.  
Give syrup Promethazine 12.5mg stat.  
Review in 2 days and if no improvement, REFER

#### White patch with itching

Examine rest of family for similar problem  
Apply Benzoic acid and salicylic acid (Whitfield ointment) on affected part for a minimum of 6 weeks  
Give tab Griseofulvin and take as necessary 10mg/kg/day for 6 weeks  
If no improvement after 6 weeks, REFER to the appropriate health facility

#### Scalp scratching with marks

Examine rest of the family for similar problems.  
Apply Lorexane lotion to scalp close to roots of hair.  
Wash and comb hair with fine-tooth comb after 24 hrs.  
Repeat treatment in 1 week.  
Note: If infestation is severe, a haircut may be required for effective treatment.



Skin with well-defined edge  
Reddish, with some scaling  
Head is slightly itchy  
Batches of scaling and hair loss.

Mild condition  
Suspect Ringworm

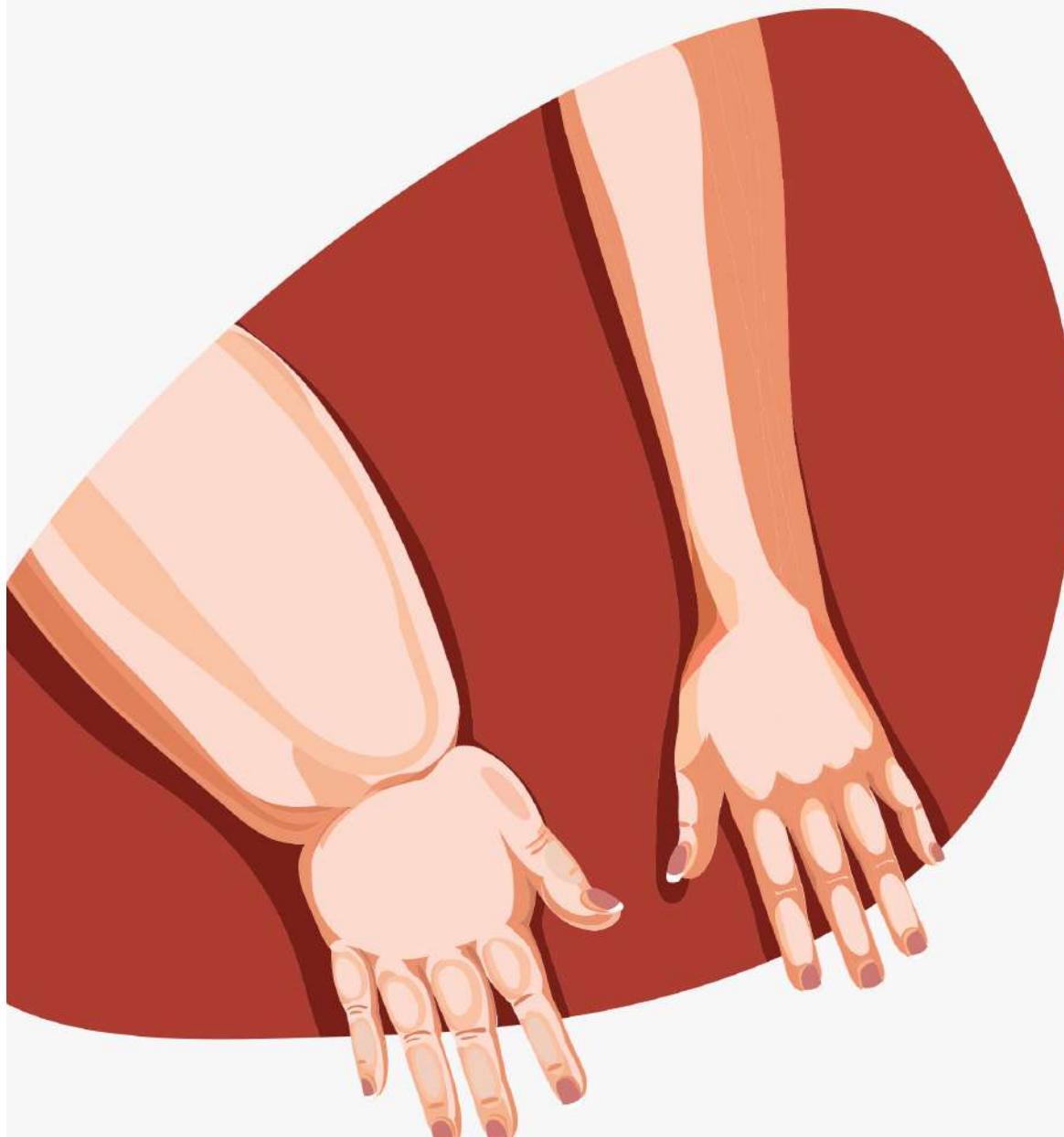
#### Itchy Skin with Rash

Re-assure mother.  
Advise to bathe child twice daily with medicated soap.  
Make sure clothing is light and loose.



## HEALTH EDUCATION

- Personal hygiene (Discourage sharing of underwear and clothes).
- Importance of washing and ironing of clothes (emphasis on not spreading clothes on grass and other inappropriate places).
- Adequate nutrition Role of water in skin infection (Protection and treatment of water sources e.g ponds with insecticide - Abate)
- Avoid overcrowding and transmission of skin infections.
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.14 OEDEMA

Oedema is the abnormal collection of fluid in the tissues resulting in swelling of the affected part of the body. It could be generalized or localised e.g. one foot or finger. Generalized oedema is most noticeable on the parts of the body which are lowest at that time e.g. legs when standing.

Causes include congestive heart failure, severe anaemia, kidney disease, liver disease and kwashiorkor. Oedema may also be the result of a reaction to toxin, drugs, and insect sting. Ascites, which is fluid in the abdominal cavity, may accompany oedema.



## HISTORY

How long has the child had the swelling?  
Has the child ever had this swelling before?  
Has the child been well otherwise?  
Was the child bitten by an insect?  
Has any medication been given  
(for example penicillin, ATS)?

Is there itching?  
Is there cough?  
Is there blood in stool or urine?  
Any urinary frequency or pain in micturition?  
Does the child eat well? What foods?



## EXAMINATIONS:



**General Appearance:**  
Pale, lethargic,  
puffy, distressed.



**Chest:**  
a) Respiratory rate,  
difficulty b) Crepitations  
or decreased breath  
sounds



**Heart:**  
Murmur, rate



**Head:**  
a) Hair-colour, texture  
b) Face-oedema,  
particularly around eyes



**Eyes:**  
Pallor, jaundice



**Abdomen:**  
Swelling, tenderness,  
enlarged liver and  
spleen



**Limbs:**  
swelling, pitting  
oedema, thinness



**Urine:**  
Colour, cloudiness,  
protein, volume,  
(bilharria ova in the  
laboratory)



**Weight:**  
Weigh and chart



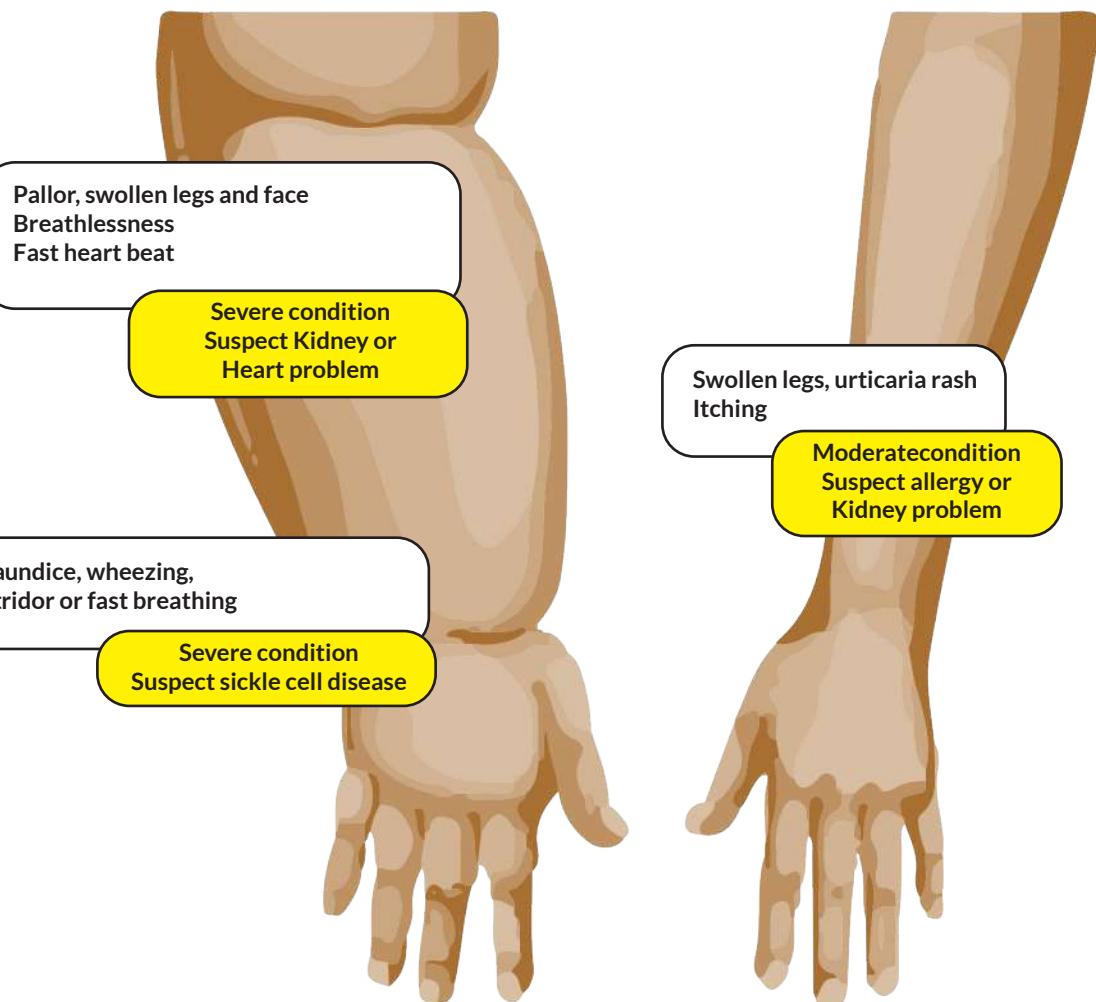
**Temperature:**  
check and record



**Haemoglobin:**  
Estimate and record



**BP (if possible):**  
check and record



#### Swelling of both feet and hands, and/or yellowness of eyes

Encourage oral fluid intake  
REFER to the appropriate health facility.

#### Swelling legs and / or face

REFER to the appropriate health facility.

#### Swelling of limbs and/or face with itching, with or without allergic reaction to toxins drugs, stings or some food

If no respiratory distress, give IM. promethazine 0.5ml (stat) 6.25mg  
If respiratory distress, give Adrenaline test dose 0.01ml then promethazine  
0-5 months: (0.05ml)  
6-11 months: (0.1ml)  
1-2 years: (0.15ml)  
3-5 years: (0.15ml)  
Calamine lotion: apply locally.  
Observe for 4-6 hours  
If condition improves, discharge and review daily  
If no improvement after 3 days, REFER to the appropriate health facility.

#### Swelling of feet, arms and/or face

Susp. Cotrimoxazole (240mg/5ml)  
2-12mths- 2.5ml 12hourly for 5day  
1-5yrs- 5ml 12hourly for 5days  
Encourage fluid intake  
Review in 5 days  
If no improvement, REFER to the appropriate health facility



## HEALTH EDUCATION

**Advise mother / caregiver on:**

- Management of oedema (postural, application of crepe bandage).
- Nutritional counseling.
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.15 BURNS AND SCALDS

Burns and scalds are injuries to the skin in which there is coagulative necrosis of the tissue. A burn is caused by dry heat, for example, by an iron heat, fire, chemicals, and electricity. A scald is caused by something wet, such as hot water, hot oil or steam. Burns and scalds can range from being a minor injury to a life-threatening emergency. The chart below tells approximately what the proportion of a child's total body surface is:

### Rule of nines for burns (William, 2023)

Head and Neck	9%
Chest	9%
Abdomen	9%
Upper back	9%
Lower back	9%
Right arm	9%
Left arm	9%
Genital area	1%
Left leg	18%
Right leg	18%
<b>TOTAL</b>	<b>100%</b>



## HISTORY

How did the child get burnt? And with what?

When and where did it happen?

Has any medication been given or applied since then?

Has the child been urinating since the burn?

Has the child been immunized against tetanus? How many times?



## EXAMINATIONS:



### General Appearance:

Restless, distressed,  
dehydrated,  
unconscious



### Skin:

- Size and area of burns, blisters, leathery skin with no sensitivity to pinprick
- Signs of infections: pus, redness, warm mouths



### Temperature:

check and record



### Pulse:

check rate and  
volume and record

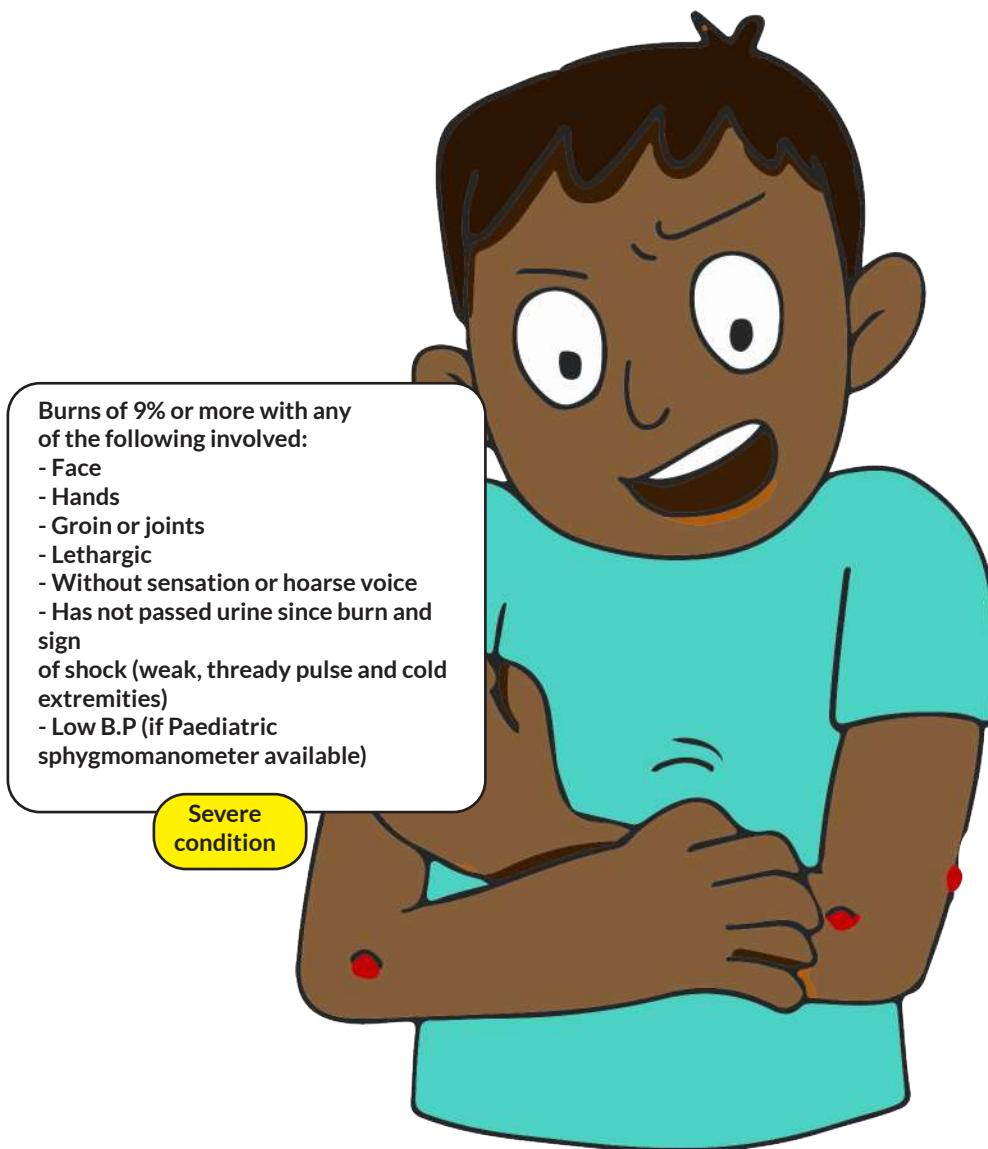


### Chest:

respiratory rate,  
respiratory distress,  
wheezing, stridor



### Check for possible signs of dehydration



### Burns

Give IM. Paracetamol 75mg (stat) immediately

Give IM. Tetanus Toxoid 0.5ml, if not recently immunized

REFER immediately to the appropriate health facility

IF REFERRAL is difficult and child is in shock,

a) Give Ringers Lactate I.V. 1/3 the total amount of 8 hourly and Darrow's half strength with 2.5% dextrose

b) Syr. Vitamin C (100mg/5ml)

1 months-2years: 2.5ml 8 hourly for 7days

3 – 5 years: 5ml 8hourly for 7days

c) Apply Vaseline gauze.

**NOTE: Do not give oral Analgesic, if burns above 10%**

### Burns

Vaseline gauze dressing

Syr. Phenobarbitone 15mg/5ml:

a) 2-5 months: 2.5ml 12hourly for 3days

b) 6 months-5 years: 5ml 12hourly for 3days

Syrup Paracetamol(120mg/5ml)

2mths - 2yrs: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

IM Procaine Penicillin for 5 days

0-5 months: 75,000IU

6-11 months: 150,000IU

1-5 years: 300,000IU

IM. Tetanus Toxoid 0.5 (stat) immediately; immunized in last 18 months

Rehydrate with salt sugar solution (if dehydrated)

Review daily until well

Syr. Vitamin C 100mg/5ml

2month – 2years: 2.5ml 8 hourly for 2weeks

3-5 years: 5ml 8 hourly for 2weeks



**Less than 90%with:**

- Blisters,
- Not lethargic
- No involvement of face, hands, groin or joints

**Moderate condition**

## Burns

Vaseline gauze dressing or topical wounds dressing with Zinc oxide-based cream

Syr. Phenobarbitone 15mg/5ml

2-5 months: 2.5ml 12hourly for 3days

6 months-5 years:5ml 12hourly for 3days

Give Syrup Paracetamol(120mg/5ml)

2mths - 2yrs: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

IM. Tetanus Toxoid 0.5ml, if not immunized in the last 18 months; Review daily until well.

Syr. Vitamin C 100mg/5ml

1 month – 2 years: 2.5ml 8hourly for 7days

3-5 years: 5ml 8hourly for 7days

Do not apply lotions or ointment

Do not break blisters or remove any loose skin

Remove the cause of the burn

## Burns with severe pains, (superficial or deep), burns from fire, flame, hotmetal, sun, high tension, lighting and friction

Vaseline gauze dressing or topical wounds dressing with Zinc oxide-based cream

Syr. Phenobarbitone 15mg/5ml

2-5 months: 2.5ml 12hourly for 3days

6 months-5 years:5ml 12hourly for 3days

Give Syrup Paracetamol(120mg/5ml)

2mths - 2yrs: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

IM. Tetanus Toxoid 0.5ml, if not immunized in the last 18 months; Review daily until well.

Syr. Vitamin C 100mg/5ml

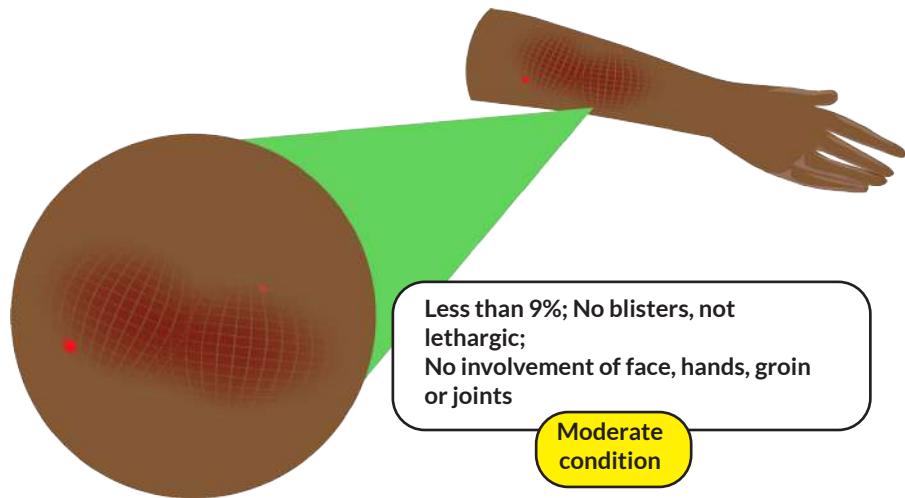
1 month – 2 years: 2.5ml 8hourly for 7days

3-5 years: 5ml 8hourly for 7days

Do not apply lotions or ointment

Do not break blisters or remove any loose skin

Remove the cause of the burn



#### Scald from boiling water, steam, oil, hot tea and hot liquids

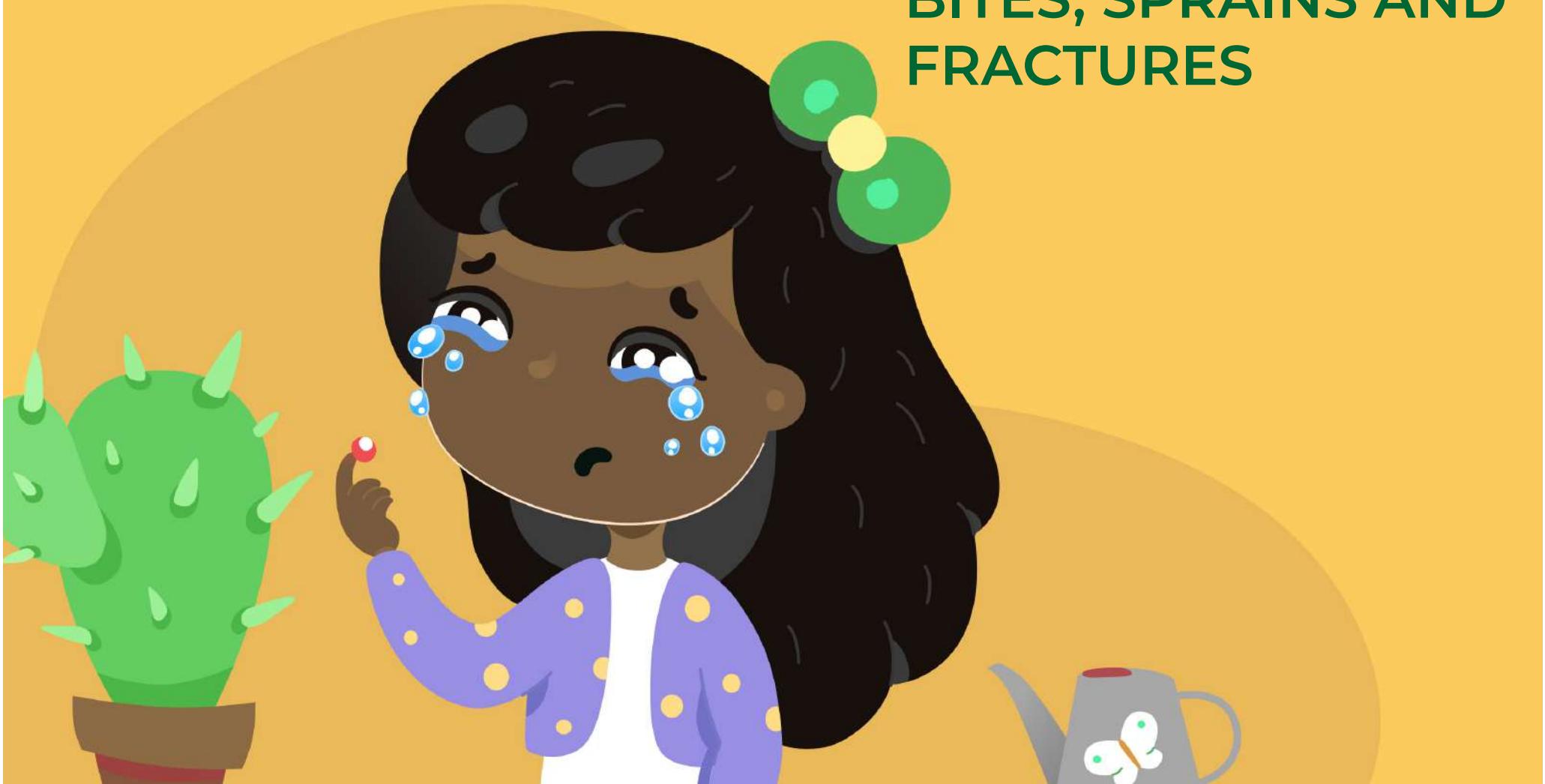
Vaseline gauze dressing or topical wounds dressing with Zinc oxide-based cream  
Syr. Phenobarbitone 15mg/5ml  
2-5 months: 2.5ml 12hourly for 3days  
6 months-5 years: 5ml 12hourly for 3days  
Give Syrup Paracetamol(120mg/5ml)  
2mths - 2yrs: 2.5ml 8hourly for 3days  
2-5 years: 5ml 8hourly for 3days  
IM. Tetanus Toxoid 0.5ml, if not immunized in the last 18 months; Review daily until well.  
Syr. Vitamin C 100mg/5ml  
1 month – 2 years: 2.5ml 8hourly for 7days  
3-5 years: 5ml 8hourly for 7days  
Do not apply lotions or ointment  
Do not break blisters or remove any loose skin  
Remove the cause of the burn

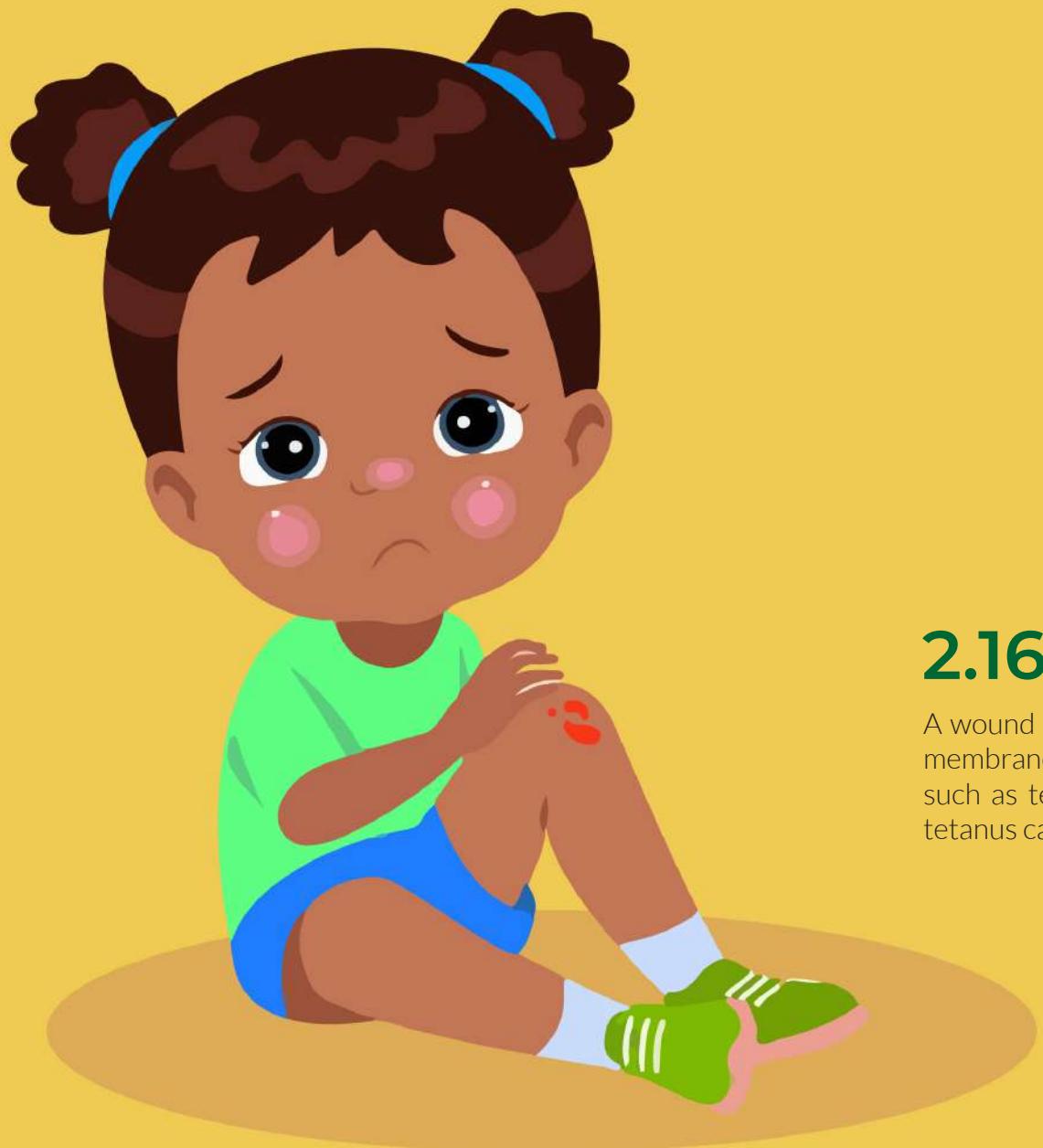


## HEALTH EDUCATION

- Personal hygiene .
- Management of burns.
- Nutritional counseling
- Compliance with treatment
- Prevention of home accidents
- Importance of taking home-based records on child's next visit to the clinic or hospital

## 2.16 WOUNDS, VARIOUS BITES, SPRAINS AND FRACTURES





## 2.16.1 WOUNDS

A wound is any break in the continuity of the skin or mucous membrane. There may also be injury of the underlying tissues such as tendons, large blood vessels or bones. Infections or tetanus can easily start when the skin is broken.



## HISTORY

How did it happen?  
When did it happen?  
Has it bled much?  
Has anything been put on or in the wound?  
Can the child move the area?  
Has the child been immunized with triple antigen or tetanus toxoid? When?



## EXAMINATIONS:



**General Appearance:**  
In pain



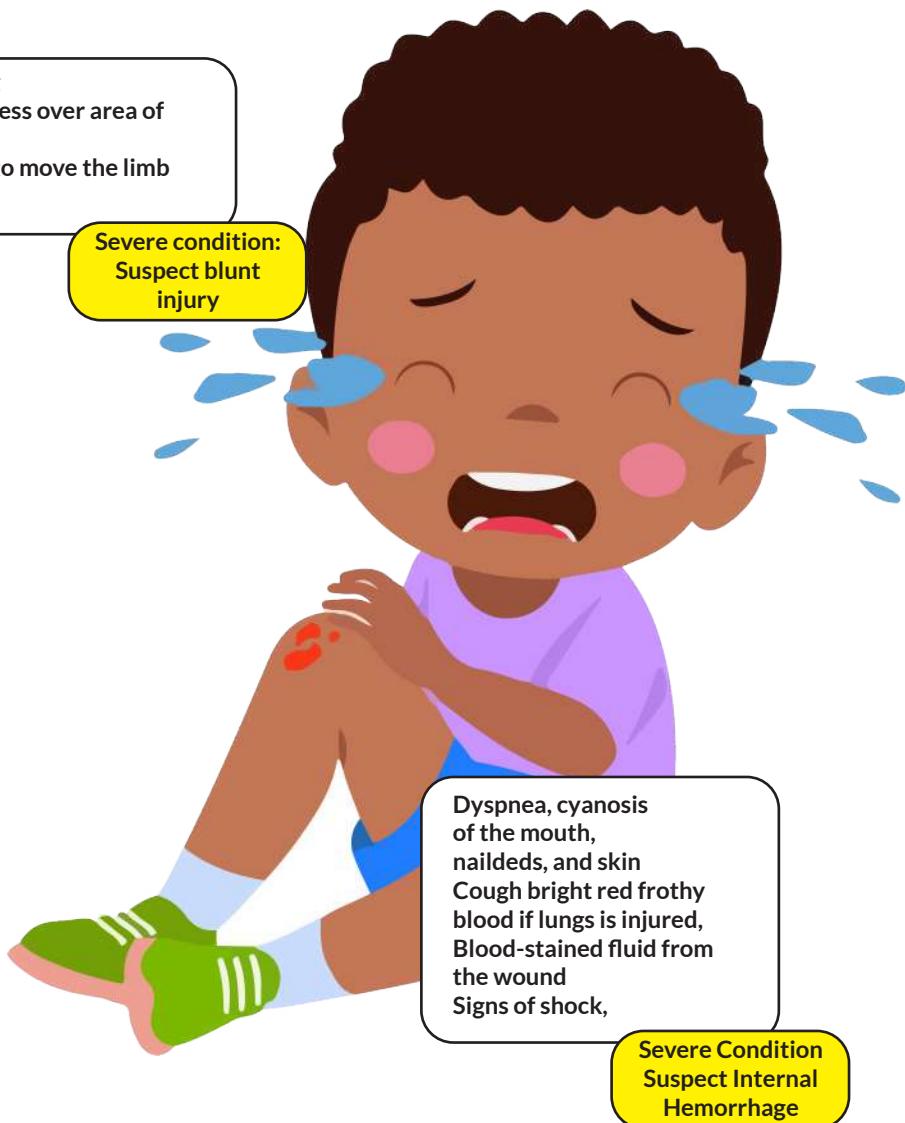
**Signs of shock:**  
cold, clammy pale,  
fast breathing,  
rapid pulse rate



**Temperature:**  
check and record



**Wound:**  
size, bleeding, dirt,  
or foreign body, pus,  
swelling, redness

**Injury**

Immobilize limb (splint)  
 Give Paracetamol (if conscious):  
 Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 REFER immediately to the appropriate health facility

**Wounds on the chest and back from sharp knife and gun shot or any other object, pains in chest**

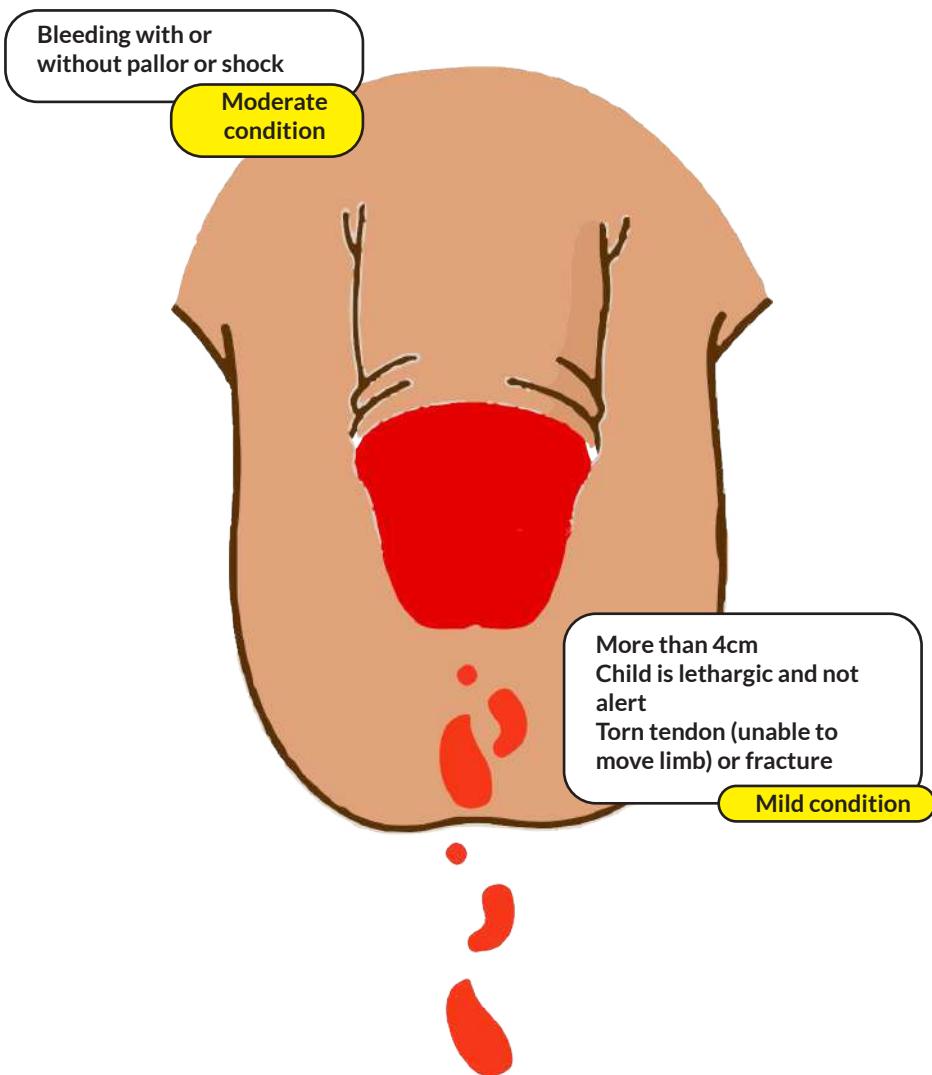
Clean with available antiseptic lotion  
 Stop bleeding by pressure  
 Gently cover the wound with a sterile Pad  
 Give IM. Tetanus Toxoid 0.5ml immediately  
 Manage for shock  
 REFER Immediately to the appropriate health facility.

**Abdominal wounds external or internal bleeding. abdominal pains, vomiting.**

Immobilize limb (splint)  
 Give Paracetamol (if conscious):  
 Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 REFER immediately to the appropriate health facility

**Wounds with sign of shock**

Apply pressure  
 Give IM. Tetanus Toxoid 0.5ml immediately  
 Manage shock and  
 REFER Immediately to the appropriate health facility



### Wound with bleeding

Clean with available antiseptic lotion  
 Stop bleeding by pressure  
 Give IM. Tetanus Toxoid 0.5ml immediately if wound is less than 24 hours  
 IM Procaine Penicillin for 5 days  
 0-5 months: 75,000IU  
 6-11months: 150,000IU  
 1-5 years: 300,000IU  
 Give Syrup Paracetamol(120mg/5ml)  
 2 months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Review the next day then at 1 week to remove sutures  
 Ask to return in 6 weeks for 2nd dose of IM. Tetanus Toxoid 0.5ml  
 If no improvement, REFER to the appropriate health facility.

### Bleeding from circumcision

Apply pressure on side for 10 minutes  
 Show mother how to maintain pressure 1-2 hours  
 If bleeding does not stop, manage the shock  
 Then REFER to the appropriate health facility

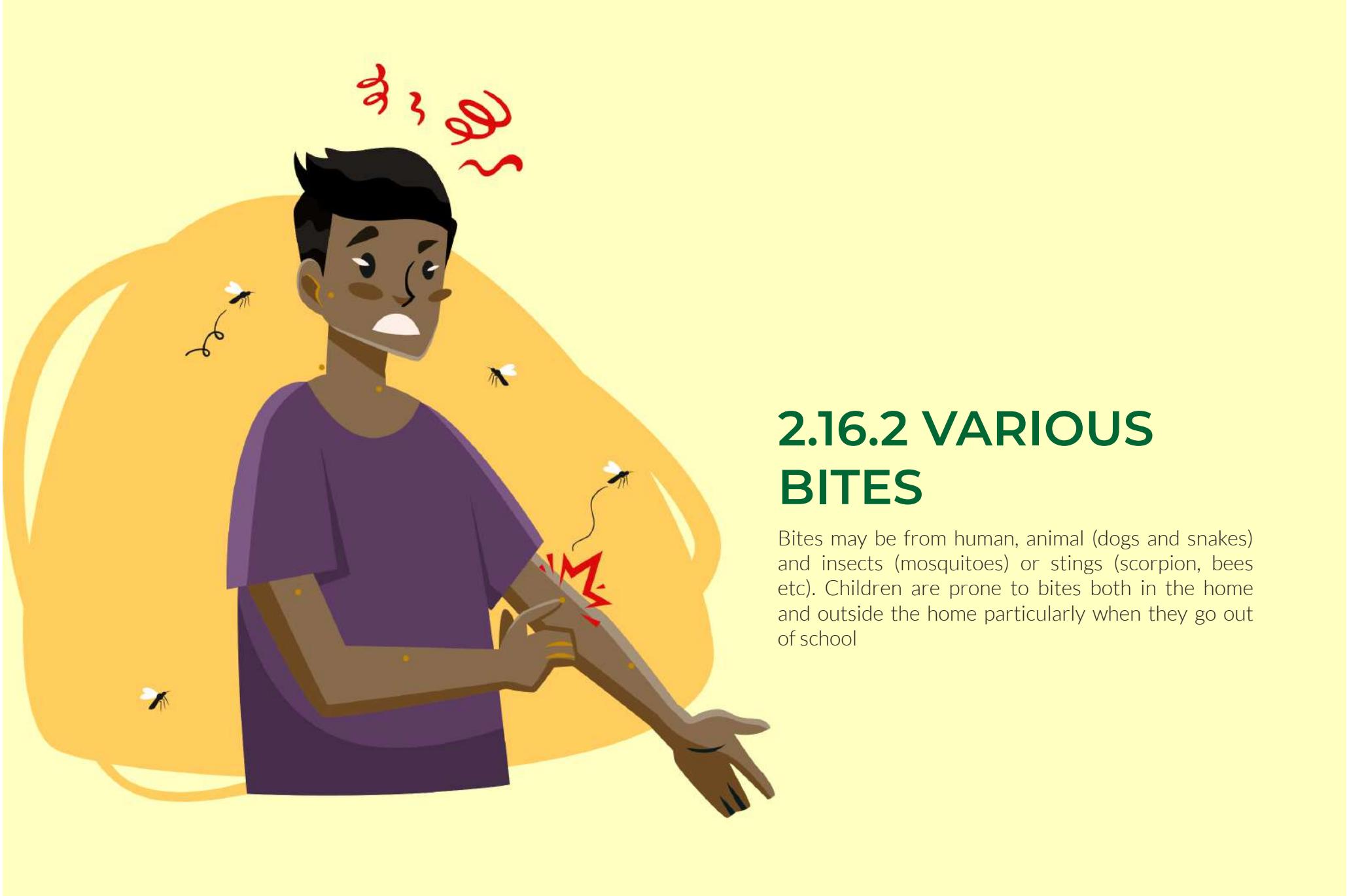
### Wounds with sign of shock

Clean with available antiseptic lotion  
 Put pressure on site for 10 minutes, if slowing, observe and maintain pressure for 2hours  
 If bleeding does not stop, refer to clinic  
 Give IM. Tetanus Toxoid 0.5ml immediately, if not immunized  
 Check Hb  
 Give Syrup Paracetamol(120mg/5ml)  
 2 months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Syr. Vitamin C 100mg/5ml  
 2month – 2years: 2.5ml 8 hourly for 2weeks  
 3-5 years: 5ml 8 hourly for 2weeks



## HEALTH EDUCATION

- Protection from wounds.
- Personal hygiene.
- Importance of compliance with treatment.
- Nutritional Counseling.
- Environmental Sanitation.
- Importance of taking home-based records on child's next visit to the clinic or hospital.



## 2.16.2 VARIOUS BITES

Bites may be from human, animal (dogs and snakes) and insects (mosquitoes) or stings (scorpion, bees etc). Children are prone to bites both in the home and outside the home particularly when they go out of school



## HISTORY

How did it happen?  
When did it happen?  
Has it bled much?  
Has anything been put on or in the bite?  
Can the child move the area?  
Has the child been immunized with triple antigen or tetanus toxoid? When?



## EXAMINATIONS:



**Haemoglobin:**  
Check and record



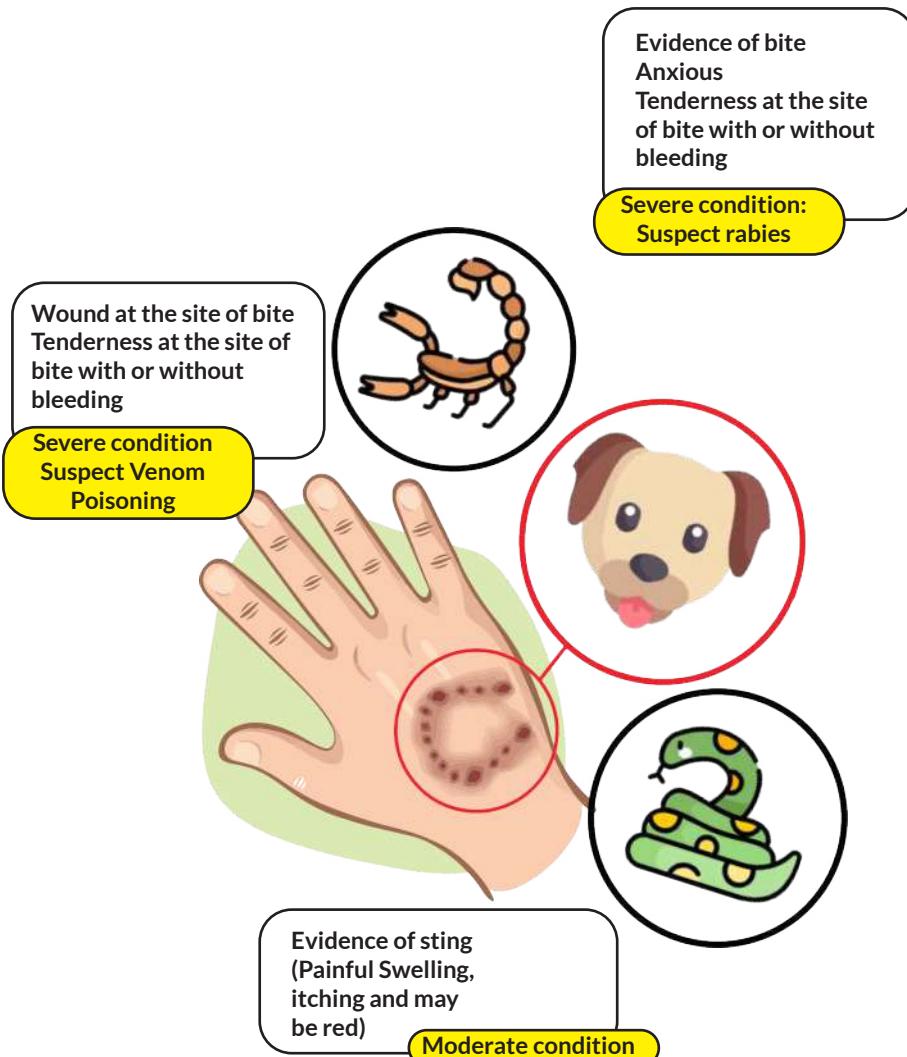
**General Appearance:**  
signs of shock  
a) pale, cold or clammy  
b) Increased sweating  
c) Increased respiration and pulse rate  
d) patient agitated or restless



**Bite:**  
a) Size and site  
b) Bleeding  
c) swelling, redness or warmth around bite



**Temperature:**  
Check and record



### Dog Bite

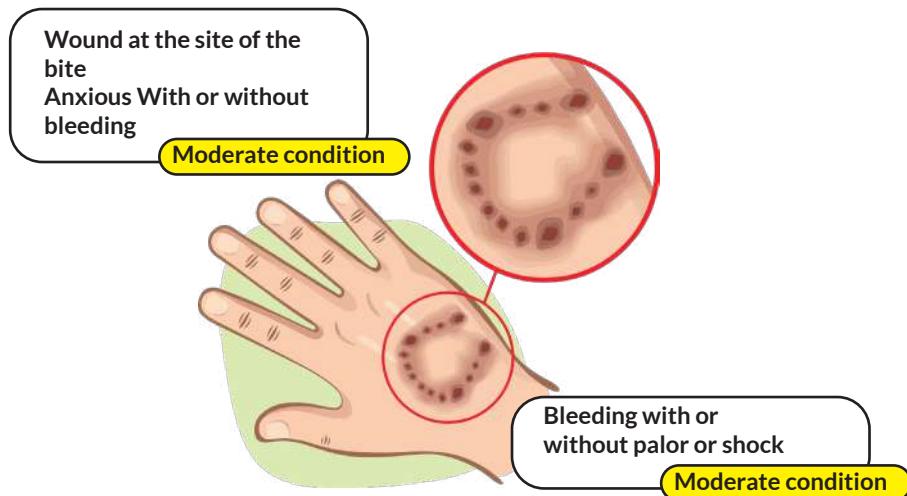
Wash wound with copious clean soapy water  
 Advise caregivers to observe dog for 10 days and report any changes in the dog's condition  
 Give anti rabies injection (if dog found or not)  
 Stop anti – rabies injection after 10 days if dog is alive  
 Give antibiotic of choice  
 Give IM. Tetanus Toxoid 0.5ml immediately  
 REFER to the appropriate health facility.

### Snake Bite

Keep client calm and clean the area thoroughly with copious soapy clean water.  
 Give anti- snake venom( read and follow marker's instruction )  
 Give promethazine 6.5mg stat  
 REFER immediately to the appropriate health facility

### Wounds with sign of shock

Plain Lignocaine 5ml stat at the site  
 Give IM. Adrenaline Subcutaneous stat  
     0.05ml for 2 – 5 months  
     0.1ml for 6-11 months  
     0.15ml for 1-5 years if suspecting anaphylactic reactions  
 Give Syrup Paracetamol(120mg/5ml)  
     2months - 2years: 2.5ml 8hourly for 3days  
     2-5 years: 5ml 8hourly for 3days  
 Give Syr. Vitamin C 100mg/5ml  
     2months – 2years: 2.5ml 8 hourly for 2weeks  
     3-5 years: 5ml 8 hourly for 2weeks  
 Review within 24 hours  
 If no improvement, REFER to the appropriate health facility



### Human Bite

Clean wound well  
Give antibiotic of choice  
Dress wound daily  
Review after 3 days  
If no improvement, REFER to the appropriate health facility

### Bleeding from Circumcision

Apply pressure on side for 10 minutes  
Show mother how to maintain pressure 1-2 hours,  
then REFER to the appropriate health facility.



## HEALTH EDUCATION

- Protection from bites/sting
- Personal hygiene
- Importance of compliance with treatment
- Adequate nutrition
- Environmental sanitation
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.16.3 SPRAINS, STRAINS AND FRACTURES

A sprain is a stretching or tearing of ligaments - the tough bands of fibrous tissue that connect two bones together in the joints.

The most common location for a sprain is in the ankle. Initial treatment includes rest, ice, compression and elevation. A strain is when a muscle is stretched too much and part of it tears. It is also called a pulled muscle. A fracture is a sudden break in the continuity of a bone causing deformity, pain, tenderness and loss of power or movement

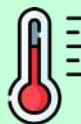


## HISTORY

How did the injury occur? When?  
Was there any bleeding?  
Where is the pain? How bad is it?  
Can the child move/use limb? Is there limitation to movement?  
Which movement causes greatest pain?



## EXAMINATIONS:



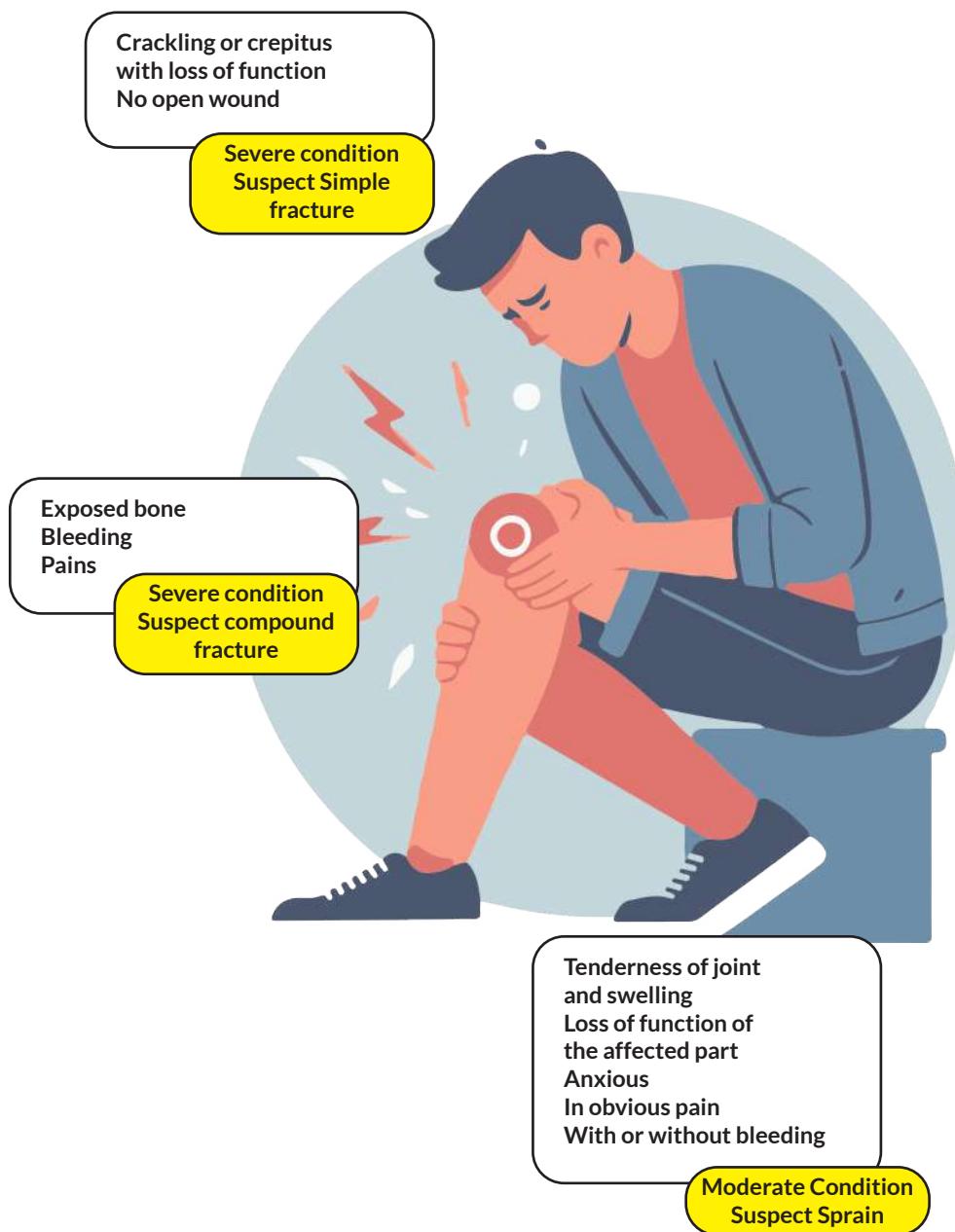
**Temperature:**  
Check and record



**General Appearance:**  
a) Signs of shock  
increased sweating,  
pallor, restlessness  
b) Degrees of pain



**Limb or Joints:**  
a) Tenderness or swelling  
b) Warmouths or redness  
c) Crepitus (crackling)  
d) Open wound



#### Severe pains following injury, inability to move the affected part.

Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Apply splint to affected limb  
 Observe for signs of shock  
 REFER immediately to the appropriate health facility

#### Open wound with inability to move the affected part, following injury

Clean wound with normal saline  
 Observe for signs of shock  
 Give IM. Tetanus Toxoid 0.5ml immediately  
 Give antibiotic of choice  
 Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Immobilize, and cover wound  
 REFER immediately to the appropriate health facility

#### Severe pains around the joints following an injury

Apply Cold compress to reduce swelling and pain  
 Apply Ung. Methylsalicylate to the affected area P.R.N  
 Apply Crepe bandage to the affected area  
 Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 REVIEW IN 2DAYS  
 If no improvement, REFER to the appropriate health facility



## HEALTH EDUCATION

- Protection from bites/sting
- Prevention of home accident
- Personal hygiene
- Importance of compliance with treatment
- Environmental sanitation
- Care of wounds and sores
- Nutrition and effect on healing
- Importance of taking home-based records on child's next visit to the clinic or hospital

**Stiffness, cramps,  
swellings as result  
of violent tearing of  
muscles after fall or  
accident**

**Moderate Condition  
Suspect Strain**



### Sudden sharp pains in muscle

Apply cold compress  
Apply Ung Methylsalicylate to the affected area P.R.N  
Rest the affected limb  
Give Syrup Paracetamol(120mg/5ml)  
2months - 2years: 2.5ml 8hourly for 3days  
2-5 years: 5ml 8hourly for 3days  
REVIEW IN 3DAYS, If no improvement,  
REFER to the appropriate health facility.



## 2.17 DISORDERS AFFECTING THE HEAD

The head contains the brain (with the organs for the sense of hearing, seeing, smelling and tasting). The bones of the head are very strong but sometimes a serious head injury may be caused by a fall or a blow to the head. Some signs of serious head injury are bleeding from the nose, mouth or ears, severe headache or unconsciousness. There also may be vomiting or the client may be confused. Any delay in referring a client with a head injury for proper medical treatment may cause permanent injury or death.

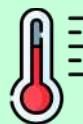


## HISTORY

What is the problem?  
Has he fallen or hit his head? When?  
If he has had an injury, has he been drowsy?  
Has he vomited? How many times?  
Does he have a headache?  
Has he convulsed?  
Is he playing and behaving normally for his age as he usually does?



## EXAMINATIONS:



**Temperature Pulse and Respiration:**  
Check and record



**General Appearance:**  
dull, abnormally sleepy, or difficult to wake, restless, delirious or unconscious



**Eyes:**  
haemorrhage, pupils size (equal or unequal), reaction to light, vision, jaundice  
**Gait:** steady or unsteady



**Head:**  
a) Circumference  
b) External injuries, sores, or rashes  
c) Swellings or depressions



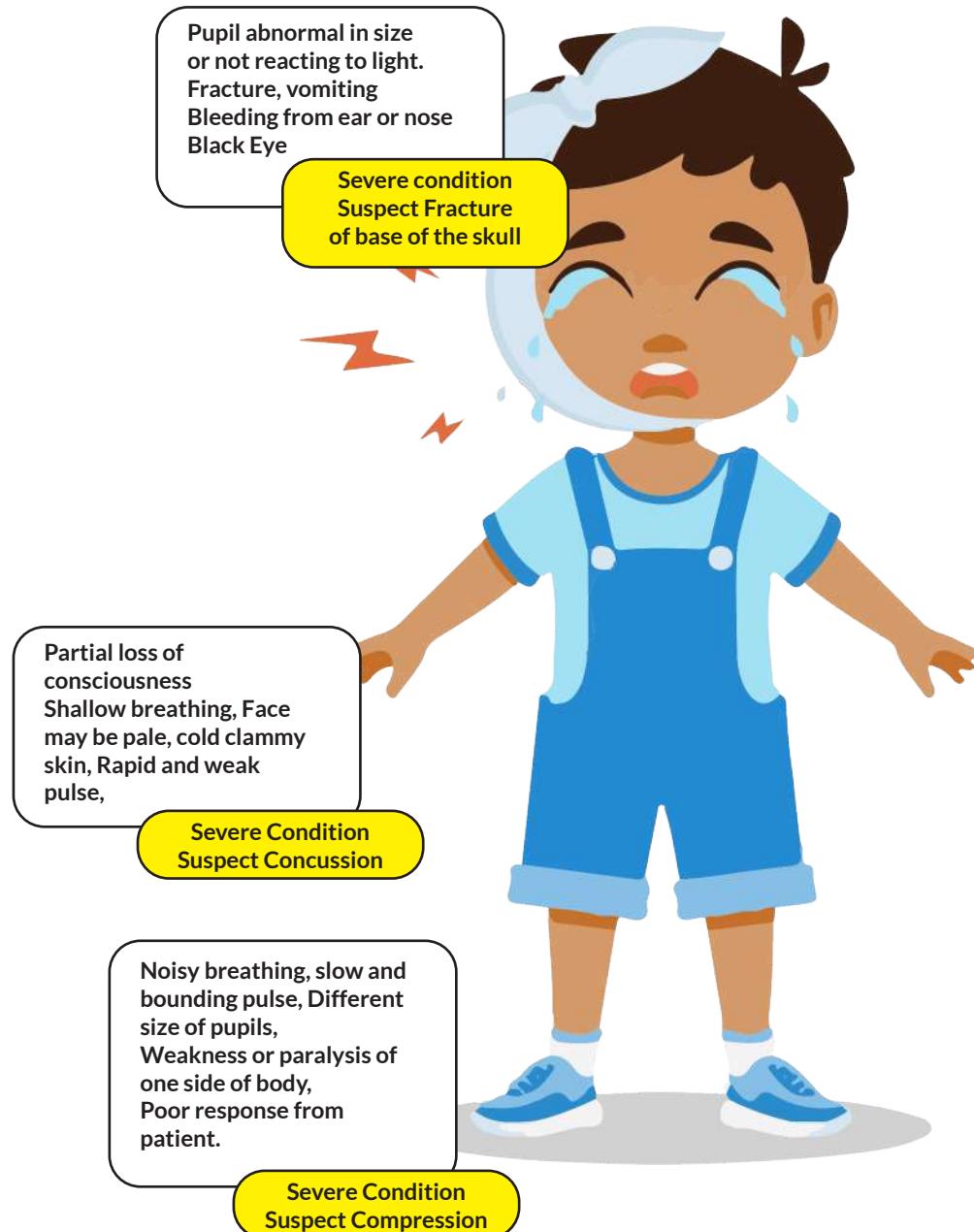
**Neck:**  
stiffness



**Gait:**  
steady or unsteady



**Haemoglobin:**  
check and record



#### History of trauma to head, abnormally sleepy or difficult to wake, vomiting

Maintain a clear airway.  
Lie patient on the side  
REFER immediately to the appropriate  health facility, in that position

#### Trauma to head from blow, fall or vehicular accident, nausea and vomiting, loss of memory

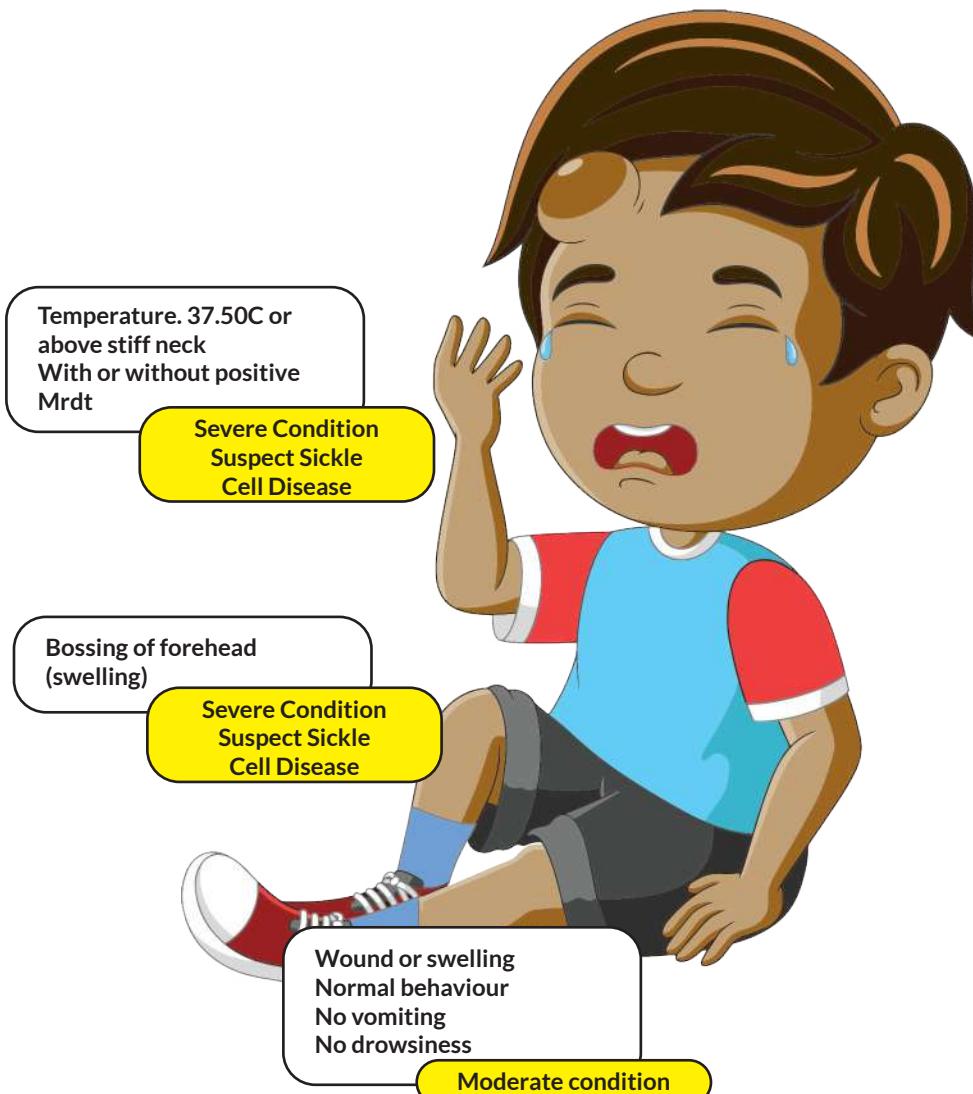
Maintain a clear airway.  
Lie patient on the side  
REFER immediately to the appropriate  health facility, in that position

#### Trauma to head, pressure from bone in a depressed fracture, from fall or vehicular accident

Maintain a clear airway.  
Lie patient on the side  
REFER immediately to the appropriate health facility, in that position 

#### Headache with any of the following:

VOMITING  
FEVER  
NECK STIFFNESS  
If mRDT is positive, treat for uncomplicated malaria with ACT (refer to section on malaria treatment)  
If mRDT is negative, give Benzyl penicillin stat  
REFER immediately to the appropriate health facility. 



### Bulging Forehead

REFER to the appropriate health facility, for sickling test  
 Syr. Folic acid 5ml daily for 2 weeks  
 Conduct mRDT, if positive treat for uncomplicated malaria with ACT (refer to section on malaria treatment)

### Injury to head with a small external swelling

Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days

If open wound,  
 Clean with saline water and dress wound  
 Give IM.Tetanus Toxoid 0.5ml (stat) immediately  
 AMX DOSAGE  
 If no open wound, apply cold compress on swelling  
 review after 24 hours  
 Advise mother to return with the child if worse i.e., becomes drowsy, start vomiting, showing any strange behavior and REFER immediately

### Head larger or smaller than normal age

Measure head circumference if above or below normal limits, REFER  
 Normal Head Circumference:  
 1 month (33 – 37 cm average)  
 6 months (41 – 46 cm)  
 12 months (45 – 50 cm)



## HEALTH EDUCATION

- Proper care of child.
- Prevention of head injuries.
- Prevention of home and road accidents.
- Importance of protection (use of car seat belt helmet etc )
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.18 NECK DISORDERS

Neck problems include the presence of enlarged nodes and lumps around the neck. There could also be pain or stiffness of the neck. These are usually caused by infection of the ears, the mouth or on the scalp, tuberculosis, leukaemia (cancer of the blood), meningitis, other childhood malignancies. There may also be an injury to the neck following a fall.



## HISTORY

What is the problem?  
How long has the child had the problem?  
Is there weight loss or loss of appetite?  
Is there fever or sore throat?  
Is there excessive sweating at night?  
Is there headache? Earache?  
Is there pain or vomiting?  
Is the child restless or hyperactive?  
Has the child convulsed?



## EXAMINATIONS:



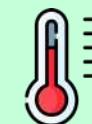
**General appearance:**  
Skin colour (blue, pale, yellow) Spontaneous movement.



**Chest:**  
Check respiratory rate (note if 60 or above per minute), gasping breath, heart beat, chest in-drawing



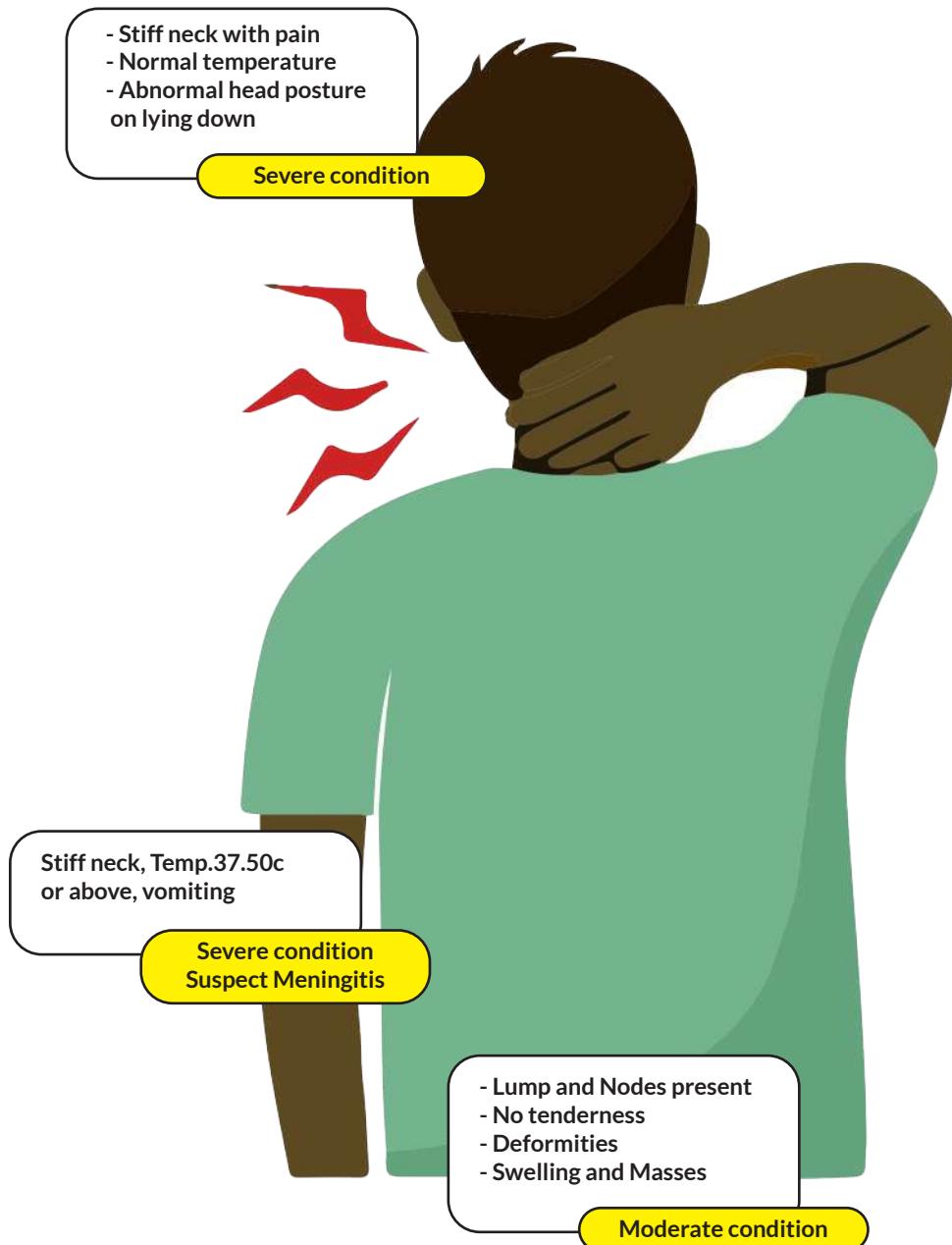
**Weight:**  
weigh and chart.



**Temperature:**  
Check with low reading or digital thermometer and record



**Head**  
swelling, anterior fontanelle –for bulging or depression, Face –for any obvious abnormalities.



#### Stiffness of neck with a fall and no fever

Restrict movement of head and neck  
 If in extreme pain, give Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8 hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 REFER immediately

#### Neck pain with fever, with vomiting, no neck injury

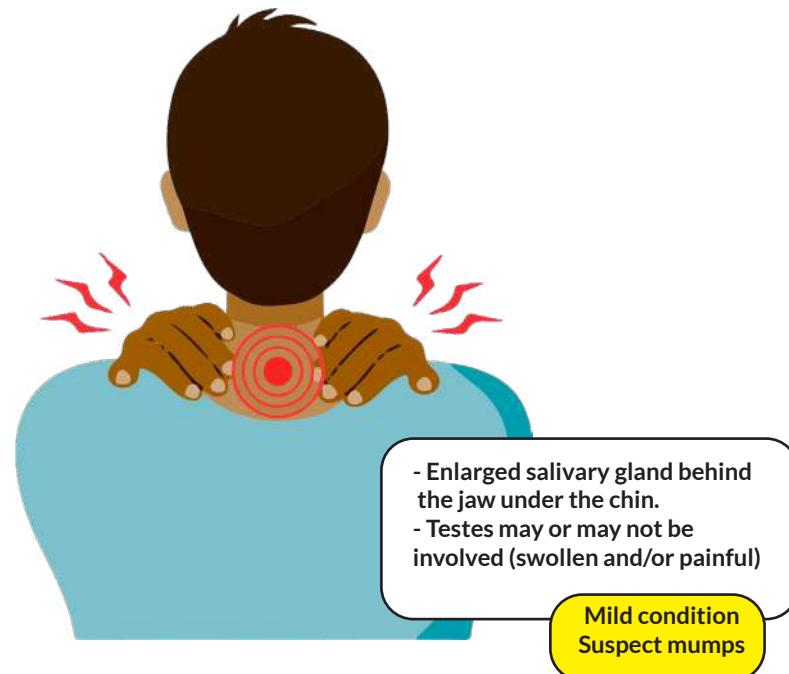
If Kernig's sign positive,  
 Give IM. Benzyl penicillin (stat) immediately  
 REFER immediately to the appropriate health facility

#### Neck pain without fever

Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 REFER immediately to the appropriate health facility.

#### Neck pain with fever

Conduct mRDT for malaria, if positive treat for uncomplicated malaria with ACT (refer to section on malaria treatment)  
 Review in 2days  
 If no improvement, REFER to the appropriate health facility



#### Swelling of both sides of neck (cheeks)

Give Syrup Paracetamol(120mg/5ml)

2months - 2years: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

Encourage fluids, Saline mouth wash, Explain finding to mother, If male, advise rest and continuous observation of testes

Review in 3 days

If no improvement, REFER to the appropriate health facility



## HEALTH EDUCATION

- Prevention of neck injuries.
- Complications of mumps in males
- Oral hygiene
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.19 EYE DISORDERS

Eye problems are disease conditions affecting the child's eye and are commonly caused by bacteria or viruses, injury or foreign body or lack of enough vitamin A in foods. If these conditions are not prevented or treated early, they may cause blindness. It is therefore important to prevent or treat eye infections.



## HISTORY

What is the matter with the child's eye?  
Do you think the child sees?  
How long has the child had the problem?  
Has the child had it before?  
Did the problem come suddenly or gradually?  
Is there a lot of pain in the eye?  
Does the child rub the eye frequently?  
Did anything enter the eye?  
Has any medication been applied to the eye? If so, what?  
Does anyone else in the family have this problem?  
Is the child receiving treatment for any other disease?  
Does the child take palm oil, carrots, fresh mangoes, pawpaw, tomatoes?



## EXAMINATIONS:



**General appearance:**  
in pains, ill.



**Skin:**  
rashes, scratch marks



**Nose:**  
discharge

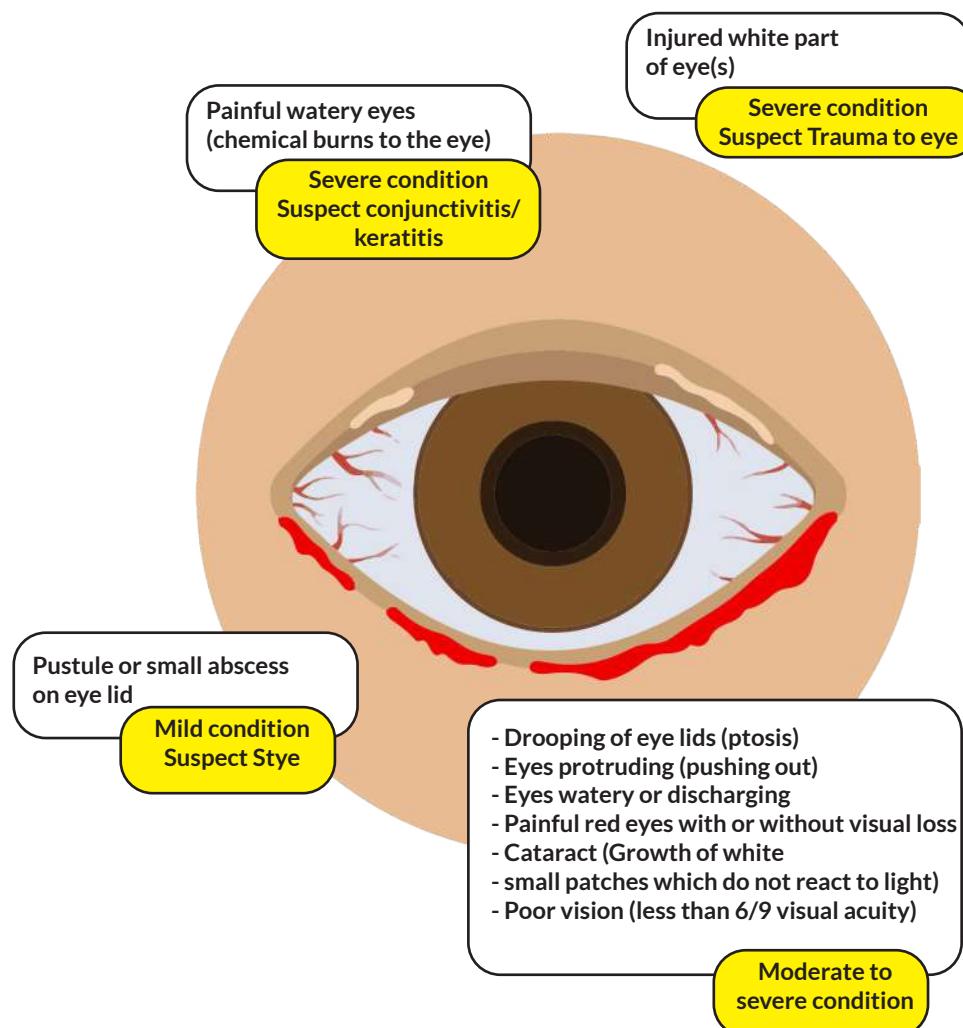


**Eyes:**

- Redness, Tearing
- Swelling around the eyes.
- Pus or other discharge
- Pupils : Reaction to light, white pupil Protruding eyeballs Squint.
- White foamy substance at corner of eyes/cloudy or white cornea
- Vision :check if child can follow a bright object, or reach out to receive an object from you without assistance



**Temperature, Pulse and Respiration:**  
Measure and record



### Injury to eyeball with sharp object

Apply Chloramphenicol eye drops 6hourly for 5days

Apply eye pad.

REFER immediately to the appropriate health facility.

### Injury to eyeball as a result of burns, hot water or chemicals

Irrigate the eyes immediately with clean water;

Apply Chloramphenicol eye ointment about 1cm to affected eye(s) 6hourly at night for 5days

REFER immediately to the appropriate health facility

### Abnormalities of the eyes

REFER immediately to the appropriate health facility

### Painful swelling of the eye lids

Remove offending eyelash if possible

Warm compress to eye.

Apply Chloramphenicol eye ointment about 1cm to affected eye(s) 6hourly at night for 5days

Review in 3 days.

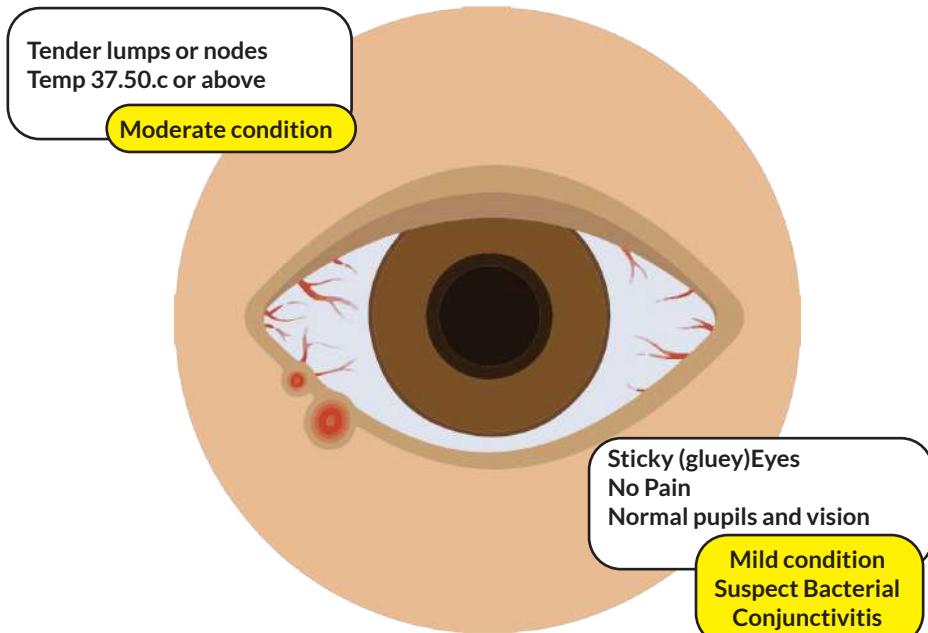
If no improvement, REFER to the appropriate health facility.

### Foreign body in the eye with pain

Irrigate with Saline Apply Chloramphenicol eye drop

Cover eye with pad;

REFER immediately to the appropriate health facility



## HEALTH EDUCATION

- Personal, food and environmental Hygiene.
- Prevention of eye injuries.
- Adequate nutrition especially foods rich in Vitamin A
- Regular eye check-up.
- Importance of taking home-based records on child's next visit to the clinic or hospital

### White bubbly (foamy) material at corner of eye or dry eye

Vitamin A (daily for two days)

<6months - 50,000 unit

6-12months - 100,000 IU

12months - 5 years - 200,000 IU

Encourage eating of coloured (yellow/red) fruits and palm oil;

Review weekly until better

REFER for proper assessment 

### Sticky eye(s) or red eye(s); no pain, normal pupils and vision

Saline bath to eye 3 times a day.

Chloramphenicol eye drop 6hourly for 4 days and ointment at night for 5 days

Review in 3 days.

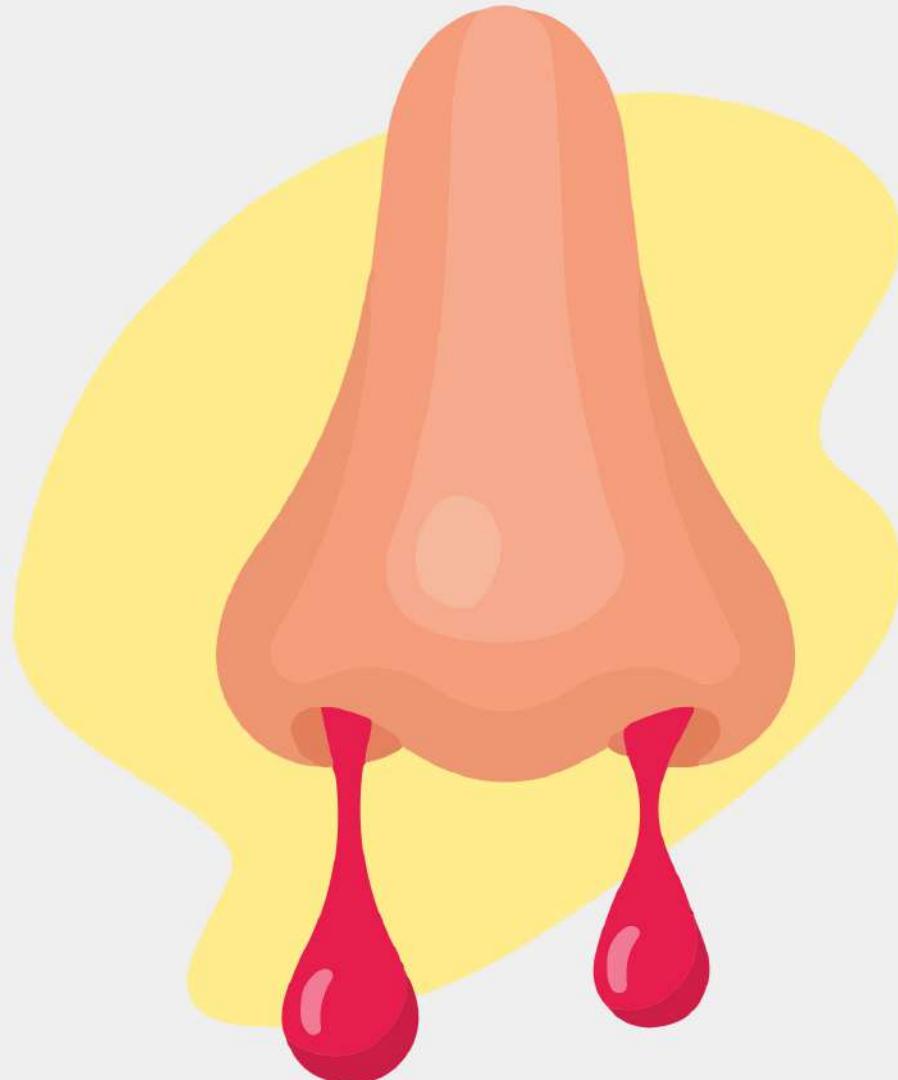
If no improvement, REFER to the appropriate health facility. 



## 2.20 EAR, NOSE AND THROAT DISORDER

### EAR PROBLEMS

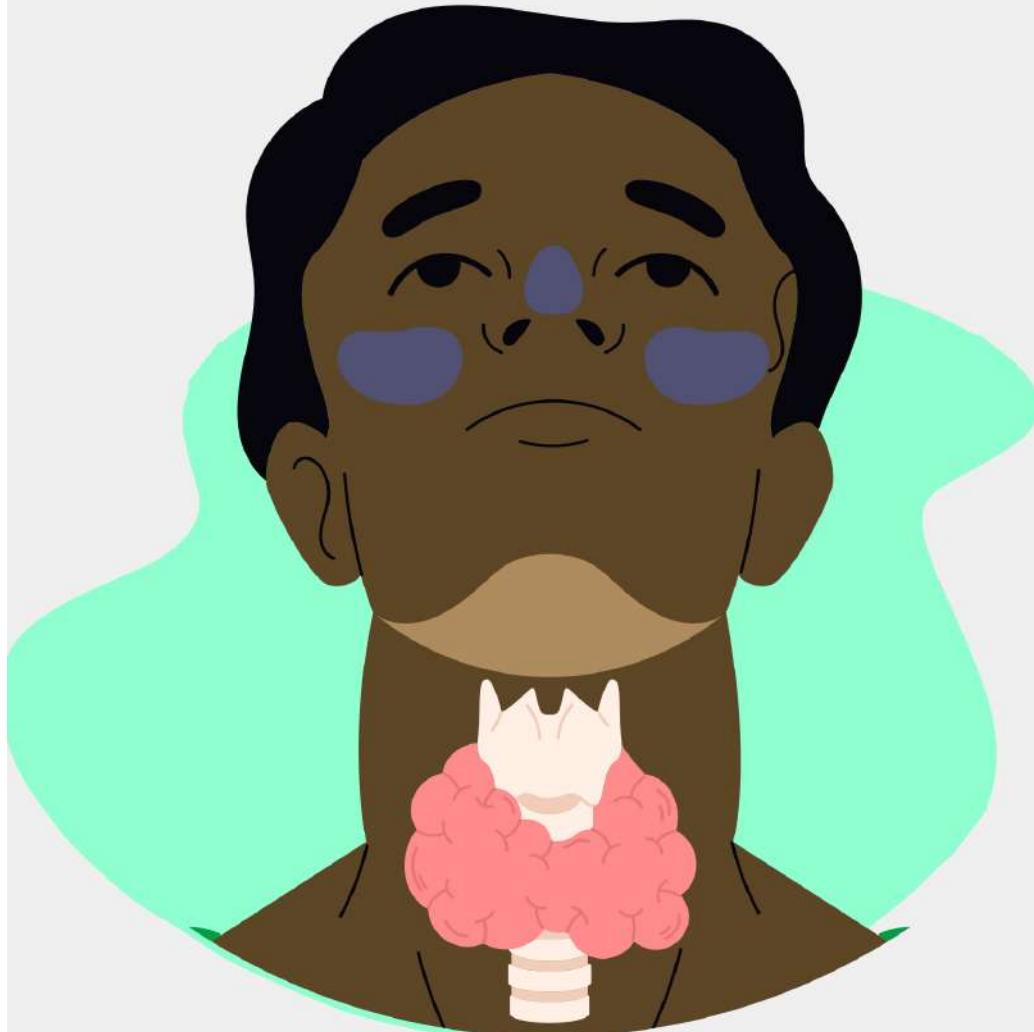
Ear problems are diseases affecting the ear and are commonly caused by middle ear infection; usually with pain in the ear, dullness or redness of the ear drum sometimes with perforation and drainage of pus or fluid. It is important to examine the bone behind the ear, because if this is tender to touch, it may mean that the child has mastoiditis. This is a danger sign. The other major complication is deafness which can be tested by clapping your hands behind the child to see if he will turn and look.



## 2.20 EAR, NOSE AND THROAT DISORDER

### NOSE DISORDERS

The nose is the organ for breathing and for the sense of smell. Disease or injury in the throat or sinuses can affect the nose. This could bring about watery discharge, mucous blood or pus from the nose. Also, injury to the nose can affect the throat. The health worker should think of a foreign object if there is discharge from only one side of the nose.



## 2.20 EAR, NOSE AND THROAT DISORDER

### THROAT DISORDER

A red throat may be caused by infection. It may be combined with nasal congestion and middle ear infection especially in young children. The tonsils normally enlarge during childhood, but unless they show sign of difficult breathing or inflammation, no treatment is needed



## HISTORY

What is wrong with the child?  
Does the child have hearing problems?  
Is there any discharge from the ear?  
Has the child had any ear surgery?  
Is there any family history of deafness?  
Does the child have runny nose?  
Is there any bleeding from the nose? If yes, for how long?  
Has the child had it before?  
Is the child able to swallow food or fluids?  
Has the child received any injection or medication recently? If yes,  
what is the name? Ototoxic drugs (antibiotics (e.g gentamicin), diuretics, cytotoxics).  
Has the child been exposed to loud noises recently? Exposure to noise (e.g. pneumatic drill or shooting)  
What treatment have you given to the child for this condition?



## EXAMINATIONS:



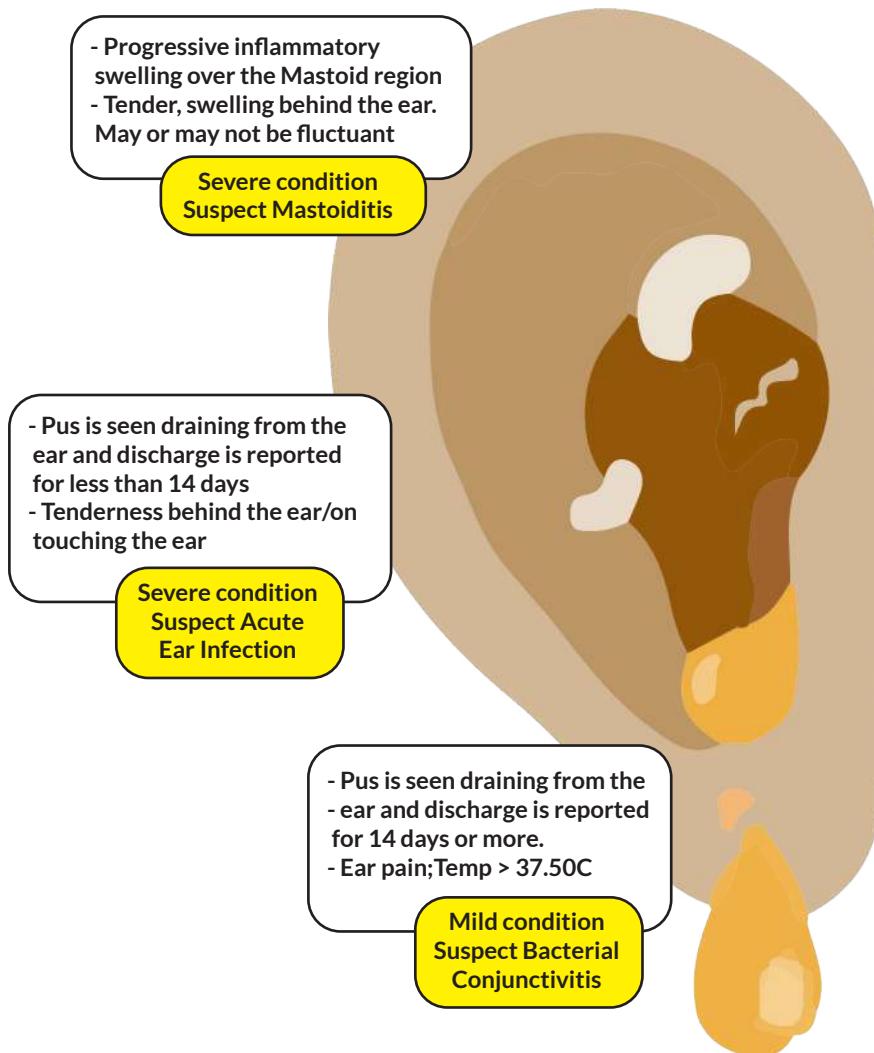
**NOSE:**  
- General appearance:  
well, ill-looking, pale  
- Nose:  
watery discharge, mucus,  
blood, pus, any visible  
swelling, deformity, or  
foreign body  
- Throat:  
pus or redness



**EAR:**  
- Head:  
tenderness over bone  
behind the ear (mastoid).  
- Ear:  
a) Condition of canal,  
b) Pus or blood,  
perforated drum  
c) Foreign body,  
d) Red or bulging drum  
- Test for hearing: clap  
- Neck: stiffness



**THROAT:**  
- General appearance:  
distressed, pale  
- Head:  
tenderness over bone  
behind the ear (mastoid)  
- Throat:  
pus or redness, enlargement  
of tonsils  
- Neck:  
nodes, swellings  
- Ear: discharge, redness or  
bulging drum  
- Temperature,  
**Pulse and Respiration:**  
check and record.



#### Ear pain with history of foreign body with bleeding or neck stiffness

REFER immediately to the appropriate health facility.

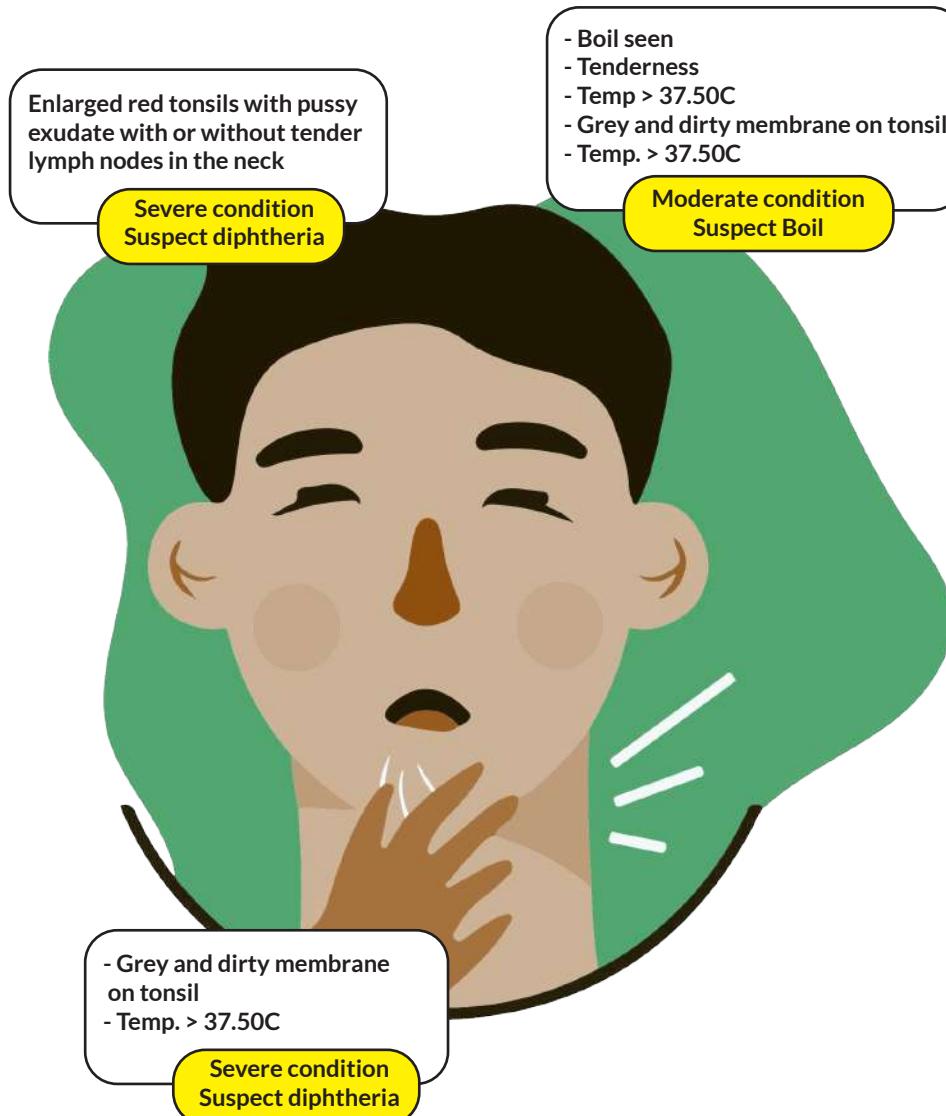
Susp.Amoxicillin 250mg/5ml  
 2months-12months: 2.5ml 8hourly for 5 days  
 12mth-5 years 5ml 8hourly for 5days  
 Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days

#### Ear pain with discharge

Susp.Amoxicillin 250mg/5ml  
 2months-12months: 2.5ml 8hourly for 5 days  
 12months-5 years 5ml 8hourly for 5days  
 2. Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 REFER urgently to the appropriate health facility, if no improvement

#### Ear pain with discharge for more than 14 days with or without fever

Susp. Amoxicillin 250mg/5ml  
 2months-12months: 2.5ml 8hourly for 5 days  
 12month-5 years 5ml 8hourly for 5days  
 2. Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Conduct mRDT and if positive, treat for uncomplicated malaria with ACT (refer to section on Malaria)  
 Teach mother to wick ear at least 3 times daily until the ear is dry and discourage plugging the ear or using ear drops  
 Review in 3 days  
 If no improvement, REFER to the appropriate health facility



### Swollen wound in ear

Susp. Amoxicillin 250mg/5ml  
 2months-12months: 2.5ml 8hourly for 5 days  
 12months-5 years 5ml 8hourly for 5days  
 2. Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2- 5 years: 5ml 8hourly for 3days

Review in 3 days

If no improvement REFER to the appropriate health facility.

### Difficulty in swallowing

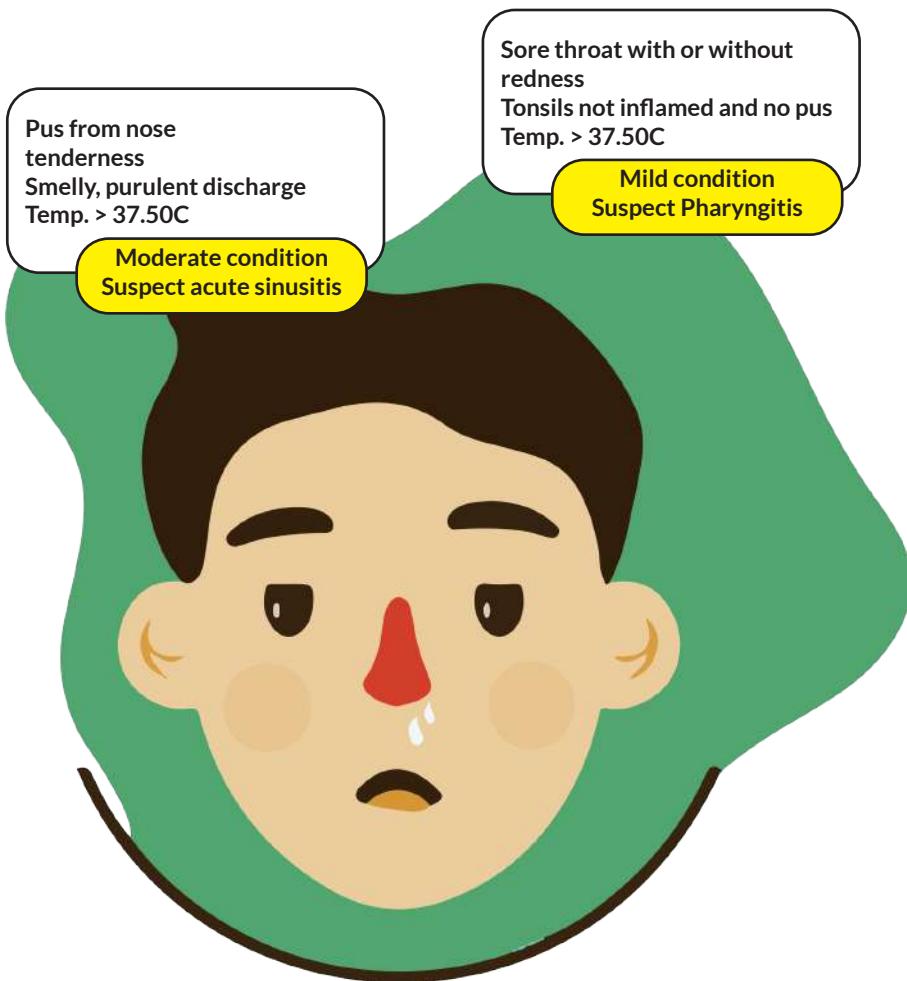
Give I/M Paracetamol (300mg/2ml)  
 2months -2 years 0.5ml(75mg)  
 2years – 5 year 1ml (150mg)

If no improvement REFER to the appropriate health facility

### Pain in the throat, inability to swallow

Wash mouth with Salt water  
 Give I/M Amoxicillin stat  
 2months-12months 125mg  
 12months -5years 250mg  
 Give I/M Paracetamol (300mg/2ml)  
 2months -2 years 0.5ml(75mg)  
 2years – 5 yr 1ml (150mg)

REFER immediately to the appropriate health facility.

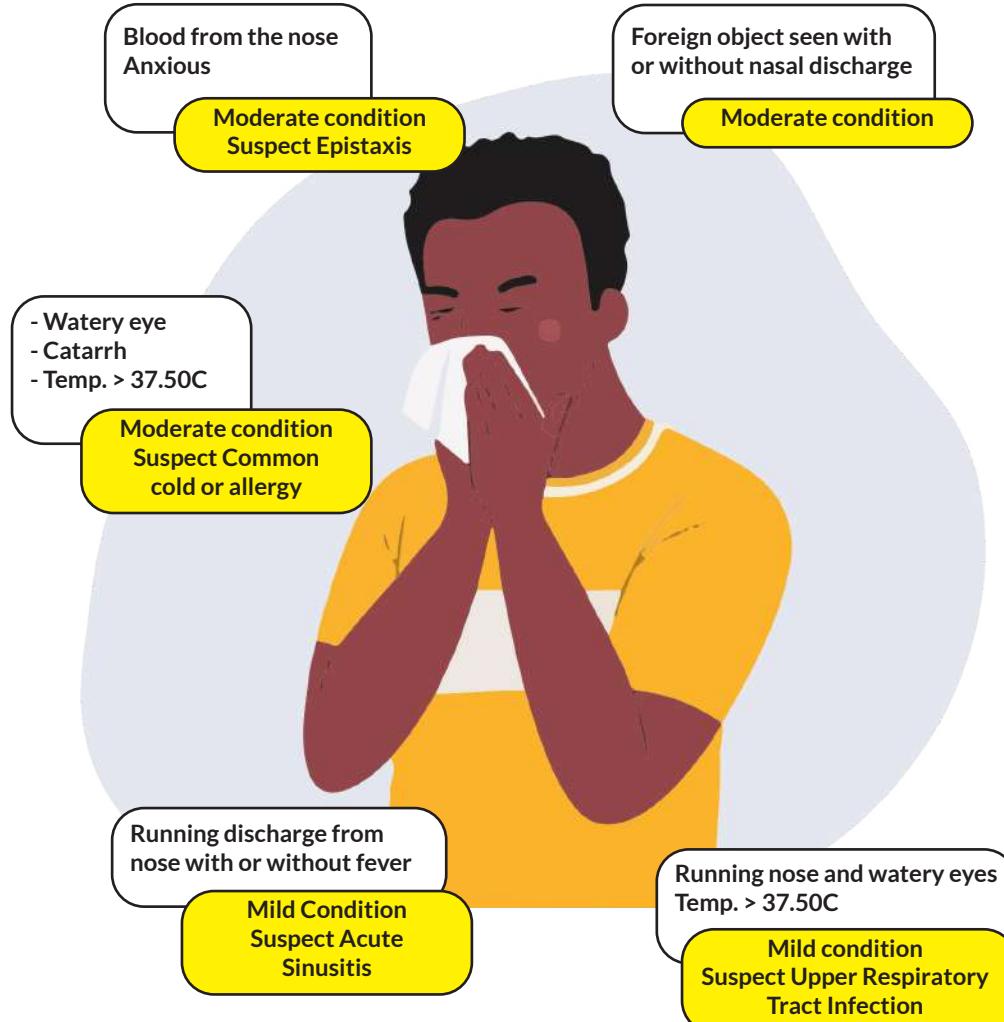


### Pain in the throat, fever, inability to swallow or refuses to feed

Give I/M Amoxicillin stat  
 2months-12months 125mg  
 12months -5years 250mg  
 Continue, Susp. Amoxicillin 250mg/5ml  
 2mths-12mths: 2.5ml 8hourly for 5 days  
 12mth-5 yrs: 5ml 8hourly for 5days  
 Give I/M Paracetamol (300mg/2ml)  
 2months -2 years 0.5ml(75mg)  
 2years – 5 yrs 1ml (150mg)  
 Give Syrup Paracetamol(120mg/5ml)  
 2months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Syr. Vitamin C 100mg/5ml  
 2.5ml 8 hourly for 2weeks- 2month – 2years  
 5ml 8 hourly for 2weeks3-5 years  
 Encourage fluid intake  
 Review in 3 days. If no improvement, REFER to the appropriate health facility

### Difficulty in swallowing

Give I/M Amoxicillin stat  
 2months-12months: 2.5ml 8hourly for 5 days  
 12month-5 years 5ml 8hourly for 5days  
 Give Paracetamol 120mg/ml  
 2months-2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Syr. Chlorpheniramine (Piriton) 2.5-5ml 12hourly for 3 days  
 Syr Vitamin C (100mg/5ml): 2.5-5ml 8hourly for 7 days  
 Review in 3 days.  
 If no improvement, REFER to the appropriate health facility



### Bleeding from nose

Teach mother to pinch side of the nose for 15 minutes  
 Apply Cold Compress to nose for 30 minutes  
 Re-examine  
 If no improvement, REFER to the appropriate health facility.  
 If condition has happened before, REFER immediately to the appropriate health facility.

### Foreign object or polyp in the nose

Try to remove foreign body with blunt forceps  
 If not removable, or if it's a polyp, REFER to the appropriate health facility

### Stuffy nose, with or without fever, sneezing with or without watery eyes

Promethazine 0.25ml stat then,  
 Give Syr. Paracetamol 120mg/ml  
 2months-2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Syr. Chlorpheniramine (Piriton) 2.5-5ml 12hourly 3 days  
 Syr Vitamin C (100mg/5ml) 2.5-5ml 8hourly for 7 days  
 Review in 3 days  
 If no improvement, REFER to the appropriate health facility.

### Nasal discharge with or without fever

Give Syr. Paracetamol 120mg/5ml  
 2months-2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Give Syr Vitamin C (100mg/5ml)  
 < 1 year 50mg 8hourly for 1 - 2 weeks  
 >1 - 3 years 100m 8hourly for 1 - 2 weeks  
 3-5 years 200mg 8hourly for 1 - 2 weeks

Warm Compress  
 Review in 3 days  
 If no improvement, REFER to the appropriate health facility

Boil can be seen  
Temp less than or greater than 37.50C  
**Mild Condition Suspect Boil**



Pus is seen draining from the ear.  
Dull ear drum  
Warm to touch (Temp > 37.50C)

**Moderate Condition**

**Stuffy nose or catarrh with or without fever, sneezing with or without watery eyes, lack of appetite, difficulty in breathing**

Give Syr Vitamin C (100mg/5ml)  
< 1 year 1ml 8hourly for 1 - 2 weeks  
>1 - 3 years 2.5ml 8hourly for 1 - 2 weeks  
3-5 years 5ml 8hourly for 1 - 2 weeks

Syr. Paracetamol 120mg/5ml  
2months - 2years 2.5ml 8 hourly for 3days  
2years-5years 5ml 8 hourly for 3 days

Conduct mRDT test. If positive refer to section on malaria treatment

Continue feeding/breastfeeding

Clear the nose if it interferes with breathing

Encourage extra fluids

Keep the child warm

Watch out for danger signs (fast or difficult breathing, inability to suck or drink, or child becomes more ill)

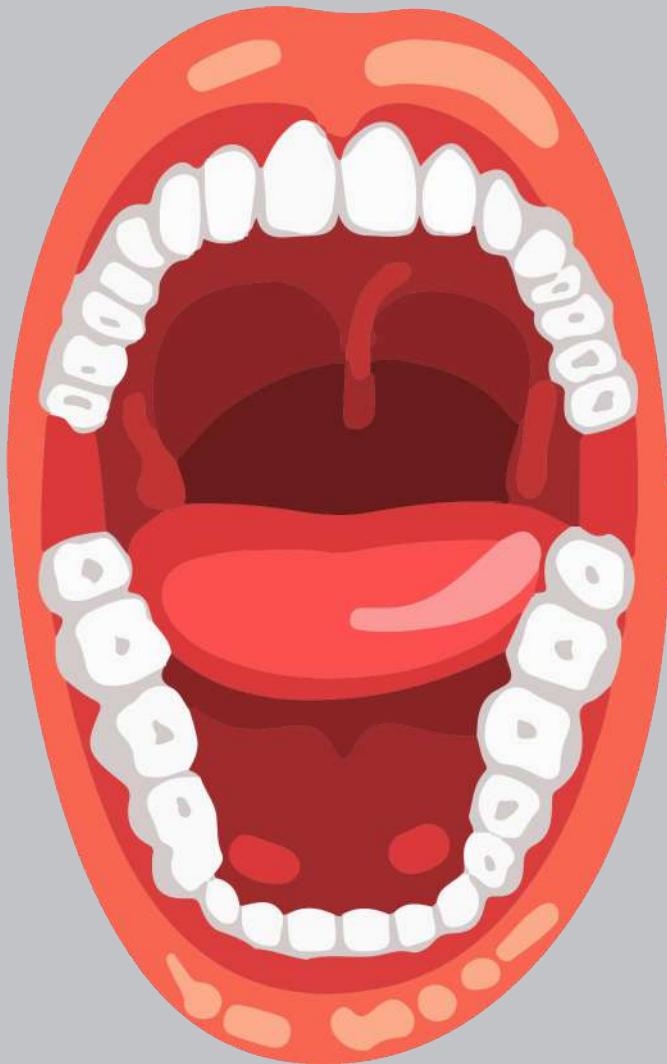
#### **Boil in the nose with or without fever**

REFER immediately to the appropriate health facility.



## HEALTH EDUCATION

- Management of throat problems (gargle and discouragement of uvulectomy)
- Prevention of exposure to air pollutants (fumes, dust, and pollen).
- Personal hygiene
- Discourage home removal of foreign body
- Adequate nutrition
- General childcare
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.21 ORAL HEALTH DISORDERS

Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.

The most common complaint is pain which may or may not be accompanied with swelling inside the mouth or on the face. The condition of the mouth is also a reflection of the client's general health, so it should be inspected as part of physical examination. Early recognition of oral problems with prompt attention or referral will reduce morbidity and mortality arising from otherwise simple disease condition.



## HISTORY

What is the problem?  
Where is the problem?  
Is there pain from tongue, palate, mucus membrane, teeth or gum?  
How long has it been noticed or present?  
Are you able to eat your regular diet?  
Does the pain increase with hot or cold drink or food?  
Does the pain start on its own?  
Does it keep you awake at night?  
Is there swelling anywhere?  
Is there any bleeding from gum or other part of the mouth?  
Do you notice bad or foul breathe?  
What do you use for cleaning your teeth?  
How do you clean your teeth?  
Do you notice any sore in the mouth?



## EXAMINATIONS:



**General Appearance:**  
ill looking, facial swelling,  
malnourished.



**MOUTH:**  
**- Gum:**  
sore, swelling, discharging  
sinus, bleeding, white  
patches.  
**- Tongue:**  
sore, coated, redness,  
fissures, smoothness,  
dryness.  
**- Lips:** crack  
**- Chest:** lining



**THEET:**  
caries, discolouration,  
tenderness, mobility,  
missing, plaque.



**Temperature:**  
Check and record

**Severe pain that keeps patient awake**

- i. aggravated by chewing
- ii. with or without headache

Syr. Paracetamol 120mg/5ml

2months - 2years 2.5ml 8hourly for 5days

2-5 years 5ml 8hourly for 5days

Syr Metronidazole 100mg/5ml

2months - 2years 2.5ml 8hourly for 5days

2-5 years 5ml 8hourly for 5days

Susp.Amoxicillin 250mg/5ml

2months-12months: 2.5ml 8hourly for 5 days

12month-5 years 5ml 8hourly for 5days

REFER to the appropriate health facility.

**Sharp, short pain triggered by chewing hot/cold drinks stops as soon as stimulus is removed**

Syr. Paracetamol 120mg/5ml

2months - 2years 2.5ml 8hourly for 5days

2-5 years 5ml 8hourly for 5days

Syr Metronidazole 100mg/5ml

2months - 2years 2.5ml 8hourly for 5days

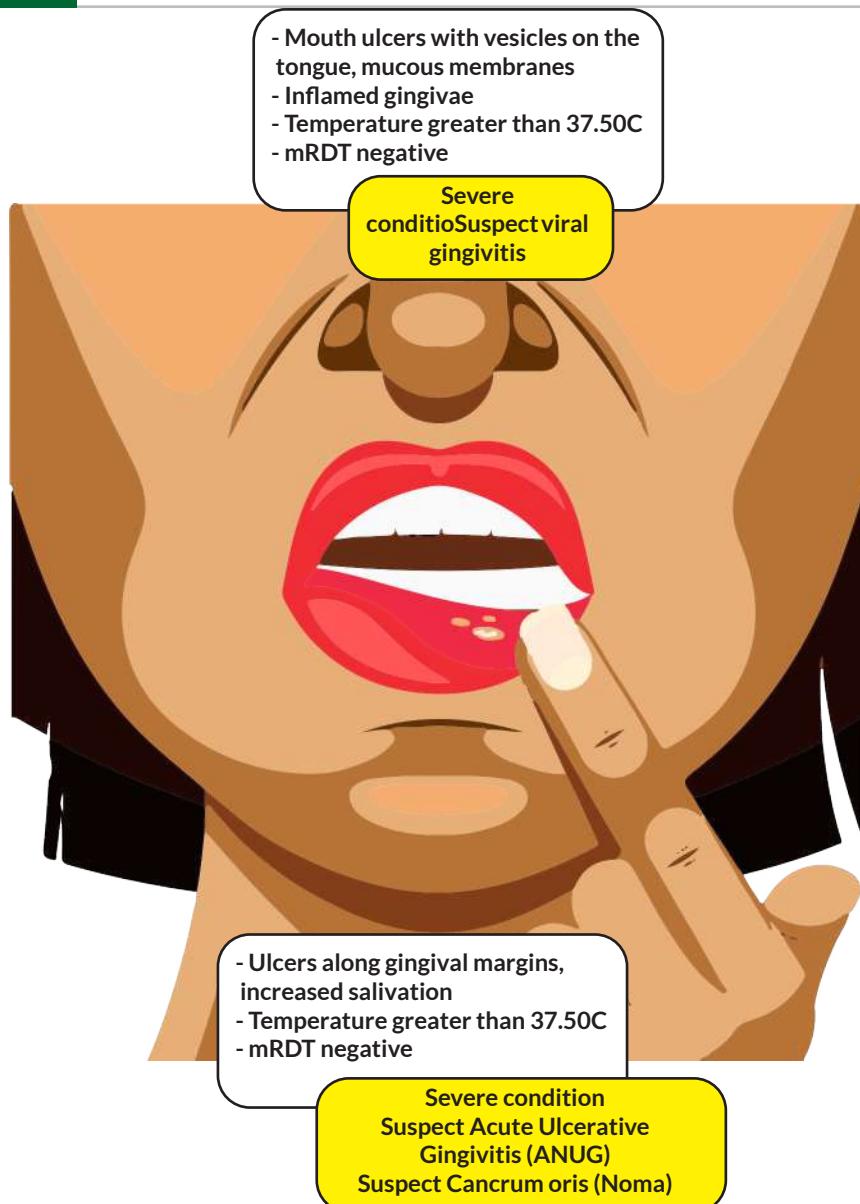
2-5 years 5ml 8hourly for 5days

Susp.Amoxicillin 250mg/5ml

2months-12months: 2.5ml 8hourly for 5 days

12month-5 years 5ml 8hourly for 5days

REFER to the appropriate health facility



### Gum soreness and bleeding, fever, foul breath

Syr. Paracetamol 120mg/5ml  
 2months - 2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Syr Metronidazole 100mg/5ml  
 2months - 2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Susp.Amoxicillin 250mg/5ml  
 2months-12months: 2.5ml 8hourly for 5 days  
 12month-5 years 5ml 8hourly for 5days  
 Hydrogen Peroxide Solution 1 to 5 parts of water for mouth wash  
 8 times daily for 5 days  
 REFER to the appropriate health facility

### Gum soreness, fever, foul breath

Syr. Paracetamol 120mg/5ml  
 2months - 2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Syr Metronidazole 100mg/5ml  
 2months - 2years 2.5ml 8hourly for 5days  
 2-5 years 5ml 8hourly for 5days  
 Susp.Amoxicillin 250mg/5ml  
 2months-12months: 2.5ml 8hourly for 5 days  
 12month-5 years 5ml 8hourly for 5days  
 REFER to the appropriate health facility.

### white patches in mouth, skin rash, soreness of the gum, not gaining weight

REFER immediately to the appropriate health facility

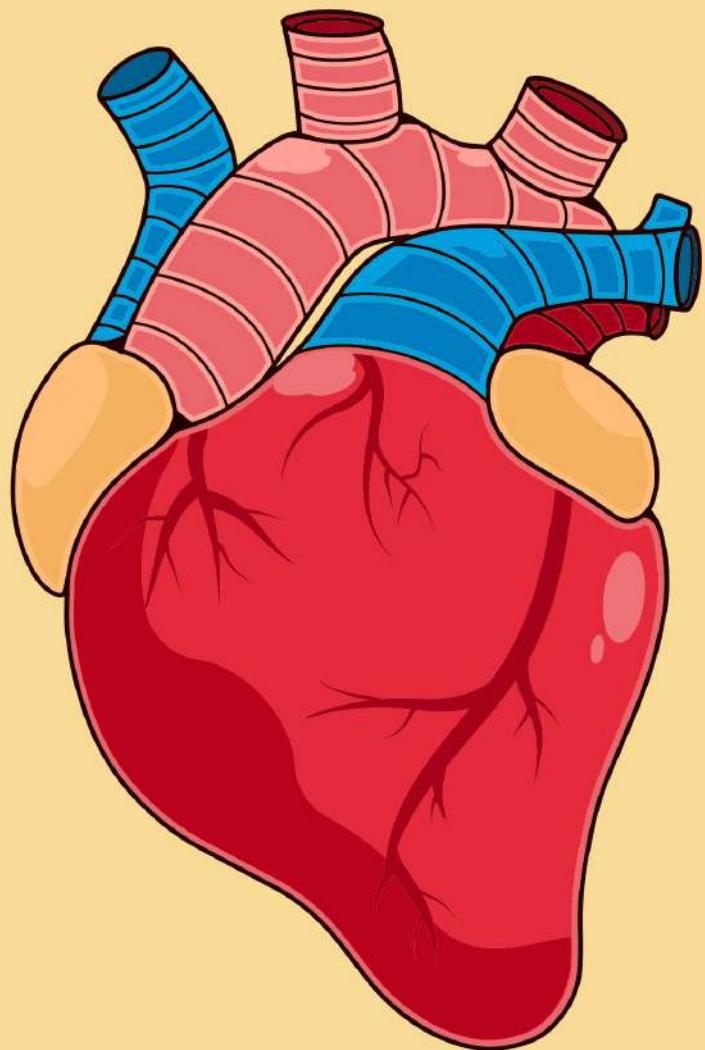
### Slow or fast-growing swelling of the jaws

REFER immediately to the appropriate health facility.



## HEALTH EDUCATION

- Advise mother/caregiver on
- Brushing twice daily, in the morning and last thing before going to bed at night.
- Use of fluoride-containing toothpaste.
- Changing toothbrush as soon as the bristles begin to flare/scatter.
- Visiting the dentist at least twice a year for routine cleaning (scaling and polishing).
- Avoiding the intake of sugary foods (refined sugar) in-between meals. Eat mouth cleansing fruits instead.
- Adequate nutrition
- Cultivating the habit of rinsing your mouth with water after meals
- Discouraging harmful traditional practices such as uvulectomy
- Importance of taking home-based records during visit to the clinic/hospital



## 2.22 CHEST/HEART DISORDERS

A very rapid, slow, or irregular heart rate is always a serious sign. Changes in pulse and respiratory rate are often important signs of heart disease. Blueness of the lips or fingers, clubbing of the fingers and toes with difficult breathing are signs that the heart is not able to do its work well or easily. Congestive heart failure occurs when the heart becomes too weak to pump all the blood around and some of the fluid goes back into the lungs and often into the abdomen and legs. Any history of shortness of breath should make the health worker think of a heart disease.



## HISTORY

What is the problem? For how long?  
Is there cough?  
Is there difficulty with feeding due to shortness of breath?  
Is there shortness of breath at night?  
Is there chest pain?  
Is there restlessness? (sign of lack of oxygen)

Does the child tire easily or tend to squat much of the time?  
Have the lips or fingernails ever looked blue?  
Does the child participate in sports? Is the child able to run around with his/her age mates without difficulty?  
Any other problem?



## EXAMINATIONS:



**General Appearance:**  
ill-looking, weak, thin, pale



**Eyes:**  
swollen or puffy



**Mouth:**  
blueness of lip



**Nose:**  
flaring



**Toes/Fingers:**  
thickness of toes/fingers, blueness of the fingers  
**Limbs:** fingers blueness, pallor. Clubbing



**Chest:**  
respiratory rate, lower chest indrawing, grunting



**Heart:**  
rate and rhythm, murmur



**Assess child's heart rate:**  
Normal Heart rate  
0-1year - 120/min  
1-2years - 110/min  
2-4 years - 100/min  
4-8years - 90/min



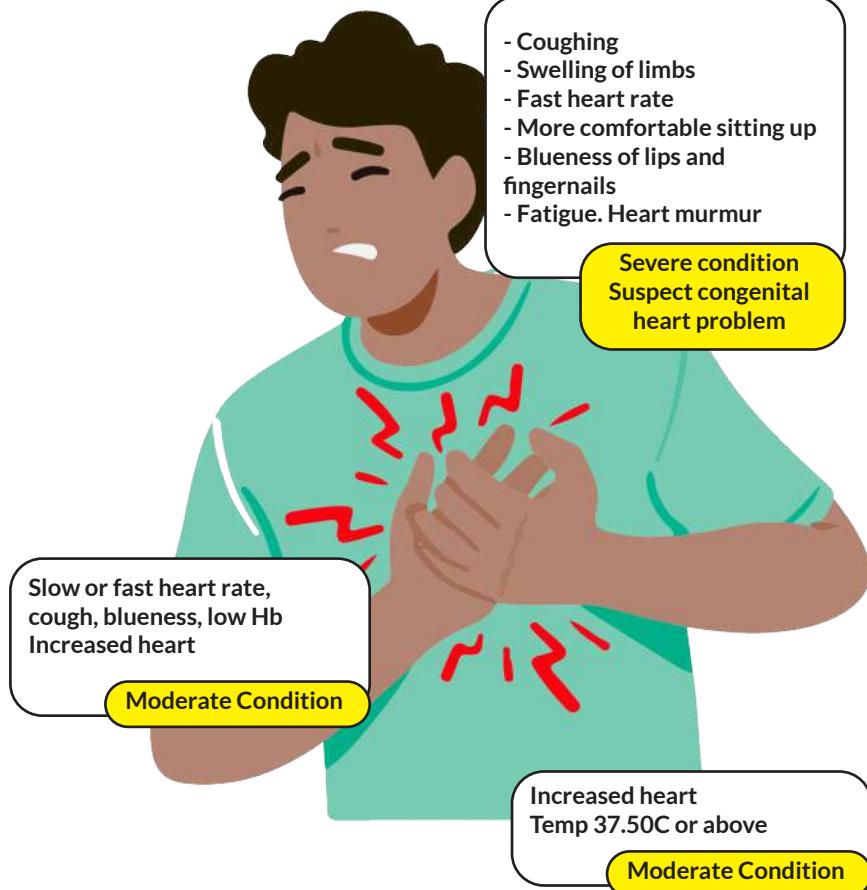
**Temperature:**  
check and record



**Haemoglobin:**  
estimate and record



**Weight:**  
check and record

**Chest problem with:**

- i. shortness of breath, easily tired, squats frequently
- ii. blue lips or fingernails
- iii. frequent coughing
- iv. poor weight gain
- v. pain in the chest

REFER immediately to the appropriate health facility, in a comfortable position.

**Easily tired, squats, weakness**

REFER immediately to the appropriate health facility, in a comfortable position.

**Easily tired with or without fever or infection**

Do an mRDT and if positive, refer to appropriate section on FEVER

Give Susp.Amoxicillin 250mg/5ml

2months - 12months: 2.5ml 8hourly for 5 days

12month-5 years 5ml 8hourly for 5days

Syrup Paracetamol(120mg/5ml)

2months - 2years: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

Review in 3 days

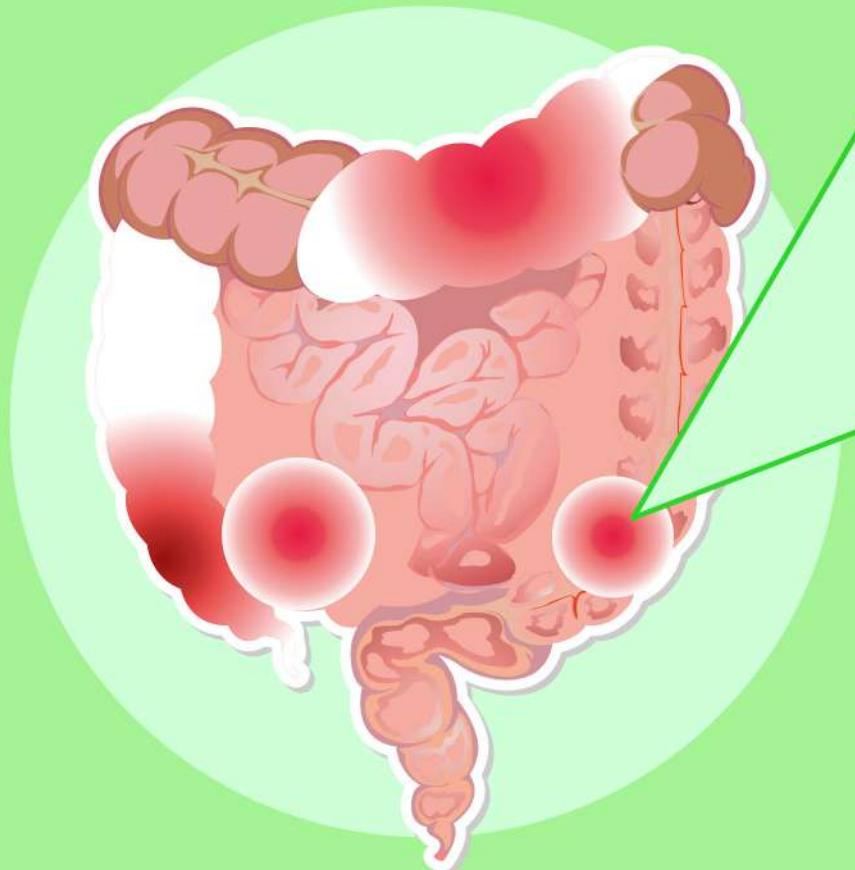
If no improvement, REFER to the appropriate health facility.



## HEALTH EDUCATION

**Advise mother/caregiver on:**

- Personal hygiene.
- Proper care of person with chest/heart problem (keep warm and allow for adequate rest).
- Adequate nutrition.
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.23 ABDOMINAL DISORDERS

The common causes of abdominal pain are gastro-enteritis, malaria, appendicitis, rupture of the intestine, typhoid, sickle cell crisis and obstruction, e.g. strangulated inguinal and umbilical hernias. Constipation, worm infestation may also cause abdominal pain. Abdominal pain may lead to hardness or rigidity of the abdominal wall.



## HISTORY

What is the problem? For how long?  
Is there pain? If yes, is it continuous or intermittent?  
Does the pain make the child restless at night?  
What was the child fed on in the past 24 hours?  
Is there vomiting? Any blood in the vomitus?  
Is there diarrhoea?  
Is there constipation?  
Has the child passed worms in the stool?  
Are stools black or is there bright red blood in stools?  
Any pain on micturition?  
Any fever?  
Has any medication been given to the child?



## EXAMINATIONS:



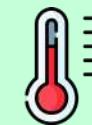
**General Appearance:**  
ill looking, crying  
(pain), thin, pale



**Chest:**  
respiratory rate,  
lower chest indrawing



**Abdomen:**  
a). swelling  
(distension), uniform  
or irregular  
(b) visible peristalsis,  
bowel sound  
(c) rigidity,  
tenderness, any  
palpable mass



**Temperature:**  
Check and record



**Haemoglobin:**  
estimate and record  
**Genotype:**  
check and record.

**Abdominal pain; not passing stool**

REFER immediately to the appropriate health facility.

**abdominal pain with swelling on left side of abdomen (spleen) with or without history of injury**

REFER immediately to the appropriate health facility

**Abdominal pain with constipation;**

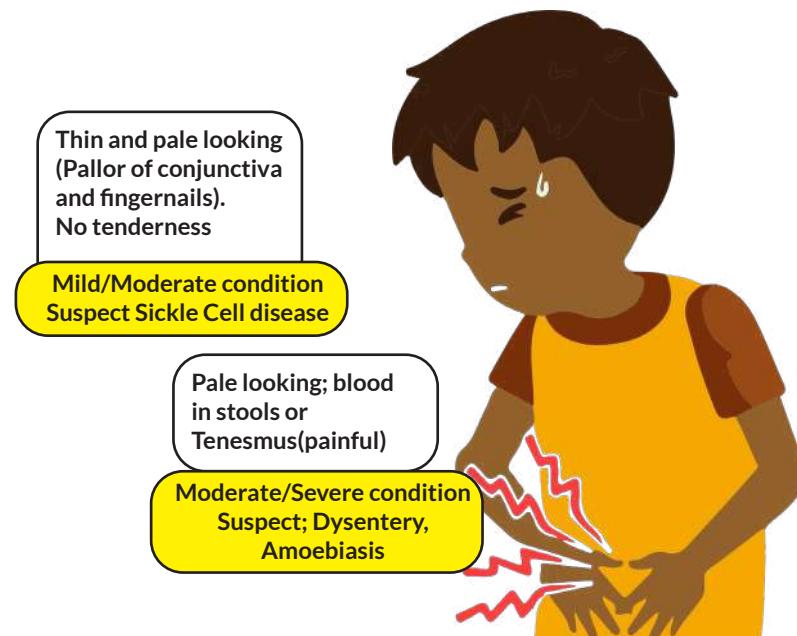
Review child's diet and fluids;  
Advise fruits and vegetables  
Give liquid paraffin 5 - 10mls daily for 2 days;  
If no improvement in 2 days, REFER

**Abdominal pain with rigidity; vomiting but no diarrhoea**

REFER immediately to the appropriate health facility

**abdominal pain with history of passing worms,**

Give Tab Pyrantel pamoate 1-2 tabs stat;  
Review in 2 weeks  
If pain persists, REFER to the appropriate health facility



## HEALTH EDUCATION

### Advise mother/caregiver on:

- Food and Personal hygiene.
- Adequate Nutrition.
- Genetic counseling
- Importance of taking home-based records on child's next visit to the clinic or hospital

### Abdominal pain with bloody stools; strains on passing stool

If Dysentery Give Ciprofloxacin 15mg/kg/dose-2 times a day for 3 days

Age	500mg tablet	250mg tablet
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2mts - 6mths	¼ tablet	½ tablet
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6mths - 5 yrs	½ tablet	1 tablet
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If no improvement after 5 days; order stool test;

If laboratory confirmation of amoebiasis, give Metronidazole

Syr Metronidazole 100mg/5ml

2 months-12 months: 2.5ml 8hourly for 5 days

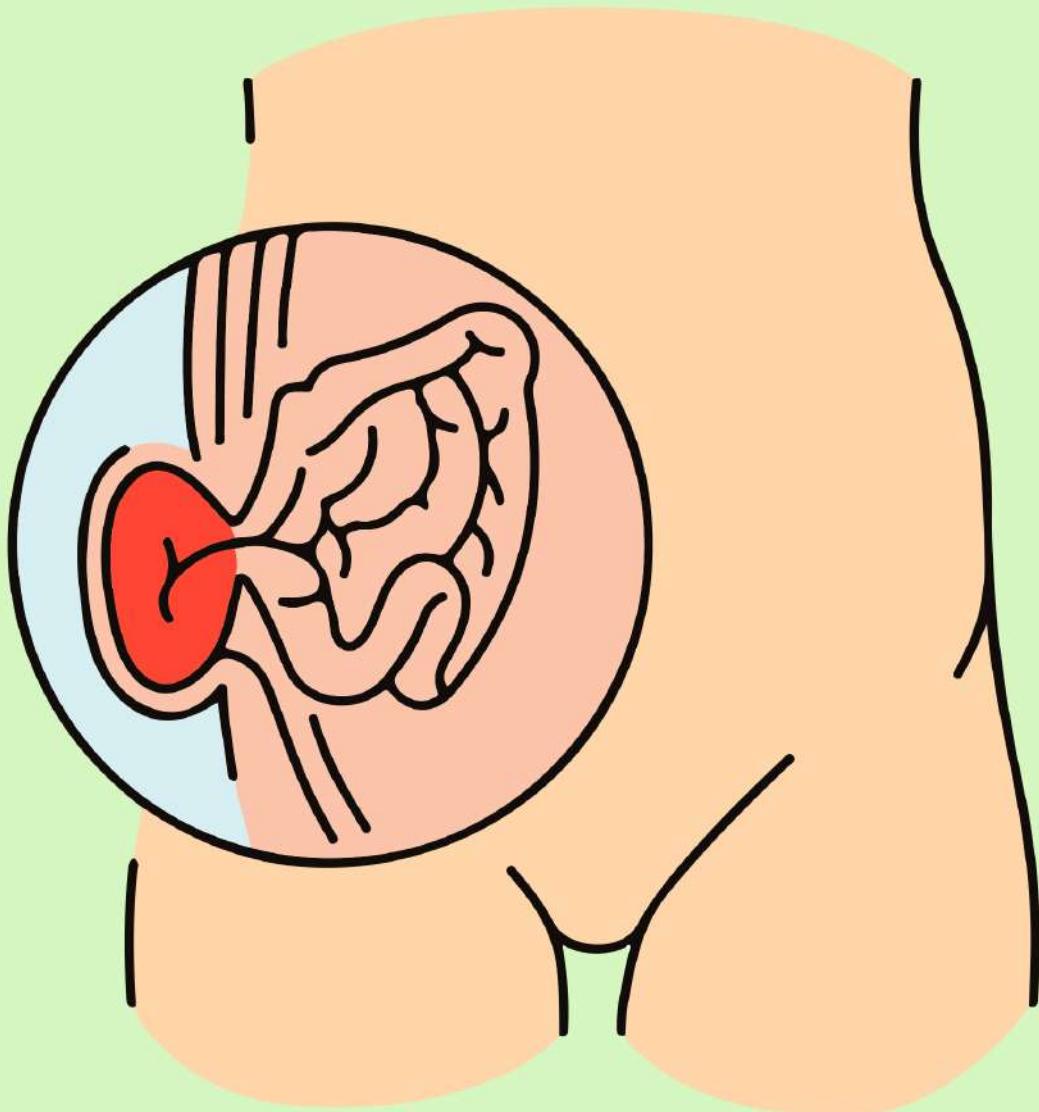
12months-5 years 5ml 8hourly for 5days

If no improvement, REFER immediately to the appropriate health facility

### Abdominal pain and paleness

If hb is less than 10g/dl but more than 5g/dl:

Give Syr Folic Acid 5ml daily for 2 weeks, REFER immediately to the appropriate health facility.



## 2.24 HERNIA

Hernia is when there is a protrusion of an organ or tissue through a gap or weakness of the body cavity in which it normally lies. Hernia can be found in the umbilicus, groin or scrotum.



## HISTORY

What is the problem? For how long?  
Is there vomiting? How many times?  
Is there constipation? When was the last stool?  
Is there any abdominal pain?  
Has the child had the problem before?  
Has any medication been given? If yes what?



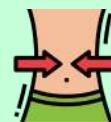
## EXAMINATIONS:



**General Appearance:**  
pallor, weakness  
, distress



**Respiration:**  
difficult or rapid



**Abdomen:**  
(a) enlarged, distended  
(b) masses, enlarged  
spleen  
(c) visible intestinal  
movement  
(d) presence of hernia,  
tenderness



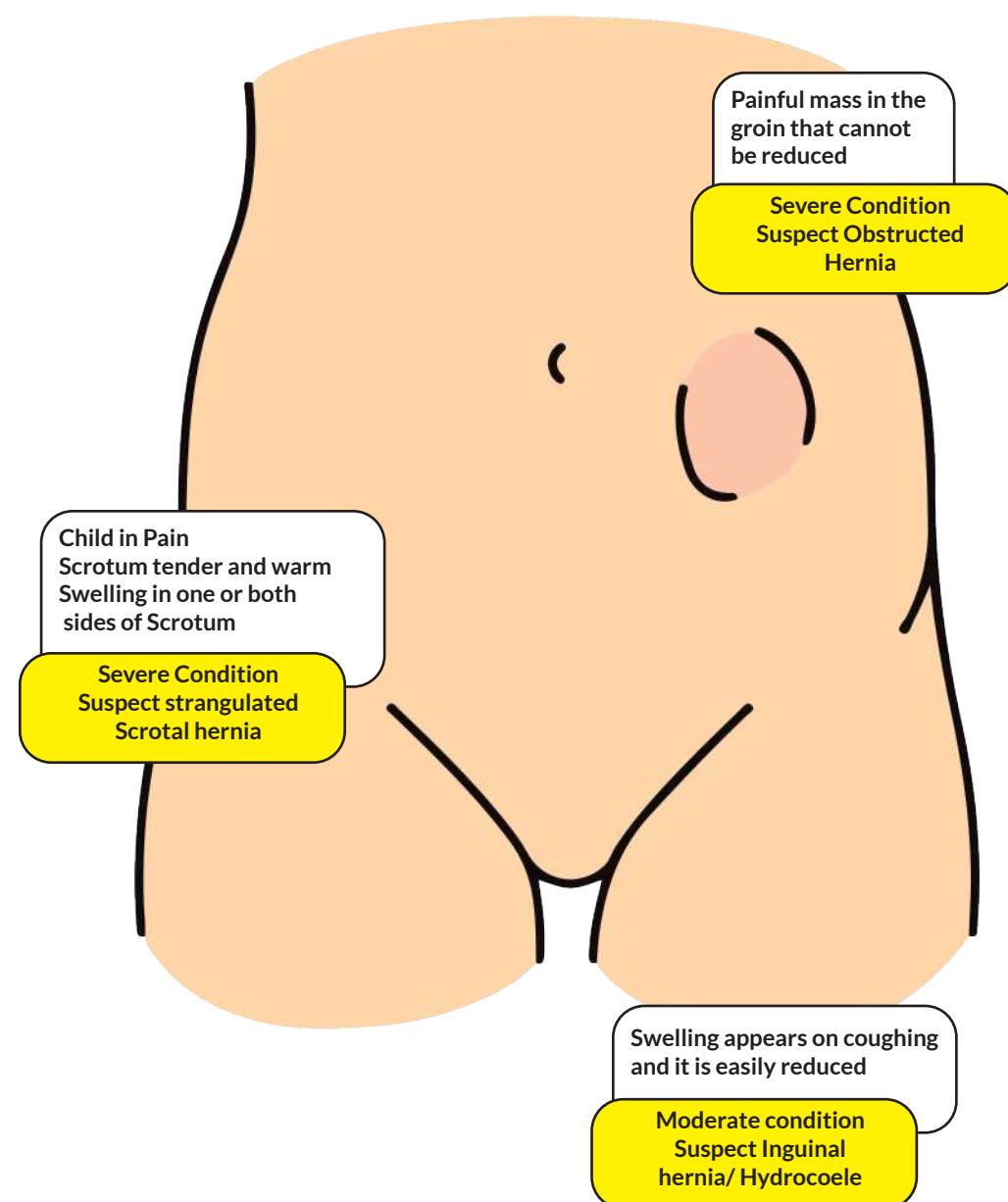
**Temperature,  
pulse and  
respiratory rate:**  
Check and record



**Groin:**  
presence of scrotal  
hernia



**Hydration status**  
fontanelle, eyes,  
mouth, tongue, skin



### Painful swelling in the groin

REFER immediately to the appropriate health facility.

### Swelling in scrotum

Explain condition to mother  
IM Paracetamol 300mg/ml  
2 months-2 years: 75mg Stat  
3-5 years: 150mg Stat

REFER immediately to the appropriate health facility

### Swelling in the groin that disappears on lying down or painless swelling of the scrotum

Explain findings to mother  
REFER immediately to the appropriate health facility.

### Umbilical swelling (hernia)

If reducible, no treatment needed.  
Explain to mother that it will resolve by 2-3 years, but if not reducible at this age, REFER to the appropriate health facility

### Painful swelling in the groin

REFER immediately to the appropriate health facility



## HEALTH EDUCATION

- Adequate Nutrition, prevention of constipation and adequate fibre in diet
- Adequate fluid intake.
- Discourage use of force to reduce hernia.
- Operation as appropriate.
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.25. SEXUAL ASSAULT/ RAPE

Sexual assault is rape or any sexual contact that results from coercion, including seduction of a child through offers of affection or bribe; it also includes being touched, grabbed, kissed or shown genitals. On the other hand, rape is oral, anal or vaginal penetration that involves threats or force against a person who is unwilling (i.e. non-consenting) or incapacitated (because of cognitive or physical disability or intoxication). Such penetration whether wanted or not is statutory rape if victims are younger than the age of consent. This may result in pregnancy (if female), transmission of STIs (e.g. HIV, Syphilis, depression, physical injuries, recurrent dreams and nightmares and other emotional problems. Victims of sexual assault/ rape should be advised to report the incident to police if not against their wish



## HISTORY

Was the baby sexually assaulted (raped)? If yes, where? How? Who did it?  
How many times? How long did it last? When?  
Was the baby threatened or forced?  
Was the child made to drink anything (alcohol or medicine) prior to the assault?  
Was the babywearing clothes when the incident occurred?  
Was the child physically harmed?  
Was there any penetration of the anus, vagina or mouth? If yes,  
with penis, finger or object?

Was there ejaculation? Where?  
Any bleeding? Where?  
Did you bath, change clothes or clean up the child afterwards?  
Has the child been sexually assaulted before?  
Did you report to anyone else about this? Who?  
Have you given any treatment? When? Where?  
Any witness? Any other problem?



## EXAMINATIONS:



**General Appearance:**  
restless, physically exhausted, conscious, depressed, afraid, crying



Check temperature, pulse, respiration, blood pressure and record



**Mouth:**  
injuries



**Anus:**  
Injuries



**Genitalia:**  
bleeding, injuries



**Skin:**  
Injuries



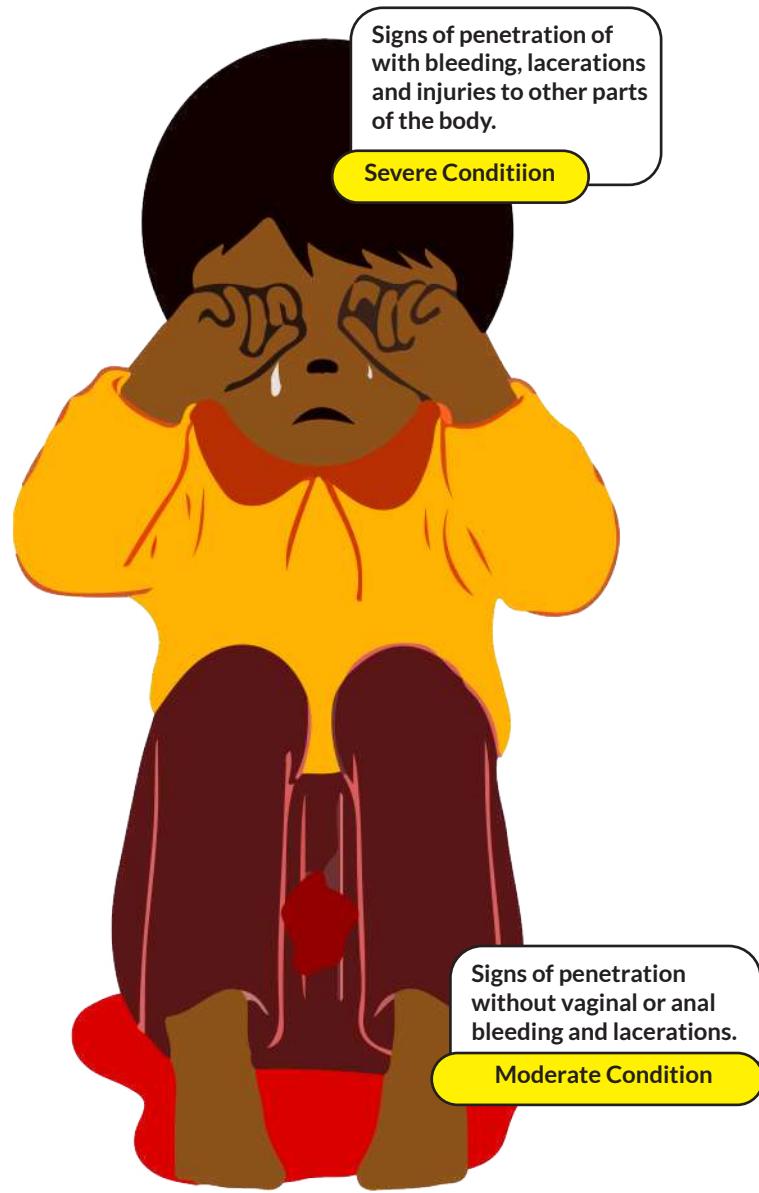
**VDRL:**  
test and record.



**Hepatitis B:**  
test and record



**HCT:**  
test and record.



### Rape with vaginal or anal bleeding and lacerations

Counsel and reassure mother.

Advise mother/caregiver to report the incident to police or appropriate NGO.  
REFER to the appropriate health facility for further investigations.

### Rape without vaginal or anal bleeding and lacerations

Counsel and reassure mother.

Advise mother/caregiver to report the incident to police or appropriate NGO.  
Give the child Hepatitis B vaccination (if not already immunized)

Conduct HIV test. If positive, REFER to appropriate Standing Order

If negative, commence emergency post exposure prophylaxis within  
72 hrs of rape (if trained).

Give:

- a) IM Ceftriaxone 50mg/kg (stat) immediately
- b) Susp Azithromycin 200mg/5ml  
1month- 2years: 2.5ml daily for 3days  
3-5 years: 5ml daily for 3days
- c) Syr Metronidazole 100mg/5ml  
1month- 2years: 2.5ml 8hourly for 5days  
3-5 years: 5ml 8hourly for 5days

### Sexual assault

Counsel and reassure mother.

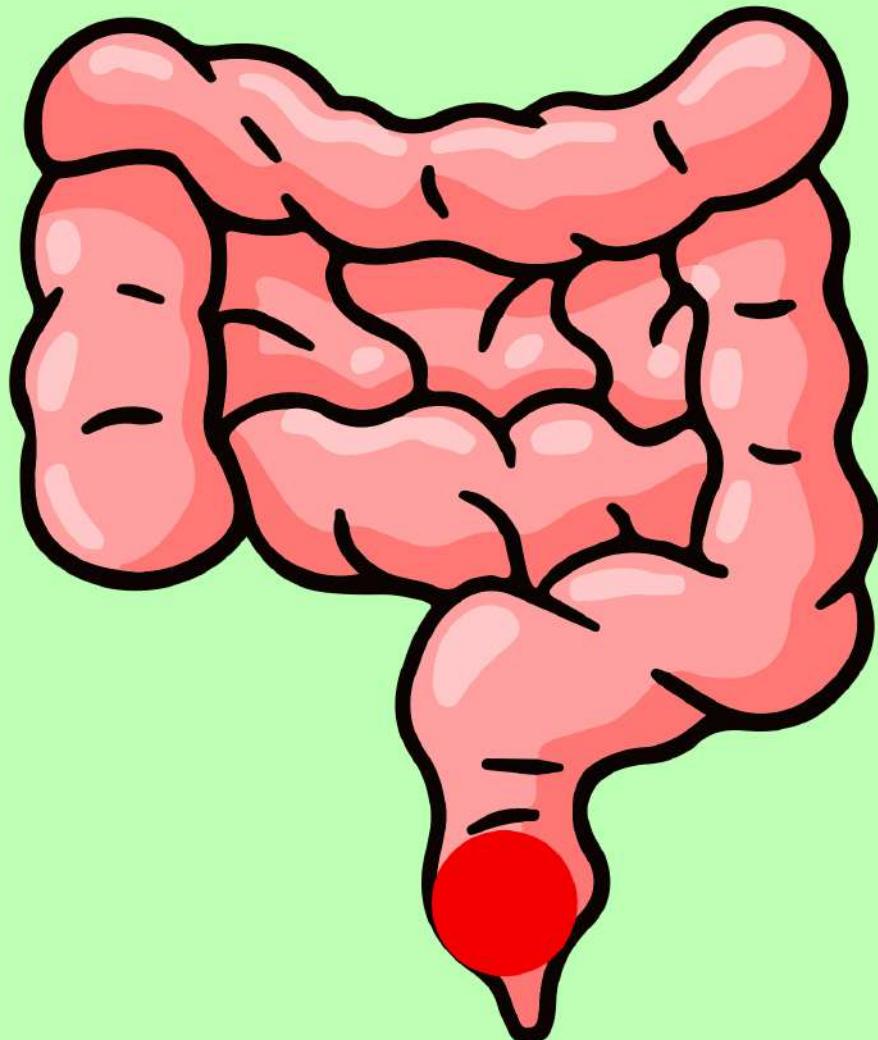
Advise mother/caregiver to report the incident to police or appropriate NGO.  
Ensure child protection



## HEALTH EDUCATION

Advise Mother/Caregiver on:

- Childcare and protection
- Appropriate dressing



## 2.26 ANAL DISORDERS

The anus is the terminal end of the alimentary canal. Common problems affecting the anus include fissures, redness, and prolapse. An anal fissure is a painful tear near the margin of the anus. In rectal prolapse, the rectum turns inside out and protrudes out of the anus as a pink mass. It is common in young children who are poorly nourished, have worms, and experience diarrhoea frequently.



## HISTORY

What is the problem? How long have you had the problem?  
Is there diarrhoea? How many times?  
Is there constipation? When was the last stool?  
Is there bright blood in stool?  
Is there any abdominal pain?  
Has the child had the problem before?  
Has any medication been given?



## EXAMINATIONS:



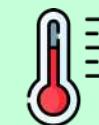
**General Appearance:**  
pale weak,  
in distress



**Hydration Status:**  
fontanelles, eyes,  
mouth, tongue, skin



**Weight:**  
Check and Record



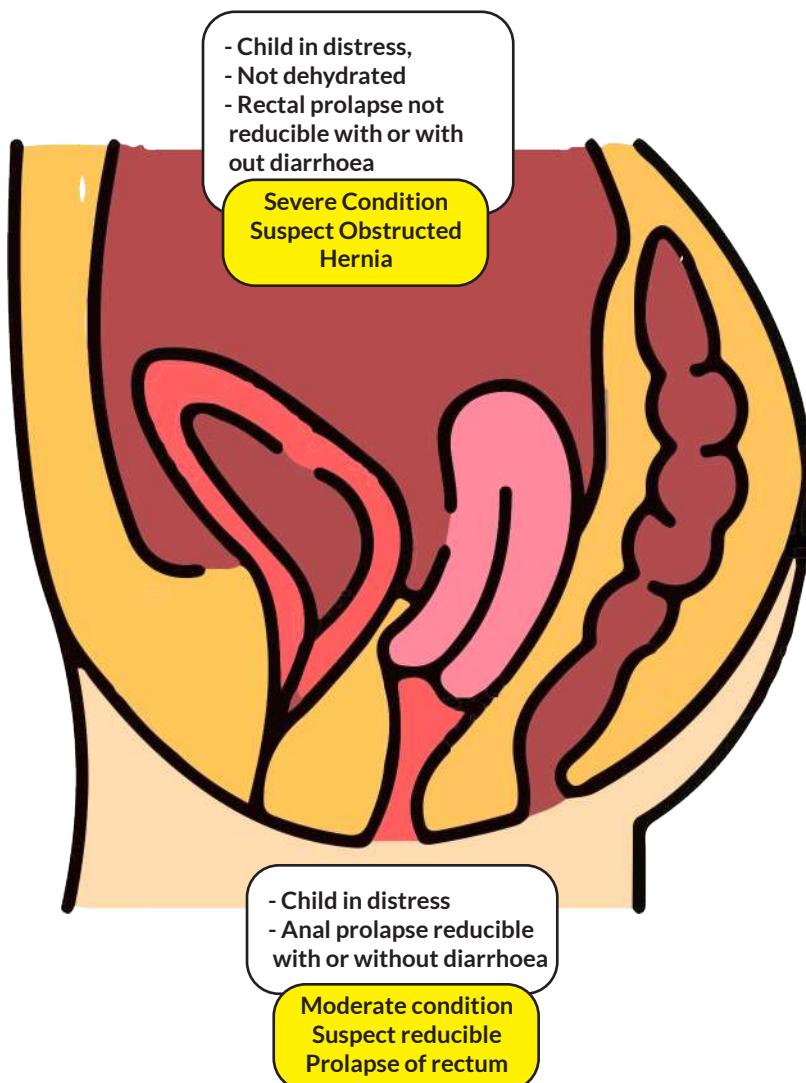
**Temperature:**  
Check and record



**Anus:**  
prolapsed,  
redness, fissure



**Haemoglobin:**  
Estimate and  
Record



#### Protrusion from the anus, not reducible

Apply warm saline, compress (sitz bath),  
REFER to the appropriate health facility.

#### Protrusion from the anus, reducible

Push prolapsed portion back and strap buttocks together.  
Teach mother how to strap the buttocks  
If having diarrhoea, Give suspension Cotrimoxazole 240mg/5ml:  
2-12 months- 2.5ml 12hourly for 5day  
1-5years- 5ml 12hourly for 5days  
If anaemic:  
Give Syr. Folic Acid 5ml daily for 2 weeks  
Syr. Ferrous sulphate (60mg elemental iron) 5ml 8hourly for 2 weeks  
LO-ORS Solution  
Nutrition Counseling  
Review in 3 days  
If no improvement, REFER to the appropriate health facility

#### Redness of anus with or without pain

Clean with soap and water  
Dry thoroughly  
Apply Zinc Oxide topically  
Give Paracetamol tablet or PCM suppository if oral medication is not possible.  
Syrup Paracetamol(120mg/5ml)  
2 months - 2years: 2.5ml 8hourly for 3days  
2-5 years: 5ml 8hourly for 3days  
Dietary advice  
Review in 3 days  
If no improvement, REFER to the appropriate health facility.



## HEALTH EDUCATION

- Personal, food and environmental hygiene
- Protection of genital area
- Early detection and treatment of infection.
- Discouragement of sharing of sponge, towel, underwear, and clothing
- Adequate nutrition
- Bowel training.
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.27 WORM INFESTATION

Worm infection is the presence of large amount of worm in the gut which causes discomfort to the patient.

Most children have worms. Ascaris (round worm) is the commonest. Heavy round worm infestation produces abdominal pain, vomiting, constipation and sometimes obstruction of the intestine. Hook worm infestation is more common in rural areas where heavy infestation causes blood in stool, anaemia, malnutrition. Severe (whip worm) infestation causes bloody diarrhoea, abdominal pain, anaemia and prolapse of the rectum. Thread worms also live in the intestine and cause itching around the anus. Tapeworm is a flat ribbon - like worm that can also be found in the intestine.



## HISTORY

What is the problem? When did it start?  
Has any worms been passed? If yes, describe  
Is there diarrhoea? Blood in stool?  
Is there vomiting? Is the child coughing? Any wheezing?  
Is there anal itching?  
Is there abdominal pain and rectal prolapse?  
Is there any other problem?  
Has any medication been given? If yes, what?



## EXAMINATIONS:



**General Appearance:**  
thin, pale,



**Abdomen:**  
tenderness,  
distension,  
visible peristalsis



**Temperature  
Pulse and  
Respiration:**  
Check and record



**Eyes:**  
pallor



**Anus:**  
redness,  
prolapserectum



**Weight:**  
weigh and  
chart



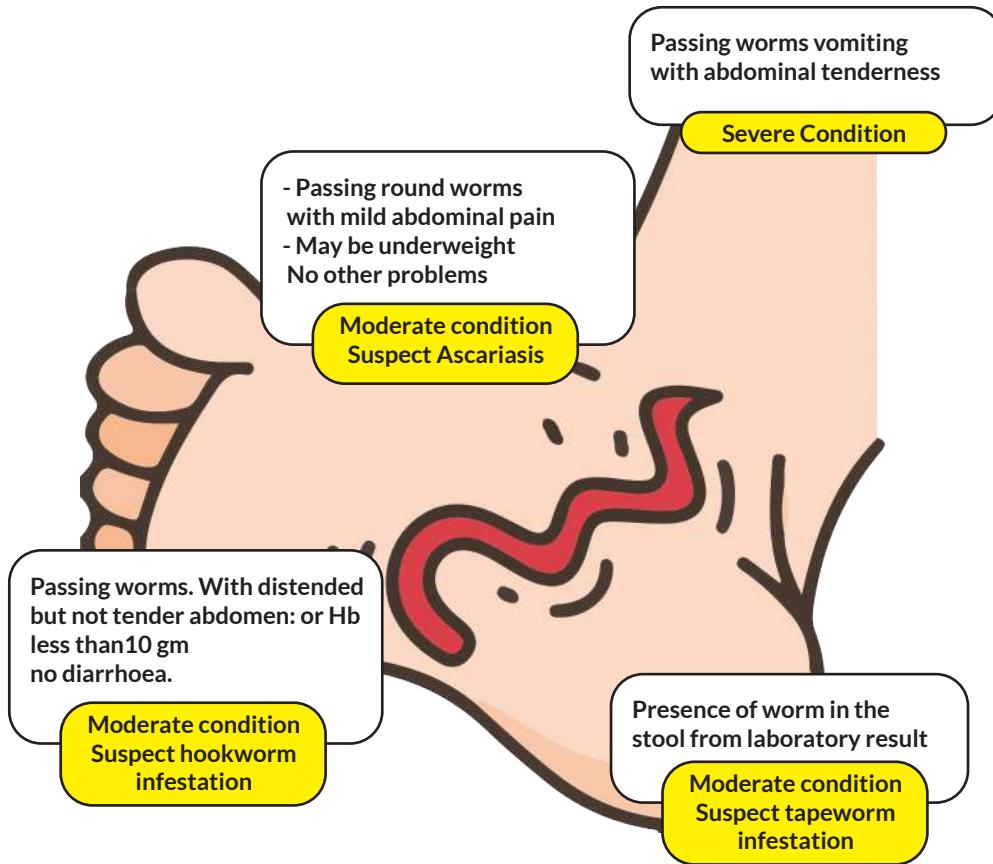
**Chest:**  
wheezing,  
rhonchi



**Haemoglobin:**  
Estimate  
and record



**Stool Examination:**  
for ova of worm  
(if laboratory  
available)



### Passing worms

REFER to the appropriate health facility.

### Passing worms

Tab. Pyrantel pamoate stat  
6-11months  $\frac{1}{2}$  tab stat  
1-2years 1tabstat  
3-5years 1-2tabsstat  
Review in one week.

### Passing worms with paleness

Give Tab. Pyrantel pamoate (stat) immediately  
6-11months  $\frac{1}{2}$  tab  
1-2years : 1 tab  
3-5years: 2tabs  
Give Syr Folic acid 5ml daily for 2weeks

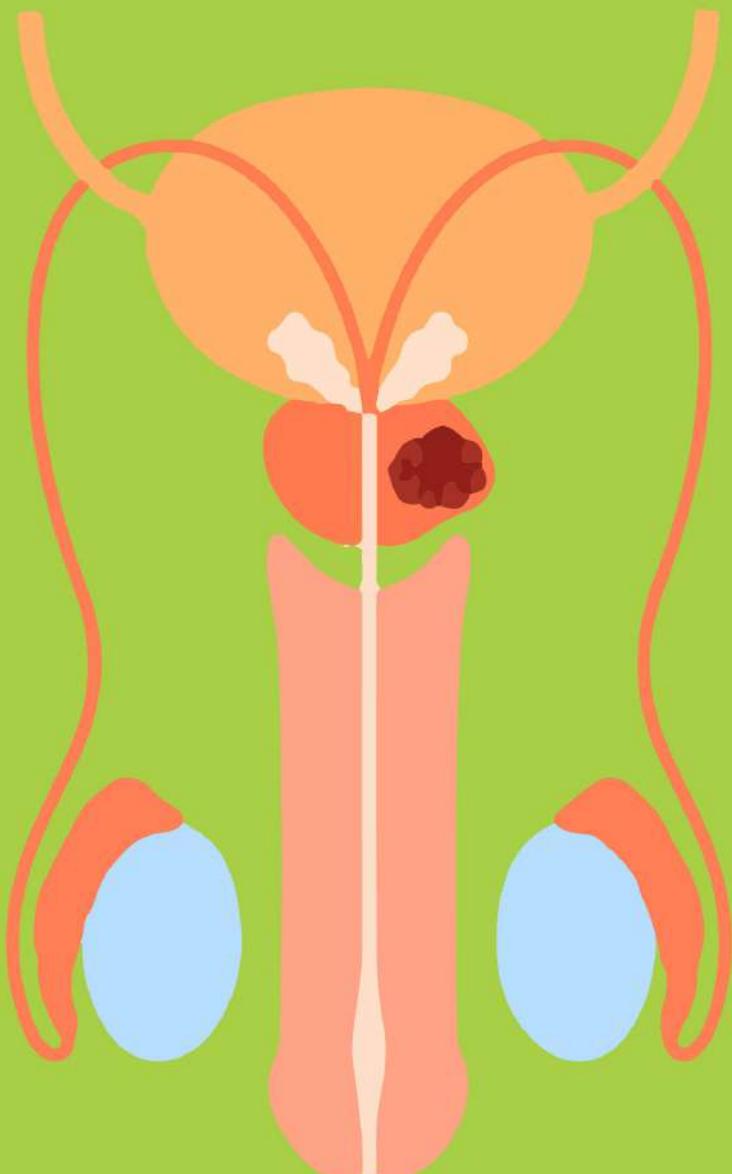
### Loss of weight paleness

Niclosamide 200mg/kg body weight single dose followed by chastic purgative 2hours later



## HEALTH EDUCATION

- Personal, food hygiene and environmental sanitation
- Adequate nutrition
- Regular Deworming.
- Protection of feet
- Importance of taking home-based records on child's next visit to the clinic or hospital



## 2.28 URINARY AND GENITAL DISORDERS

A urinary tract infection, commonly known as UTI is one of the most common urinary problems and is an infection that occurs in the urinary tract. This infection is most often caused by microbes such as fungi, bacteria, and virus and involves the kidneys, ureters, urethra, or bladder. This condition can be very painful, and the consequences can get critical if the infection spreads to the kidneys. Children may present with abnormalities of the genitalia such as undescended testes, imperforate hymen, hydrocele, hypospadias, and hermaphrodite. Children may also present with painful micturition with or without discharge. Redness or itching of the genitalia may occur in genital infections. Patients may complain of discharge, pain and burning sensation on passing urine and blood in urine may occur as a result of schistosomiasis infection. Other causes of urinary problems are kidney disease and diabetes which can cause frequent micturition



## HISTORY

What is the problem?

How long has it existed?

Is there pain on passing urine? Or does the child scream or rub his/her legs together before passing urine? If yes, for how long?

When last did he/she urinate?

What does the urine look like? Odour?

Has the child been bed wetting after a period of full bladder training?

Do ants cloud around urine passed by the child?



## EXAMINATIONS:



**General Appearance:**  
puffy, pale,  
ill-looking



**Eyes:**  
pallor,  
peri-orbital  
oedema



**Mouth:**  
dryness,  
parched lips



**Abdomen:**  
tenderness,  
or masses,  
oedema



**Flanks:**  
tap both flank with hand  
for tenderness



**Skin:**  
dryness,  
wrinkle



**Limbs:**  
hands and  
feet for oedema,  
clubbing



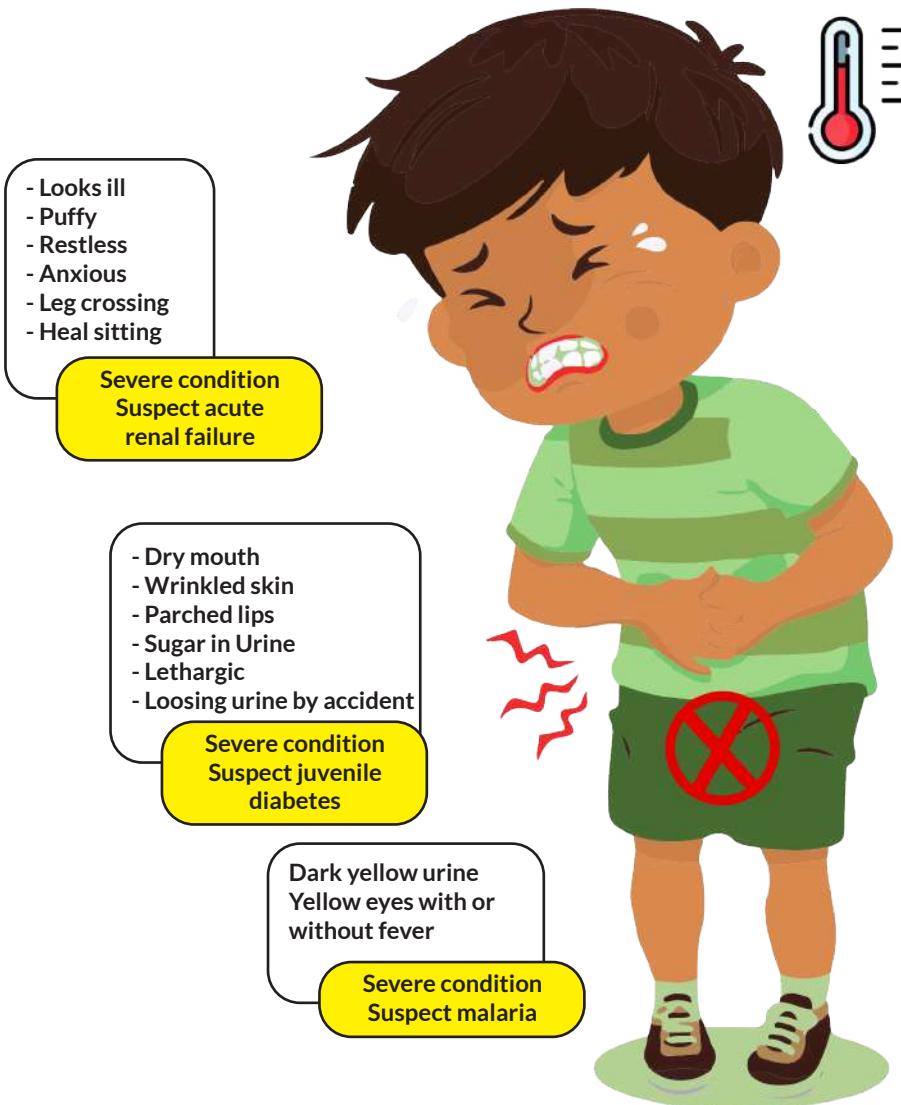
**External  
genitalia:**  
abnormalities,  
redness, swelling  
or pus. In males, look  
at foreskin to see  
if it is too tight or  
will not retract.



**Temperature:**  
check and record



**Urine:**  
cloudiness, colour,  
odour, protein, blood  
sugar, and microscopy,

**No urine for more than 12 hours**

Insert catheter  
Refer immediately to the appropriate health facility

**excessive urination with history of ants crowding round urine. excessive thirst**

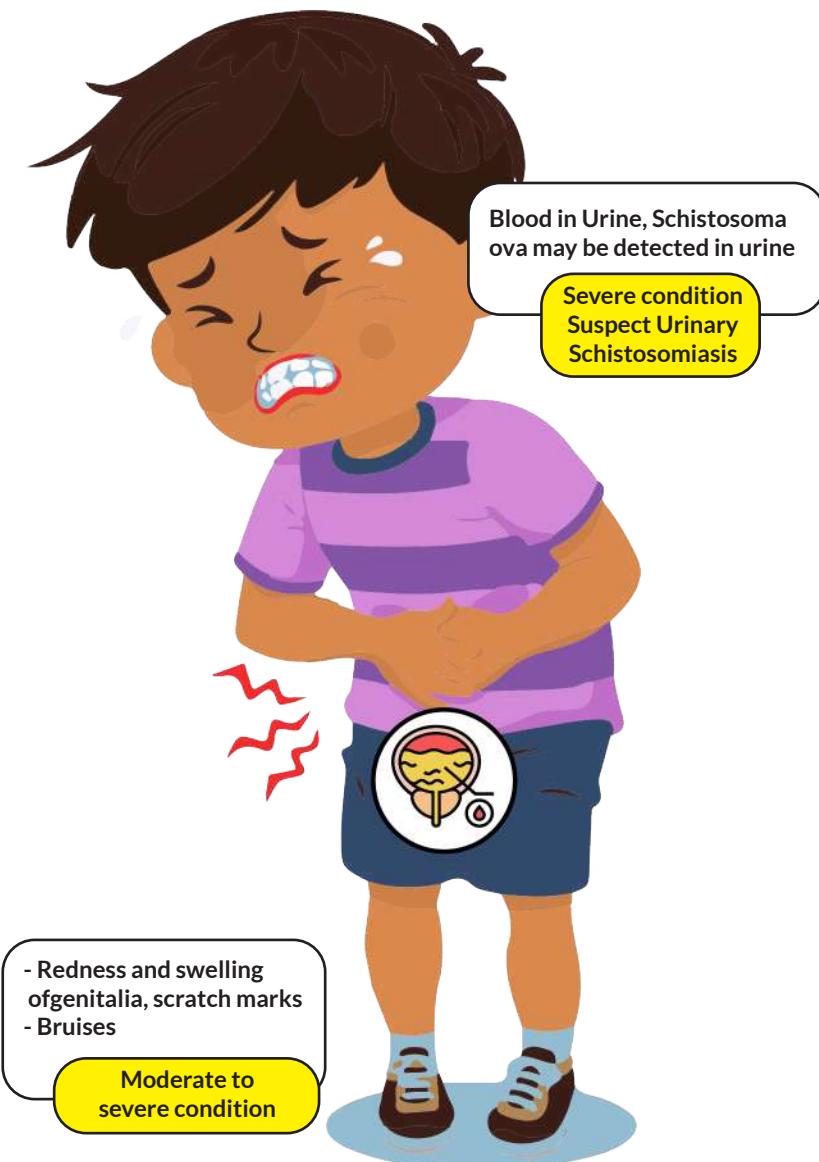
Screening for UTI should be done immediately  
Refer immediately to the appropriate health facility.

**Dark yellow urine with yellow eyes with or without hotness of body**

Test for Genotype  
Syr. Folic acid 5ml daily for 2 weeks  
Conduct mRDT if positive treat uncomplicated malaria with ACT (Refer to section on malaria treatment)   
Encourage fluid and fruits intake  
Review in 3 days  
If no improvement, REFER to the appropriate health facility.

**Blood in last stream of urine with or without pain, fever or discharge**

if painful Micturition;  
Give Susp. Cotrimoxazole (240mg/5ml)  
2-12 months- 2.5ml 12hourly for 5day  
1-5years- 5ml 12hourly for 5days  
Encourage fluid intake  
Review in 3 day, if no improvement, check for Bilharzia ova,  
if positive, give Metriphonate  
100mg (1tab) every 2 weeks for 6weeks 3-5years  
If negative and no improvement, REFER for further investigations



### Redness or swelling of genitalia with or without painful micturition, itching

Assess for history of rape or sexual abuse

Wash the area with soap and water

Syrup Paracetamol(120mg/5ml)

2 months - 2years: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

Apply zinc oxide and Mycostain cream or paste to area.

Encourage fluids

If male, retract foreskin

Give Susp. Cotrimoxazole (240mg/5ml)

2-12 months- 2.5ml 12hourly for 5day

1-5years- 5ml 12hourly for 5days

Review in 3 days

If no improvement REFER to the appropriate health facility.

Treatment of constipation with stool softeners is effective in preventing recurrent UTI in children without Urinary tract abnormalities

### Painful urination; no discharge

Give Susp. Cotrimoxazole (240mg/5ml)

2-12 months- 2.5ml 12hourly for 5day

1-5years- 5ml 12hourly for 5days

Give Paracetamol suppository or

Syrup Paracetamol(120mg/5ml)

2 months - 2years: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

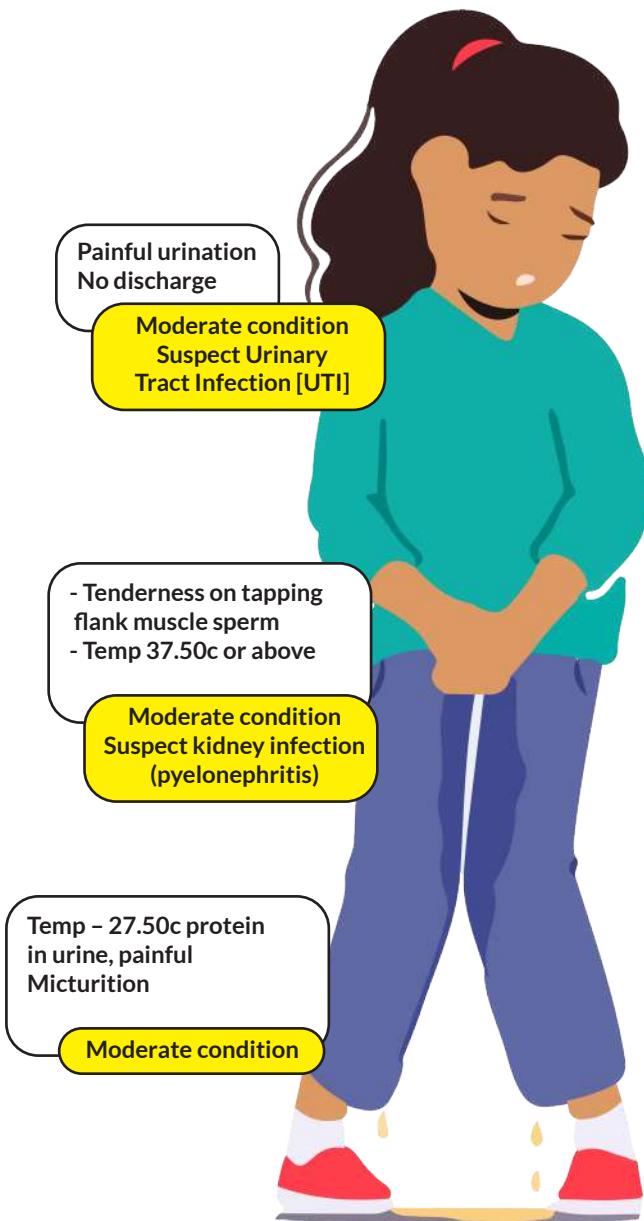
Encourage fluid and fruits intake

Review in 3 days

If no improvement REFER to the appropriate health facility.

### Pain in the flank, fever

REFER to the appropriate health facility



#### Painful urination with or without frequent, cloudy urine or fever.

Encourage fluids  
 Syrup Paracetamol(120mg/5ml)  
 2 months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Give Susp. Cotrimoxazole (240mg/5ml)  
 2-12 months- 2.5ml 12hourly for 5day  
 1-5years- 5ml 12hourly for 5days

Review in 2 days;  
 If no improvement, REFER to the appropriate health facility

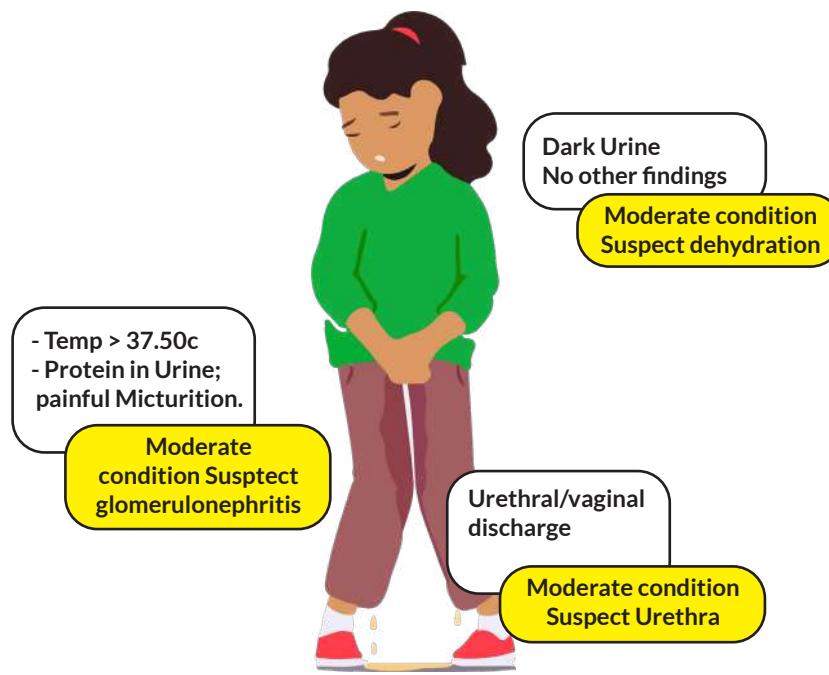
#### Dark yellow urine no other complain

Encourage adequate fluid intake  
 Review in 2 days;  
 Rule out sever Malaria by RDT test

#### Painful, urination with or without frequent, cloudy urine or fever

Encourage fluids  
 Give Paracetamol syr or suppository  
 Syrup Paracetamol(120mg/5ml)  
 2 months - 2years: 2.5ml 8hourly for 3days  
 2-5 years: 5ml 8hourly for 3days  
 Give Susp. Cotrimoxazole (240mg/5ml)  
 12 months- 2.5ml 12hourly for 5day  
 1-5years- 5ml 12hourly for 5days

Review in 2 days  
 If no improvement REFER to the appropriate health facility



### Urethra and/or vaginal discharge with painful micturition

Risk assessment to know if child has been raped or abused

Syrup Paracetamol(120mg/5ml)

2 months - 2years: 2.5ml 8hourly for 3days

2-5 years: 5ml 8hourly for 3days

Tab Ciprofloxacin 125mg

See syndromic management

Cap Doxycycline 25mg 12hourly for 7 days

Review in 3days

If no improvement, REFER to the appropriate health facility

### Difficulty in passing urine

Circumcise the child immediately using standard procedure

### Abnormal genitalia

Explain findings to mother and re-assure her;

REFER to the appropriate health facility



## HEALTH EDUCATION

- Personal hygiene.
- Drug compliance
- Proper parental care and supervision of the child
- Protection of genital area especially in children.
- Adequate fluid intake
- Importance of taking home-based records on child's next visit to the clinic or hospital.



## 2.29 ARM AND LEGS DISORDERS

Deformities of the arms and legs, if not corrected early could lead to permanent disabilities. The deformities or swellings may be due to bruises, fractures or a dislocation. It is important to test for normal movement of the parts whenever there is a history of injury, swelling or deformity. Swelling of a joint may be due to a sprain of the tendons surrounding the joint. Sickle cell disease may also be a cause of pain in the arms, legs and the hip bone. Tuberculosis can occur in the joints. Polio can seriously affect one or both legs or arms first causing weakness then wasting, or paralysis. Diabetes Mellitus may cause tingling sensation and numbness of the fingers and toes, foot ulcer, that fail to heal and black discolouration of toes and feet (Gangrene).



## HISTORY

What is the problem? When did it began?  
Was there an accident or injury?  
If an injury, has the child been able to use the part since the injury?  
Is there any pain or tingling or numbness? Is it recurrent?  
Is there fever?  
Is the child a sickler?  
Is the child passing excessive urine?  
Is the child having excessive thirst?



## EXAMINATIONS:



**General Appearance:**  
ill looking, wasted or deformed



**Limbs:**  
(a) deformity (b) Swelling  
(c) Fracture (d) Tenderness  
(e) Bleeding  
(f) Warmth (g) Loss of function  
(h) Wasting



**Eyes:**  
jaundice



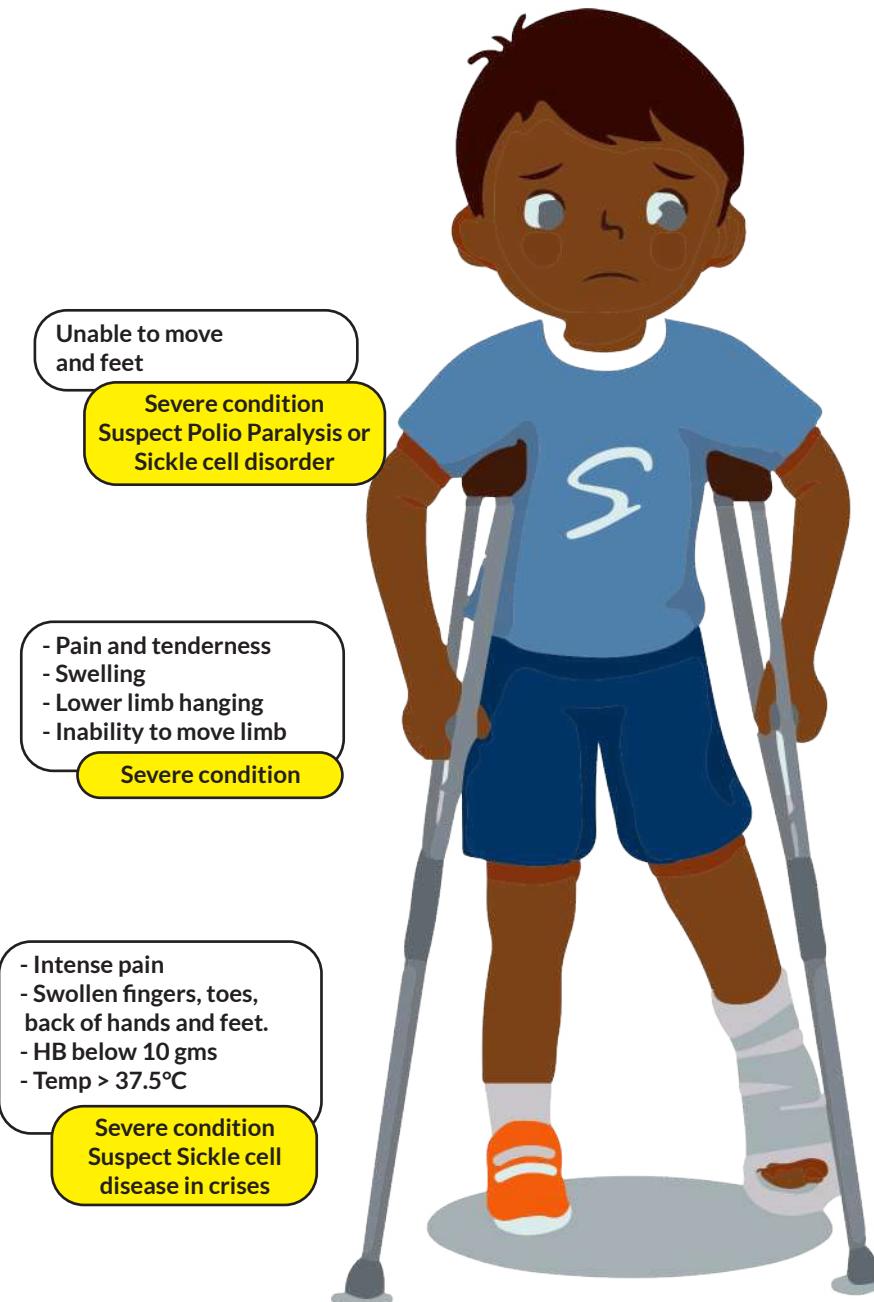
**Temperature:**  
Check and record



**Haemoglobin:**  
estimate and record  
**Genotype:**  
check and record.



**Urine:**  
sugar and colour



### Inability to move arm and/or leg.

REFER immediately to the appropriate health facility and follow up

Not areas of enlargement  
Inspect the area for discoloration  
If Polio notify the appropriate PHC authority.

### History of fall from a height,pain, swelling broken bone

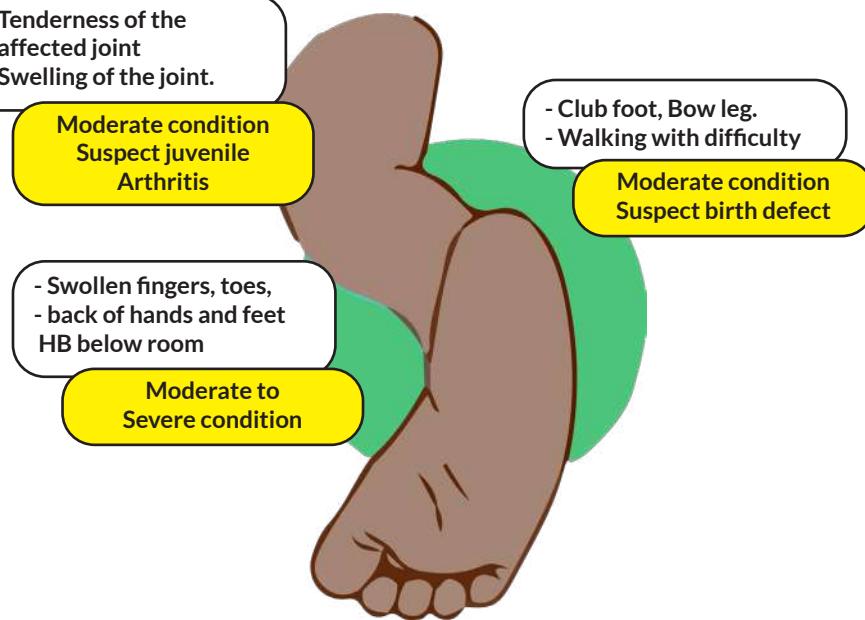
mobilize the limb  
Syrup Paracetamol(120mg/5ml)  
2 months - 2years: 2.5ml 8hourly for 3days  
2-5 years: 5ml 8hourly for 3days  
Note area of increase warmth (heat)

### History of sickle cell disease, severe joint and abdominal pain, swelling on digits, especially of fingers, toes, back of hands and feet

Syrup Paracetamol(120mg/5ml)  
2 months - 2years: 2.5ml 8hourly for 3days  
2-5 years: 5ml 8hourly for 3days  
Syr. Folic acid 5ml daily  
REFER immediately to the appropriate health facility

### Swelling of joints

Syrup Paracetamol(120mg/5ml)  
2 months - 2years: 2.5ml 8hourly for 3days  
2-5 years: 5ml 8hourly for 3days  
Susp. Ampicillin + Cloxacillin 250mg/5ml  
12 months: 2.5ml 6hourly for 5 days  
1 - 5years: 5ml 6 hourly for 5 days  
REFER to the appropriate health facility for investigations.



#### Deformity of leg with difficulty in walking

REFER to the appropriate health facility for assessment.

#### Swelling of fingers, toes, back of hands and feet

REFER to the appropriate health facility for assessment.



## HEALTH EDUCATION

- Prevention of accidents
- Genetic counseling
- Adequate nutrition (Calcium rich food)
- Importance of taking home base records on child's next visit to the clinic or hospital



## 2.30 CHANGES IN ALERTNESS AND BEHAVIOUR

Changes in alertness and behaviour mean that the client does not act normal. He may be drowsy or unconscious or give a history of fainting. Big changes such as unconsciousness or delirium are easy to identify. Small changes such as drowsiness and decreased alertness are not easily noticed. If the client is not alert or is drowsy, it may not be noticed easily. If this happens, the client may not receive treatment and could come back later in more serious conditions. Therefore, careful observation of client is important.



## HISTORY

How long has the child been like this?  
Did anything happen to the child? Any injury?  
Did the child have a fit or convulsion, or is the child clumsy?  
Has any medication been given?  
Has the child been ill otherwise?  
Has the child had fever, diarrhoea, vomiting or ear pain?  
Has the child been drinking more recently???  
Has the child been urinating more frequently?  
Was there any difficulty with the pregnancy or delivery?  
Was the child jaundiced at birth or shortly after?  
Has the child been frothing in the mouth or passing urine when he faints?



## EXAMINATIONS:



**General Appearance:**  
(especially for alertness and irritability), sign of trauma



**Limbs:**  
arms and legs for abnormal movements



**Head:**  
fontanelle for bulging, signs of injury



**Temperature:**  
Check and record



**Haemoglobin:**  
estimate and record  
**Genotype:**  
check and record.



**Urine:**  
sugar and colour



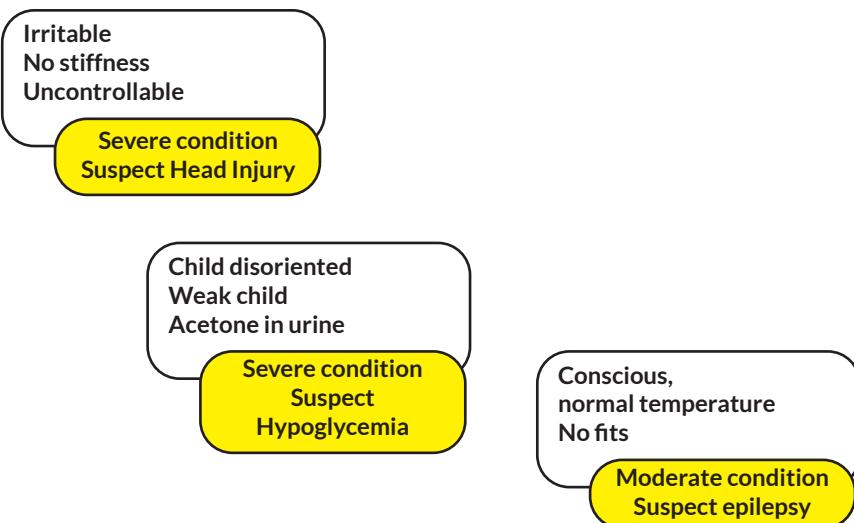
**Neck:**  
stiffness



**Chest:**  
respiratory rate,  
lower chest  
indrawing



**Ears:**  
pus, redness or  
perforation of  
the drum



**Unconscious or difficult to wake, irritable, abnormal movements of arms and legs**

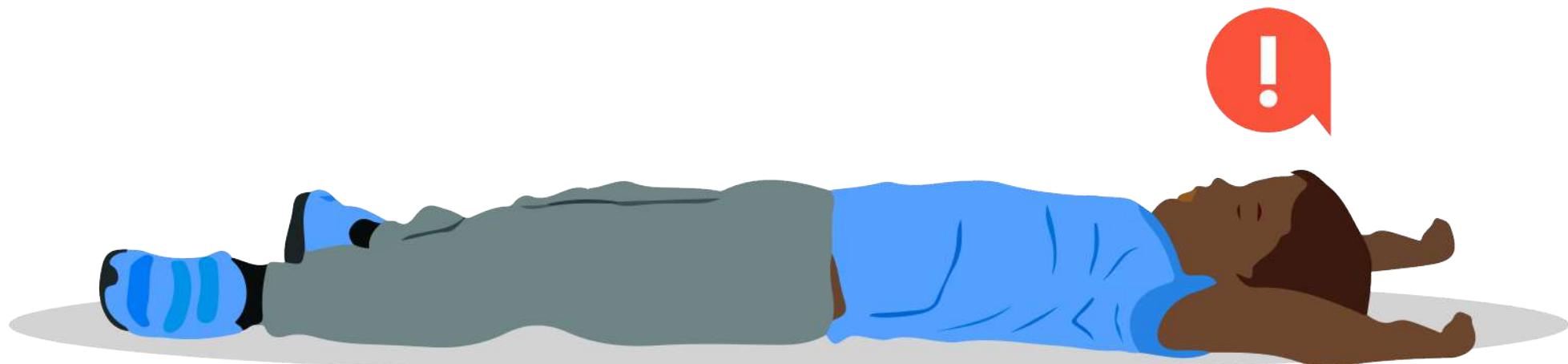
REFER immediately to the appropriate health facility.

**Child faints suddenly but is arousable**

Give child sugar or glucose at once and let him rest for 30mins.  
 If no improvement, REFER to the appropriate health facility.   
 If improved, advise on proper feeding.  
 Review next day

**Fainted (fit) once or twice with or without fever or frothing from mouth or family history of epilepsy**

Explain condition to mother  
 Syr. Phenobarbitone 15mg/5ml  
 0-5 months 6 months-5 years  
 1/8tab (1.25ml) /4tab (2.5ml) 12hourly 7days  
 Review in 7 days  
 Assess medication, if improved, resupply  
 If no improvement, REFER to the appropriate health facility





## HEALTH EDUCATION

- Prevention of injuries
- Compliance with prescribed drug regimen
- Avoidance of self-medication
- Healthy home environment
- Proper parental care and emotional support
- Need for therapy as appropriate
- Importance of taking home – based records on child's next visit to the clinic or hospital
- Improve skills and sense of self efficacy
- Promote services for prevention, care and support
- Create a demand for information and services
- Address stigma
- Focus on risk behavior.
- Health workers should create trust.



## 2.31 POISONING

A poison is a toxic substance which may enter the body through swallowing, breathing, absorption through the skin or mucous membrane or infection. Poison may be accidental, suicidal, or homicidal. An overdose of a medicinal drug may act as poison e.g. overdose of aspirin. It is common for children under 5 years of age to accidentally ingest medicine not prescribed for them or over dosage of prescribed drugs; alcohol (gin), kerosene, petrol or corrosive substances e.g. acid, lead or bleaches. Poisoning can be harmful effects caused by the ingestion, inhalation, absorption, or injection of a toxic substance into the body. Poisons can come in various forms, including chemicals, gases, plants, medications, household products, and venom from certain animals or insects



## HISTORY

What is the problem?  
What was the substance taken? How much of it?  
When was the poison taken?  
Has any medication been given (modern or traditional)?  
Has the child vomited? Is there blood in the vomitus?



## EXAMINATIONS:



Try to examine  
poison container



**General Appearance:**  
consciousness,  
alertness, pallor,  
cyanosis



**Pulse:**  
Check rate, volume  
and record



**Temperature:**  
Check and record



**Abdomen:**  
tenderness,  
rigidity



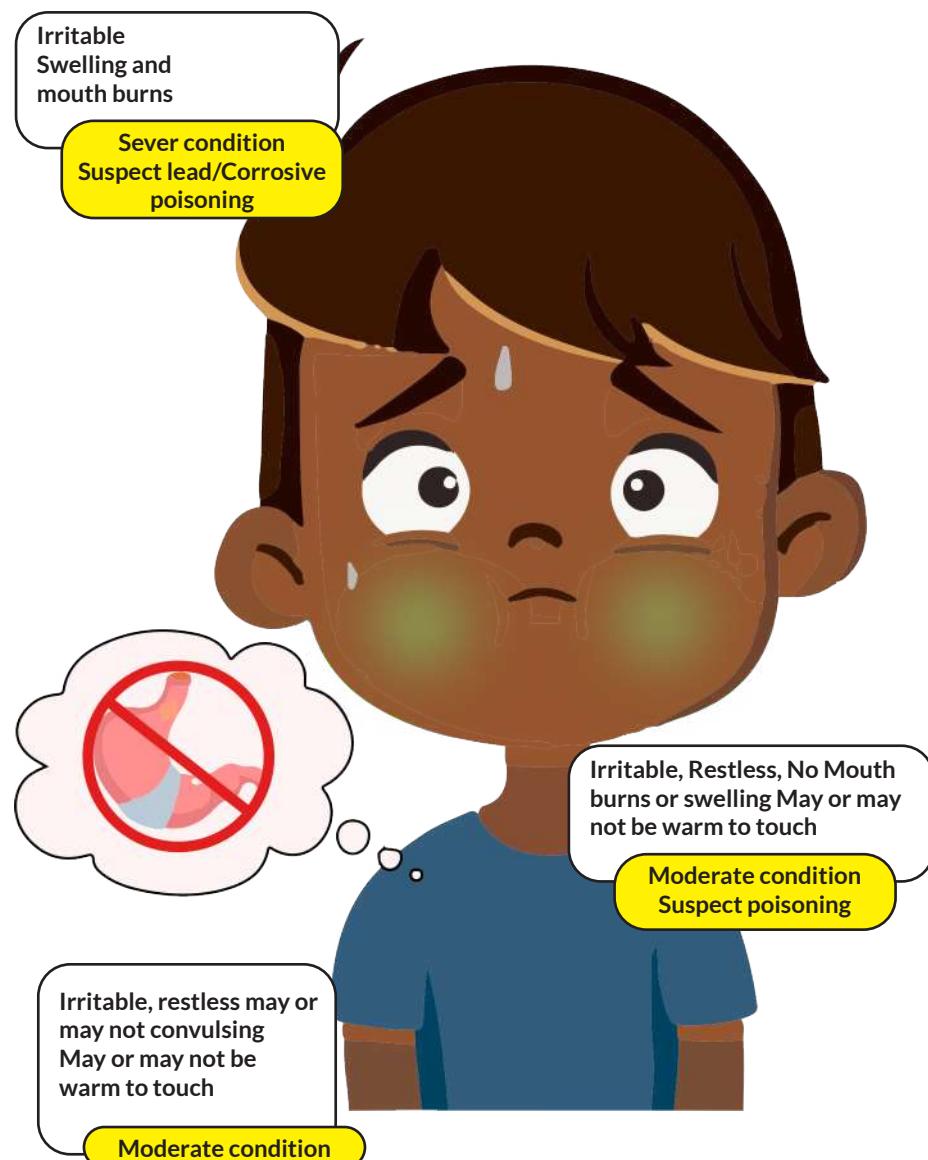
**Eyes:**  
size and reaction  
of pupils to light



**Mouth:**  
burn, bleeding,  
dribbling, colour  
of membrane



**Chest:**  
respiratory rate,  
difficulty, lower  
chest indrawing,  
deep and sighing



#### Ingestion of petrol or kerosene or corrosive substance e.g. acid, herbicides, insecticide, rodenticides etc.

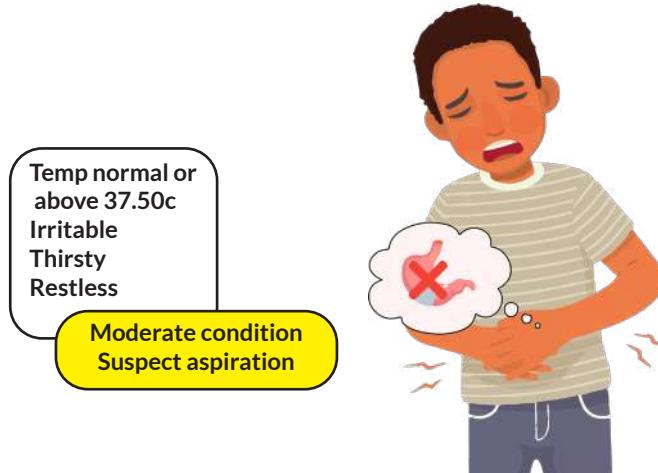
Do NOT induce vomiting  
Give enema e.g. soap  
Give Susp Cloxacillin 125mg/5ml for 5 days  
0.5months 6-11months 1-5years  
0.25ml 0.5ml 1ml daily for 5days  
0.5months 6-11months 1-5years  
75,000IU 150,000IU 500,000IU  
Susp. Mist Magnesium Trisilicate 5ml 8hourly for 5 days  
Give activated charcoal.  
Review in 4 hours.  
If non improvement REFER to the appropriate health facility

#### Ingestion of any of the following, gin medicine, not prescribed.

Identify the poison  
Do No induce vomiting  
Give milk Drink Trisilicate 5-10 mls 8hourly for 3days  
Give activated charcoal  
Review after four hours  
If no improvement, REFER to the appropriate health facility

#### Ingestion of poison with history of convulsion

IM. Paraldehyde 1-3ml stat  
Gastric lavage/washout  
Syr.. Phenobarbitone 15mg/5ml 12hourly for 3 days  
Give activated charcoal  
Review in 3days



Temp normal or  
above 37.50c  
Irritable  
Thirsty  
Restless

Moderate condition  
Suspect aspiration

#### Aspirin poison with or without fever or other signs

Do not induce vomiting  
Give milk drink or Mist Magnesium Trisilicate.  
Give plenty of fluids  
give activated charcoal  
Review daily until better



## HEALTH EDUCATION

- Prevention of home accidents especially accidental ingestion.
- Proper storage and labeling of drugs, various liquids and solvents
- Keep hot food hot and cold food cold.
- Don't keep food in the temperature danger zone (i.e. at or below 5 and above 60°C) any longer than necessary.
- Reheat food to steaming hot before serving (at least 75°C).
- Cook food properly, heat to at least 75°C.
- Keep raw and cooked food separate.
- Keep kitchen and utensils clean.
- Wash and dry your hands properly.
- Avoid handling food when you are ill.
- Heat food to steaming hot before serving (above 75°C).
- Keep raw food on container that have cover to prevent it from rat contamination e.g urinating and defecating to avoid having Lassa fever
- Keep kitchen and utensils clean.
- Improvement of taking home-based records on child's next visit to the clinic or hospital



## 2.32 EMERGENCY CONDITIONS

In children 2 months to 5 years can be life threatening and should be treated promptly to save life of the child. There should be no hesitation in asking for or referring where necessary. Severe acute fever, diarrhea, malnutrition, child poisoning, conjunctivitis, epilepsy, choking, anaphylaxis are emergency situation and should be treated as soon as possible to save the life of the child.



## HISTORY

What is the problem with child?  
Is there fever, vomiting, diarrhoea or abdominal pain?  
Is there history of convulsion or unconsciousness?  
Is the history of poisoning?  
Is the child having difficulty in breathing or chocking?  
Is there family history of asthma?  
Is a child allergic to known substances or food?  
Is there decrease in urine output?



## EXAMINATIONS:



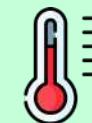
**General Appearance:**  
consciousness,  
alertness, pallor,  
cyanosis



**Eyes:**  
Sunken



**Mouth and Lips:**  
Dryness



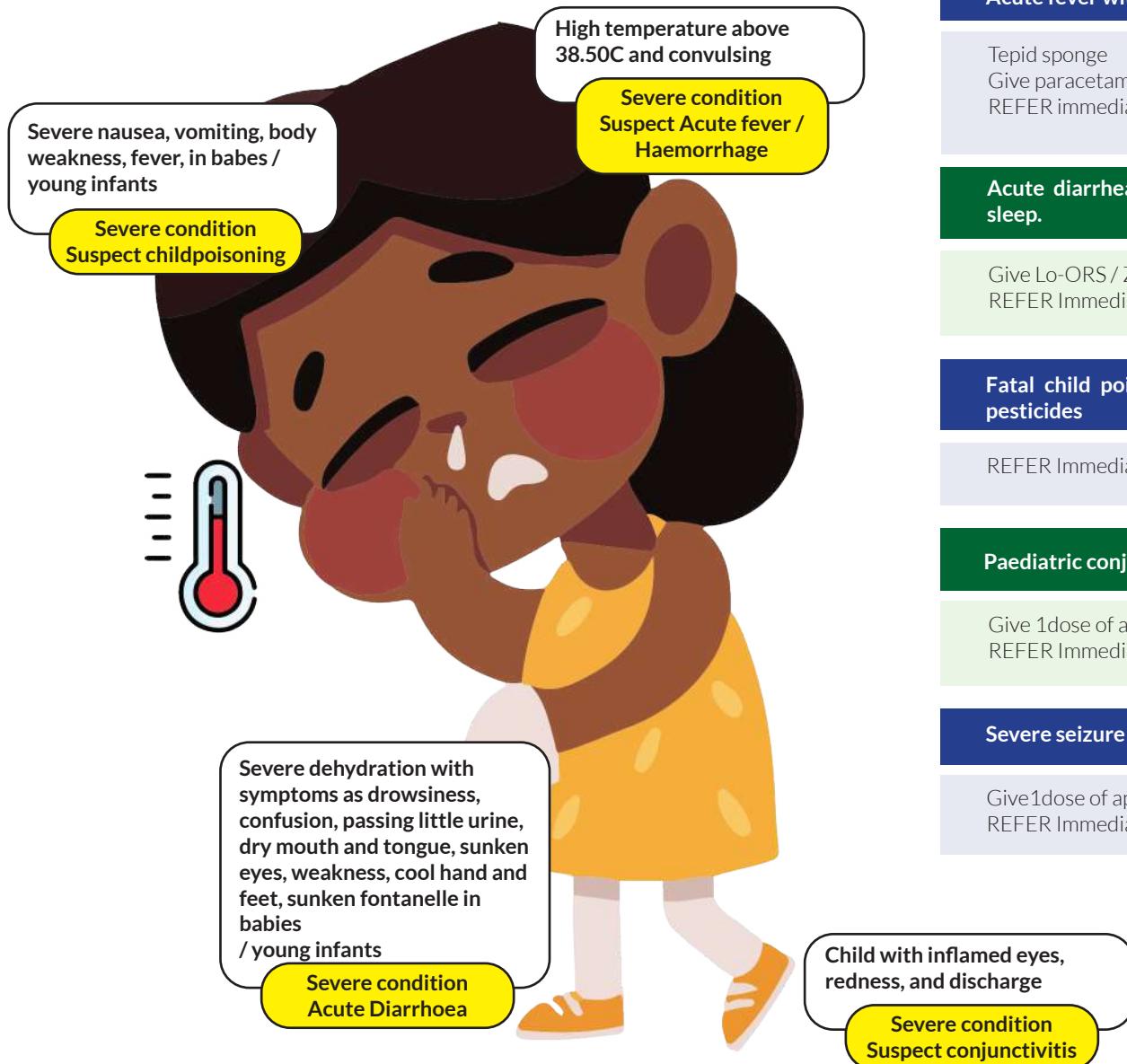
**Temperature:**  
Check and record



**Chest:**  
(a) Respiratory rate:  
check and record  
(b) Wheezing,  
crepitation



**Skin:**  
dryness,  
dehydration



#### Acute fever with temperature above 38.5°C and child convulsion

Tepid sponge  
Give paracetamol suppository  
REFER immediately

#### Acute diarrhea with severe hydration, loose stools, unable to eat, sleep.

Give Lo-ORS / Zinc  
REFER Immediately to the appropriate health facility.

#### Fatal child poisoning from medicines, iron pills, cleaning, products, pesticides

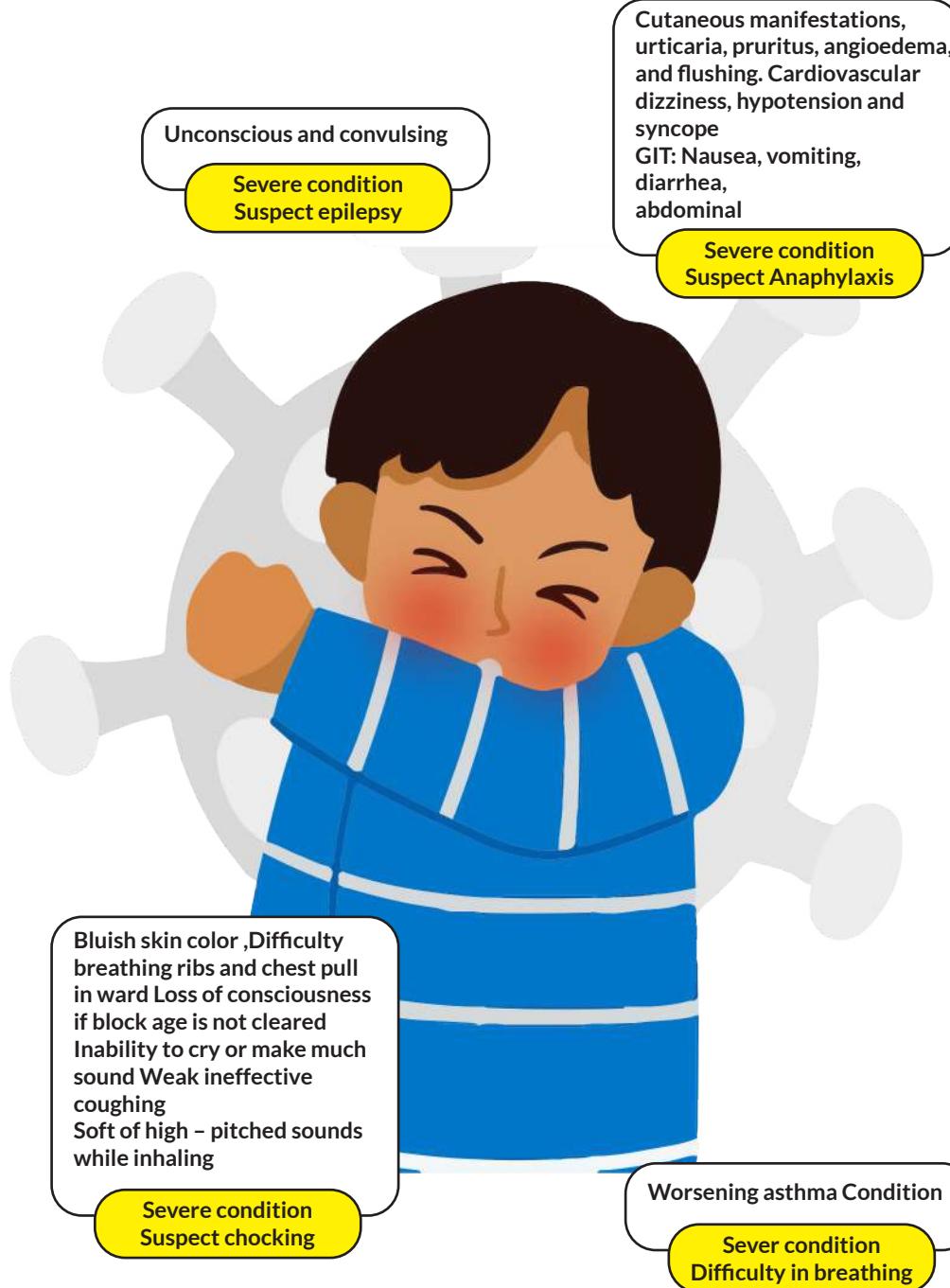
REFER Immediately to the appropriate health facility.

#### Paediatric conjunctivitis with inflammation, redness, and discharge.

Give 1 dose of appropriate antibiotics  
REFER Immediately to the appropriate health facility

#### Severe seizure in children

Give 1 dose of appropriate antibiotics  
REFER Immediately to the appropriate health facility.



**Cutaneous manifestations, urticaria, pruritus, angioedema, and flushing. Cardiovascular dizziness, hypotension and syncope**  
**GIT: Nausea, vomiting, diarrhea, abdominal**

**Severe condition Suspect Anaphylaxis**

### Anaphylactic reaction to food, medications, allergens

Give injectable epinephrine 1:1000, 0.01mg/kg into the lateral thigh, may repeat every 5-10mins if symptom persist to all children with signs and symptoms suspicious of anaphylaxis before arrival to hospital.  
 REFER Immediately to the appropriate health facility

### Choking with breathlessness

If your child is not coughing forcefully or does not have a strong cry, follow these steps.  
 Lay the infant facedown. Along your forearm. Use your thigh or lap for support Hold the infants chest in your hand and jaw with your fingers. Points the infants head downward. Lower than the body.  
 Give up to 5 quick forceful blows between the infants shoulder blades. Use the palm of your freehand.  
 If the object does not come out of the airway after 5 blows.  
 Turn the infant face up. Use your high or lap for support the head.  
 Place 2 fingers on the middle of his breastbone just below the nipples  
 Give up to 5 quick thrusts down compressing the chest 1/3 to 1/2 the depth of the chest  
 Continue 5 back blows followed by 5 chest thrusts until the object is dislodged or the infant loses alertness becomes unconscious.

### Acute asthma attack with wheezing, cough, breathlessness

give 6 puffs of blue reliever inhaler via a spacer  
 If no improvement within 20 minutes repeat 6 puffs  
 If still no improvement within 20 minutes of 2ndlot of puffs take the child to Doctor in clinic immediately.



## HEALTH EDUCATION

- Prevention of breathing complication
- Compliance with prescribed drug regimen
- Avoidance of self medication
- Healthy home environment
- Proper parental care and emotional support
- Importance of taking home – based records on child's next visit to the clinic or hospital
- Maintain Balance Diet
- Adhere to personal hygiene



## 2.33 HIGH RISK GROUPS (ORPHANS AND VULNERABLE CHILDREN)

An orphan is a child (0 – 17 years) who has lost one or both parents. A child is vulnerable if, because of the circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care and protection and thus disadvantaged relative to his or her peers. (FMW & SD 2008). A vulnerable child is one: with inadequate access to education, health and other social support, has a chronically ill parent, lives in a household with terminally or chronically ill parent(s) or caregiver(s), live outside of family care (lives Overview with extended family, in institution, or on the street), is infected with HIV in addition to the above, a vulnerable child includes, children in need of alternative family care, children who are sexually abused or neglected, children in hard-to-reach areas; children with mental disability; children affected by armed conflict and children in need of legal protection. Most of the current interventions cover OVC aged 6-17 years, leaving out children under five years old.

## 2.33 HIGH RISK GROUPS (ORPHANS AND VULNERABLE CHILDREN)



The general appearance include Growth failure, Signs of malnutrition, Poor personal hygiene, Evidence of poor health care e.g. delayed immunisation, untreated infection etc., Frequent injuries from lack of supervision Behavioural indicators include Self-simulating behaviours (biting, sucking), Infancy lack of social smile and stranger anxiety, Antisocial behaviour (destructiveness, stealing, cruelty to animals or people), Extremes of behaviour (aggressiveness, demanding, over complaints), Suicide attempts., Lags in emotional and intellectual development (especially language).Psychoneurotic reactions (hysteria, obsession, compulsions, phobia, etc).

Apart from the government at various levels, a number of organizations are involved in OVC work in Nigeria. They include international NGOs, mainly USG and Global Fund implementing partners, local NGOs, FBOs and CBOs. Some of the main international NGOs involved in OVC work include the Columbia University International Centre for AIDS Care and Treatment Programs (CU-ICAP), Catholic Relief Services (CRS), Centre for Development and Population Activities (CEDPA), and Winrock international AIM



## HISTORY

How old is the child? Who is the child leaving with?  
Is the child sick or well?  
If sick, what kind of illness?  
If well, who is taking care of the child?  
Is the mother or father alive both or one  
Is the mother f both parent HIV/AIDs before death?  
Has the child been sexually abused and is sick as result o that?



## EXAMINATIONS:



**General Appearance:**  
well-nourished, ill,  
tired, clean, thin,  
congenital abnormality



**Eyes:**  
discharge,  
pallor, jaundice,  
cataract, test  
of vision



**Mouth:**  
odour, caries,  
missing teeth



**Weight and Height:**  
weigh, measure,  
and record



**Immunization status:**  
if card available,  
check status



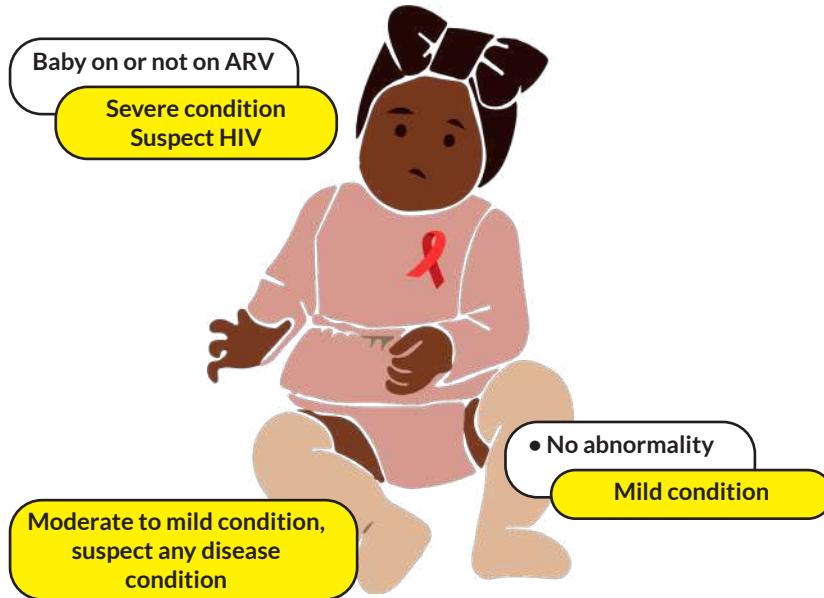
**Head:**  
lice,  
ringworm



**Ears:**  
redness, discharge,  
test of hearing



**Temperature:**  
check and record



#### Baby born to hiv- infected mother and orphaned

REFER to the section on HIV AIDS and treat

REFER to local and International; NGO's on OVC

#### Children 2 months to 5 years with any of the disease conditions

REFER to appropriate section and treat

#### Well OVC

REFER to OVC NGO's for Psychosocial care



## HEALTH EDUCATION

- Healthy home environment
- Proper parental care and emotional support
- Counsel on need for therapy as appropriate
- Interview the child.
- Interview parent, witness, or other significant persons.
- Physical injuries should be treated appropriately.
- Psychiatric or social welfare officers maybe involved i.e. co-manage child.
- If necessary, assist in moving child from home to temporary custody.
- Counsel family members about abuse and refer if necessary.



## 2.34 SCHOOL HEALTH SERVICES

The school health services are essential in maintaining and improving the health status of member of the school community and should be available to everyone for as long as they are in the school community. School health services afford the opportunity for personal health care, screening of school food vendor, environmental health care, community mobilization, Advocacy. Personal health care includes health screening for all newcomers, regular health inspection and treatment for minor ailments.



## HISTORY

Is there any problem?  
Which immunizations have you had?  
What type of food do you eat?(ask about main meals and snacks)  
How many brothers and sisters do you have?  
Whom do you live with?(parents, grandparents, spouse .. other specify)?  
How many times do you eat in a day? Where do you get your food?  
What type of work does your fattier do? Mother? You? Spouse?  
What is your source of water?  
What type of latrine do you have in your house hostel  
Have you had any serious illness in the past



## ACTIONS



**General Appearance:**  
well-nourished,  
ill, tired, clean,  
thin, congenital  
abnormality



**Weight and Height:**  
weigh, measure,  
and record



**Eyes:**  
discharge,  
pallor, jaundice,  
cataract, test of vision



**Immunization status:**  
if card available,  
check status



**Mouth:**  
odour, caries,  
missing teeth



**Nose:**  
discharge,  
blockage,  
abnormality



**Head:**  
lice,  
ringworm



**Gum:**  
healthy,  
bleeding



**Ears:**  
redness, discharge,  
test of hearing



**Temperature:**  
check and record



**Throat:**  
redness,  
inflamed tonsil



**Chest:**  
respiratory rate,  
wheezes, stridor,  
lower chest  
indrawing



**Heart:**  
rate, rhythm,  
murmur



**Abdomen:**  
soars, tenderness,  
rigidity, masses,  
palpable spleen and  
liver.



**Skin:**  
dryness, sores,  
rashes, multiple  
soars or wounds  
(think child abuse)



**Limbs:**  
deformity, paralysis,  
oedema



**Pulse and Blood pressure:**  
Check and record



**Urine:**  
sugar, protein



**Haemoglobin:**  
Estimate and  
record

**Any abnormal finding**

REFER to appropriate section

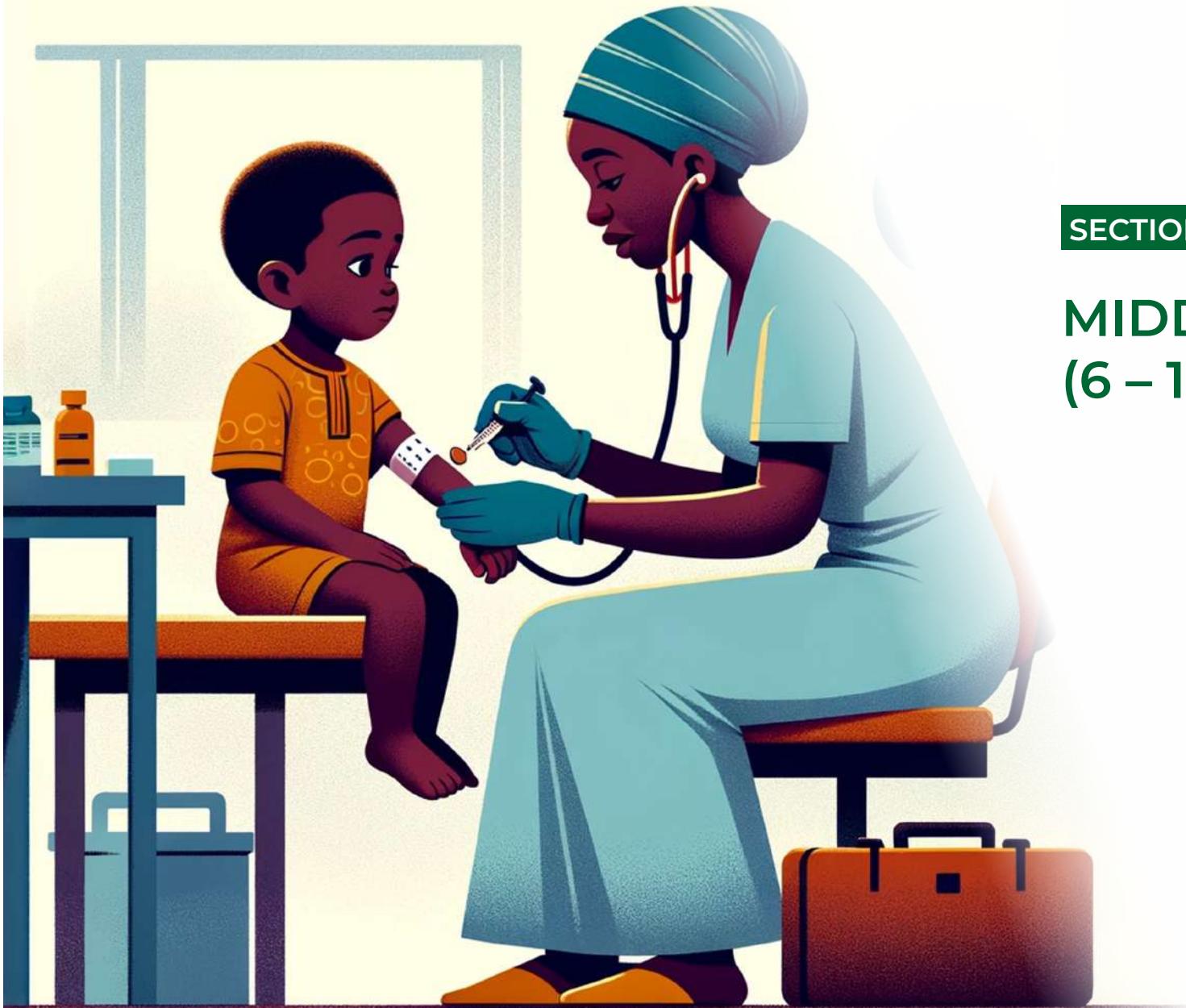
**If school food vendor is engaged**

Check for the following at least every six months

- Chest X-ray
- Sputum for AFB
- Blood for widal
- Stool for Ova
- Treat as appropriate

**No Complaints**

Ensure weekly regular health inspection.



### SECTION THREE

## MIDDLE CHILDHOOD (6 – 12 Years)

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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

**FEEDBACK AND SUPPORT CONTACT**

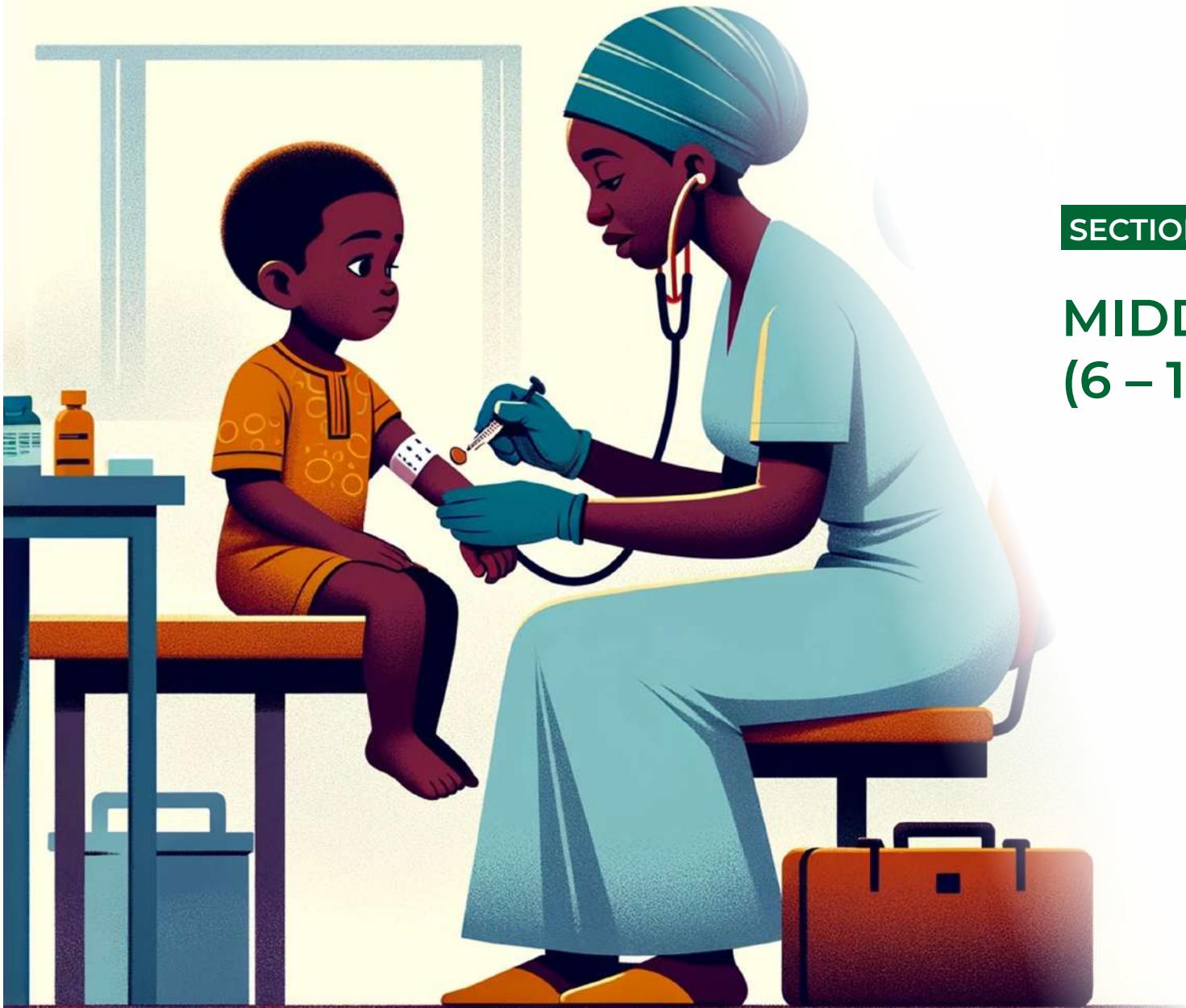
We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

**HOW TO PROVIDE FEEDBACK**

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

Online Form: Please fill out your structured feedback using the google form via this link



### SECTION THREE

## MIDDLE CHILDHOOD (6 – 12 Years)



## 3.1 CHILD FIRST VISIT

This section is for children 6 - 12 years. The health worker should be able to carry out simple vision and hearing tests and to be able to find out whether or not the child has visual or hearing problems that can affect school performance. She must also recognize social problems likely to put the child at risk, must be able to screen for malnutrition. Shee should request for genotype and blood group so that the child/parents know the blood group and genotype as well as counsel if abnormality is detected. She should carry out health and nutrition education; immunize and protect child from illnesses and other conditions as relevant to the family. Encourage mother/guardian to take their children for clinic visit even though they are well.



## HISTORY

Ask the parent/ guardian the main reason for the hospital visit,  
Ask for details about the current health issue, including the onset, duration, and progression of symptoms.  
Development; Ask parent/caregiver if child is developing normally.  
When did the child start crawling, walking and speaking?  
Is the child attending school?  
Any concerns about developmental delays.  
Family and Social:  
Ask for any significant medical conditions or hereditary diseases in the family.  
Ask for any exposure to toxins or environmental hazards.  
Ask for the dietary habits, exercise routine, and sleep patterns.  
Ask for recent accidents or injuries.  
With whom does the child live?  
Does mother/ care-giver work outside home?  
Who looks after child when mother/caregiver is away?  
What is the source of water?  
What type of toilet is used?  
Is house screened against mosquito/is insecticide treated net used?  
What illnesses has child had in the past?  
Does child have any problem  
What work does the father do? How many siblings does the child has?  
How many children are there in the family?  
How many wives does the father has?  
Are there any of these disease conditions in the family. Such as Asthma, sickle cell disease, diabetes, hypertension, tuberculosis, epilepsy and other relevant conditions



## Immunization

Ensure the child is up to date with vaccinations  
Did the child receive all the routine immunization for age?  
Does the child have the certificate for completing immunization?



## Nutrition

Was the child exclusively breast-fed?  
What type of weaning food was introduced after six months?  
What kind of food is the child currently eating?  
What type of food does the child like most?



## Medical History

Has the child been hospitalized before?  
What type of sickness was the child hospitalized for?  
Has the child convulsed at anytime in the past?



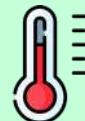
## EXAMINATIONS



**General appearance:**  
healthy, ill, thin



**Blood pressure:**  
Measure and record



**Temperature, pulses:**  
check and record



**Eyes:**  
pallor, jaundice



**Mouth:**  
conditions of mucous membranes, gums, caries, inflamed throat



**Neck:**  
swelling, any stiffness, enlarged, thyroid



**Chest:**  
a) crepitations, rhonchi, any decreased breath sounds  
b) respiration rate, difficulty



**Heart:**  
rate, rhythm, murmurs



**Abdomen:**  
scars, tenderness, masses, hernias



**Limbs:**  
a) deformation, varicosities, Oedema  
b) ankles: Oedema



**Weight:**  
weigh and record



**Urine:**  
colour, protein, glucose and ova



**Stool:**  
parasites and ova



**Haemoglobin:**  
estimate and record

**Well child**

Explain findings to Mother Counsel as appropriate

**Any Abnormal Finding**

REFER to appropriate section 



## HEALTH EDUCATION

**Advise Parent/Caregiver on the following:**

- Adequate nutrition.
- Hydration.
- Physical Activity:
- Sleep.
- Safety.
- Mental Health.
- Personal and food hygiene.
- Oral hygiene.
- Environmental sanitation.
- Hand washing.
- Prevention of accident.
- Proper parental care.
- Use of LLIN (Long-Lasting Insecticide treated Net).
- Regular Check-ups.
- Importance of taking home-based records with her anytime she takes baby to the clinic or hospital.



## 3.2 FEVER

Fever is the elevation of the body temperature. It is body temperature of 37.50C or above. Fever is a sign of infection or loss of body fluid. Rapid rise of temperature leads to fits (Convulsion) especially in young children. Some common causes of fever in children are malaria, tuberculosis, respiratory, gastrointestinal and other bacterial infections and viral infections. All patients with history of fever should be treated and encouraged to drink plenty of water, other fluids and fruits, and should not be overdressed. High fever should be treated as emergency.



## HISTORY

How long has the child had the fever?

Is there any convulsion?

Has the child ever had any convulsion?

Is the child having a runny nose? Cough? Or difficult breathing?

Is the child coughing up blood?

Is the child vomiting or having diarrhoea?

Is the child having bloody diarrhoea?

Is the child having skin rashes?

Is the child having any ear pains? Sore throat? Headache? Stiffness of the neck?

Is the child passing urine normally? Is it painful? Is it more or less frequently?

Is the child bleeding inside and outside the body, from the eyes, ear, and nose.

Has any analgesic or other medication been given?

Is anyone currently ill in the family or compound?

Ask about recent travel, especially to areas with a high prevalence of infectious diseases. This can help identify potential exposure to specific infections.

Ask if the child has any known allergies to medications or substances.





## EXAMINATIONS



**General appearance:**  
alert, restless, listless,  
drowsy or difficult  
to wake, delirious,  
dehydrated, thin,  
weak or convulsing.



**Skin:**  
rashes, septic  
spots, profuse  
perspiration.



**Chest:**  
(a) respiratory rate  
counted for 1 full  
minute. Lower chest  
indrawing/retraction.  
wheeze or stridor in a  
calm child



**Nose:**  
discharge – clear or  
purulent., blood



**Eyes:**  
pus, blood



**Ear:**  
tenderness behind  
the ear, discharge,  
blood. Throat:  
sores, pains



**Neck:** stiffness, nodes.  
**Abdomen:** tenderness,  
masses



**Temperature and  
Pulse:** check and  
record. Conduct  
Rapid Diagnostic  
Test (RDT) (if  
positive proceed  
and treat for severe  
malaria)



**Lethargic or unconscious, warm to touch and Temp.37.50C or above.**  
**Pulmonary oedema Jaundice discolored urine not making urine / scanty urine Haemoglobinuria Renal failure Hypoglycemia Severe anaemia (Hb < 5gm/dl) Circulatory collapse**

i. Fever with any of the following Convulsion/multiple convulsion, Prostration Impaired consciousness, Respiratory distress, Abnormal bleeding, Persistent vomiting

Give IM. Paraldehyde 5ml immediately (stat) if convulsing now  
Give IM Artesunate 2.4-3.0mg/kg body weight stat OR

IVF Normal saline 500mls immediately (stat)  
Give 50% dextrose or glucose water to correct hypoglycaemia  
Tepid sponge PRN  
REFER immediately



**Neck stiffness, abdominal rigidity with or without spasms. Warm to touch and Temp. 37.50C or above. Kernig's sign positive**



**Lethargic or unconscious, warm to touch and Temp. 37.50C or above. Pulmonary oedema Jaundice discolored urine not making urine / scanty urine Haemoglobinuria Renal failure Hypoglycemia Severe anaemia (Hb < 5gm/dl) Circulatory collapse**

## II. Fever with neck pain with or without vomiting

If Rapid Diagnostic Test (RDT) is negative proceed with the following treatment  
IM. Benzyl Penicillin 3ml (300,000) stat  
Give IM. Paraldehyde 5ml immediately (stat)  
REFER Appropriately

## iii. Fever everyday for more than 30 days, skin rash, mouth ulcer, weight loss, with or without diarrhoea. weight loss, with or without diarrhoea.

REFER immediately



**Generalized rash, Redeyes, runny nose, Warm to touch. Temp. - 37.50C and above, sticky eyes and mouth ulcer**

#### IV Fever with rash, cough and runny nose rash

Clean the mouth with chlorhexidine/

Drug	Age	Wt.(kg)	Dose
Artemeter-Lumefantrine AL	6-8yr	15-24	2 tabs at Ohour,
8hours (20/120 mg) later, then, 12hourly for 3days	9-12yr		
	25-34	3 tabs	
			at Ohour, after 8 hours then,12hourly for 3days

Artesunate Amodiaquine (AA)  
7-12yr 100/270mg 1tab daily for 3days  
Give Tab. Paracetamol 250-500mg 8hourly for 3 days  
Give Cap. Vitamin A 200,000 I.U. daily for 2 days.  
Tab. Co-trimoxazole 480 mg 12 hourly for 5 days  
Clean eyes with cotton soaked in cooled boiled water.  
Chloramphenicol eye ointment 8hourly for 7 days  
Clean the mouth with Hydrogen Peroxide 1 in 5 part of water for 5 days  
Apply Gentian Violet to the mouth.  
Follow up in two days.  
If no improvement, REFER



**Ear discharge; watery or pus or bloody. Warm to touch. Temp. 37.50C or above. Tenderness.**

#### V. Fever with ear pain with or without discharge for less than14 days

Give Tab. Paracetamol 250-500mg 8hourly for 2 days  
Clean ears with TCP-soaked cotton wool.  
Cap. Ampiclox 250mg 6hourly for 5 days OR Amoxicillin 250mg 8hourly for 5 days  
Tab. Vitamin C 100mg 8hourly for 5 days  
Review in 5 days  
If no improvement, REFER immediately.



#### VI. Fever or history of fever in the past 24 hours.

Conduct rapid diagnostic test, if positive treat for uncomplicated malaria

Drug	Age	Wt.(kg)	Dose
Artemeter-Lumefantrine 20/120mg AL	6 - 9yrs, 15-24kg	2 tab at 0 hour, after 8 hours, then 12 hourly for 2 days	2 tab at 0 hour, after 8 hours, then 12 hourly for 2 days.
>	9-14yr,		
25-34kg	3tabs at 0 hour, after 8 hours, then 12 hourly for 2 days.		
Artesunate Amodiaquin (AA)			
	7-12yr		
100/270mg	1tab daily for 3days		
Give Tab.	Paracetamol 250-500mg	8hourly for 3 days	
Encourage intake of fluids, fruits and vegetables			
Review after 3 days			
If fever persists, Refer to hospital			⚠️



## HEALTH EDUCATION

### Advise Parent/Caregiver on the following:

- Environmental sanitation and prevention of disease transmission.
- Use of Long-lasting insecticide treated nets (LLIN) in malaria control.
- Personal and food hygiene.
- Adequate nutrition.
- Safe water.
- Disease prevention.
- Importance of taking home-based records to the clinic or hospital.
- Adherence to prescribed medications.
- Scheduling of follow-up appointments and giving instructions for home care.



### 3.3 CONVULSION

Convulsion is a sudden, violent, irregular movement of a limb or of the body, caused by involuntary contraction of muscles and associated especially with brain disorders such as epilepsy, the presence of certain toxins or other agents in the blood, or fever in children.. It may also be caused by injury and infection of the meninges, brain and spinal cord. Tetanus or lockjaw must not be mistaken for convolution. It begins with tightness of mouth, jaw and muscle twitching.



## HISTORY

Has the child had fever? Any accident? Head injury?  
Did the child take any medication or any substance accidentally?  
Has the child had any previous convulsion? With or without fever?  
Has the child been given any medication? If yes, what?

Does any other family member suffer from convulsion?  
How long did the convolution last?  
Has your child experienced any recent trauma or head injury that you are aware of?  
Have you noticed any changes in your child's behaviour, mood, personality recently



## EXAMINATIONS



**General appearance:**  
convulsing, conscious,  
drowsy, unconscious,  
smelling of cow's  
urine



**Nose:**  
flaring of alae nasi



**Chest:**  
respiratory rate,  
lower chest



**Indrawing Head:**  
swelling, sign of  
injury



**Eyes:**  
pupils for size and  
reaction to light



**Neck:**  
stiffness



**Ears:**  
pus, bulging drums or  
perforation of



**Drums**  
**Temperature and**  
**pulse:**  
check and record



**Weight:**  
check and record



**Stiffness of neck, Signs of head injury,  
drowsy, vomiting**



**Convulsing; W  
Temp.37.50C or above**



**Convulsing; Temp less than 37.50C**

#### **History of convulsion in the past 24hrs with or without history of head injury**

Reassure and explain findings to parent/caregiver,  
Give parenteral analgesic Paracetamol 300mg stat  
Give anticonvulsant: IM Paraldehyde, IM Diazepam  
Refer to appropriate health facility

#### **Convulsion with fever**

Remove from dangerous environment  
Lie patient on side, clear airway  
Give IM. Paraldehyde 5ml immediately (stat)  
if Random Diagnostic Test (RDT) is positive give pre-referral treatment  
for severe malaria (IV/IM Artesunate 2.4-3.0mg/kg immediately (stat) OR  
Artesunate suppository (rectally) when available.  
If RDT is negative,  
Give IM. Amoxicillin 250mg immediately (stat)  
Encourage intake of Glucose water or sugar in water if patient can take  
orally.  
Expose child  
REFER immediately

#### **One or more episodes of convulsion without fever**

Reassure and explain findings to mother  
Give anticonvulsant: IM Paraldehyde, IM Diazepam  
Refer to appropriate facility



## HEALTH EDUCATION

**Advise Parent/Caregiver on the following:**

- Causes and prevention of convulsion
- Management of fever
- Management of a person during convulsion episode
- Importance of complying with treatment
- Adequate nutrition
- Use of LLINs
- Importance of taking home-based records on child's next visit to the clinic or hospital.



## 3.4 COUGH

Cough is a sign of irritation of the throat and wind pipe which comes suddenly. In children, common causes of cough include pneumonia, asthma, mucus blocked nostrils, adenoids, aspiration of foreign body or poison e.g. kerosene. Heart diseases may also present with cough.



## HISTORY

What is the problem

How long has the child had the cough or difficult breathing?

Is there wheezing? Any previous episodes?

Has the child been vomiting?

Has the child convulsed?

Is there fever? For how long?

Is the child able to drink?

Has any medication been given to the child? If yes what?

Describe the cough. Is it dry, wet, hacking, barking, or productive (producing mucus)? Does the child cough more at night?

Ask if there are specific triggers for the cough, such as exposure to allergens, dust, smoke, or certain activities?



## EXAMINATIONS



**General Appearance:**  
alert or abnormally  
sleepy or difficult  
to wake, severe  
malnutrition,  
respiratory distress.



**Nose:**  
flaring of alae nasi



**Chest:**  
a). respiratory rate  
(count for 1 full  
minute in a calm child).  
subcostal retraction  
lower chest-indrawing  
stridor, wheeze



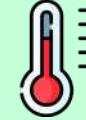
**Eyes:**  
redness, discharge



**Throat:**  
soreness or redness



**Feet:**  
swollen



**Temperature, pulse:**  
check and record



**Weight:**  
Check and record



**Chest in-drawing, warm to touch. Temp. 37.50C or above. Respiratory rate of 40 or more per min. Decreased breath sound and crepitation. Clay colour sputum**



**Chest in-drawing. Harsh noise on inspiration or soft noise on expiration. Warm to touch. Temp. 37.50C or above. 40 breath or more per min**



**Loss of weight Cough with or without blood stain sputum**

#### I. Cough, fever with one of the following: difficult to sleep and fast breathing.

Ceftriaxone: 50 mg/kg daily for 5 days  
or  
IV Augmentin (Amoxicillin-Clavulanate): 90mg/kg/day 12hourly for 7-10 days  
OR IV Amoxicillin: 25 mg/kg 8hourly for 7 days  
OR Susp Erythromycin: 40-50 mg/kg/day 6hourly for 14 days  
Review in 3 days  
Refer if there is no improvement

#### II. Cough fever with noisy and difficult breathing

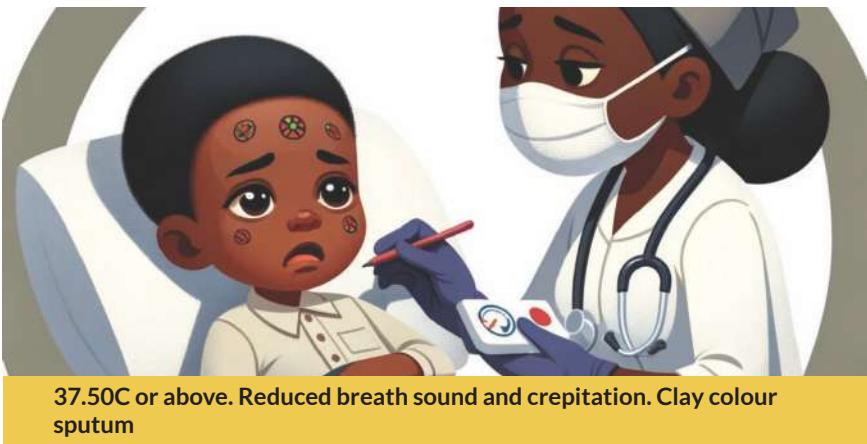
Observe patient in the clinic  
Give Bronchodilator: IV Aminophylline 0.6-0.7mg/kg slowly over 1hour  
Give Steroid IV Hydrocortisone, IV Dexamethasone  
Review after 2-3 hours  
If there is no improvement refer.  
If there is improvement, Discharge on; Oral Salbutamol and Antihistamine  
Follow up in one week

#### III. Cough of 3 wks or more with or without weight loss. Blood in sputum

Request for investigations: Gene Expert, Erythrocyte Sedimentation Rate, Chest Xray  
If Positive, Treat according to the NTBLP (National Tuberculosis and Leprosy Control Programme) Guidelines  
If Negative, Treat RTIs(Respirator Tract Infections)



**Skin rash, marked loss of weight. Oral thrush, warm to touch. Temp. 37.50C or above, mouth ulcers**



**37.50C or above. Reduced breath sound and crepitation. Clay colour sputum**



**No fast breathing**

#### **IV. Persistent or recurrent cough more than one month, skin rash, mouth ulcer, fever, weight loss, with or without diarrhoea**

Conduct HCT if available: Using Determine, Unigold or stat pack Method  
If Positive, Counsel and REFER to ART Clinic  
If Negative, Conduct Malaria Test (ART)  
If ART Positive Treat Malaria accordingly  
Give symptomatic treatment, and refer for further evaluation

#### **V. Cough, fever with fast breathing**

Give Tab Paracetamol 500mg 8hourly for 3 days IV ceftriaxone: 50 mg/kg daily for 5 days  
IV Augmentin (Amoxicillin-Clavulanate): 90 mg/kg/day 12hourly for 7-10 days  
OR  
IV Amoxicillin: 25 mg/kg 8hourly for 7 days  
OR  
Susp Erythromycin: 40-50 mg/kg/day 6hourly for 14 days  
Home care: Honey+Lime  
Review in 3 days  
Refer if there is no improvement

#### **VI. Cough**

Home care: Honey+Lime  
Give Antihistamine: Tab Promethazine 25mg or  
Tab Chlorpheniramine 4mg at night  
Tab. Vitamin C 100-200mg 8hourly for 7days  
Review after 3 days  
If no improvement REFER



## HEALTH EDUCATION

### Advise Parent/Caregiver on the following:

- Overcrowding and disease transmission
- Personal hygiene and prevention of airborne disease
- Air pollution and respirations problem
- Recommendations for good ventilation
- Role of adequate nutrition and fluid intake in prevention of infections and promotion of quick recovery
- Use of LLIN (Long-lasting insecticide treated nets)
- Monitor for Allergies:
- Provide Emotional Support
- Importance of taking home based records to the clinic or hospital



### 3.5 DIARRHOEA

Diarrhoea is the passage of watery stool more than 3 times a day. Diarrhoea in children is one of the leading causes of morbidity and mortality. It kills children more easily than adults and therefore the replacement of fluids is the most important treatment. Causes of diarrhoea include dysentery, typhoid, cholera, ingestion of poisons, and contaminated foods and HIV/AIDS. Persistent diarrhoea is one that has lasted for two or more weeks.



## HISTORY

- 1.How long have you been ill?
  - 2.How many stools do you usually pass each day? Now?
  - 3.Have you passed any since coming to the clinic?
  - 4.Are the stools watery? Is there blood or mucus?
  - 5.What is your source of drinking water?
  - 6.What type of toilet facilities do you use?
  - 7.Are there any other symptoms accompanying the diarrhoea, such as vomiting, abdominal pain, fever, lethargy, or signs of dehydration?
  - 8.Inquire about the child's recent dietary intake, including any new foods or drinks that might have been introduced.
  - 9.Ask if there is an increase or decrease in the number of fluids consumed?
  - 10.Ask if the child has been in close contact with anyone who has had similar symptoms? Is there a known outbreak in the community or at school/daycare?
  - 11.Ask about the colour, odour.
- Inquire about any medications the child is currently taking or has recently taken.





## EXAMINATIONS



**General Appearance:**  
alert, restless,  
irritable, thin,  
dehydrated, lethargic,  
unconscious



**Eyes:**  
normal, sunken,  
very sunken and  
dry.



**Mouth and Tongue:**  
moist, dry, very dry



**Chest:**  
respiratory rate



**Neck:**  
nodes enlarged, throat  
inflamed



**Ears:**  
purulent discharge,  
tenderness behind  
ear



**Abdomen:**  
tenderness, distended



**Skin:**  
skin pinch goes  
back quickly, slowly  
or very slowly



**Weight:**  
weigh and chart



**Temperature:**  
check and record

Offer the child something to drink, and note if the child drinks normally, eagerly or poorly (or is not able to drink)  
SEE APPENDIX == for chart on assessment of dehydration



**Weak with severe dehydration; skin pinch goes back very slowly; Mouth/Tongue dry; very sunken and dry eyes; Tears absent**



**Irritable sunken eyes, Mouth and Tongue dry. Tears absent child is thirsty and drinks eagerly, Skin pinch goes back slowly. Some dehydration**



**Irritable, Mouth and tongue dry. Skin goes back slowly Visible blood in stool**

### I. Sudden onset of frequent watery stool

Give ORS(Oral Rehydration Salt) with Tab dispersible zinc sulphate 20mg daily for 10 days (reconstitute the ORS)  
Give IVF: Normal saline 500ml stat or, Ringers Lactate 500ml stat

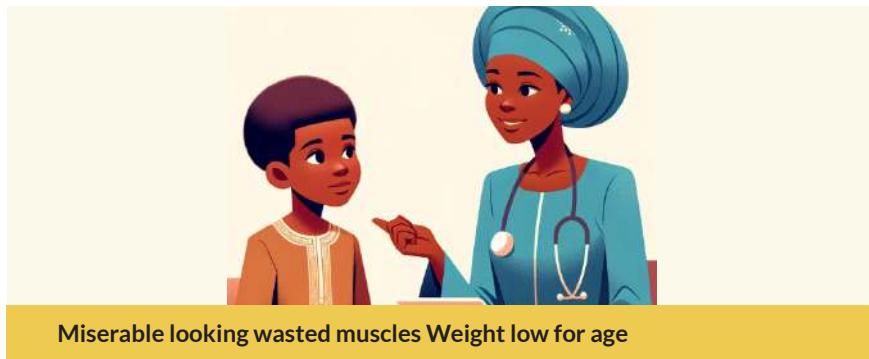
If child is not able to drink, pass NG Tube and give ORS with dispersible Tab Zinc sulphate 20mg daily for 10 days enroute of clinic  
If no improvement Refer. 

### II. Frequent stool with severe weight loss.

Give Parent ORS with Tab dispersible zinc sulphate 20mg to give slowly on the way to hospital  
Advise parent to give more fluids at home  
Parent to return if not better in 3 days or if any danger occurs

### III. Frequent diarrhoea for more than one month with or without fever, skin rashes. Mouth ulcers

Give patient ORS with Tab dispersible zinc sulphate 20mg daily for 10 days Nutrient: Kwashpap, Multimix, Quadrimix  
Refer to CMAM centres.  
Advise mother to give more fluids at home.  
Mother to return if not better in 3 days or if a Danger occurs



#### IV. Frequently stool and vomiting (in area where there is Cholera)

Give IVFs : Normal Saline 500ml stat, or Ringers Lactate stat if not available  
give ORS  
Refer immediately to Infectious Diseases Hospitals (IDH)

#### V. Frequent stool, no mucus or blood, no vomiting

Give ORS with zinc sulphate and Observe  
pass NG Tube and give ORS with dispersible Zinc  
If no improvement REFER



## HEALTH EDUCATION

**Advise Parent/Caregiver on the following:**

- Personal food and environmental hygiene
- Hand washing
- Adequate nutrition (conduct food demonstration)
- Salt sugar solution preparation
- Isolation and Preventing Spread
- Continue Feeding
- Water sanitation
- Important of taking home-based records anytime the child goes to the clinic or hospital



### 3.6 VOMITING

Vomiting is the throwing up of the content of the stomach. The common causes of vomiting are gastro-enteritis, typhoid, cholera, meningitis, ear infection, liver disease and abdominal problems. A child who is vomiting should not be given large or heavy foods but small frequent and freshly prepared food. Children vomiting should be cared for urgently through fluid replacement.



## HISTORY

How long have you been vomiting?  
How many times a day do you vomit?  
What is the vomitus like? Projectile (think of obstruction), greenish? With blood?  
Is there diarrhoea? If not, when was the last stool?

Do you have abdominal pain?  
Do you have any cough, fever or headache?  
When was your last menstrual period? (if female)  
What was your last meal?  
What medication have the child taken?



## EXAMINATIONS



**General Appearance:**  
ill looking jaundiced,  
dehydrated,  
distressed.



**Mouth:**  
tongue coated,  
clean.



**Throat:**  
redness, inflamed  
tonsils



**Neck:**  
stiffness.



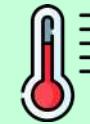
**Abdomen:**  
tenderness, rigidity,  
visible peristalsis,  
distended.



**Ear:**  
redness, bulging or  
perforation of drum,  
discharge



**Hydration status:**  
eyes, tongue, mouth, skin



**Temperature and  
pulse:**  
check and record



**Weight:**  
Check and record



Lethargic and ill looking with bloody vomitus or some/severe dehydration or abdominal rigidity or tenderness



III looking, Some dehydration and abdominal rigidity or tenderness



No dehydration, Eyes normal, Child happy

**i. Vomiting more than 3 times daily with any of the following:  
Blood (brownish, vomitus) Neck stiffness Abdominal**

Give IM. Amoxicillin 250mg immediately (stat)  
Give Lo-ORS en route to referred facility  
IM. Metoclopramide 5mg immediately (stat)  
Refer appropriately

**II. Vomiting more than 3 times daily with Abdominal pain**

Explain findings to mother  
Give Lo-ORS  
IM. Metoclopramide 5mg stat  
Tab. Hyoscine 10mg daily for 1 day  
Counsel about giving small but frequent meals.  
If not improving, REFER

**Vomiting less than 3 times daily with no other sign**

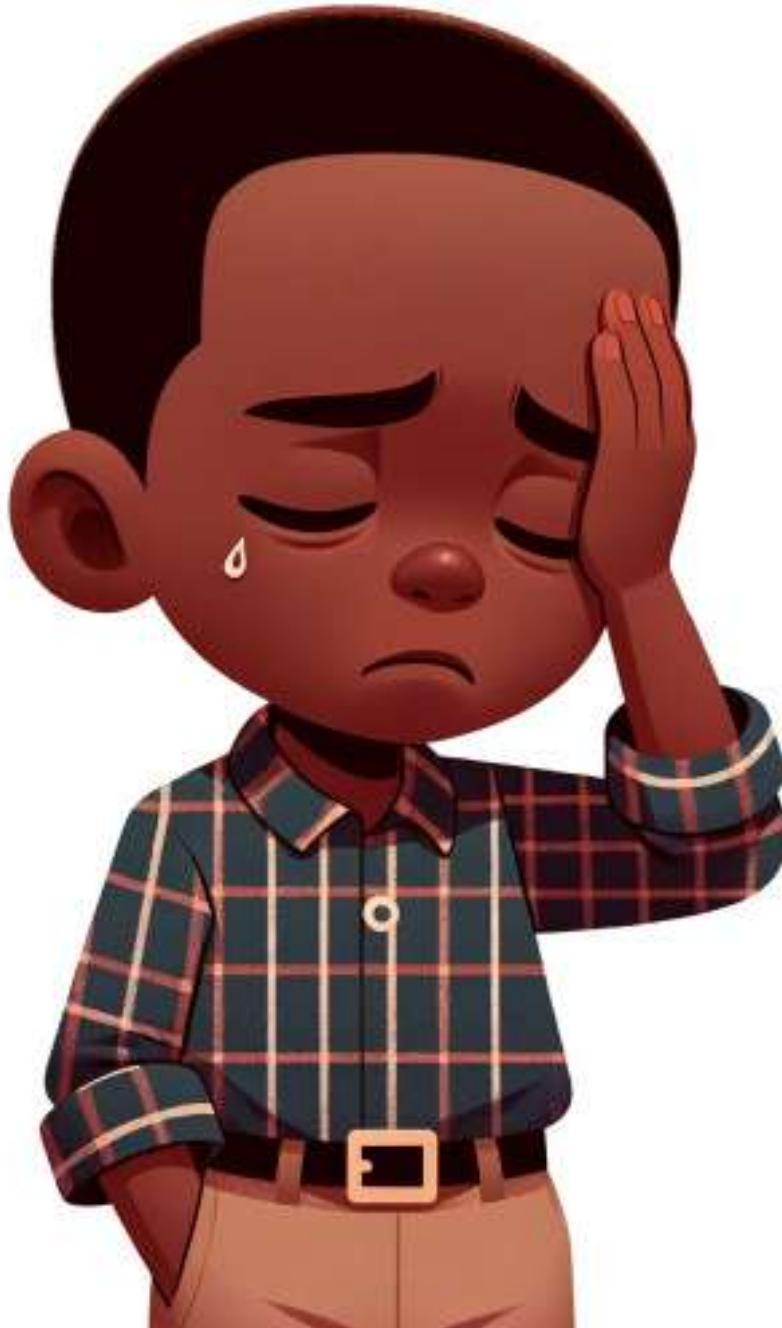
Explain findings to mother.  
Counsel about giving small but frequent meals.  
Review next day.  
If still vomiting, REFER



## HEALTH EDUCATION

### Advise Parent/Caregiver on the following:

- Personal, food and Environmental Hygiene and use of LLINs
- Causes of vomiting.
- Adequate fluid intake and prevention of dehydration (excessive loss of body fluids)
- Importance of taking home-based records to the clinic or hospital.



### 3.7 HEADACHE

Headache is a common complaint which may be a symptom of many diseases such as: Malaria, sinus infection, high blood pressure, ear, nose and throat problems, nervous tension, meningitis, brain abscess and typhoid fever. It can come on when there is constipation or inadequate sleep and rest.



## HISTORY

Where do you feel the headache most  
In the front (think of nose, eyes, malaria)  
In the back (think of high blood pressure, tension, kidney failure)  
On the sides of head (migraine, teeth, ears)  
How long have you had it?  
Do you have fever or chills? Convulsion?  
Do you have nausea, vomiting or abdominal pain? (typhoid or malaria)  
Is headache worse in the morning? (Sinuses). What time of the day is headache worse?  
Do you have constipation or diarrhea?  
Are you on birth control-pills?  
Have you had any head injury? If so, when  
Do you have any other problem?

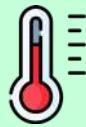




## EXAMINATIONS



**General appearance:**  
in pain, wasted



**Temperature and pulse:**  
check and record



**Blood pressure:**  
measure and record



**Face:**  
swelling, puffiness



**Eyes:**  
redness



**Nose:**  
pus or mucus.  
Press both sides  
below the eyes for  
tenderness



**Ears:**  
redness or dullness of  
drums, mastoid pain



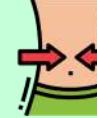
**Mouth:**  
acetone or alcohol  
on breath



**Neck:**  
stiffness, nodes



**Chest:**  
difficulty in  
breathing, creps,  
abnormal breath  
sounds



**Abdomen:**  
tenderness, distended,  
rigidity, enlarged spleen,  
masses

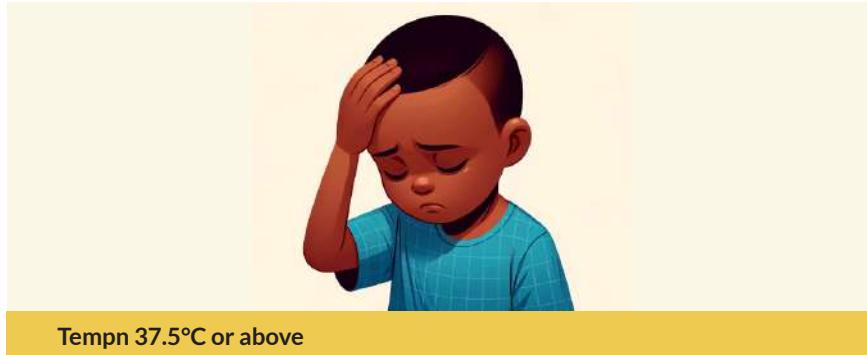


**Limbs:**  
weakness, paralysis



**Urine:**  
protein

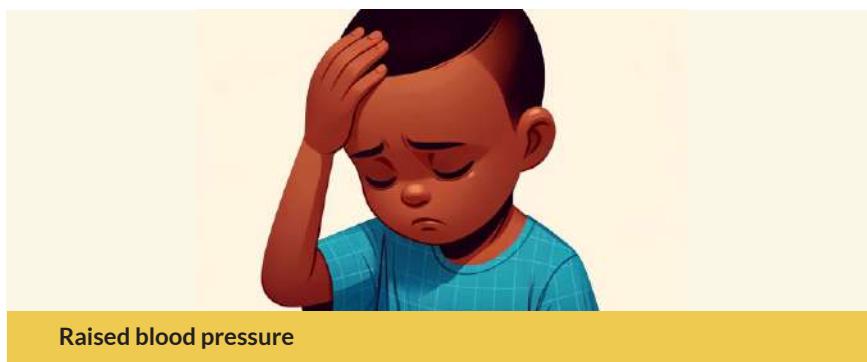
**Conduct mRDT,**



Tempn 37.5°C or above



Palpable nodes in the neck. Stuffy nose. Tenderness in the ear lobe.  
Temperature 37 degrees



Raised blood pressure

#### i. Headache with fever

Administer paracetamol Tab. 250 – 500mg 8hourly 3days  
Encourage fluid intake  
If RDT is negative explore other causes of fever.  
Consider use of antibiotics  
Bed rest for patient and observe

#### II. Headache with any of these conditions: toothache, pus in the ear, eye pain, visual problems swelling in the neck, runny or stuffy nose,

If RDT is positive treat for uncomplicated malaria  
Commence Caps. Ampiclox 500mg 6hourly  
REFER appropriately

#### III. Headache, Disturbed sleep, restlessness

Tab. Paracetamol Tab 250-500mg 8hourly for 3 days  
, if RDT is positive Treat uncomplicated Malaria,  
Encourage bed rest  
REFER appropriately.

Stuffy nose

#### IV. Headache with stuffy nose,, catarrh, hoarse voice

Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Chlorpheniramine 2mg 12hourly for 3 days  
Tab. Vitamin C 100mg 8hourly for 7 days  
Bed rest, warm tea and honey  
Encourage fluid intake  
Treat malaria when positive for RDT  
Review in 3 days 



## HEALTH EDUCATION

### Advise Parent/Caregiver on the following:

- Healthy living (exercise, adequate rest, avoidance of stress)
- Avoidance of animal fat in food in case of raised blood pressure.
- Avoidance of overcrowding
- Personal/food hygiene
- Use of LLINs
- Importance of taking home-based records to the clinic or hospital.



### 3.8 PALLOR

Pallor is a major sign of anaemia. Anaemia is reduced number of red blood cells or reduced amount of hemoglobin in each red cell (below 10 grams). A child can develop anaemia as a result of not eating adequate nutritious foods, malaria, malnutrition, parasites (hook worm or whipworm), infections and sickle cell disease. Anaemia can lead to death.



## HISTORY

Is there bleeding from any source?  
Nose, gums  
Coughing or vomiting;  
In the stool or urine;  
Black stools, injury;  
Does the child have a fever? For how long?  
Has the child had painful swelling of the fingers, toes, the back of hands and feet? Or bone pains?  
Does the child have a good appetite? What food does he eat? Does the child reject some foods?  
Does the child go barefoot  
Does the child have abdominal pain?  
Has the child been swimming or washing in the stream?  
Does anybody in the family have similar problems?  
Has any medication been given?  
Is the mother using camphor?





## EXAMINATIONS



**General appearance:**  
tall and thin,  
malnourished



**Chest:**  
respiratory rate,  
lower chest  
indrawing



**Heart:**  
rate, murmur



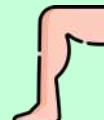
**Head:**  
bossing of the skull



**Eyes:**  
jaundice or  
conjunctival pallor



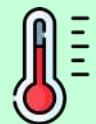
**Abdomen:**  
enlarged spleen,  
distension



**Limbs:**  
a). swollen and tender  
joints, feet and/or digits,  
or back of hands and  
feet  
b).nails for pallor



**Haemoglobin:**  
estimate and record



**Temperature:**  
check and record



**Urine:**  
colour, blood,  
protein

Conduct RDT, if positive treat for uncomplicated malaria with ACT



Nose flaring, Lower chest in-drawing, grunting, fingers clubbing.



Bone tenderness, swollen hands and feet Severe Conjunctival and Palmar pallor Hb lower than 10g/dl



Jaundice of conjunctiva and palmar pallor Hb estimation lower than 10gm/dl

### I. Pale child with swollen or puffy eyes. Swollen feet

REFER urgently Place in proper position(cardiac position)  
Reassure parent/caregiver

### II. A pale child with generalized bone pain, joint pains.

Encourage fluid intake  
If RDT is positive treat for uncomplicated malaria with ACT  
Give Tab. Paracetamol 250-500mg 8hourly for 3days  
Give Tab. Folic Acid 5mg daily for 2 weeks  
REFER immediately

### III. Yellow eyes, weakness, breathlessness and body pains

If RDT is positive, treat for malaria with Artemisinin based combination therapy (ACT)  
Give Tab. Ibuprofen 200mg 8hourly for 3 days (After meal)  
Give Tab. Folic Acid 5mg daily for 2 weeks  
Encourage fluid intake  
REFER immediately



Some pallor, bossing of forehead, apparent long limb, thin hair, may be stunted



Some pallor- mild to moderate. Check Hb, PCV

#### IV. Pale, not growing well with or without yellow eyes. Weakness.

If RDT is positive treat uncomplicated malaria  
Give Tab. Folic acid 5mg daily for 2 weeks  
Tab. Paracetamol 500mg 8hourly for 3 days  
REFER appropriate

#### V. Weight loss, may or not pass worm

Give Tab. Pyrantel Pamoate 3 tabs stat.  
Tab. Ferrous Sulphate 200mg (60mg elemental iron) daily for 2 weeks.  
Tab. Folic acid 5mg daily for 2 weeks  
Nutrition counseling  
Follow up after 2 weeks



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Genetic counseling
- Prevention and care for sickle cell disease and protection of feet
- Prevention of malaria (Environmental control,
- Use of LLINs
- Personal, environmental and food hygiene
- Avoid extremes of weather and conditions that could trigger crisis
- Importance of taking home-based records to the clinic or hospital.



### 3.9 YELLOWISH EYES (JAUNDICE)

Jaundice is yellowish discoloration of the conjunctiva and skin due to an increase in bile pigmentation. It is commonly due to excessive breakdown of red blood cells (haemolysis) as in Sickle Cell crisis, severe malaria and liver problems e.g infective hepatitis, obstruction of the bile duct, etc. It is these conditions rather than the Jaundice itself which demands treatment.



## HISTORY

Is the child unwell? (sepsis & GIT obstruction can cause jaundice)  
Is there yellowish discolouration of eyes and skin  
When did you notice the yellowish discolouration of the eyes?  
Is there dehydration or poor weight gain? (both exacerbate jaundice)  
Is there family history of haemolytic disease (ABO/G6PD, spherocytosis, sickle cell)  
Is there dark urine or pale stools (suggest biliary obstruction)  
7 What medication have you given (e.g herbs)?



## EXAMINATIONS



**General appearance:**  
conscious, drowsy,  
unconscious,



**Chest:**  
respiratory rate,  
lower chest  
indrawing



**Head:**  
swelling, sign of injury



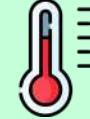
**Eyes:**  
yellowish



**Ears:**  
pus, bulging drums or  
perforation of drums



**Hands:**  
palms and nail  
beds for pallor  
and yellowish  
discolouration



**Temperature and pulse:**  
check and record

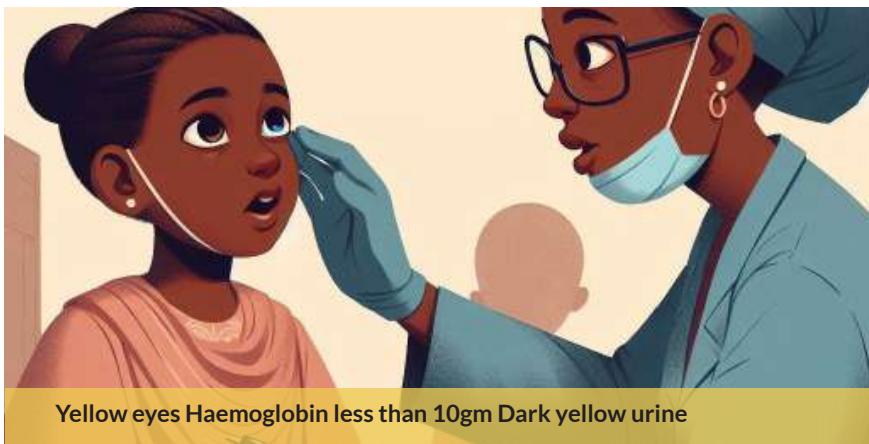


**Weight:**  
check and record

Conduct Rapid Diagnostic Test RDT



Yellow eyes May have swelling of the abdomen with rigidity  
Marked abdominal tenderness Pallor Hb lower than 10g/dl



Yellow eyes Haemoglobin less than 10gm Dark yellow urine



Yellow eyes Temperature 37.50C or above Abdominal tenderness  
Diarrhoea

#### I. Yellow eyes, General body weaknessess May or may not have blood in vomit

REFER immediately 

#### II. Yellow eyes, General body pain, dark yellow urine

Glucose in water  
If RDT is positive , give Pre-referral treatment for severe malaria  
REFER immediately 

#### III. Yellow eyes, Fever, nausea and/or vomiting, abdominal pain

If RDT is positive treat for uncomplicated with ACT Artemether/Lumefantrine(20/120mg)  
Give Cap. Amoxicilline 250Mg 8hourly for 5 days  
Review in 3 days  
REFER if no improvement 



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Prevention and care for sickle cell disease
- Personal, environmental and food hygiene
- Use of LLINs
- Proper nutrition
- Importance of carrying home based records to the clinic



## 3.10 NUTRITIONAL DISORDERS

Nutritional disorders is a condition caused by improper diet between what an individual eats and what he require to maintain health. This can result from eating too much or excess or an inadequate diet such as protein, fat and carbohydrate.

Children with nutritional disorders have higher risk of developing other diseases, and death. Identifying children with nutritional disorders and treating them can help prevent many severe diseases and deaths. Stunting is common among this age group especially children from families with low income in rural communities and urban slums.



## HISTORY

How long has the child been losing weight?

Has the child been having diarrhea or vomiting (and for how long?)

Does the child have cough?

Does the child have fever?

Has the child been eating well?

What food is the child eating? (Probe type of food for a 24 hour period)

Has the child been ill recently of Measles, Diarrhea, Prolonged cough. etc

Has the child recently passed worms?

Social History:

Does the mother work outside the home?

Who takes care of the child?

How many other children are in the family?

How much do the mother and father earn?

Does the child live with the parents? If not, whom does he live with and why?

Are the parents separated or divorced?





## EXAMINATIONS



**General appearance:**  
listless, irritable, alert,  
wasted, Oedematous,  
weak



**Hair:**  
colour, texture,  
quantity



**Skin:**  
peeling, sore, rashes,  
dark and white patches  
on legs



**Hydration status:**  
fontanelle, eyes,  
mouth, skin



**Eyes:**  
pallor, cloudy, cornea or  
foamy patches on white  
of the eye



**Ears:**  
discharge, red  
drums



**Mouth:**  
sores, thrush, cracked  
lips



**Neck:**  
enlarged lymph  
nodes



**Chest:**  
fast breathing, lower  
chest indrawing,wheeze



**Heart:**  
rate, rhythm and  
murmurs



**Abdomen:**  
masses, enlarged spleen



**Legs:**  
cedema, muscle  
wasting.



**Temperature and pulse:**  
check and record



**Urine:**  
test for protein and  
record



**Weight and height:**  
check and record



Child has poor weight gain with any of the following :  
Severe wasting, Oedema of hands and feet ,White spot or cloudy cornea  
Severe pallo

REFER urgently

## II. Poor weight gain

Give Tab. Pyrantel pamoate tablet 3 stat.  
Tab. Folic acid 5mg daily for 2 weeks  
Tab. Vitamin B complex 1 tab 8hourly for 7 days  
Tab. Ferrous sulphate 200mg (60mg elemental iron) 8hourly for 7 days  
Give micronutrient powder if available (see annex for proper use)  
Review weekly for one month and monthly subsequently  
If gaining weight satisfactorily:  
Explain findings to mother  
Nutritional counselling  
Arrange for:  
Home visit weekly  
Discuss with family  
If no improvement, REFER appropriately

## III. Child continues to lose weight Failure to gain weight for more than one month, with or without loss of appetite

Give multivitamin  
Nutrition counseling  
Give micro nutrient powder if available (see annex for proper use)  
Ask of recent illness  
Give Pyrantel pamoate tablet 3 stat  
Review weekly for one month  
If no improvement, REFER



Alert and appears healthy



not pale, active, growth graph flat

#### IV. Child's weight is low for age on first child visit. (small for age) Child appears healthy

Explain findings to mother  
Nutrition counseling  
Give multivitamin  
Give micro nutrient powder if available (see annex for proper use)  
Give Tab. Pyrantel Pamoate 3 tabs stat

#### V. Persistent loss of weight for 3 months with or without intermittent diarrhoea, Sore mouth, skin rashes, may or may not have cough

Treat opportunistic infections  
REFER for further investigation, HCT 



## HEALTH EDUCATION

### Advise Parent/Caregiver on:

- Proper Nutrition
- Periodic deworming
- Personal, food and Environment hygiene
- Use of LLINs
- Regular clinic attendance and weight measurement
- Importance of taking home-based records to the clinic or hospital.



### 3.11 MEASLES-TYPE RASH

Measles is an acute viral infection characterized by the appearance of rashes in little groups made up of macules (flat spot) and papules (raised spots). It begins with high fever, cough, catarrh, and redness of eyes and mouth. The mouth may later become sore and rashes appear on the whole body after the fourth day of onset. The child may also get other serious illness like pneumonia, diarrhoea, or malnutrition at the same time or soon after the child has had the disease. It is a serious illness because it can easily lead to complications especially in poorly nourished children.



## HISTORY

How long has the child been ill?  
Does the child have a fever?  
Does the child have cough?  
Is it a barking cough? Is there runny nose?  
What food is the child taking? Is the child refusing to feed?  
Is there diarrhoea? Vomiting? (If so, may be force-feeding)  
Has any medicine or treatment been given?  
Are there any other children in the family under 2 years who have not been immunized for measles?  
Are there children in the neighbourhood with the same complaint?



## EXAMINATIONS



**General appearance:**  
alert, abnormally sleepy, or difficult to wake, unconscious, ill-looking or thin



**Skin:**  
rash, peeling, infected spots, haemorrhagic rashes



**Chest:**  
a). respiratory rate, lower chest indrawing  
b). wheeze, stridor



**Eyes:**  
red, purulent discharge, or sensitive to light (eyes closed), cloudy



**Ears:**  
bulging, discharging pus or fluid, perforation of eardrum, redness



**Nose:**  
runny, discharge



**Mouth:**  
a). sores, Koplik's spots, thrush  
b). throat-inflamed tonsils, purulent exudates

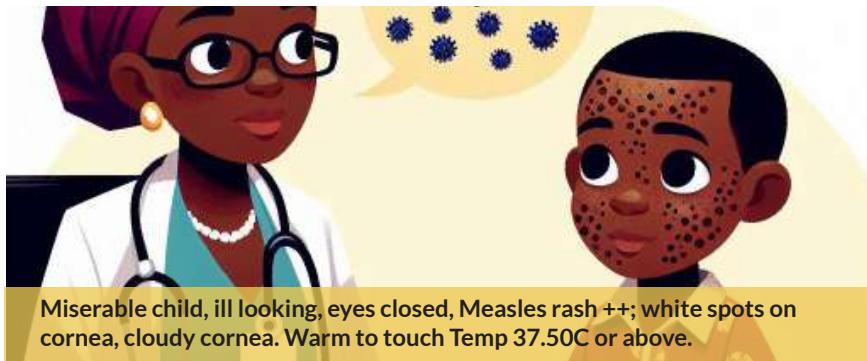


**Hydration status:**  
sunken eyes, dry mouth and skin



**Weight:**  
weigh and chart

**Temperature, and Pulse: check and record**  
**Conduct RDT Test**



Miserable child, ill looking, eyes closed, Measles rash ++; white spots on cornea, cloudy cornea. Warm to touch Temp 37.50C or above.

### Measles with white spot on cornea cloudy cornea poor vision

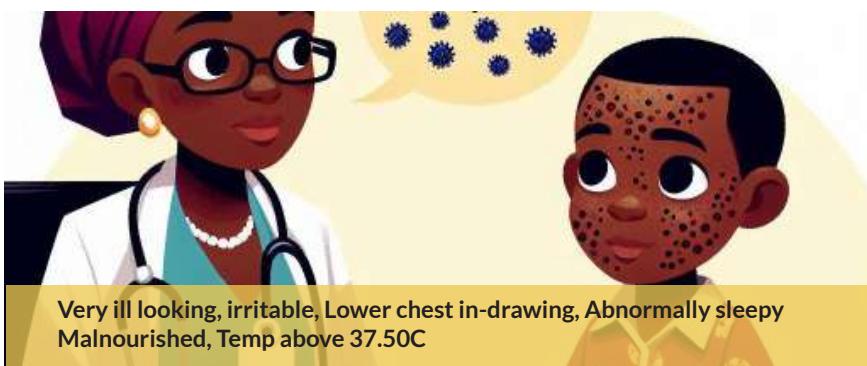
Counsell on the importance of going to the hospital (HCF)  
Give Cap. Vitamin A 200,000 IU  
Calamine lotion when necessary (PRN)  
Give Tab. Amoxicillin 250mg 8hourly for 7days  
Chloramphenicol eye ointment 6hourly  
REFER accordingly



III-looking,, Temp. above 37.50C,, tender swelling behind the ear

### II. Measles with tender swelling behind the ear with fever

If RDT is positive treat for uncomplicated malaria with ACT  
Give Cap. Amoxicillin 250mg stat  
Tab. Vitamin C 100mg 8hourly for 1 week  
Give Tab. Paracetamol 250-500mg stat  
REFER immediately



Very ill looking, irritable, Lower chest in-drawing, Abnormally sleepy  
Malnourished, Temp above 37.50C

### III. Measles with any of the following : Lower chest in-drawing Convulsion Inability to drink Difficulty in sleeping, weakness

If RDT is positive give pre-referral treatment for malaria  
IM Artesunate 2.4mg stat OR IM Quinine 10mg/kg stat OR IM Artemeter  
3.2mg stat or Artesunate suppository  
3.REFER urgently



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Proper nutrition
- Personal and food hygiene
- Other rashes that can be mistaken for Measles
- Importance of nutritious food.
- Clean eyes with clean water
- Importance of taking home-based records to the clinic or hospital.



## 3.12 SKIN DISEASES

Skin diseases are conditions that affects the skin. It may be due to poor hygiene, allergy, malnutrition, poor housing condition as well as the environment. Some rashes can easily spread to other members of the family therefore, early referral and correct treatment is important for the welfare of the whole family. Some skin diseases affect the external skin (ringworm) or affect the skin internally (pyoderma). Others affect many parts of the body systems and are generally more important (measles, leprosy, diabetes, HIV/AIDS, Jaundice). Others are scabies, eczema, tinea vesicular, vitiligo, athletes' foot, urticaria and contact dermatitis



## HISTORY

How long has the rash been there? Does it itch?  
Is the child scratching?  
Are there any other symptoms?  
Fever, cough, headaches, difficult breathing, sore throat?  
Has the child eaten any unusual foods?  
Does anyone else in the family have a similar rash or skin problem?  
How often do you bathe the child?  
Where and with whom does the child sleep?  
What medicine (including injections or home treatment) has the child been given lately?  
Has the child been passing excessive urine?  
Has the child been having excessive thirst?



## EXAMINATIONS



**General appearance:**  
thin, malnourished,  
distressed/  
uncomfortable.



**Skin:** a) location, distribution  
and size of lesions b). colour  
of rash or lesions c). lesions  
or rash: flat (macules), raised,  
pus or fluid-filled, weeping,  
crusted, ulcerated, scratch  
marks or  
=d). combinations of (a) to (c)



**Ears:**  
red or discharging



**Eyes:**  
redness,  
discolouration of  
eyelids (dark-due to  
repeated scratching)



**Mouth:**  
redness, discolouration  
of eyelids (dark-due to  
repeated scratching)



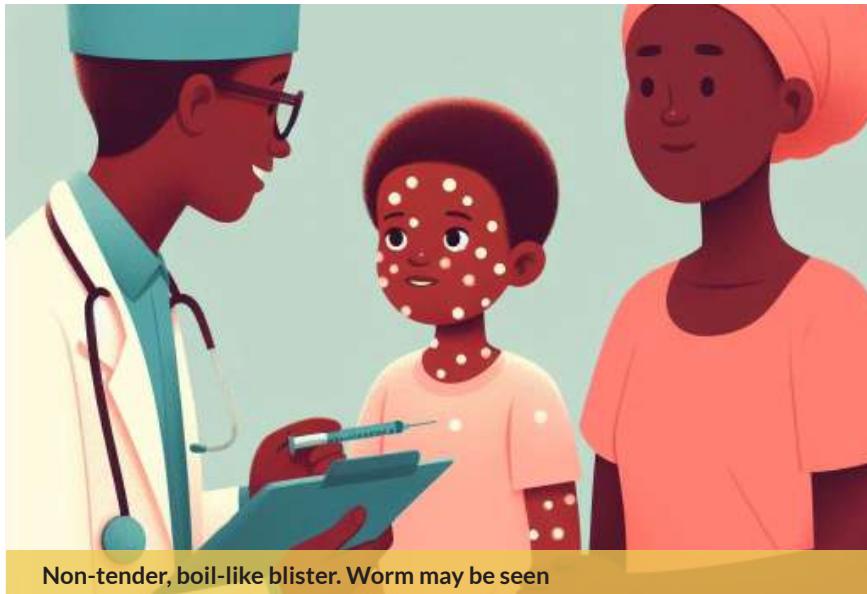
**Chest:**  
respiratory rate,  
wheeze



**Temperature:**  
check and record

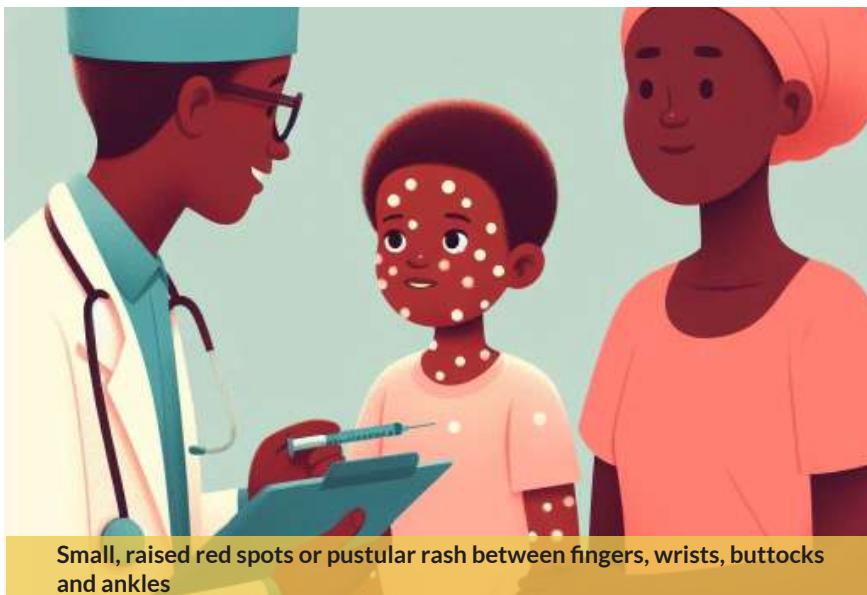


**Urine;**  
sugar, colour



#### I. Painful boil-like blister particularly in the lower limbs. History of other members of household with similar blister

Give Tab. Paracetamol 250-500mg 8hourly for 2 days  
Clean and dress the wound with Cicatrin powder daily.  
Tab. Vitamin C 100-200 mg 8hourly for 7 days  
Gently wind worm on a stick  
Ensure compliance with Health Education in conjunction with Village Head  
Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Since eggs may survive, a second treatment may be necessary if client shows no clinical improvement after 1 week.



#### II. Very itchy skin rash

Bathe daily with medicated soap for 1 week  
Paint the entire body except the scalp, hair and face with Benzyl Benzoate lotion (25%) at night for 5 days.  
Additional weekly treatments are warranted only if live mites are present.  
All household contacts of clients should be promptly treated.  
Give Cap. Amoxycillin 250mg 8hourly for 5 days  
Apply Benzyl benzoate when sores are dry  
Decontamination of articles Advise client to boil/wash clothing, beddings, towels in hot water and iron, used by client and family wash and dry materials in the sun and iron if possible.  
Review in 1 week



### III. History of painful lump or swelling on any part of the body.

Give Cap. Amoxicillin or Cloxacillin 250mg 6hourly for 5 days. Tab. Paracetamol 250-500mg 8hourly for 3days

Warm compress 8hourly until ready to drain

Incise and drain abscess when fluctuant

Daily cleansing and dry dressing when back in the community



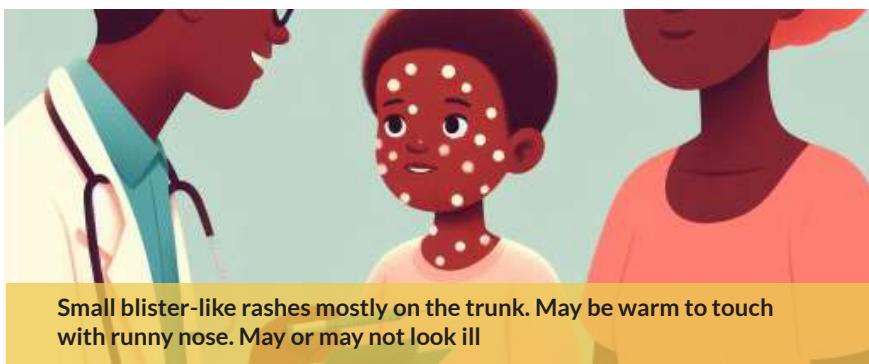
### IV. Flat itchy, dry patches on scalp or trunk.

Examine the rest of the family for similar problems

Apply Whitfield Ointment for 4 - 6 weeks

If no improvement, give Tab. Griseofulvin 125mg daily for 14 days.

If no improvement, REFER 



### v. Rashes, may or may not have fever, or look ill

Give Tab. Paracetamol 250-500mg 8hourly for 3 days

Give Cap. Vitamin A 200,000 I.U. daily for 2 days.

Apply calamine lotion

Encourage fluid intake especially fruit juice.

Give Tab. Promethazine 12.5mg stat then, PRN

Review in 3 days

If no improvement, REFER to the hospital



Thickening discolouration of the skin Scratch mark; Skin changes with severe itching, especially at night with or without skin nodules (Onchocera nodules)



Raised lesion of the skin; Scratch mark;



Small light patches not raised, not itchy, on the face, back etc

#### VI. Severe itching with skin changes which disturbs sleep at night

Give Cap. Amoxicillin or Cloxacillin 250mg 6hourly for 5 days. Tab. Paracetamol 250-500mg 8hourly for 3 days  
Warm compress 8hourly until ready to drain  
Incise and drain abscess when fluctuant  
Daily cleansing and dry dressing when back in the community

#### VII. Itching of the skin followed by raised red lesion which disappears after some time

Investigate cause of rash  
Tab. Chlorpheniramine (Piriton) 2-4mg 12hourly for 3 days  
Review in 3 days  
If no improvement, REFER 

#### VIII. Small light patches not raised, with or without itching

Miconazole ointment for 4 - 6 weeks  
If itchy, give Tab. Chlorpheniramine 2-4mg 12hourly for 3 days  
Personal hygiene and care of clothing



#### IX. History of very itchy scalp and pubic area

Examine the rest of the family for similar problem  
Apply 100% Gamma Loroxane lotion or shampoo  
Apply to scalp close to roots of hair.  
Shave pubic hair  
Wash and fine comb hair after 24 hours  
Repeat treatment in one week



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Personal hygiene; use of disinfectants
- Discourage sharing of underwear and clothes
- Importance of washing and ironing of clothes (emphasis on not spreading clothes on grass and other inappropriate places)
- Proper Nutrition
- Roles of water in skin infection (protection and treatment of water sources e.g ponds with insecticide - Abate)
- Overcrowding and transmission of skin infections
- Care of beddings.
- Importance of taking home-based records to the clinic or hospital



### 3.13 OEDEMA

Oedema is the abnormal collection of fluid in the tissues resulting in swelling of the affected part of the body. It could be generalized or localised e.g. one foot or finger. Generalized oedema is most noticeable on the parts of the body which are lowest at that time e.g. legs when standing. Causes include congestive heart failure, severe anaemia, kidney and liver diseases and kwashiorkor. Oedema may also be the result of a reaction to toxin, drugs and insect sting. Ascites, which is fluid in the abdominal cavity, may also occur.



## HISTORY

How long has the child had the swelling?  
Has the child ever had this swelling before?  
Is the swelling painful?  
Was the child bitten by an insect?  
Is there itching?

Is there cough?  
Is there any problem with urination?  
Does the child eat well? What foods?  
Has any medication been given If yes, what?  
Is there any other problem?



## EXAMINATIONS



**General appearance:**  
pale, lethargic, puffy,  
distressed.



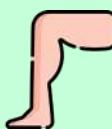
**Head:** a). hair-colour, texture  
b). face-oedema, particularly  
around eyes  
**Chest:** a). difficulty in  
breathing  
b). creps or dcreased breath  
sounds **Heart:** murmur, rate



**Eyes:**  
pallor, jaundice



**Abdomen:**  
swelling,  
tenderness,



**Limbs:**  
swelling, pitting oedema,



**Urine:**  
colour, cloudiness,  
protein, volume,



**Weight:**  
weigh and chart



**Temperature, Pulse  
and Respiration:**  
check and record



**Haemoglobin:**  
estimate and record



Jaundice, wheezing, stridor or fast breathing

#### i. Swelling of limbs and/or face with yellowness of eyes

Place in cardiac position  
REFER immediately



Swollen feet (pitting) and/or face Protein or blood in urine

#### IV. Flat itchy, dry patches on scalp or trunk.

REFER immediately



Swollen legs, urticaria rash Itching

#### III. Swelling of limbs and/or face with itching, with or without allergic reaction to toxins drugs, stings or some food

If no respiratory distress, give IM.  
Hydrocortisone 50 - 100mg immediately (stat)  
Observe for 4-6 hours  
If no improvement, REFER



Pallor, Swollen legs and face, breathlessness Fast heartbeat with or without fever Hb < 10g/dl

#### IV. Swelling of legs and/or face

REFER Immediately 



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Management of oedema (postural)
- Relationship between infection, anaemia and heart failure.
- Proper Nutrition.
- Environmental sanitation.
- Importance of taking home-based records to the clinic or hospital.



## 3.14 BURNS AND SCALDS

Burns are injuries to the body (skin) caused by fire or hot liquid. Burns are dangerous because it could lead to severe pains and shock resulting from loss of large amount of body fluids. The area of body surface affected is important in deciding the degree of a burn. The chart below shows approximately the proportion of total body surface area affected.

S/N	Rule of nines for burns (William, 2023)	Percentage of Body Surface
1.	Head and neck	9%
2.	Chest	9%
3.	Abdomen	9%
4.	Upper back	9 %
5.	Lower back	9%
6.	Right arm	9%
7.	Left arm	9%
8.	Genital area	1%
9.	Left leg	18%
10.	Right leg	18%
<b>Total</b>		<b>100%</b>



## HISTORY

How did the child get burnt? And with what?

When did it happen?

Has any medication been given or applied since then?

Has the child been urinating since the burn?

Has the child been immunized against tetanus?



## EXAMINATIONS



**General appearance:**  
restless, distressed,  
dehydrated,  
unconscious  
Temperature, Pulse  
and Respiration:  
check and record.



**Chest:**  
respiratory distress,  
wheezing, stridor



**Skin:**  
a). size and area of  
burns, blisters, leathery  
areas with no sensitivity  
to pinprick  
b). signs of infections-  
pus, redness, warmth



**Burns of 9% or more with any of the following involved:** Face, hands, groin or joints, Lethargic, without sensation or hoarse voice, has not passed urine since burn and sign of shock (weak, thready pulse and cold extremities, low BP)

### I. Burns / scalds

Give IM. T.T. 0.5ml, if not recently immunized  
REFER immediately.

If referral is difficult, give Ringers Lactate I.V. one third of the total amount (500ml) 8 hourly and Darrows half strength with 5% dextrose

Tab. Vitamin C 200mg 8hourly for 7 days

Apply Vaseline gauze

Give IM. Amoxycillin 250mg 8hourly for 2 days, then convert to oral.  
DO NOT GIVE ORAL ANALGESIC, If BURNS ABOVE 10%



**Less than 9%; no blisters, lethargic; no involvement of face, hands, groin or joints**

### II. Burns / scalds

Vaseline gauze dressing  
Tab. Phenobarbitone 30mg 12hourly for 3 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
IM. Tetanus Toxoid 0.5ml, if not previously immunized in the last 18 months;  
Review daily until well.  
Tab. Vitamin C 100mg 8hourly for 7 days.



Less than 9% with blisters, no lethargy, involvement: face, hands, groin or joints

### III. Burns/ scalds

Paint with Gentian violet; Vaseline gauze dressing  
Tab. Phenobarbitone 30mg 12hourly for 3 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Cap. Amoxicillin 250mg 8hourly 5 days  
Tab. Vitamin C 100-200mg 8hourly for 7 days  
IM. Tetanus Toxoid 0.5ml immediately (stat); if immunized in the last 18 months  
ORS Liberally  
Review daily until well



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Prevention of burns/scalding
- Personal hygiene
- Prevention of burns
- Proper Nutrition
- Compliance with treatment
- Importance of taking home-based records to the clinic or hospital



## 3.15 WOUNDS, SORES, ULCERS, FRACTURES AND VARIOUS BITES/ STINGS

Children can have wounds, sores, ulcers and various bites similar to adults. They are prone to accidents both in the home and outside the home particularly when they go to school.



## HISTORY

.How did it happen?  
When did it happen?  
Was there any bleeding? If yes, how much?  
What have you applied on the wound? 5. Can the child move the area? What immunization has the child taken?



## EXAMINATIONS



**General appearance:**  
in pain



**Signs of shock:**  
cold, clammy, pale



**Wound:** size,  
bleeding, dirt, or  
foreign body, pus,  
swelling, redness



**Temperature, Pulse  
and Respiration:**  
check and record



**Haemoglobin:**  
Check and record



### I. Injury, Pain

If bleeding, stop by applying pressure  
Immobilize limb (splint)  
Give IM. TT 0.5ml, if not immunized  
Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Ibuprofen 200mg 8hourly for 3 days  
Tab. Vitamin C 100- 200 mg 8hourly for 7days  
REFER appropriately

### II. Wound as a result of injury

Clean with available antiseptic lotion  
Stop bleeding by pressure  
Suture and dress wound  
Give IM. Tetanus Toxoid (T.T.) 0.5ml, if not immunized, if wound is less than 24 hours, apply sutures, Check Hb  
Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3days  
Tab. Vitamin C 100-200mg 8hourly for 7 days  
Review the next day then at 1 week to remove sutures  
Ask to return in 6 weeks for 2nd dose of T.T.



### iii. Wound as a result of injury

Clean with available antiseptic lotion  
Stop bleeding by pressure  
Give IM. TT 0.5ml, if not immunized, if wound is less than 24 hours, sutures,  
Check Hb  
Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3days  
Tab. Vitamin C 100 - 200mg 8hourly for 7 days  
Review the next day then at 1 week to remove sutures  
Ask to return in 6 weeks for 2nd dose of T.T.

### i.v Wound as a result of injury

Put pressure on site for 10 minutes, if slowing, observe and maintain pressure for 1 - 2 hrs  
If bleeding does not stop and wound is less than 24hrs, suture  
If more than 24hrs, Clean with available antiseptic lotion  
Stop bleeding by applying pressure  
Give IM. TT 0.5ml, if not immunized,  
Check Hb  
IM. Amoxicillin 250mg stat then Cap. 250mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Vitamin C 100-200mg 8hourly for 7 days  
Review the next day then at 1 week to remove sutures  
Ask to return in 6 weeks for 2nd dose of T.T.



#### V. Bleeding from circumcision

Apply pressure on site for 10mins  
If slowing down, observe and maintain pressure for 1-2 hrs  
If bleeding does not stop, REFER immediately  
Teach mother how to apply pressure enroute referral facility



#### VI. Dog Bite

Wash wound with soap under running water  
Advise parents to observe dog for 10 days and report any changes in the dog's behaviour or death  
Anti -Rabies injection according to manufacturers instructions, If not available REFER)  
Give IM. Tetanus Toxoid 0.5ml, if not previously immunized.  
Dress wound daily;  
If dog is alive after 10 days, stop anti-rabies injection  
. Review daily.



## VII. Snake bite

Apply crepe bandage above site, but do not use as tourniquet  
Keep client, calm and clean the area thoroughly with copious soapy water.  
Give anti-snake venom (read and follow manufacturers instruction)  
If not available, REFER  
Give hydrocortizone  
Give IM. TT 0.5ml if not immunised  
Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3days  
Review in 5 days  
If there is complications such as bleeding from orifices or Cardiovascular manifestations, REFER immediately

## VIII. Scorpion sting

Tab. Paracetamol 250-500mg 8hourly for 3days  
Lignocaine 5ml stat directly on the site of sting  
Give Cap. Cloxacillin 250mg 8hourly for 5days  
Cold compress  
Review within 24 hours



#### IX. Human bite

Clean wound well  
If more than 4cm suture  
Give Cap. Cloxacillin 250Mg 6hourly for 5days  
Dress daily  
Review after 3 days



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Protection from bites/stings
- Personal hygiene
- Importance of compliance with treatment
- Proper Nutrition
- Environmental Sanitation
- Importance of taking home-based records to the clinic or hospital



## 3.16 HEAD DISORDERS

The head contains the brain, the organs for the senses of hearing, sight, smelling and tasting. The bones of the head are very strong but sometimes a serious head injury may be caused by a fall or a blow to the head. Other head problems include infestation with lice, dandruffs and headaches. Injuries and infections to the head are of great danger because of the large blood vessels and nerves which it contains and the possibility of damage to the brain.

Some signs of serious head injury are bleeding from the nose, mouth or ears, severe headache or unconsciousness. There also may be vomiting or the client may be confused. Any delay in referring a client with a head injury for proper medical treatment may cause permanent injury, damage or death..



## HISTORY

What is the problem?  
Has he fallen or hit his head? When?  
If he has had an injury, has he been drowsy?  
Has he vomited? How many times?  
Does he have a headache?  
Has he convulsed?  
Is he playing and behaving normally for his age as he usually does?



## EXAMINATIONS



**General appearance and behaviour:** dull, abnormally, sleepy, or difficult to wake, restless, delirious or unconscious



**Head:**  
a). circumference,, shape  
external injuries, sores, or rashes  
  
swellings or depressions



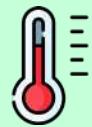
**Neck:**  
stiffness



**Eyes:**  
haemorrahage,  
pupils size (equal or unequal), reaction  
to light, vision,  
jaundice



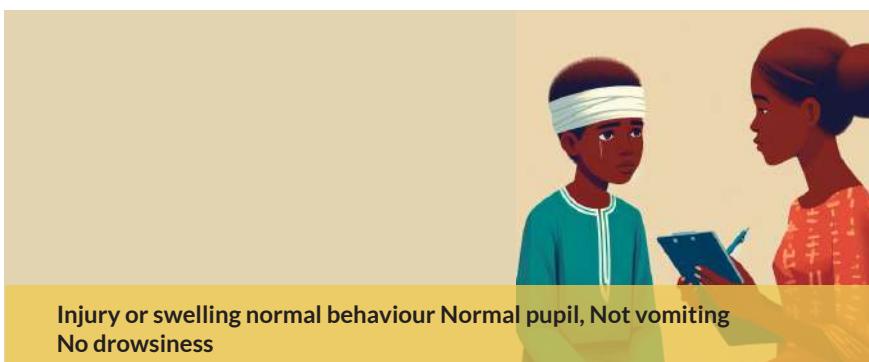
**Gait:**  
steady or unsteady



**Temperature, Pulse and Respiration:**  
check and record.



**Haemoglobin:**  
check and record



### I. History of trauma to head, abnormally sleepy or difficult to wake, vomiting

Immobilize the patients head and neck  
Refer immediately

### II. Headache with vomiting, fever, neck stiffness

IM Benzyl Penicillin 3 cc (300,000 unit) stat  
2. Refer immediately

### III. Injury to head with a small external swelling

Explain findings to mother  
Tab. Paracetamol 250-500mg 8 hourly for 3 days  
Apply cold compress  
Treat local injury  
Review after 24 hours  
Advise mother to return child if worse, becomes drowsy, start vomiting, show any strange behaviour  
If no improvement; REFER



Bossing of forehead

#### IV. Bulging forehead

Tab. Folic acid 5 mg daily for 2 weeks  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Refer 



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Proper care of child
- . Prevention of home and road accidents
- Prevention of head injuries
- Importance of the use of car seat belt and helmet
- Genetic counseling
- Importance of taking home-based records to the clinic or hospital



## 3.17 NECK DISORDERS

Neck problem is the presence of enlarged nodes and lumps around the neck. There could also be stiffness of neck. These are usually caused by infection of ears, mouth or on the scalp, tuberculosis, leukemia (cancer of the blood), meningitis, other childhood malignancies, swollen neck glands or goiter



## HISTORY

How long has the child had the problem?  
Is there weight loss or loss of appetite?  
Is there fever or sore throat?  
Is there excessive sweating at night?  
Is there headache? Earache?  
Is there pain or vomiting?  
Is the child restless or hyperactive?  
Has the child convulsed?



## EXAMINATIONS



**General appearance:**  
pale, thin, or wasted



**Head:**  
sores or abscess



**Mouth:**  
a). condition of teeth  
sores  
tonsils



**Ears:**  
discharge, red  
or bulging or  
perforated ear drum



**Neck:**  
stiffness, nodes, lumps,  
glands



**Chest:**  
stridor



**Temperature, Pulse and  
Respiration:**  
check and record



### I. Stiffness of neck with history of a fall and no Fever

Support the neck  
IM Paracetamol 300mg stat  
REFER appropriately 



### II. Neck pain with Fever, with or without vomiting, no history of neck injury

If Kerning's signs is positive, IM Benzyl Penicillin 3 ml (300,000 IU) stat  
REFER immediately 



### III..Injury to head with a small external swelling

REFER 



#### IV. Neck pain with Fever

Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
REFER immediately 



#### V. Swelling of both sides of the neck.

Tab. Paracetamol 250-500mg for 3 days  
Encourage fluids, Saline mouth wash, Explain finding - to mother, If male, advise on rest  
Tab. Vitamin C 100 – 200mg 8hourly for 7days  
Review in 3 days  
If no improvement, refer to the hospital.



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Prevention of neck injuries
- Prevention of transmission to others
- Complications of mumps in males
- Oral hygiene
- Importance of taking home-based records to the clinic or hospital



## 3.18 EYE DISORDERS

Eye problems, especially redness and discharge are commonly caused by injuries, chemicals e.g. soap and infections. The health worker must however be careful not to treat all eye conditions as if they were caused by infection. There are other more serious conditions such as pain and problems with vision which if missed, may lead to blindness e.g. lack of Vitamin A. Visual problems require correction. Cataract occurring in children may be a manifestation of Rubella infection



## HISTORY

What is the matter with his eyes?  
How long has he had the problem?  
Has he had it before?  
Did the problem come suddenly or gradually?  
Is there a great deal of pain in the eye?  
Does he rub eye or hold it?  
Did anything enter his eye?  
Did the mother or anyone else put something in his eye? What was it?

Has any medicine been put in his eye? If so, what medicine?  
Does the child have runny nose and cough? (think of measles)  
Does the child have severe prolonged bouts of coughing (think of whooping cough)  
Does any one else in the family have the problem?  
Is he receiving treatment for any other disease?  
Does he take palm oil or eat carrots, fresh mangoes pawpaw tomatoes?  
Do you think the child sees?



## EXAMINATIONS



**General appearance:**  
in pain, ill, thin,  
wasted.



**Skin:**  
rashes, scratch marks?



**Eyes:**  
(a) Redness. where is the  
redness: (around the edges,  
in a circle at a colored part, all  
over or bleeding  
into white part of eye?).  
(b) tears  
(c) swelling around the eye(s)  
pus or other discharge.



**Nose:**  
discharge.



Injured white part of eye(s)

### I. Injury to eye ball with sharp object

Apply eye pad.

IM Gentamicin 3mg/kg stat Apply Gentamicin eye drops

Refer immediately to see an Ophthalmologist in the hospital



Painful watery eyes

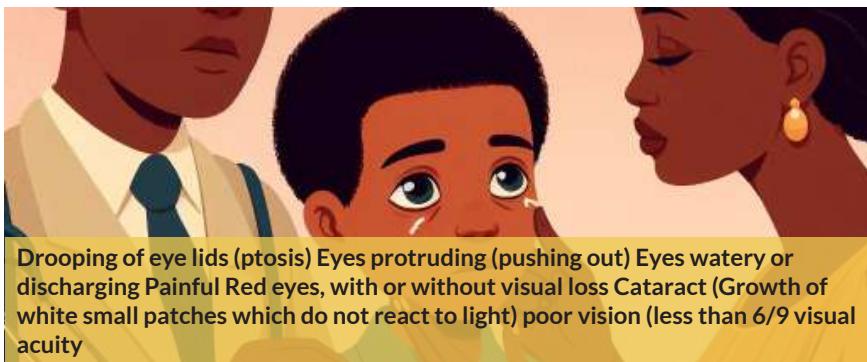
### II. Injury to eye ball as a result of burns, Hot water or chemicals

irrigate eye (s) with saline water immediately;

Apply Gentamicin eye drops

Reassure parents/caregivers

Refer immediately to hospital



Drooping of eye lids (ptosis) Eyes protruding (pushing out) Eyes watery or discharging Painful Red eyes, with or without visual loss Cataract (Growth of white small patches which do not react to light) poor vision (less than 6/9 visual acuity

### III..Injury to head with a small external swelling

Explain condition to parents/caregivers

Refer immediately to an Ophthalmologist in a hospital





Pustule or small abscess on eye lid



Watery eyes; Restlessness, May see foreign body, impaired vision, eyes may be red.



White bubbly material seen at corner of eye(s)

#### IV. Painful swelling of the eye lids

Warm compress to eye.  
Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250 -500mg 8hourly for 3days  
Chloramphenicol eye drops 8hourly  
Review in 3 days.  
If no improvement, refer to an Ophthalmologist in a hospital

#### V. Foreign body in the eye with pain

Irrigate with Saline  
Tab. Paracetamol 250-500mg 8hourly for 3days  
Give Gentamicin eye drops  
Cover eye with pad;  
Refer immediately to an Ophthalmologist

#### VI. White bubbly material at corner of eye or dry eye(s)

Cap. Vitamin A 200,000 IU for 2 doses  
Encourage consumption of coloured (yellow/red) fruits, green leafy vegetables and palm oil;  
Refer to an Ophthalmologist for proper assessment.



#### VII. Sticky eye(s) or red eye(s); no pain, normal pupils and vision

Saline bath to eye 3 times a day.  
Chloramphenicol eye drops  
Review in 3 days.  
If no improvement, Refer to an Ophthalmologist



## HEALTH EDUCATION

- Personal, food and environmental Hygiene
- Prevention of eye injuries
- Eye Care
- Nutrition Counseling
- Regular eye check up
- Importance of taking home-based records to the clinic or hospital.



## 3.19 EAR, NOSE AND THROAT DISORDERS

### Ear Disorders

Ear problems are diseases affecting the ear and are commonly caused by middle ear infection; usually with pain in the ear, dullness or redness of the ear drum sometimes with perforation and drainage of pus or fluid. It is important to examine the bone behind the ear (mastoid bone), because if this is tender to touch, it may mean that the child has mastoiditis. This is a danger sign. The other major complication is deafness which can be tested by clapping your hands behind the child to see if he will turn and look.

### Nose Disorders

The nose is the organ for breathing and for the sense of smell. Disease or injury in the throat or sinuses can affect the nose. This could bring about watery discharge, mucous blood or pus from the nose. Also, injury to the nose can affect the throat. The health worker should think of a foreign object if there is discharge from only one side of the nose.

### Throat Disorders

A red throat may be caused by infection. It may be combined with nasal congestion and middle ear infection especially in young children. The tonsils normally enlarge during childhood, but unless they show signs of difficult breathing or inflammation, no treatment is needed.



## HISTORY

Does the child have hearing problems?  
Is there any discharge from the ear?  
Has the child had any ear surgery.?  
Is there any family history of deafness?.  
Does the child have runny nose?  
Is there any bleeding from the nose? If yes, for how long?  
Has the child had it before?  
Is the child able to swallow food or fluids?  
Has the child received any injection or medication recently? If yes, what is the name? Ototoxic drugs (antibiotics (eg gentamicin), diuretics, cytotoxics).  
Has the child been exposed to loud noises recently? Exposure to noise (eg pneumatic drill or shooting).  
What treatment have you given to the child for this condition?





## EXAMINATIONS



**General appearance:**  
well, ill-looking, pale



**Nose:** watery  
discharge, mucus,  
blood, pus, any  
visible swelling,  
deformity, or foreign

### Throat: pus or redness



**General appearance:**  
ill-looking, irritable



**Head:**  
tenderness over  
bone behind the ear  
(mastoid)



**Ear:**  
a). condition of canal  
pus or blood, perforated  
drum foreign body  
d) red or bulging drum



**Test for hearing:**  
clap

### Throat: pus or redness



**Neck:**  
stiffness



**General  
appearance:**  
distressed, pale,



**Head:**  
tenderness over bone  
behind the ear(mastoid)



**Throat:**  
pus or redness.,  
enlargement of  
tonsils



**Neck:**  
nodes, swellings



**Ear:**  
discharge, redness  
or bulging drum



**Temperature, Pulse and  
Respiration:**  
check and record.

Conduct RDT Test



Bleeding from ear Stiffneck Dull ear drum Warm to touch (Temp > 37.50C)



Tender swelling behind the ear Dull ear drum Warm to touch (Temp > 37.50C)



Pus draining from the Ear Dull ear drum with or without perforation Warm to touch (Temp > 37.50C)

### I. Ear pain with history of foreign body with bleeding or Neck Stiffness

IM. Diclofenac 30 – 50mg immediately (stat)  
Give First dose of IM. Amoxicillin 250mg stat  
Refer appropriately

### II. Pain behind the Ear

Cap. Amoxicillin 250mg stat  
Tab. Paracetamol 250-500mg 8hourly for 3days  
REFER urgently

### III. Ear pain with discharge for less than 14 days with or without fever

(AA)  
Cap. Amoxicillin 250mg 8hourly for 5days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tabs Vitamin C 100mg 8hourly for 5 days  
Review in 5 days  
If no improvement, REFER



#### IV. Ear pain with discharge for more than 14 days with or without fever

Cap. Amoxicillin 250mg 8hourly for 5days  
Explain condition to mother  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Review in 5 days  
If no improvement, REFER



#### V. Boil in ear

Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Review in 3 days  
If no improvement, REFER



#### VI. Difficulty in Swallowing

IM Amoxycillin 250mg stat, Continue with Cap. Amoxicillin 250mg 8hourly for 5 days  
REFER immediately.



Enlarged red tonsils with pussy exudate with or without tender lymph nodes in the neck

#### VII. Pain in the throat difficulty with swallowing

Give Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Vitamin C 100mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Gargle with salt water 4 times daily if able  
Review in 3 days  
If no improvement REFER



Pus from nose tenderness Smelly discharge

#### VIII. Pain on either side of the nose and Headache

Tab. Co-trimoxazole 480mg 12hourly or Cap. Amoxicillin 250 mg 8hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Chlorpheniramine (Piriton) 2-4mg 12hourly for 3 days  
Tab. Vitamin C 100 – 200mg 8hourly for 7 days  
Review in 3 days  
If no improvement refer



Evidence of bleeding

#### IX. Bleeding from nose

Teach mother to pinch side of the nose intermittently for 15 minutes  
Apply Adrenaline with gauze onto the nose  
Apply Cold Compress to nose for 30 minutes and re-examine  
If no improvement, REFER.



**Watery eye, Catarrh Warm to touch (Temp.> 37.50C)**

#### X. Stuffy nose, with or without Fever; Sneezing with or without watery eyes, exposure to dust or pollen

If RDT is positive, treat for uncomplicated malaria  
Tab. Chlorpheniramine (Piriton) 2mg 12hourly for 3 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Vitamin C. 100- 200mg daily 8hourly for 7 days  
Review in 3 days



**Sore throat with or without redness Tonsils not inflamed and no pus  
Warm to touch (Temp. > 37.50C)**

#### XI.Pain in the throat, Fever, inability to swallow

If RDT is positive , treat for malaria  
Give Cap. Ampiclox 250mg 6hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Vitamin C 100- 200mg 8hourly for 7 days  
Take fruits



**Boil can be seen**

#### XII. Boil in nose

Cap. Ampicillin 250mg 6hourly for 5 days  
Tab. Paracetamol 250-500mg 8hourly for 5 days  
Tab. Vitamin C 100 – 200 mg 8hourly for 5 days  
Review in 3 days, if no improvement, REFER 



### XIII. Foreign object or Polyp in the nose

Try to remove foreign body with blunt forceps  
If not removable, REFER.



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Prevention of infections
- Care of the ear and nose
- Management of throat problems (gargle and discourage uvulectomy)
- Proper Nutrition
- Personal hygiene
- Prevention of exposure to air pollution (fumes, dust and pollen)
- Discouragement of home removal of foreign body
- General child care
- Encourage intake of fruits
- Importance of taking home-based records to the clinic or hospital.



## 3.20 ORAL HEALTH PROBLEMS

Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.

The most common complaint is pain which may or may not be accompanied with swelling inside the mouth or on the face. The condition of the mouth is also a reflection of the client's general health, so it should be inspected as part of physical examination. Early recognition of oral problems with prompt attention or referral will reduce morbidity and mortality arising from otherwise simple disease condition.



## HISTORY

Where is the problem?  
Is there pain from teeth or gum?  
How long has it been noticed or present?  
Are you able to eat your regular diet?  
Does the pain increase with hot or cold drink or food?  
Does the pain keep you awake at night?  
Is there any bleeding from gum or other parts of the mouth?  
Do you notice bad or foul breath?  
What do you use for cleaning your teeth?  
How do you clean your teeth? How many times a day?  
Do you notice any sore in the mouth?



## EXAMINATIONS



**General appearance:**  
ill, facial swelling,  
malnourished  
emaciated



**Mouth:**  
a) sore, swelling, discharging,  
bleeding, white patches  
tongue: sore, coating,  
redness, fissures, smoothness,  
dryness lips: cracks  
corners, cracking and  
tenderness



**teeth:**  
carries, discolouration,  
tenderness,  
mobility, missing, plaque



**Temperature:**  
check and record.

**I. Slow or fast growing swelling of the jaws with or without pain**

Need to relieve pain, give Tab. Paracetamol 250-500mg 8hourly for 3days  
Refer to hospital 

**II. Ulcers in the mouth. Oral thrush, weight loss, bleeding gums with or without Skin rash**

Refer to the hospital 

**IX. Bleeding from nose**

Arrest bleeding by applying pressure  
Tab. Paracetamol 250-500mg immediately (stat)  
Refer to Dentist 



#### IV. Mouth Ulcer with fever with or without general weakness.

Ensure adequate fluid intake.  
Tab. Paracetamol 250-500mg 8hourly for 2 days.  
Cap. Ampicillin 250Mg 6hourly 5 days  
Tab. Metronidazole 200mg for 3 days  
Tab. Vitamin C 100–200mg 8hourly for 14 days  
Review in 5 days.  
If no improvement, refer to Dentist

#### V. Cracks at the corner of the mouth

Tab. Vitamin B Complex 8hourly for 2weeks  
Tab. Vitamin C 100- 200mg 8hourly for 2weeks  
Tab. Multivite daily 2 weeks  
Advise on diet  
Oral hygiene instruction

#### VI. Pains in the mouth that keeps patient awake at night with or without jaw swelling

Tab. Paracetamol 250-500mg 8hourly for 2 days.  
Gargle salt water  
Cap. Ampicillin 250Mg 6hourly for 5days  
Tab. Metronidazole 200mg 8hourly 3days  
Refer to Dentist 



#### VII. Severe Pain in the mouth that, keeps patient awake at night with or without jaw swelling

Tab. Paracetamol 250-500mg 8hourly for 2 days  
Cap. Ampicillin 250mg 6hourly for 5days  
Tab. Metronidazole 200mg 8hourly 3days  
Refer to Dentist 



#### VIII. Sharp pain in the tooth, Pain elicited by hot/cold foods

Explain condition  
Refer to Dentist for filling 



#### IX. Overlaping teeth

Refer to Dentist 



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Oral hygiene, emphasizing proper utilization of cleaning materials e.g. brush, chewing stick etc.
- Nutrition counseling
- Discouragement of uvulectomy
- prevention of accident
- Importance of taking home-based records to the clinic or hospital.



## 3.21 CHEST/HEART DISORDERS

A very rapid, low or irregular heart rate is always a serious sign. Blueness of the lips or fingers, clubbing of the fingers with difficult breathing are signs that the heart is not able to perform its function effectively. Congestive heart failure occurs when the heart becomes too weak to pump all the blood around and some of the fluid flows back into the lungs and retained in the abdomen and legs. Any history of shortness of breath should make health worker think of a heart disease.



## HISTORY

How long have you had the problem?  
Do you have cough, chest pain, or shortness of breath? If pain where? Does deep breathing or bending make it worse?  
Can you sleep flat or do you need several pillows at night?  
Do you sometimes have to get up at night to breath?  
If cough is present, do you bring up sputum? Colour? Any blood

in sputum?  
Do you eat well?  
Have you had any night sweating or weight loss?  
Does the pain/ discomfort start on exertion, made worse by exertion or even come at rest?  
Are you on any medication? If yes, what?



## EXAMINATIONS



**General appearance:**  
ill, in pain, thin, pale, cyanosed



**Neck:**  
nodes



**Chest:**  
a) respiration for rate, difficulty in breathing  
b) crepitations, bronchi wheezes, decreased breath sounds



**Heart:**  
rate, rhythm, murmur



**Abdomen:**  
tender liver, distension



**Legs:**  
oedema



**Temperature, pulse:**  
check and record



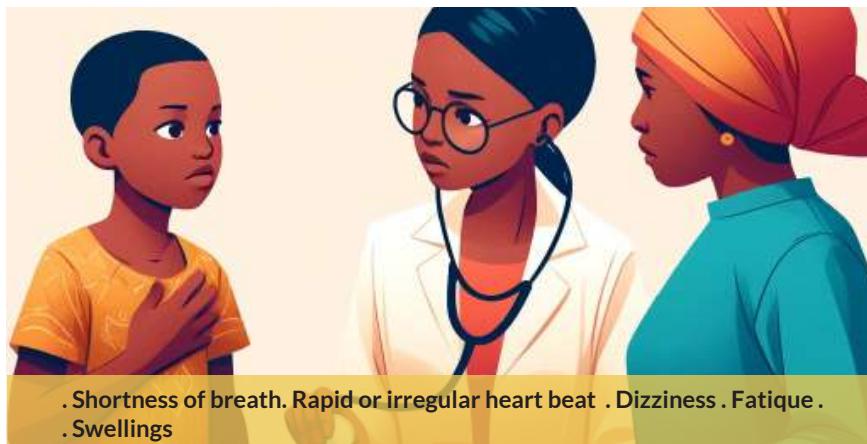
**Blood pressure:**  
measure and record



### 1. Chest pain in children with Adolescent

It should not be considered as normal ,think of :-

1. Heart
2. Lungs
3. Digestive system



### 2 Chest pain on exercises if associated with

calm the client down, encourage rest, put patient in Cardiac position  
If under Medication and encourage to take drugs  
If no response within few minute. Refer to hospital immediately



### 1. Shortness of breath, easily tired, blue lips or fingernails

Refer to hospital immediately in propped up position ( cardiac position)





•Slow or fast heart rate, •Cough, •Blueness of lips and finger mails.



Fast heart rate Normal Heart rate 4 - 8 years - 90/min  
Warm to touch (Temp 37.50C or above)



Heart murmur Hb <10g/dl

## II. Easily tired, not playing with friends, squats

Refer to hospital immediately preferably in a propped up position 

## III. Easily tired with any of the following: fever, or infection

1. If RDT is positive, treat for uncomplicated malaria
2. Cap. Amoxicillin 250mg 6hourly for 5days
3. Tab. Paracetamol 250-500mg 8hourly for 3 days
4. Tab. Salbutamol 4mg 12hourly for 3 days
5. Review in 3 days
6. If no improvement, REFER 

## Weakness, tires easily

1. REFER immediately 



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Adequate rest
- Proper care of person with chest/heart problem (keep warm and allow for adequate rest)
- Adequate nutrition
- Regular medical examination
- Importance of taking home-based records to the clinic or hospital.



## 3.22 ABDOMINAL DISORDERS (INCLUDING HERNIAS)

The common causes of abdominal pain are gastro-enteritis, malaria, appendicitis, rupture of the intestine, typhoid, sickle cell crisis and obstruction, e.g. strangulated inguinal and umbilical hernias. Constipation, worm infestation may also cause abdominal pain. Abdominal pain may lead to hardness or rigidity of the abdominal wall.

An abdominal hernia is when a part of the gastro-intestinal tract protrudes through a gap or weakness in the abdominal wall. Hernia can be found on the umbilicus, groin and scrotum.



## HISTORY

Is there vomiting? How many times?  
Is there constipation? When was the last stool?  
Is there any abdominal pain?  
Has he had the problem before?  
Has any medication been given?

7 Ask the following question  
1 Types of pain  
2 Location of pain or site  
3 Duration of pain  
4 Accompanied symptoms  
5 Factor associated with pain  
6 Factors relieving the pains



## EXAMINATIONS



**General appearance:**  
pallor, weakness,  
distress



**Respiration:**  
difficult or rapid



**Abdomen:**  
a) enlarged, distended  
masses, enlarged spleen  
visible intestinal  
movement  
presence of hernia  
tenderness



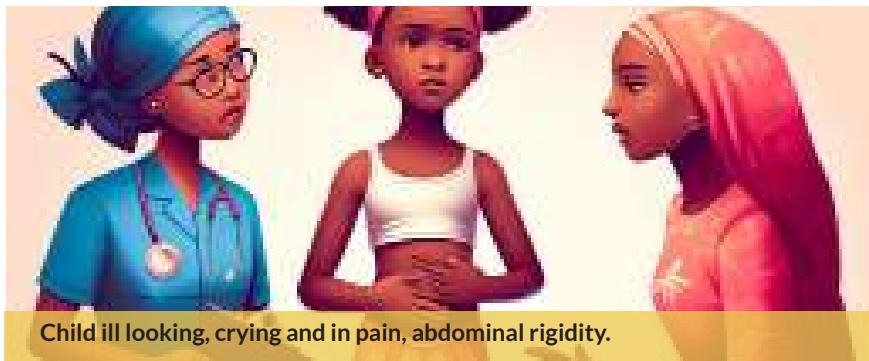
**Hydration status:**  
fontanelle, eyes,  
mouth, tongue, skin



**Haemoglobin:**  
estimate and record



**Temperature:**  
check and record



### I. Abdominal pain; Not passing stool

1. REFER immediately.



### II. Abdominal pain with rig idity; vomiting but no diarrhoea

Give Pyrantel pamoate 3 tabs stat  
Tab. Hyoscine 10mg (Buscopan) 8hourly for 2days  
Advice on consumption of fruits and vegetables  
Review in 2 days  
If no improvement, REFER



### III. Abdominal pain with Constipation;

Review child's diet and fluids;  
Advise fruits and vegetables  
Give Syr. Liquid Paraffin 5 - 10mls daily for 2 days;  
If no improvement in 2 days, REFER



III looking, Pale, Enlarged tender mass with painful swelling on the left upper part of the abdomen



Pale looking; blood in stools, Tenesmus on passing stool



Thin and pale looking (Pallor of conjunctiva and fingernails). No tenderness

#### IV. Abdominal pain with swelling on left side of abdomen with or without history of injury.

1. REFER immediately. 

#### V. Abdominal pain with bloody stools; Strains in passing stool

Give Tab. Co-trimoxazole 480mg 12hourly for 5 days  
If no improvement after 5 days; order for stool test;  
If amoebiasis, give Tab. Metronidazole 200mg 8hourly for 7 days  
If Schistosomiasis, Give Tab. Praziquantel 600mg 6hourly x 2 doses  
If no improvement, REFER 

#### VI. Abdominal pain and paleness

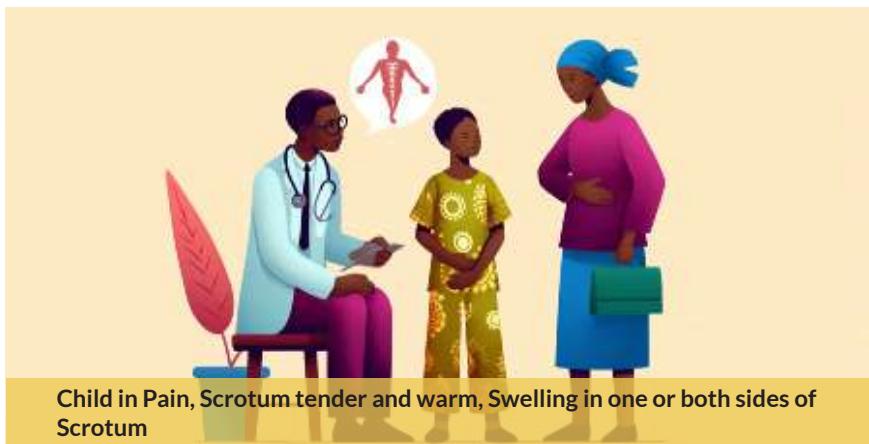
If less than 10g/dl but more than 7g/dl  
Give Tab. Folic Acid 5mg tab daily for 2 weeks  
Tab. Pyrantel pamoate 3 immediately stat;  
Review in 1 wk,  
If Haemoglobin less than 7g/dl. REFER immediately. 



Appears well; Abdomen distended; no

#### VII. Abdominal pain with the history of passing worms.

Give Pyrantel pamoate 3 tabs stat;  
Review in 2 weeks



Child in Pain, Scrotum tender and warm, Swelling in one or both sides of Scrotum

#### VIII. Swelling in Scrotum

Explain condition to mother  
Tab. Paracetamol 250-500mg 8hourly for 5 days  
REFER immediately



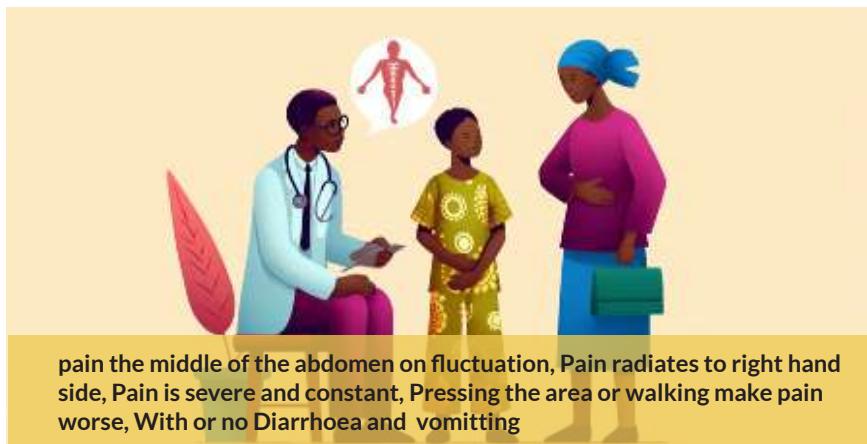
Child in distress, Presence of tender swelling

#### IX. Lump or swelling in the groin/ the scrotum

Explain findings to mother  
REFER



Well child, Not in pain



pain the middle of the abdomen on fluctuation, Pain radiates to right hand side, Pain is severe and constant, Pressing the area or walking make pain worse, With or no Diarrhoea and vomiting

#### X. Umbilical swelling (Hernia)

If reducible, no treatment needed  
If not reducible, REFER. 

Abdominal pain located at the right side of the abdomen (iliac fossa) with

Refer



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Adequate nutrition, prevention of constipation and adequate fibre in diet
- Food and personal hygiene
- Adequate fluid intake.
- Discourage using force to reduce hernia
- Surgical intervention as appropriate.
- Importance of taking home-based records the clinic or hospital.



## 3.23 ANAL DISORDERS

The Anus is the terminal end of the alimentary canal. Common problems affecting the anus include fissures, redness and prolapse. An anal fissure is painful linear sore at margin of anus. In rectal prolapse, the rectum turns inside out and protrudes out of the anus as a pink mass. It is common in young children who are poorly nourished having worms and diarrhoea frequently.



## HISTORY

How long have you had the problem?  
Is there diarrhoea? How many times?  
Is there constipation? When was the last stool?  
Is there bright blood in the stool?  
Is there abdominal pain?  
Has the child had this problem before?

Has any medication been given? If yes what?  
Is there pressure or /and bulging of the anus after stooling?  
Is there fleshy mass hanging out of anus with leakage of mucus, stool or blood?  
Is there pain and itching around the anus



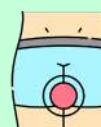
## EXAMINATIONS



**General appearance:**  
pale weak, in distress



**Hydration status:**  
eyes, mouth, tongue, skin



**Anus:**  
prolapse, redness, fissure



**Hemoglobin:**  
estimate and record.



**Temperature:**  
check and record



**Weight:**  
check and record



Child distressed, Not dehydrated Rectal prolapse not reducible



Child distressed Rectal prolapse reducible



Anus red and sore. Child uncomfortable

### I. Prolapse of rectum not reducible

Do sitz bath  
Observe for 2 hours, if not reduced, REFER

### II. Prolapse of rectum reducible with or without bleeding

Apply warm saline, compress  
Teach mother how to strap the buttocks  
Cap. Amoxicillin 250mg 8hourly for 5days  
Give Tab. Folic Acid 5mg daily for 2 weeks  
Tab. Ferrous sulphate 200mg (60mg elemental iron) 8hourly for 2 weeks  
Give LO ORS with Zinc DT  
Nutritional counselling  
Review in 2 days  
If no improvement, REFER

### III. Fissures or sore on anus, Redness of anus

Clean with soap and water  
Dry thoroughly  
Zinc Oxide topically  
Tab. Paracetamol 250-500mg 8 hourly for 5 days  
Dietary advice  
Review in 5 days  
If no improvement, REFER



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Personal, food and environmental hygiene
- Early detection and treatment.
- Adequate nutrition
- Protection of genital area
- Discouragement of sharing of sponge, towel, underwear and clothing
- Bowel training (going to toilet at a regular time daily)
- Importance of taking home-based records to the clinic or hospital.



## 3.24 WORM INFESTATION

Worm infestation is the presence of large number of worms in the gut which causes discomfort to the patient. . Ascaris (roundworm) is the commonest worm infestation. Heavy roundworm infestation produces abdominal pains, vomiting, constipation and sometimes obstruction of the intestine. Hookworm infestation is common in rural areas where heavy infestation causes blood in stool, anaemia, malnutrition. Severe Trichuris (whipworm) infestation causes bloody diarrhoea, abdominal pain, anaemia and prolapse of the rectum. Threadworms also live in the intestine and causes' itching around the anus. Tapeworm is a flat ribbon like worm that can also be found in the intestine



## HISTORY

When did it start?

Have any worms been passed? If yes, describe  
Is there passage of watery stool? Blood in stool?  
Is there vomiting?  
Is there anal itching?

Is there abdominal pain and rectal prolapse?

Is there any other problem?  
Has any medication been given? If yes, What?  
What are the characteristics of the worms



## EXAMINATIONS



**General appearance:**  
thin, pale,



**Eyes:**  
pallor



**Chest:**  
wheezing, rhonchi



**Abdomen:**  
tenderness,  
distension, visible  
peristalsis



**Anus:**  
redness, prolapse



**Temperature, Pulse  
and Respiration:**  
check and record



**Haemoglobin:**  
estimate and record



**Weight:**  
weigh and record



**Stool examination:**  
for ova of worm (if  
laboratory available)



#### I. Passing worms from the rectum, itchy rectum, protruding rectum, blood in stool

Tab. Pyrantel pamoate 3 tablets stat  
Anusol suppository apply topically or insert into the rectum each night at bedtime  
Give Tab. Vitamin C 100 – 200mg 8hourly for 5days  
Review in 1 week  
If no improvement REFER

#### II. Passing roundworms par rectum, diarrhoea, vomiting, rectal itching, abdominal pain.

Tab. Pyrantel pamoate 3 tablets immediately (stat)  
LO ORS with Zinc DT  
Review in 1wk  
If no improvement REFER  
Tab. Albendazole 400mg immediately (stat)

#### 3 Passing thread like worm (think of thread worm)

Tab. Praziquantel 5/10mg/kg single dose or niclosomide same dose.



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Personal and food hygiene
- Adequate nutrition
- Environmental sanitation
- Importance of taking home-based records to the clinic or hospital.



## 3.25 URINARY AND GENITAL DISORDERS

Urinary and genital problems are diseases or conditions affecting the male or female urinary tract or genitalia. Children may present with abnormalities of the genitalia such as undescended testis, imperforate hymen, hydrocele, and hypospadias and may be hermaphrodite. They may also present with painful urination with or without discharge. Redness or itching of the genitalia may be due to infection.

Sexually active older children are especially susceptible to sexually transmitted infections (gonorrhea, syphilis, HIV/AIDS and other non-specific bacterial infections). Patients may complain of discharge, pain and burning sensation on passing urine and blood in urine may occur as a result of schistosomiasis infection. Other causes of urinary problems are kidney diseases and diabetes which can cause frequent micturition.



## HISTORY

What is the problem? How long have you had it?  
Do you urinate very often? In the night or in the day?  
Do you have pain or burning on micturition?  
Do you drink more than usual (increased thirst)?  
Do you have pain in the flank?  
Is there blood in the urine?

Do you have night sweats? Or are you losing weight?  
Do you have chills?  
What area do you come from? (think of Schistosomiasis area)  
Have you ever had this problem before? Any treatment?  
Do you have discharge from the vagina (or if male, from the penis)



## EXAMINATIONS



**General appearance:**  
ill, thin, puffy.



**Temperature, pulse:**  
check and record



**Blood pressure:**  
measure and record



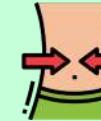
**Eyes:**  
palor.



**Chest:**  
crepitations, decreased breath sounds.



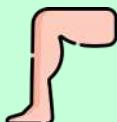
**Heart:**  
rate, rhythm, murmur.



**Abdomen:**  
tenderness, swelling or masses.



**Flanks:**  
tenderness



**Limbs:**  
a) legs for swelling  
b) Nails for palor  
c) Genitals: sore, pus, or discharge



**urine:**  
a) colour or cloudiness  
protein  
sugar  
d) microscopy



III, Restlessness, Anxious

**i. No Urine for more than 12 hours**

REFER immediately



Sugar in Urine

**II. Excessive urination with history of ants crowding round urine. Excessive thirst.**

REFER immediately.



Urethral/Vaginal discharge;

**III. Urethral or Vaginal Discharge with painful micturition**

Risk assessment to know if the child has been sexually abused  
Tab. Paracetamol 500mg 8hourly 3 days  
Tab. Ciprofloxacin 250mg 12hourly for 7 days  
Review in 2 days  
If no improvement, REFER



Fever; Protein in Urine; painful Micturition

#### IV. Painful urination with or without frequency, cloudy urine or fever

Encourage fluid;  
Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Co-trimoxazole 480mg 12hourly for 5 days  
Review in 2 days;  
If no improvement, REFER 



Sugar in Urine

#### V. Pain in the flank, fever

Tab. Paracetamol 250-500mg 8hourly for 3 days  
Tab. Co-trimoxazole 480mg 12hourly for 5 days  
Encourage fluids;  
REFER. 



Redness and swelling of Genitalia Scratch marks Urethral Discharge with or without evidence of rape

#### VI. Redness or Swelling of Genitalia with or without painful urination, itching.

Wash the area with soap and water.  
Apply Zinc oxide and Mycostatin cream or paste to area.  
Encourage fluids, if male retract foreskin;  
Tab. Co-trimoxazole 480mg 12hourly for 5 days  
Review in 7 days;  
If no improvement REFER. 



#### VII. Blood in last stream of Urine with or without pain, fever or discharge. History of swimming in stream/river

Encourage liberal fluid intake  
give Metriphonate 200mg (2 tab) every 2 weeks for 6weeks or  
Tab. Praziquantel 1.2g stat ( 2 tablets)  
3. If no improvement, Refer to hospital for further investigation

#### VIII. Painful Urination; No discharge

Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250- 500mg 8hourly for 3 days  
Encourage fluid and fruits intake  
Review in 3 days  
If no improvement, refer.

#### IX. dark yellow urine, no other complaint

If no Jaundice; encourage intake of fluids  
If Jaundice present,  
Tab. Folic Acid 5mg daily for 2 weeks  
If no improvement, REFER.



#### VII. Blood in last stream of Urine with or without pain, fever or discharge. History of swimming in stream/river

Encourage liberal fluid intake  
give Metriphonate 200mg (2 tab) every 2 weeks for 6weeks or  
Tab. Praziquantel 1.2g stat ( 2 tablets)  
3. If no improvement, Refer to hospital for further investigation

#### VIII. Painful Urination; No discharge

Cap. Amoxicillin 250mg 8hourly for 5 days  
Tab. Paracetamol 250- 500mg 8hourly for 3 days  
Encourage fluid and fruits intake  
Review in 3 days  
If no improvement, refer.

#### IX. dark yellow urine, no other complaint

If no Jaundice; encourage intake of fluids  
If Jaundice present,  
Tab. Folic Acid 5mg daily for 2 weeks  
If no improvement, REFER.



Un-descended testes, imperforate hymen, Hermaphrodite, Large clitoris, Hydrocoele; Hypospadias (penis in abnormal place or several penile openings).

#### X. Abnormality of the Genitalia

Explain finding to mother and re-assure her;  
REFER 



XI. Difficulty in passing urine

#### XI. Difficulty in passing urine

Circumcise



White reddish in the vagina and watery, with cheese appearance

XII Burning sensation, itching, vaginal rashes, thick white discharge with offensive odour, painful intercourse, irritation.

1 Tab. Metronidazole 200mg 12hourly for 5days  
2 Application of clindamycin cream or gel and suppositories



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Personal hygiene
- Adequate fluid intake
- Proper parental care and supervision of the child
- Side effects of medications
- Drug compliance
- Environmental sanitation
- Importance of taking home-based records to the clinic or hospital.



## 3.26 ARM AND LEG DISORDERS

Deformities of the arms and legs, if not corrected early could lead to permanent disabilities. The deformities or swellings may be due to bruises, fractures or a dislocation. It is important to test for normal movement of the parts whenever there is a history of injury, swelling or deformity. Swelling of a joint may be due to a sprain of the tendons surrounding the joint. Sickle cell disease may also be a cause of pain in the arms, legs and the hip bone. Tuberculosis can occur in the joints. Polio can seriously affect one or both legs or arms first causing weakness then wasting, or paralysis. Diabetes Mellitus may cause tingling sensation and numbness of the fingers and toes, foot ulcer, that fail to heal and black discolouration of toes and feet (Gangrene).



## HISTORY

When did it begin?  
Was there an accident or injury?  
If an injury, has the child been able to use the part since the injury?  
Is there any pain or tingling or numbness? Is it recurrent?  
Is there a fever?  
Is the child a Sickler?  
Is the child passing excessive urine?  
Is the child having excessive thirst?



## EXAMINATIONS



**General appearance:**  
ill looking, wasted or deformed



**Limbs**  
[a] deformity [b] swelling.  
[c] bleeding [d] fracture  
[e] tenderness [f] warmth  
[g] loss of function  
[h] wasting



**Eyes:**  
Jaundice



**Temperature:**  
check and record



**Haemoglobin:**  
estimate and record



**Urine:**  
Sugar and colour



**Weakness of limbs with or without pain, Paralysis with or without swelling at the joints Wasting of the limb.**



**Pain Tenderness Swelling of the joint No fever**



**Club foot, Bow leg, walking with difficult**

#### I. Inability to move arm and/or leg; Pain in joints and limbs

REFER immediately If Polio, notify the appropriate Health authority

#### II. Swelling of one or more joints without fever or tenderness

Tab. Paracetamol 250-500mg 8hourly for 5 days  
Cap. Ampiclox 500mg 6hourly for 5days  
REFER

#### Deformity without swelling, tenderness or pain or bowing of leg or difficulty in walking

REFER.



Painful lumps and nodes in the groin Source of infection identified



Swelling of fingers, toes, back of hands and feet. Hb below 10gms



Open skin, redness discharge, sensitivity,

### Tender lumps and nodes in groin

Tab. Paracetamol 250-500mg 8hourly for 5 days  
 Cap. Amoxicillin 250mg 8hourly for 5 days, Treat open wound if any.  
 Review in 5 days  
 If not getting better, REFER immediately

### V. Swelling on and off especially of fingers, toes, back of hands and feet

Tab. Folic Acid 5mg daily for 2 weeks  
 Tab. Paracetamol 250-500mg 8hourly for 3 days  
 REFER

### VI. chronic losses of cutaneous tissue. Types a. traumatic: resulting from injuries and other factors B. Metabolic: eg. diabetes C. Parasitic: eg. Leishmaniasis, chancriod

If associated with metabolic REFER-  
 Parasites: treat parasite along with ulcer.  
 Provide:  
 a. Debridement.  
 b. Clean with appropriate antiseptic if dirty using silversulfadiazine, cetrimide, hydrogen, pyroxide, if multiple extention oozing use polyvidien.  
 c. Provide Procaine Penicillin 100,000/kg.  
 Cap. Doxycycline if above 8yrs, 4mg/kg daily  
 Tab. Metronidazole 30mg/kg per day in three divided dose  
 -treat the multiple cause.



Multiple vesicular rashes with or without swelling of lymph nodes

#### Vii. Sore or ulcer painful multiple Excessive lesion on genital tract.

Refer to lab for syphilis, HIV, chancroid and other sexually transmitted diseases.   
Treat as appropriate.



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Prevention of accidents
- Genetic Counseling
- Adequate diet (Calcium rich foods)
- Proper posturing
- Importance of taking home-based records to the clinic or hospital.



### 3.27 CHANGES IN ALERTNESS AND BEHAVIOUR

Changes in alertness and behavior mean that the client does not act normally sometimes. He/she may be drowsy or give a history of fainting or there may be obvious changes such as unconsciousness or delirium which are easy to identify. All cases of change in alertness or behaviour should be taken seriously no matter how mild to prevent complications.



## HISTORY

How long has the child been like this?  
Did anything happen to the child? Injury?  
Did the child have a fit or convulsion, or is he clumsy?  
Has any medication been given?  
Has the child been ill otherwise?  
Has he had fever, diarrhoea, vomiting or ear pain?  
Has he been drinking more recently?  
Has he been urinating more frequently?  
Was there any difficulty with the child's pregnancy or delivery?  
Was the child jaundiced at birth or shortly after?  
Has he been frothing at the mouth or passing urine when he faints?



## EXAMINATIONS



**General appearance:**  
(especially for alertness and irritability signs of trauma)



**Chest:**  
a) respiratory rate, lower chest indrawing



**Head:**  
signs of injury



**Neck:**  
stiffness



**Ears:**  
pus, redness or perforation of the drum



**Limbs:**  
arms and legs for abnormal movements



**Temperature and pulse:**  
check and record



**Haemoglobin:**  
estimate and record

Conduct RDT



Fever of 37.5C and above, Irritable. No stiffness. Patient may be delirious difficult to arouse abnormal movements of arms and legs confused



Irritable. No stiffness. May be ;delirious difficult to arouse



Child disoriented, with or without stiff neck

#### I. Unconscious with fever or history of fever difficult to arouse confusion more irritable than normal abnormal movements of arms and legs

If Rapid Diagnostic Test (RDT) is positive, give pre-referral treatment for severe malaria  
REFER immediately

#### II. Unconscious or more irritable than normal abnormal movements of arms and legs

REFER immediately

#### III. Fainted suddenly but is arousable

Give child sugar or glucose at once and let him rest for 30mins.  
If no improvement, REFER.  
If improved, advise on proper feeding.  
Test Urine  
Review next day.



Fever of 37.5C and above, Irritable. No stiffness. Patient may be delirious difficult to arouse abnormal movements of arms and legs confused

#### IV. Fainted (fit) once or twice with or without fever or frothing from mouth or family history of epilepsy

Explain condition to mother  
Tab. Phenobarbitone 30mg 12hourly  
REFER



Irritable, no stiffness, maybe; Delirious Difficult to arouse

#### V. Unconscious or More irritable than normal Abnormal movement of arms and legs

Refer to hospital immediately



Looks sad, lacks interest, or lacks pleasure in activities, fatigue , weight lost,

#### IV. a. Worries: eg fear of illness or fear with no clear object. b. Behavior changes. i. Nervousness and avoidance behaviour

Identify cause and treat.  
Drugs: includes  
Tab. Paroxetine 20mg daily  
Cap. Fluoxetine 20mg daily (morning)  
Tab. Amitriptyline 25-75mg at night



Looks sad, isolated, illusions.  
Nervous, lacks appetite, sleeplessness, looks disturbed.

**Psychotic disorder.** Eg, 1. delusion, hallucination, -agitation, -mutism, -prostration 2. Anxiety: history of sudden onset of life event. Eg, lost, stress, trauma

Psycho-social support, anti-psychotic drugs.  
Provide home base OPD services.

**Drugs:**

Tab. Risperidone 2mg at night  
Tab. Haloperidol 10mg daily  
REFER.



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Prevention of injuries
- Proper parental care and emotional support
- Avoidance of self-medication
- Compliance with prescribed drugs regimen
- Healthy home environment
- Need for therapy as appropriate
- Importance of taking home-based records to the clinic or hospital.



## 3.28 POISONING

Poisons are toxic substances which may enter the body through swallowing, breathing, absorption through skin or mucus membrane stings or infections. They can cause fits marked restlessness and pain. Small children are adventurous and may therefore be easily exposed to harmful substances.

Mothers should therefore be advised to keep kerosene, medicine, bleach, dye, alcohol and other harmful substances out of the reach of children. Kerosene and medicine should be labelled and must not be stored in soft drink bottles



## HISTORY

When was the poison taken?  
What and how much poison did the child take?  
Has any medication been given (modern or traditional)?  
Has he/she vomited? Is there blood in the vomitus?



## EXAMINATIONS

Try to examine poison container.



**General appearance:**  
consciousness,  
alertness, pallor, and  
cyanosis.



**Eyes:**  
size and reaction of  
pupils to light?



**Chest:**  
respiration – rate,  
difficulty, lower chest,  
indrawing, deep, sighing.



**Abdomen:**  
tenderness, rigidity



**Mouth:**  
burns, bleeding,  
dribbling, colour of  
membrane



**Pulse:**  
check rate, volume and  
record.



**Temperature:**  
check and record



Irritable, swelling and mouth burns



Irritable, Restless, may or may not be convulsing No mouth burns and swelling



Irritable, Restless, No mouth burns or swelling May or may not be warm to touch

#### I. Ingestion of petrol or kerosine or corrosive substance e.g. alkali, caustic soda and acid.

Do NOT induce vomiting  
Give enema episom  
Give Cap. Amoxicillin 250mg immediately (stat)  
REFER immediately

#### II. Ingestion of poison with convulsion

IM Paraldehyde 5ml stat if convulsing.  
Gastric lavage/washout  
REFER immediately   
NB: DO NOT INDUCE VOMITING IN A CONVULSING OR UNCONSCIOUS PATIENT

#### III. Ingestion of any harmful substance. Eg. Kerosene,acid or petrol

Identify the poison  
Milk Drink or Mist Magnesium Trisilicate 5mls 8hourly for 3days  
REFER



Temp. normal or above 37.5 OC Irritable Thirsty Restlessness

#### IV. Aspirin poison with or without fever or other signs

Do NOT induce vomiting  
Give enema episom  
Give Cap. Amoxicillin 250mg immediately (stat)  
REFER immediately 



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Prevention of home accidents
- Adequate nutrition and effect on healing.
- Avoid induced vomiting.
- Proper storage of chemical and harmful liquid
- Prevention of bites and stings.
- Importance of taking home-based records to the clinic or hospital.



## 3.29 SCHOOL HEALTH SERVICES

The child has certain rights, which are recognized nationally and internationally, treaties and conventions. These include the right to education and access to health and other social services. Six years is the age when the Nigerian child commences primary school education in public schools. The Nigerian child has the right to quality health care which should be provided in the school health programme including routine physical examination, screening tests e.g. for hearing and vision, preventive and therapeutic dental services, management of minor ailments, immunizations, health education, provision of school meals, health promoting physical exercises and referrals.



## HISTORY

What type of food do you eat? (ask about main meals and snacks)  
How many brothers and sisters do you have?  
Whom do you live with (parents, grandparents, spouse, others, specify)  
How many times do you eat in a day? Where do you get your food?  
What type of work does your father do? Mother?  
What is your source of water?  
What type of toilet facility do you have in your house or hostel?  
Have you had any serious illness in the past





## EXAMINATIONS



**General appearance:**  
well nourished,  
ill, tired, clean,  
thin, congenital  
abnormality



**Weight and height:**  
weigh, measure and  
record



**Head:**  
lice, ringworm.



**Eyes:**  
discharge, pallor,  
jaundice, cataract,  
test of vision.



**Nose:**  
discharge, blockage,  
abnormality.



**Ears:**  
redness, discharge,  
test of hearing.



**Mouth:**  
odour, caries, missing  
teeth.



**Gum:**  
healthy, bleeding.



**Throat:**  
redness, inflamed  
tonsils.



**Chest:**  
respiratory rate,  
wheezes, stridor,  
lower chest  
indrawing.



**Heart:**  
rate, rhythm, murmur.



**Abdomen:**  
scars, tenderness,  
rigidity, masses,  
palpable spleen and  
liver.



**Skin:**  
dryness, sores, rashes,  
multiple scars or wounds  
(think child abuse).



**Limbs:**  
deformity, paralysis,  
oedema.



**Pulse, blood pressure:**  
check and record.



**Urine:**  
sugar, protein.



**Haemoglobin:**  
estimate and record.



**Temperature:**  
check and record.



### I. Well, first visit

Refer for further laboratory investigations Blood group, Genotype, Chest Xray, urine test, stool for ova, 



### II. Well visit (School Food Vendor)

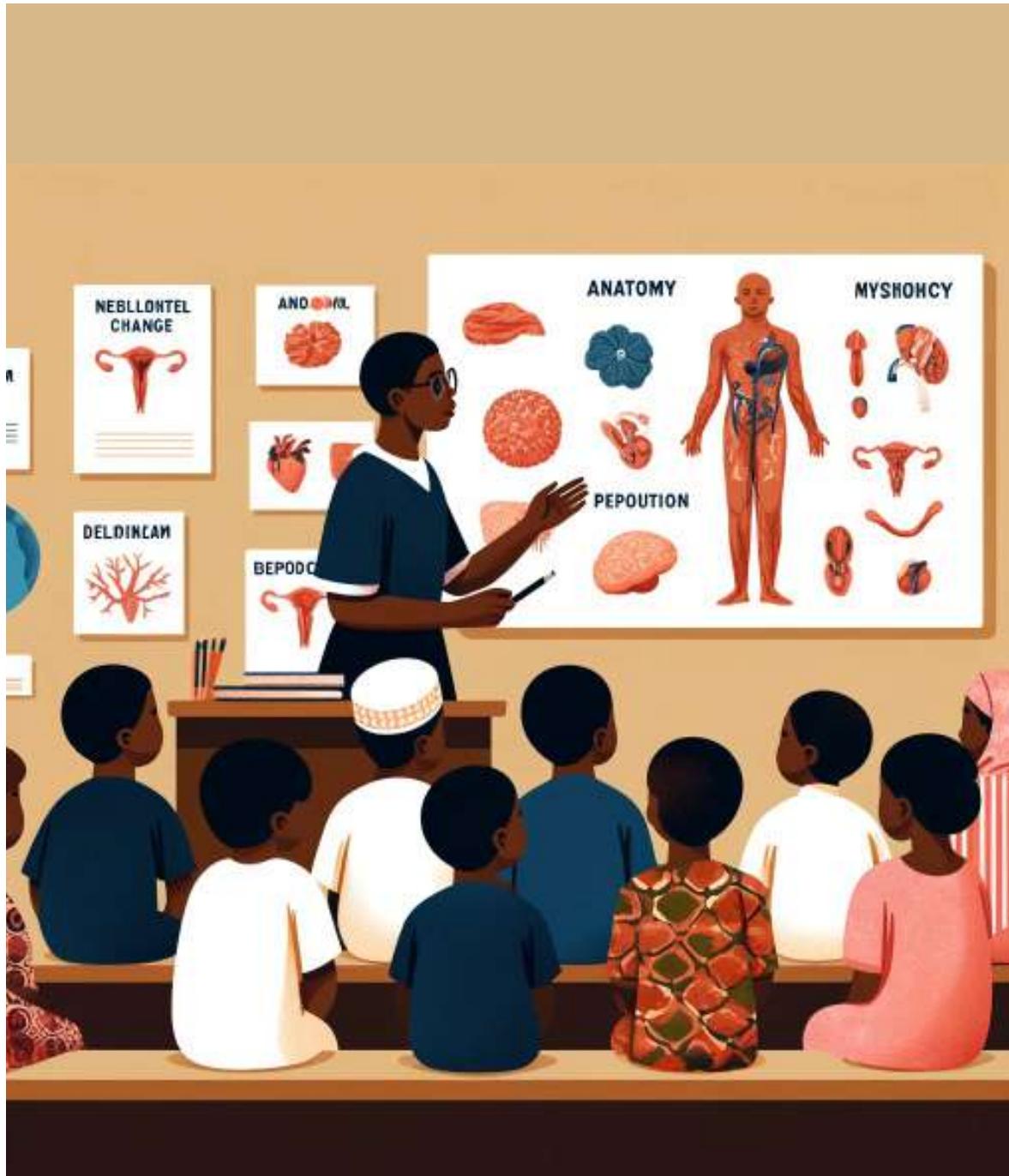
Refer vendor for the following test at least every six months   
Chest X-ray  
Sputum test for AF  
Blood for widal test  
Stool for ova and parasites  
If any abnormal finding, stop from providing food until treatment given and completed.



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Personal hygiene
- food hygiene
- Environmental sanitation
- Safety education
- Importance of taking home-based records to the clinic or hospital.



## 3.30 SEXUALITY EDUCATION

Sex education is high quality teaching and learning about a broad varieties of topics related to sex and sexuality. Children, especially older ones need to have correct information about their anatomy, physiology, intimacy, sexualization reproduction and developmental changes. They should be able to handle their psycho-sexual feelings in a healthy manner and therefore require counseling.



## HISTORY

1. Has she started menstruation if a girl?
- 2 At what age did she experience menarche?
- 3 Are you living with your parents? If No Who?
- 4 Have you been sexually molested by anybody before?
- Any other thing you may want to share with me\
- When did you notice changes in your physical appearance
- Have you had sexual intercourse before
- Do you have wet dreams



## EXAMINATIONS

Try to examine poison container.



**General appearance:**  
healthy, ill looking  
Check temperature,  
pulse, respiration and  
blood pressure



**Eyes:**  
pallor, jaundice



**Heart:**  
Pulse rate, rhythm  
Axilla presence of hair  
Breast developed size  
Pelvic public hair,  
vulva for perforate/  
imperforate hymen



**Haemoglobin**  
estimate and record



**Weight and Height:**  
measure and record



### I. Abdominal pain with menstruation; Foul smelling discharge per vagina; Fever

Reassure  
Counsel on personal hygiene (use of sanitary pad)  
Cap. Amoxicillin 250mg 8hourly for 5 days  
if RDT is positive, treat for uncomplicated malaria  
Review in 5 days, if no improvement REFER



### II. Heavy menstrual flow with clots, prolonged menstruation

Reassure and counsel  
Tab. Paracetamol 250-500mg 8hourly for 3days



### III. Lower abdominal pain associated with menstruation

Tab. Paracetamol 250-500mg 8hourly for 3days  
Reassure and counsel



#### IV. Mucus or blood per vagina

Counsel and reassurance



#### V. Anxiety about new relationship with the opposite sex

Reassure, counsel on physiology and developmental changes and advise on the negative consequences of early sexual relationships



#### VI No sexual abuse

Intensify health education



## HEALTH EDUCATION

### Advise Parent/Caregiver on

- Personal hygiene.
- Adequate nutrition
- Sex education
- Implication of teenage pregnancy
- Use of LLINs
- Importance of taking home-based records to the clinic
- how to have healthy relationship
- informed decision about sex
- loving one's self



# NATIONAL STANDING ORDERS

FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS

COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA



2024



**SECTION FOUR:**

**ADOLESCENT HEALTH**

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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

## FEEDBACK AND SUPPORT CONTACT

We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

### HOW TO PROVIDE FEEDBACK

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

Online Form: Please fill out your structured feedback using the google form via this link



**SECTION FOUR:**

**ADOLESCENT HEALTH**

## PREAMBLE

Adolescence is the period of physical, psychological and social changes from childhood to adulthood. It spans at the ages of 10 to 19 years.

It is subdivided into two periods: early adolescence (between 10 - 14 years) and late adolescence (between 15 - 19 years). It should also be noted that the term "young people" covers the ages between 10 – 24 years. True adolescence, therefore, is a transition that may fall anytime between years and hence whenever health status or behaviours is being considered, "youths" are quite often included among "adolescents" leading to the addressing of both categories as "young people"

It is acknowledged globally that this group form an important part of any society and in Nigeria, young people aged 10 - 24 constitute at least 30% of the population. It is also widely known that adolescence is a period of learning, excitement and overall increased prevalence of high risk behaviours.

Rapid societal changes place adolescents in a situation where they are confronted with conflicting and at times contradictory social expectations. Transition to adulthood often involves period of stress, innovation, experimentation and disorganization.

Some of the disorders with grave consequences amongst adolescents include unwanted pregnancy, rape, unsafe abortion, sexually transmitted infections including HIV/AIDS, drug and substance abuse and other behavioural changes.

To reduce these consequences, it is important to have adolescents-friendly clinic where they are provided amongst other things, information on their health needs, counselling especially during crisis situations and have access to health services.

This section addresses the issues that are peculiar to adolescents. Other conditions are discussed in the child/adult section.



## 4.1. ADOLESCENTS CONCERNS ABOUT PUBERTY (FEMALE CONCERNs)

The period of development between the onset of puberty and adulthood (10 - 19 years), involves physical growth of an adolescent from a child into an adult. A common concern is how to distinguish between "normality" and "abnormality".



## HISTORY

How are you?  
How may I help you?  
When did you notice changes in your physical appearance (presence of breast, axillary and pubic hair)  
Are you comfortable with the size of your breast, any family history of large/small breast?  
Have you had sexual intercourse before?

Have you started menstruating?  
When was your last menstrual period? For how many days?  
Do you have abdominal pain with menstruation?  
Family history (onset of puberty, chronic illness, stress)  
What are your feeding habits like?  
Any other thing you may want to share with me?



## EXAMINATIONS

**General appearance:**

Healthy, ill, thin, obese, anxious  
Check Temperature, Pulse, Respiration & Blood Pressure and record,

**Eyes:**

Pallor, jaundice

**Abdomen:**

Tenderness, palpable uterus, masses

**Pelvic:**

Pubic hair, vulva for perforate/imperforate hymen, check flow if menstruating

**Weight and height::**  
measure and record**Axilla:**

Presence of hair

**Breast:**

Developed, Size,

**Skin:**

Sweating, cold and clammy, oily, acne,

**Haemoglobin:**

estimate and record



Presence of breast,  
axillary and pubic hair,  
Menstruation



Hymen may be  
imperforate or perforate



Abdominal tenderness,  
with or without vaginal  
bleeding, pallor, fast and  
weak pulse, cold and  
clammy hands and legs,  
sweating

### I. Early onset of physical changes of sexual maturity about age 8 years

Allay fears  
Counsel the client/parent on physiological changes of the adolescents  
Encourage personal hygiene

### II. No menstruation in a child 16 years or older

Allay fear  
REFER

### III. No menses for more than one month after onset, abdominal pain with or without vaginal bleeding, dizziness

REFER immediately



Palpable uterus



Heavy flow with clots  
May or may not be pale



Small quantity of blood on pad  
May or may not be pale

#### IV.No menses for more than one month after onset

Conduct pregnancy test  
Explain condition to client and parent.  
Encourage ante natal care  
Give social and psychological support

#### V.Prolonged and heavy menstrual flow

Explain the condition to client and parent  
Check Hb; if below 10g/dl  
Give Tab. Folic Acid 5mg daily for 2 weeks  
Tab. Vitamin B.complex daily for 2 wks.  
Give Tab. Ferrous Sulphate 200mg daily for 2 weeks.  
If Hb is below 8g/dl REFER   
If condition persists, REFER

#### VI. Scanty Menstrual flow

Explain condition to client and parent  
Check Hb, if below 10g/dl give, Tab. Folic Acid 5mg daily for 2 weeks  
If Hb is below 8g/dl REFER   
Give dietary advice  
Advise on adequate rest



uterus not palpable  
Hymen intact



May or may not have lower abdominal tenderness  
No mass in abdomen



Anxious, Excessively large breasts  
Breasts appear healthy, No abnormality discovered

#### VII. No menses for more than one month. has not had sexual intercourse

Counsel and allay fears

#### VIII. Abdominal Pain with menstruation

Explain condition to client and parent  
Encourage regular exercise  
If below 12 yrs, give IM. Hyoscine 20mg stat then Tab Hyoscine 10mg 12hourly for 3 days or Tab. Ibuprofen 200mg 8hourly for 5days (After meal)  
If 12 yrs and above, give 400mg 8hourly for 3 days (After meal)  
Advise on Personal hygiene/care

#### IX. Large breasts

Explain condition to client  
that it's normal she will get used to a changing body.  
Advice on correct size of brassier  
If abnormality is detected, REFER



Anxious, Small Breasts  
No other abnormality detected



Anxious, No other abnormality detected



\*Child is anxious & Depressed

#### X. Small breasts

If pubertal signs of development are normal and has started menstruating, counsel to allay fears  
If other pubertal characteristics are absent or poorly developed, REFER Give dietary advice.

#### XI Unequal breast size

Reassure her if unequal breast size is during puberty (when the breasts are still developing).  
advice if the breasts are of unequal size at the end of puberty. refer to an endocrinologist (doctor specializing in conditions related to hormones).

#### XI Bedwetting

Counsel client, parents &/or guardian  
Advise on urinating before going to bed  
Support by waking up to urinate  
Avoid fluid intake 3 hrs before bedtime  
Advise parent/guardian to avoid punishment for wet nights but rather commend for dry nights  
If no improvement refer



## HEALTH EDUCATION

- Dietary advice/Nutritional counselling
- Personal hygiene
- Solicit social & psychological support
- Use of LLIN
- Sexuality education
- Importance of taking home-based records to the clinic or hospital



## 4.2 ADOLESCENTS CONCERNS ABOUT PUBERTY (MALE CONCERNS)

The period of development between the onset of puberty and adulthood (10 - 19 years), involves physical growth of an adolescent from a child into an adult. A common concern is how to distinguish between “normality” and “abnormality”



## HISTORY

How are you?  
How may I help you?  
When did you notice changes in your physical appearance (pubic hair, axillary hair, breaking of voice)  
Any swelling/pain in the scrotum  
Have you had sexual intercourse before?

Any urethral discharge?  
Are you comfortable with size of your penis?  
Do you have wet dreams?  
Family history (onset of puberty, chronic illness, stress)  
What are your feeding habits like?  
Any other thing you may want to share with me?



## EXAMINATIONS



**General appearance:**  
Healthy, ill, thin, obese, anxious  
Check Temperature, Pulse, Respiration & Blood Pressure and record



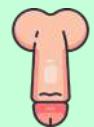
**Eyes:**  
Pallor, jaundice



**Axilla:**  
Presence of hair



**Scrotum:**  
presence of testes, swelling, tenderness



**Penis:**  
Size, deformity, pubic hair, urethral discharge



**Skin:**  
Oily and acne



**Weight and height:**  
measure and record



Any of the following may be present:  
pubic hair, large penis, broken voice.



May or may not have family history, May or may not be small for age. No evidence or history of chronic illness or stress No abnormality detected.



Anxious., One or both testes missing in the scrotum, Scrotal sac retracted  
Scrotal sac empty

### I. Early Onset of puberty at about age 8 years

Explain condition to client & parent  
Allay fears  
Follow up

### II. Late onset of pubertal changes

Explain condition to client & parent  
Allay fears  
Follow up

### III. One or both testes missing

Explain condition to client & parent  
Allay fears  
REFER



The presence of fluid in scrotum



Client in distress, Swollen tender scrotum, Presence or absence of urethral discharge, Temperature 37.50C or above



Client in distress● Scrotal tenderness● Temperature maybe Normal

#### IV. Painless swollen scrotum

Explain condition to client & parent  
Allay fears  
REFER

#### V. Scrotal swelling with pain with or without urethral discharge

Give Tab. Paracetamol 1000mg 8hourly for 3 days  
Give Caps Amoxicillin 500mg 8hourly for 5 days  
REFER immediately

#### VI. Scrotal pain with or without swelling

REFERimmediately



Anxious, Penis may or may not be relatively small, No penile deformity  
No other abnormality found



Child is anxious and depressed, No other abnormality detected

#### VII. Small penis

Reassure client and parent that size of penis does not affect sexual function

#### VIII. Bed wetting

Counsel clients, parents/guardian:  
Advice urinating before going to bed  
Support by waking up to urinate  
Avoid fluid intake 3 hours before sleeping time.Advise parent/guardian to avoid punishment for wet nights, rather commend for dry nights



## HEALTH EDUCATION

- Dietary advice/Nutritional counselling
- Personal hygiene
- Solicit social & psychological support
- Use of LLIN
- Sexuality education
- Importance of taking home-based records to the clinic or hospital.



## 4.3 CONTRACEPTIVE CHOICE FOR ADOLESCENTS

It is important to note that while abstinence should be encouraged and emphasized amongst adolescents due to the spread of HIV infection, many are already sexually active or have had sexual intercourse at least once. Helping adolescents make responsible and healthy choices in terms of the various contraceptive methods that are appropriate in preventing unwanted pregnancy is therefore crucial. Myths and misconceptions should also be dispelled and clarified.



## HISTORY

Can you tell me what you know about contraceptives?  
Have you used any contraceptive method before (if yes, which one did you use)?  
Which clinic did you attend?  
Why do you want to attend this clinic? (Who referred you)?  
Do you have regular sexual intercourse? (How many partners)?  
Do you have any other problem?



## EXAMINATIONS



**General appearance:**  
Healthy, ill, thin,  
obese  
Check  
Temperature, Pulse,  
Respiration & Blood  
Pressure and record



**Eyes:**  
Pallor, jaundice



**Heart:**  
Pulse rate, rhythm



**Abdomen:**  
Tenderness,  
palpable uterus,  
masses



**Weight and height::**  
measure and record



\*No abnormalities Detected



• HIV positive • Looks healthy

### I. Request for contraceptive advice

Discuss sexuality in detail.

Avoid situations that can provoke sexual arousal

Advise abstinence as the best choice

Discuss various methods of contraception such as condoms (male and female), diaphragm, spermicidal, vaginal foaming tablet, pills, injectable

Demonstrate the proper use of CONDOM (male and female) in preventing HIV/AIDS, STIs and pregnancy

### II. HIV positive adolescent requesting for contraceptive

1. Give adequate counseling on condom (male and female) use plus 2nd contraceptive device (i.e. dual protection).

2. use Medical Eligibility Criteria (MEC) Wheel For Contraceptive Use

3. Ensure confidentiality

4. REFER to HIV counseling and testing (heart-to-heart) Center

5. Refer married HIV positive adolescents who request for contraception



## HEALTH EDUCATION

### Advise Parent/Caregiver on the following:

- Counsel on choice of contraceptive (emphasizing abstinence)
- Discuss all methods of contraception
- Discuss the side effect and complication of each of them
- Nutritional counseling.
- Sexuality education
- Advise on personal hygiene
- Importance of taking home-based records to the clinic or hospital



## 4.4 SEXUAL DYSFUNCTIONS/MALFUNCTIONS

Sexual dysfunction/malfunction is difficulty experienced by an individual or a couple during any stage of a normal sexual activity, including physical pleasure, desire, preference, arousal or orgasm. There is a need to understand the human sexual response cycle to be able to help a young person with a disorder of sexual dysfunction. It may be as a result of fear, guilt, anger, anxiety, relationship difficulties or medical disorder and many of these can be solved through honest communication.



## HISTORY

What is your view about sexual intercourse?  
Do you have a sexual partner? If yes,  
How often do you engage in sexual practice?  
Do you have erectile disorder?  
Do you experience any pain during sexual intercourse?  
Any history of sexual abuse?  
Drug/substance history  
How long does it take you to ejaculate?  
Do you have any other problem?



## EXAMINATIONS



**General appearance:**  
anxious looking; angry;  
fearful; healthy. Check the  
vital signs (Temperature,  
Pulse, Respiration & Blood  
Pressure)



**Penis:**  
turgid and erect,  
flaccid



**Vagina:**  
check for bleeding,  
bruises, tear



Penis turgid and erect rigid



Anxious looking



Anxious, Healthy looking

#### i. Prolonged painful erection may or may not be associated with sexual stimulation

1. Give Tab. Paracetamol 1000mg 8hourly for 3 days or Tab Ibuprofen 400mg 12hourly for 5days (After meal)
2. if no improvement REFER

#### II. Painful intercourse may or may not have bleeding

If bleeding, REFER   
Counsel against pre-marital sex, dangers of STIs and HIV/AIDS  
Advise on the use of contraceptives  
Advise on sexual positioning

#### III. Failure to have an erection while with partner

Explain condition to client  
Explain that client should exercise patience when about to have sex  
Counsel on abstinence and risk of STIs/HIV  
After Review if no improvement Refer



**Healthy looking**  
**May or may not look anxious**

#### IV. Quick ejaculations

Explain condition to client  
Encourage physical exercise  
Advise use of condom to reduce sensitivity  
Counsel on abstinence and HIV/AIDs



## HEALTH EDUCATION

- Counsel on sexuality education
- Advise regular exercises.
- Nutritional counseling
- Advise on personal hygiene
- Importance of taking home-based records to the clinic or hospital



## 4.5 GENITO-URINARY TRACT DISORDER

Genitourinary tract disorder are disorder that develop along a patient's urinary or genital tract, or both, in some cases. They are very common, especially among sexually active people and those with certain risk factors like a history of genitourinary anomalies. Genitourinary disorder can be caused by gonorrhea, syphilis, non-specific bacterial infection and schistosomiasis. Patient may complain of discharge, pain and burning sensation on micturition and blood in urine.



## HISTORY

1. How long have you experienced the problem?
2. Do you have pain, burning sensation when passing urine?
3. Do you pass urine normally? Is it more or less frequent?
4. What is the colour of your urine-is it reddish, cloudy, dark or yellowish?
5. Do you have urethral discharge?
6. Do you have pains on your flanks?
7. Is there swelling of your legs?
8. Do you have shortness of breath, nausea or vomiting?



## EXAMINATIONS



**General appearance:**  
ill, puffy face, pale



**Temperature:**  
Pulse, respiration & blood pressure, check and record



**Eyes:**  
check for pallor and peri-orbital oedema



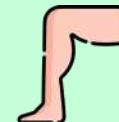
**Chest:**  
check breath sounds



**Abdomen:**  
distension, check for flank tenderness



**External genitalia:**  
any abnormality, redness, swelling, discharges



**Limbs:**  
check hands and feet for oedema



**Urine:**  
colour, odour, protein, cloudiness and blood



i. Urinary problem with any of the following condition: Shortness of breath  
Nausea and Vomiting, No Urine for more than 24 hrs

REFER immediately



II. Pain or burning sensation on micturition, Painful Flank,  
Swelling of legs

REFER



iii. urine plain colour, Dysuria (pain during urination)

encourage a person to drink more fluids as this dilutes urine, making it less painful to pass.

Resting and taking medications as directed can usually help relieve most symptoms.

Tab Ibuprofen 400mg 12hourly for 5days (After meal)

Tab. Nitrofurantoin 100mg 8hourly for 5days



#### IV. Blood in Urine (terminal) may or may not have painful micturition

REFER for bilharzia test

If Schistosomiasis test is negative, REFER

If positive give Praziquantel 60mg/kg/day in 3 divided doses or Metrifonate 4mg tab every 2 weeks for 6 weeks

Review after the treatment

If no improvement, after treatment, REFER

#### V. Cloudy or dark yellow urine without any other symptoms

Encourage fluid intake

Review in 3 days

If no improvement, REFER



## HEALTH EDUCATION

- Advise on personal hygiene
- Advise on protection of genital area.
- Advise on drug compliance.
- Encourage adequate fluid intake.
- Counsel on side effects of medications.
- Importance of taking home-based records to the clinic or hospital



## 4.6 ABORTION

Abortion is the termination of a pregnancy before the age of viability y(i.e. before the pregnancy has attained the age at which when delivered, the baby will be able to survive. In our environment, that age is 28weeks). Abortion can occur spontaneously(unprovoked) or maybe induced (deliberately interfered with). Unsafe induced abortion is a common phenomenon among adolescents and young adults in Nigeria and has led to many cases of infertility and maternal deaths. .It is usually illegal and involves pregnancy termination by untrained person, or performed in an inappropriate place or the use of harmful instruments. Most spontaneous abortions occur in the first 12 weeks of pregnancy.



## HISTORY

When was your Last Menstrual Period (LMP)?  
Is there bleeding? When did it start and for how long? Any injury?  
Did you expel any blood clots/products of conception?  
Is there abdominal pain?  
Is there any vaginal discharge? Does it smell?  
Do you have fever?  
Is there any other problem?



## EXAMINATIONS



**General appearance:**  
ill, weak, pale



**Temperature, Pulse,  
Respiration & Blood  
pressure:**  
measure and record



**Vagina:**  
check for bleeding and  
discharge, blood clots/  
products of conception



**Haemoglobin:**  
estimate and record



**Bleeding subsiding, Temperature: normal, No abdominal tenderness**

#### I. History of bleeding that is subsiding without abdominal pain, Developing embryo completely expelled

Give Tab. Paracetamol 1000mg 8hourly for 3 days  
Tab. Metronidazole.400mg 8hourly for 5days.  
Cap. Amoxicillin 500mg 8hourly for 5 days  
Counsel to minimize emotional and physical effects of abortion  
Encourage abstinence.  
Advise client on the use of contraceptive.  
Advise on personal hygiene.  
Demonstrate how to wash vagina.  
If bleeding continues, after 24hours , REFER 



**\*Abdominal tenderness \*Bleeding from the Vagina**

#### II.Pain in the abdomen, Severe bleeding

Patient is not pale, her vital signs are normal and the uterus is not palpable in the abdomen (pregnancy was less than 12weeks in age). Counsel the patient and perform a Manual Vacuum Aspiration (MVA) if trained. If not trained, REFER immediately.

Tab. Paracetamol 1000mg 8hourly for 3 days  
Tab. Metronidazole.400mg 8hourly for 5days.  
Cap. Amoxicillin 500mg 8hourly for 5 days

Patient is pale, has hypotension or uterus exceeds 12 weeks gestational age- set up intravenous infusion normal saline or apply anti-shock garment and REFER 



**Severe Abdominal tenderness with/without ascites with/without vaginal bleeding**

#### III. Severe pain in the abdomen, Nausea/vomiting with Mild bleeding

Set up intravenous infusion of Dextrose-saline or apply anti-shock garment on her and Refer 



**Temp. 37.50C or above,  
Abdominal tenderness with or  
without bleeding from the vagina.  
Foul smelling discharges from the  
vagina.**

#### IV. Feverish, Foul smelling discharge from the vagina, Trauma.

Tab. Paracetamol 1000mg 8hourly for 3 days  
Tab. Metronidazole.400mg 8hourly for 5days.  
Tab. Ciprofloxacin 500mg 12hourly for 5days,  
Advise on personal hygiene.

REFER 



## HEALTH EDUCATION

- Advise on personal hygiene
- Sexuality education.
- Advise on abstinence
- Counsel on the use of contraceptive
- Advise on adequate fluid intake.
- Counsel on the dangers of unsafe abortion
- Importance of taking home-based records with anytime she goes to the clinic or hospital.



## 4.7 NUTRITIONAL DISORDERS

Teenagers have high nutritional needs. At this stage, the bone develops to its maximum density and this (growth) depends on adequate nutrition. Adequate nutrition also provides protection against diseases. The nutritional status of an adolescent like other group is influenced by socio-economic factors.

The adolescents are very active physically and their nutritional requirements depend on such factors as physiological state, level of activities, stress, etc. Peer group influences also affect their eating habits especially girls. Therefore efforts should be made to ensure adequate nutrition for this group.

## 4.7.1 Nutrition disorder of adolescent



### HISTORY

Have you been eating well?  
What food are you eating? (Probe type of food for a 24 hour period)?  
What is your favourite food?  
Did have appetite?  
Are you comfortable with your weight?  
Did you have Significant weight loss over several days, weeks or months?  
Have you experience vomiting after eating?  
Are you pregnant (if Female)?



### EXAMINATIONS



**General appearance:**  
obesese, thin, pale, anxious  
or aggressive looking,  
restless, moody,  
unkempt, mode of dressing



**Orientation:**  
person, place, time



**Eyes:**  
redness, pallor of the  
conjunctiva, dilated  
pupils



**Mouth:**  
smell of alcohol and  
other substances



**Speech:**  
slurred, incoherent in  
nature



**Skin:**  
for dryness



**Perception:**  
hallucination, thought  
disorders



**Pockets:**  
drugs in the pocket



**Temperature, Pulse,  
Respiration & Blood  
pressure:** check and  
record



**Weight and height:**  
measure and record  
(calculate Body Mass Index  
- BMI and or MUAC)



**Urine:**  
test for pregnancy



**Obese (BMI: 30 kg/m<sup>2</sup> and above)** May or may not be depressed



**Overweight (BMI: 25 to 29.9 kg/m<sup>2</sup>)**  
**Malnutrition ≥ 18.5 to < 25.0**  
**Normal**



**Thin, BMI Nutritional status < 16.0 ,Severe malnutrition or MUAC< 185 mm < 190 mm (SAM),** May look anxious, Intense fear of gaining weight.  
**Shortness of breath., Feeling overweight or "fat," even if you're underweight.**  
**Fear of certain foods or food groups., Experiencing thoughts of self-harm or suicide.May or may not be pale**

#### I. Excessively fat with or without increased appetite

Encourage exercise  
Nutritional counseling  
If no improvement, REFER

#### Excessively fat

**Girl/boy losing weight, Significant weight loss over several days, weeks or months, Induces vomiting after eating**

Explain condition to client and parent  
Nutritional counseling  
Conduct food demonstration  
Tab. Vitamin B complex 1tab 8hourly for 2 weeks  
Tab. Folic acid 5mg daily for 2weeks  
Try to elicit the reason for inducing vomiting and counsel  
Approximately  
If no improvement, REFER



**BMI Nutritional status  $\geq 16.0$  to  $< 17.0$** , Moderate malnutrition or MUAC  $\geq 185$  to  $< 220$  mm, Bloating and/or abdominal pain. Muscle weakness and loss of muscle mass. Dry skin, brittle nails and/or thinning hair. Poor wound healing and frequent illness. Bluish or purple coloring of the hands and feet.



**$\geq 17.0$  to  $< 18.5$  Mild malnutrition**  
**MUAC  $\geq 190$  to  $< 230$**   
 Dizziness and/or fainting. Feeling tired. Slow heartbeat (bradycardia) or irregular heartbeat (arrhythmia). Low blood pressure (hypotension). Poor concentration and focus. Feeling cold all the time. Absent periods (amenorrhea) or irregular menstrual periods.

#### Adolescent weight loss with any of the following

Explain condition to client and parent  
 Nutritional counseling  
 Conduct food demonstration  
 Tab. Vitamin B complex 1tab 8hourly for 2 weeks  
 Tab. Folic acid 5mg daily for 2weeks  
 Try to elicit the reason for weight loss and counsel  
 Approximately  
 If no improvement, REFER

#### Excessively fat

Explain condition to client and parent  
 Nutritional counseling  
 Conduct food demonstration  
 Tab. Vitamin B complex 1tab 8hourly for 2 weeks  
 Tab. Folic acid 5mg daily for 2weeks  
 Try to elicit the reason for weight loss and counsel  
 If no improvement, REFER



## HEALTH EDUCATION

- Counsel on dangers of not eating balance diet
- Advise on personal hygiene
- Nutritional counseling
- Counsel on negative peer influence.
- Importance of taking home-based records with anytime he/she goes to the clinic or hospital.

## 4.7.2 DRUG AND SUBSTANCE ABUSE

A substance could be a drug, toxin, which its abuse alter the mind, perceptions, feelings, moods and behavior of an adolescent.

The most common substance/drugs that are abuse:

Nicotine e.g cigarettes,

Caffeine e.g kolanut and coffee, miraa, rohypnol

Cannabis e.g. Indian hemp,

Heroin, cocaine, amphetamines,

Solvents e.g. herbs, solution, petrol, gum, glue, energy drinks, Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide, prescription nitrites etc.

Hallucinogens (LSD), e.g. calamine or alum, epinephrine, Ketamine

Barbiturates and sedatives e.g. benzodiazepines (Diazepam, Lexotan)

Medications drugs e.g. Panadol, Sudrex (Paracetamol+caffeine), Codeine, pentazocine, tramadol, rohypnol, diazepam, codeine, cough syrup. etc.

Aphrodisiacs or libido boosters

Note during history taking: Denial is a common element of substance abuse and addiction, The adolescent may not easily admit to substance use because it will lead to loss of benefits from parents, guardians and families.



## HISTORY

What substance do you take that may make you eat well, or sleep, or stay awake for long hours? or strong and active to perform better in skills/studies/work?

What job are you doing? Student, physical work etc

What was going on in your life that makes you start using/drinking substance/drugs?

What kind of substance/drugs are you using?

When you use (or drink), how do you feel?

When was your last use substance/drugs?

What were the circumstances surrounding your last substance/drugs use?

Do you ever feel guilty or ashamed after substance/drugs use?

Has anyone ever expressed concern about your drinking habits?

Have you ever stopped or tried to limit your substance/drugs use?

Have you ever tried to quit using substance/drugs? If so, how long ago was your last attempt?

Do you have any medical conditions that could be exacerbated by using substance/drugs?

Have you ever experienced withdrawal symptoms when you stopped using substance/drugs?

Do you have any other problem?





## EXAMINATIONS



**General appearance:**  
pale, anxious or  
aggressive looking,  
restless, moody,  
unkempt, mode of  
dressing



**Orientation:**  
person, place, time



**Eyes:**  
redness, pallor of the  
conjunctiva, dilated  
pupils



**Mouth:**  
smell of substances  
etc



**Speech:**  
slurred, incoherent in  
nature



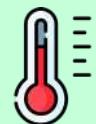
**Skin:**  
check for needle  
pricks



**Perception:**  
hallucination, thought  
disorders



**Pockets:**  
search for drugs in  
the pocket



**Temperature,  
Pulse, Respiration  
& Blood pressure:**  
check and record



**Restless, Aggressive, violence, Anxiety, depression, Bloodshot eyes (miosis).**

**Sudden weight loss, severe loss of appetite , Interrupted sleep patterns: insomnia (difficulty sleeping at night) & or Hypersomnia (sleeping for too long). Disorder affecting: liver, kidney and heart disorder or cancer, Seizures, stroke, and brain damage**



**Secretive behavior:** The person withdraws from friends and family. **Mental confusion.** **Change in complexion:** Repeated drug use can lead to acne, paleness and jaundice. There may also be scabs, scars, bruises and track marks on the body.



**Slurred speech, Smell of substances**  
**Unexplained change in personality or attitude.** Sudden mood swings, irritability, or angry outbursts. **Poor personal hygiene:** Bathing, brushing teeth and physical cleanliness may decline in anyone who is drug dependent. **Financial distress:** (borrowing money without a reason, sell their belongings to get money for drugs). **Ignoring responsibilities:** avoid their daily responsibilities such as work, school or taking care of the home. **Dental health disorder:** dental carries  
**Reckless behavior, isolation**

### Chronic drugs/substance intoxication

Counsel the patient, close friends and family as Addiction is treatable. It's crucial to seek help as soon as possible.

REFER

### Moderate drugs intoxication

Invite/counsel close friends and family encourage Cessation of substance use

REFER

### Acute drugs intoxication

Give activated charcoal  
If not available, give milk drink,  
Invite and counsel close friends and family on the dangers of substance abuse.

friend or loved one should help to observe the patient under round-the-clock encourage Cessation of substance use as it help to minimize the physical harm caused by the abuse of substances.

If no improvement REFER

### 4.7.3 ALCOHOLISM

Alcohol use disorder: Also called alcohol dependence or alcohol addiction: is a chronic condition characterised by uncontrolled drinking and preoccupation with alcohol, resulting to inability to control alcohol drinking due to physical and emotional dependence.



#### HISTORY

How much alcohol do you drink?  
How often do you drink?  
What kind of alcohol do you drink?  
When was your last drink?  
What were the circumstances surrounding your last drink?  
Do you ever feel guilty or ashamed after drinking?  
Has anyone ever expressed concern about your drinking habits?  
Have you ever stopped or tried to limit your drink?  
Have you ever tried to quit using alcohol ? If so, how long ago was your last attempt?  
Do you have any medical conditions that could be exacerbated by using alcohol?  
Do you have any mental health conditions that could be exacerbated by using alcohol?  
Have you ever experienced withdrawal symptoms when you stopped using alcohol?



## EXAMINATIONS



**General appearance:**  
pale, anxious or aggressive looking, restless, moody, unkempt, mode of dressing



**Orientation:**  
person, place, time



**Eyes:**  
redness, pallor of the conjunctiva, dilated pupils



**Mouth:**  
smell of alcohol



**Speech:**  
slurred, incoherent in nature



**Skin:**  
check for needle pricks



**Perception:**  
hallucination, thought disorders



**Pockets:**  
alcohol in the pocket



**Temperature, Pulse,  
Respiration & Blood  
pressure:**  
check and record



A patient who is dependent on alcohol, may drink: a lot of the time first thing in the morning every evening every day and with any of the following: Slurred or incoherent speech Thought disorders Looking Restless Aggressive, Violence Visual hallucinations or seizures. shaking hands (tremor)



Moody, Hallucinations- evidence of perception disorder seizures (fits) anxiety feeling anxious and upset feeling irritable or angry difficulty sleeping (insomnia)



Looking unkept Altered orientation Physical injury physical withdrawal symptoms, such as shaking (tremor), sweating and sickness (nausea) You may also have more severe symptoms, such as feeling sick (nausea) sweating

### Chronic Alcoholic Dependence

Counsel the patient, close friends and family as Addiction is treatable. It's crucial to seek help as soon as possible.

REFER

### Moderate Alcoholic Dependence

Counseling of patient and family Detoxification (also known as 'detox') can be a key stage of treatment. Detox involves stopping drinking completely

REFER

### Acute Alcoholic Dependence

Counsel the patient, close friends and family as Addiction is treatable. It's crucial to seek help as soon as possible.

REFER

## MENTAL HEALTH DISORDERS



## 4.8 MENTAL HEALTH DISORDERS

Mental health disorder in adolescents are those illnesses with psychological or behavioral manifestations and/or impairment in functioning due to social, psychological, genetic, physical or biological disturbance. Mental disorders are characterised by abnormalities in a person's emotions, thoughts, cognition, sensory perceptions, beliefs and behaviour.

Mental disorder usually manifest in adolescents in many ways. The affected may become restless, afraid, suspicious and confused. They may think that people are after them. They may imagine/or complain of seeing strange people or things.

Mental health disorder are common, A mental health disorder may start out as subtle changes to a person's feelings, thinking and behaviour. If they have ongoing and significant changes, it could be a sign that they are developing a mental health disorder. If something doesn't seem 'quite right', it's important to have a conversation about getting help.so it's important to be aware of possible signs.

They may become violent and attack other people or themselves without cause. The condition may have come on after a fever due to malaria, typhoid, or viral infection; it may also be as result of severe emotional disturbance or abnormal emotional experiences or excessive drinking of alcohol or drugs over a significant period.. If nothing is done immediately, there may be danger to life and property. Other symptoms include sleeplessness, hearing and seeing things others cannot see and suicidal tendencies.



## HISTORY

What is the problem?

Does he feel worried, depressed, guilty, worthless or feeling an exaggerated sense of 'high'

2. How long has he/she had the problem?

3. Has he/she had this or similar problem in the past?

4. Does the client use alcohol or drug such as Indian hemp?

5. How is he/she functioning at school/work? Does he/she has problem at school or workplace?

6. What is his/her relationship with his wife or any family members?

7. Is he/she in any love relationship? How steady is the relationship?

8. Is there a recently stressful event?

9. Does he/she sleep well? Or have Changes in sleep?

10. Does he/she eat well? Or have Changes in weight?

11. Any abnormal behaviour, speech or experience (e.g. excessive spending)?

12. Has he/she caused or threatened injury or thoughts or threats of suicide to others or himself/herself? or is engaging in high-risk activities?

13. Has he/she had recent encounter with police, public?





## EXAMINATIONS



**General appearance:**  
unkept, calm, restless, threatening or physically aggressive, ill, withdrawn, confused, tensed, frightened, fidgety, trembling/shaking, sweaty, cold, worried, depressed, guilty, worthless or feeling an exaggerated sense of 'high clammy palms, acting strangely, tearful



**Reaction to the health worker**  
- cooperative, withdrawn, aggressive



**Eyes:**  
redness, staring, bulging, lid retraction, pallor



**Mouth:**  
smell of alcohol or other substances



**Speech:**  
audible, shouting, understandable, meaningful, relevant to the questions asked or to the situation, slurred, rambling, excessive, stammering, hesitant, expressing worry, any strange statements or beliefs expressed



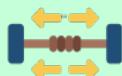
**Orientation:**  
responds to name, knows where he is, has idea of time



**Perception:**  
seeing or hearing things other people cannot see or hear



**Pockets:**  
drugs or other substances in the pocket



**. Signs of tension**  
- suspicious, hyper-alertness



**Thoughts:**  
expression of hopelessness, suicidal tendencies, Don't ignore thoughts or threats of suicide



**Weight:**  
weigh and record



**Temperature, Pulse, Respiration & Blood pressure:**  
check and record



**Chronic feeling of emptiness, sadness, or inability to feel pleasure that may appear to happen for no clear reason. Thoughts of death or suicide, or suicide attempts**  
**Suicidal tendencies Persistent depressed mood irritability**

**Feelings of irritability, frustration, or restlessness.**  
**Suicidal tendencies**

Counsel client/family member separately and jointly  
REFER



**Nervous Jittery Excessive worry**  
**Sad chronic pain, headaches, and digestive issues.**

**1. Stressful life events such as: a) Parental disharmony b) Examination failure**  
**c) Depressed mood**

Counsel client/family member separately and jointly  
If necessary, intervene at home/school  
Home visits for follow-up  
If no improvement, REFER



**Worry Tearful loss of interest or pleasure in hobbies and activities changes in appetite and body weight unusually slow or agitated movements decreased energy or fatigue difficulty sleeping or oversleeping excessive feelings of guilt or worthlessness difficulty concentrating or making decisions**

**Persistent sad, anxious, or “empty” mood. Feelings of hopelessness or pessimism. Breaking of love relationship**

Counsel client/family member separately and jointly  
If necessary, intervene at home/school  
Home visits for follow-up  
If no improvement, REFER



Restless Talkative Irritable Withdrawn  
Weight loss

Complaint of any of the following: a) Excitement, Irritability b) Sexual promiscuity, c) Excessive spending

REFER



Loss of energy & tiredness  
excessive truancy, substance abuse, and/or

Complaint of any of the Following: Poor sleep, Talkative Changes in appetite

REFER



Talkative, Moody, Weight loss

Complaint of any of the Following: a persistent pattern of violating social norms" with a perpetual struggle with authority. Family causes. broken homes physical, emotional or mental disorder Hard time keeping up socially when compared to their peers. School related causes.

Medications: Medications can help if depressed, anxious, or having trouble sleeping.

Counsel client/family member separately and jointly  
If necessary, intervene at home/school

REFER



**Evidence of Drug use/abuse Aggressive**

**III. Behavioural disorders such as:** Stealing b) Truancy c) Aggression to people d) Destruction of property

Counsel client/family member  
REFER 



**Poor interpersonal relationship  
Drug use/abuse sadistic  
behaviours including bullying  
and physical or sexual abuse.**

**Tendency to use drugs, including cigarettes and alcohol, at a very early age.  
being aggressive to animals and other people or showing**

Counsel client/family member separately and jointly  
If necessary, intervene at home/school  
REFER 



**Easily getting annoyed or nervous. Often appearing angry. Putting blame on others. Refusing to follow rules or questioning authority.**

**quent refusal to obey parents or other authority figures. repeated truancy.  
lack of empathy for others**

Counsel client/family member separately and jointly  
If necessary, intervene at home/school  
REFER 



## HEALTH EDUCATION

- Counsel on drug compliance
- Counsel on social behaviour
- Counsel on dangers of drug/substance abuse
- Advise on personal hygiene
- Building a support system Engage your family, friends and peer groups to support
- Maintaining a healthy lifestyle: Eating healthy foods and exercising regularly
- Importance of taking home-based records to the clinic or hospital



## 4.9 VIOLENCE AND ASSAULTIVE BEHAVIOURS

Violence is an outwardly directed destructive behaviour either to persons (including self) or to properties. It might be behaviour learned from the home (family) and can occur in mentally and non-mentally ill persons. It may arise from disturbance of thoughts, feelings or emotions and in adolescence, from a variety of reasons such as alcohol and other substance abuse and diseases affecting the brain.

Violence and aggression can be defined as a set of activities that may lead to harm to other persons. It can be expressed in actions or words, but the physical damage remains and the purpose is clear.

### Sexual Violence and Abuse

This is any form of sexually related activity that takes place without consent being given and may range from just touching to rape. Sexual abuse goes beyond sexual intercourse alone and includes pornographic materials, writings, verbal comments or non-verbal actions e.g. winking, licking lips, etc.



## HISTORY

1. What is the problem?
2. How long has it been noticed?
3. What caused the problem?
4. Is he on any medication? If yes what type?
5. Any injury threatened or inflicted?
6. Has he/she had similar behavioural disorder in the past?

7. Any recent encounter with police or public?
8. Is there fever, stresses/or recent life disorder?
9. Is there any history of alcohol or other substance abuse?
10. Is there any exposure to pornographic materials?
11. Is there any history of fits or head injury?



## EXAMINATIONS



**General appearance:**  
unkempt, restless,  
threatening or physically  
aggressive, ill, depressed,  
Malnourished,  
withdrawn



**Level of consciousness:**  
respond to sound,  
touch and light



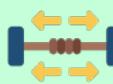
**Mouth:**  
smell of alcohol or  
other substances



**Speech:**  
slurred, rambling,  
excessive,



**Orientation:**  
responds to name,  
knows where he is, has  
idea of time



**Signs of tension**  
– suspicious, hyper-  
alertness



**Evidence of rape:**  
e. g. blood stain, semen  
and physical injuries



**Temperature,  
Pulse, Respiration  
& Blood pressure:**  
check and record



**urine:**  
pregnancy test, STIs



**blood;**  
HIV test



**ath or irreversible harm to the health of a person; Person inflicting serious harm to himself or to others; and Person causing serious damage to property belonging to himself or to others where such behavior is believed to flow directly from the person's mental illness.**



**Drug effects and withdrawals – amphetamine Substance abuse disorder (Acute intoxication/ withdrawal syndrome) Alcohol/ opium/opiates/cannabis and other substances**



**Acts of physical violence., Shouting, swearing, and harsh language. Gossiping or spreading rumors about a classmate. Purposely breaking your roommate's favorite mug. Slashing your co-worker's tires.**

### i. Uncooperative violent and aggressive patient at home

Emergency treatment duration is to be considered up to 72 hours from the initial evaluation by a registered medical practitioner/psychiatrist. Emergency treatment includes transportation of a person with mental illness to the nearest mental healthcare establishment for assessment and management  
Refer immediately 

### ii. Drug abuse or substance abuse with violence and assaultive behaviours

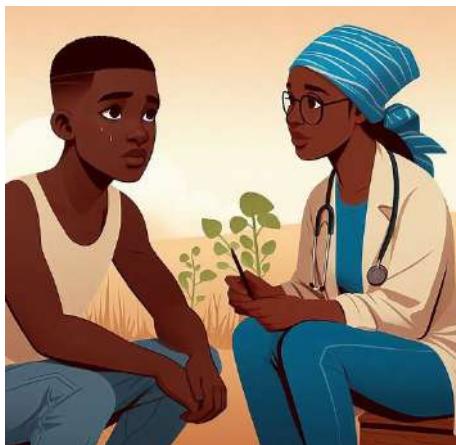
Physical restrain, patient should be lying down on the bed. Both upper and lower extremities should be tied with soft clothes or bandages. Constant monitoring of patients during mechanical restraint is a must. If constant monitoring is not possible, the patient has to be visually observed for at least 15 minutes of restraint time and should be within eyesight. And keep watch at every 10–15 minutes for the remaining hours.  
Counsel family members.  
REFER immediately 

### iii. Violence and assaultive behaviours with any of the following

Counsel family members.  
REFER immediately 



**III looking, Aggressive, Sign of recent drug use, Unkempt, Level of consciousness: response to sound, touch, light, Mouth: smell of alcohol or other substances, Tense, suspicious, hyper-alert, Speech: Slurred, rambling, excessive., Orientation: Identify person, time, place.**



**Anxious, Withdrawn, Sad, Evidence of rape e.g. blood, stain, semen or physical injuries.**



**Systemic Sepsis, Lung Diseases, Survivors of Sexual Assault**

**I. Uncontrolled anger a) Aggressive to people b) Sexual disorders c) Alcohol intoxication and substance abuse. d) Emotional outbursts e.g. impulse control disorders.**

Give Post-Exposure Prophylaxis (PEP) if available

Counsel the family/client

REFER

Follow-up visit

## **II. Sexual abuse (Rape)**

Give Post-Exposure Prophylaxis (PEP) if available

Counsel the family/client

Emergency birth control. It is important to receive birth control and treatment for STDs within 72 hours of the assault for maximum effectiveness. Victims can get emergency contraception up to 5 days after

REFER

Follow-up visit

**Infections, Disturbed Blood Glucose Levels, Acute Situational Reaction, Metabolic and Electrolytic Disturbances**

Counsel the family/client

Treat according to cause

If no improvement REFER

Follow-up visit



## HEALTH EDUCATION

### Advise Parent/Caregiver on Nutritional counseling

- Advise patient not to harbour grievances nor harbour bitter revengeful thoughts
- Advise against alcohol and other substance abuse
- Advise patient not to get too angry as this may result in loss of self-control
- Solicit religious/traditional leaders to help in counseling



## 4.10.1. STIs (FEMALE)

Sexually Transmitted Infections (STIs) are infections that are spread through sexual intercourse.

Common STIs include Gonorrhoea, syphilis, herpes, chlamydia, trichomoniasis,

candidiasis, genital warts, HIV/AIDS etc. STIs can be painful and uncomfortable. They can also have tragic consequences such as pelvic inflammatory diseases and infertility.

Therefore, all cases of STIs should be adequately treated. The following scenarios for the individual treatment are as follows: poor compliance – such as a patient taking a 7-day or 21-day course of doxycycline for chlamydial infections, including for lymphogranuloma venereum;

reinfection – perhaps because sex took place, without a condom, with an untreated sex partner or a new partner;

antimicrobial resistance – this is of particular importance in gonococcal and *M. genitalium* infections since antimicrobial resistance in *N. gonorrhoeae* and *M. genitalium* are being experienced with recommended treatments for these infections; and the presence of an untreated infection – such as *T. vaginalis* and/or *M. genitalium* among men with urethral discharge treated only for *N. gonorrhoeae* and *C. trachomatis* at the first visit.



## HISTORY

What is the problem?  
Do you have a discharge?  
How long have you had the discharge? Is it excessive? What is the colour? Is it smelling and itching?  
Do you soil your under wear?  
Do you feel any burning sensation or pain on urination?  
Do you have lower abdominal pain? If yes, for how long?

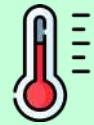
When was your last menstrual period?  
Do you have any sore or wound or painful blisters in the genitalia? Any bleeding from the vagina?  
Is there any history of sexual intercourse, pregnancy, delivery or abortion?  
Is there fever?  
Are you on any medication?  
Risk assessment (see appendices)



## EXAMINATIONS



**General appearance:**  
normal, uncomfortable,  
irritable, anxious



**Temperature,  
Pulse, Respiration  
& Blood pressure:**  
check and record



**Abdomen:**  
tenderness, masses



**Pelvic  
examination:**  
Vulva – soreness,  
painful blisters,  
redness



**(Speculum) Urethra –**  
discharge



**Vagina –**  
redness, discharge (colour,  
smell)



**Cervix –**  
redness, discharge (smell,  
colour, purulent)  
Sore



**Profuse muco-purulent discharge from cervix  
Risk Assessment positive**



**Discharge is Profuse, Thin, watery, Creamy or thick whitish  
Risk Assessment negative**



**Vaginal discharge  
Tenderness on moving cervix**

### I) Vaginal discharge Itching with or without painful urination with or without lower abdominal pain

Give Tab. Ciprofloxacin 500mg (single oral dose)  
Give Cap. Doxycycline 100mg 12hourly for 7 days  
Review in 7 days  
If no improvement, REFER

### II) Vaginal discharge Profuse, thin, watery, Creamy, or thick whitish discharge with or without itching Painful Urination.

Nystatin Vaginal pessaries 100,000 units for 14 days  
OR  
CLOTRIMAZOLE vaginal pessaries 100mg inserted at night for 6 days  
AND  
Tab. Metronidazole 400mg 8hourly for 7 days orally  
Review in 7 days  
If no improvement, REFER

### III) Severe lower abdominal Pain with Vaginal discharge

Give Tab. Ciprofloxacin 500mg (single oral dose)  
Give Cap. Doxycycline 100mg 12hourly for 14 days  
Tab. Metronidazole 400mg 8hourly for 14 days  
Review in 7days  
If no improvement, REFER



**Vaginal discharge, Tenderness on moving cervix, Temperature 37.50C or above**

**IV) Lower abdominal pain with any of the following present:** a) Late or missed period (menses) b) Recent delivery/abortion c) Vaginal bleeding d) Fever

Give Tab. Ciprofloxacin 500mg (single oral dose)  
Give Cap. Doxycycline 100mg 12hourly for 14 days  
Tab. Metronidazole 400mg 8hourly for 14 days  
Review in 7 days  
If no improvement, REFER



**Group of painful blisters (often recurrent)**  
**Risk Assessment positive**

**V) Vaginal discharge with or without genital sore/ulcer or painful blister**  
**a) sexual exposure with or without groin swelling**

Tab. Acyclovir 400mg 8hourly for 7 days (also in pregnancy)  
Tab. Ibuprofen 400mg 8hourly for 3days (After meal)  
Keep lesion dry  
HIV Counseling and Testing (HCT)  
Avoid sex during treatment  
4Cs (Counsel, Compliance, Condom and Contact treatment).  
Review after 7 days  
If no improvement, REFER



## HEALTH EDUCATION

- Advise on the 4Cs (Counsel, Compliance, Condom and Contact treatment)
- Advise on personal hygiene
- Importance of taking home-based records to the clinic or hospital

## 4.10.2 STIs (MALE)

Sexually Transmitted Infections (STIs) are infections that are spread through sexual intercourse. Common STIs include gonorrhoea, syphilis, herpes, genital warts, HIV/AIDS etc.

STIs can be painful and uncomfortable. They can also have tragic consequences such as infertility. Therefore, all cases of STIs should be adequately treated.



### HISTORY

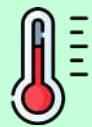
1. What is the problem?
2. Do you have a discharge?
3. How long have you had the discharge? Is it mucoid, purulent, profuse or scanty?
4. Have you ever had urethral discharge before? If yes, how long ago?
5. Do you notice the discharge after a particular sexual intercourse?
6. Have you had any sexual contact after you noticed the discharge? If yes, with who?
7. Do you feel any burning sensation or pain on urination?
8. Is there fever?
9. Are you on any medication?
10. Risk assessment (see appendices)



## EXAMINATIONS



**General appearance:**  
normal, uncomfortable,  
irritable, anxious



**Temperature,  
Pulse, Respiration  
& Blood pressure:**  
check and record



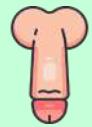
**Throat:**  
redness, pus



**Skin:**  
rashes



**External genitalia –**  
discharge ("milk" the  
urethra)



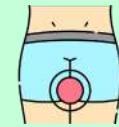
**Uncircumcised male –**  
retract the foreskin, be  
sure the discharge is from  
the urethra



**Check glands for**  
**redness, ulcer.**



**Check scrotum for**  
**sores, redness,**  
**swelling, (just look,**  
**DO NOT PALPATE)**



**Check anus for purulent**  
**discharge**



**Groin:**  
swelling, tenderness



**Inginal swelling with or without tenderness  
Skin rashes**

**I) Groin (inguinal swelling) with or without pain a) Patient not sexually active b) Under 15 years of age c) Skin rash**

Give Tab. Erythromycin 500mg 6hourly for 7 days  
Give Benzathine Penicillin G 2.4mu Intramuscularly (IM) in a single dose  
Review in 4 days  
If no improvement, REFER



**Scrotal swelling  
Urethral discharge**

**ii. Drug abuse or substance abuse with violence and assaultive behaviours**

Give Tab. Erythromycin 500mg 6hourly for 7 days  
Give Cap. Doxycycline 100mg tab 12hourly for 7 days  
Review in 4 days  
If no improvement, REFER



**Sore/Ulcer present, Swelling in the groin, Risk assessment positive**

**III) Genital sore or Ulcer a) History of sexual exposure b) Swelling in the groin c) Urethral discharge with or without painful micturition**

Give Tab. Erythromycin 500mg 6 hourly for 7 days  
Give Benzathine Penicillin G 2.4mu Intramuscularly (IM) in a single dose  
Review in 7 days  
If no improvement, REFER

**No penile discharge****Scrotal swelling  
Urethral discharge****IV) Patient with painful micturition, no discharge**

encourage a person to drink more fluids as this dilutes urine, making it less painful to pass.

Resting and taking medications as directed can usually help relieve most symptoms.

Tabs. Ibuprofen 400mg 8hourly for 5days (After meal)

Tabs. Nitrofurantoin 100mg 8hourly for 5days

Review after 5 days

If no improvement, REFER

**ii. Drug abuse or substance abuse with violence and assaultive behaviours**

Tabs Acyclovir 400mg 8hourly for 7 days (also in pregnancy)

Tabs Ibuprofen 400mg 8hourly for 3days (After meal)

Keep lesion dry

HIV Counseling and Testing (HCT)

Avoid sex during treatment

4Cs (Counsel, Compliance, Condom and Contact treatment).

Review after 7 days

If no improvement, REFER



## HEALTH EDUCATION

- Advise on the 4Cs (Counsel, Compliance, Condom and Contact treatment)
- Advise on personal hygiene
- Importance of taking home-based records to the clinic or hospital

### 4.10.3 HIV/AIDS (MANAGEMENT OF PATIENT)



#### HISTORY

1. What is the problem?
2. How long have you had the problem?
3. Are you losing weight?
4. Have you had infections?
5. Have you had blood transfusion? Scarification?

6. Do you have casual sexual partner or sexual partner of same sex?
7. Have you had contact with relatives or partners with similar problem?
8. Have you been treated for HIV/AIDs?
9. What other disorder do you have? Any cough? Diarrhoea? Repeated infections? Any fever?



#### EXAMINATIONS



**General appearance:**  
healthy, wasted , pale



**Temperature,  
Pulse, Respiration  
& Blood pressure:**  
check and record



**Weight:**  
weigh and record



**Hair:**  
thin or scanty



**Eyes:**  
sunken, pale conjunctiva



**Mouth:**  
thrush, red and white patches



**Neck and Armpit:**  
enlarged node



**Skin:**  
rashes, ulcers,  
fungal infection



**Chest:**  
crepitation, decreased  
breath sounds



**Abdomen:**  
palpable organ

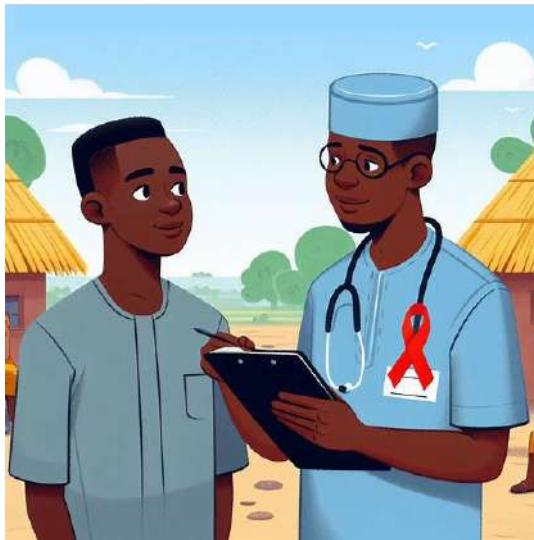


**Groin:**  
enlarged nodes, ulcers



**Genitalia:**  
ulcers, rashes,  
discharges.

**HIV screening after pretest counseling**



**Severe dehydration,  
Temperature 37.50C or  
above, May or may not  
have weight loss greater  
than 10% of bodyweight,  
Generalized dermatitis,  
Oral candidiasis,  
Genital ulcer, Enlarged  
generalized lymph  
nodes, HIV test positive**

**I) History of recurrent or persistent diarrhoea of more than 1 month duration**  
a) Generalized itching, skin rash b) unexplained cough longer than 1 month c) Recurrent genital and mouth sores d) Prolonged fever for more than one 1 month e) Severe weight loss f) General weakness g) Ulcer that has refused to heal

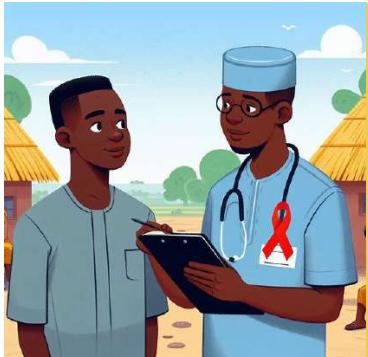
1. Symptomatic treatment
2. Give Paracetamol 1000mg 8hourly for 5 days
3. Give ORS solution for dehydration
4. Home-based care includes:
  - a. Provision of counseling to patient and family members on compliance
  - b. Provision of pastoral support/care
  - c. Prevention of opportunistic infections by encouraging patient to visit the H/F as soon as any complication/complaint arise
5. Management of opportunistic infections
6. REFER



**Weight loss, General skin rashes, Enlarged lymph node, Mouth and genital ulcers,  
Laboratory test positive**

**II) Chronic diarrhoea, Chronic cough, Mouth and genital ulcer, Oral thrush  
Skin rash**

REFER



**Laboratory result may or may not be positive and have weight loss.**

**III) Claim to be HIV positive patient, No other complaint**

Counseling  
Refer for confirmation test.



## HEALTH EDUCATION

- Advise on positive lifestyle e.g. avoidance of stress
- Advise on the 4Cs (Counsel, Compliance, Condom and Contact treatment)
- Advise on personal hygiene
- Importance of taking home-based records with anytime he/she goes to the clinic or hospital



## 4:11 INJURIES, FRACTURES AND BITES

Injuries occurs in different part of the body tissues. They may be on the skin and/or deeper tissues which may be small or large and may include cutting of nerves and tendons. There could be wounds that have been for several days and have become infected or healing poorly; or Sores which are injured, infected or diseased part of the skin. Some may be Ulcers which are injuries in a bodily membrane.

A fracture is a break in the continuity of a bone. It is more serious if there is also a compound fracture, profuse bleeding resulting from wounds. There is an urgent need to stop bleeding to

avoid the patient getting into shock. Early cleaning and treatment of wounds or sores is important to prevent infections including tetanus. Adolescent are prone to injuries, fractures, dislocations, wounds, bites from snakes, dogs, scorpions or humans.

Some injuries involve the head which comprises of the brain and the sense organs (for hearing, sight, smelling and tasting). Serious injury to the head may be caused by a fall or a blow to the head. Some signs of this injury are severe headache, unconsciousness, vomiting, confusion, bleeding from the nose, mouth or ears. Delay in prompt care and/or referral of a patient with head injury may cause permanent disability or death



## HISTORY

1. How did the injury occur?
2. Was there any bleeding?
3. Has it bled much? (Try to carefully assess the amount)
4. Has anything been put on the wound?
5. Have you been immunized with Tetanus Toxoid? Number of doses?
6. Did anyone see it happen to describe the incident?
7. What bit him/her? A Dog, A Snake, A person? Scorpion? Or any other thing?
8. Where is the pain? How bad is it?
9. Can you move/use limb? Is there limitation of movement?
10. Which movement causes greatest pain?
11. Was there loss of consciousness? Irritability? Fits?
12. Do you have headache, nausea, or vomiting?
13. Is there any other thing you like to tell me or any additional injuries?

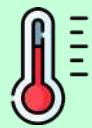


## EXAMINATIONS



**General appearance:**

- a. Conscious, confused, irritable, unconscious
- b. Pale, cold or clammy
- c. Increased sweating.
- d. Increased respiration and pulse rate
- e. Patient agitated or restless



**Check the vital sign:** Temperature, Pulse, Respiration & Blood pressure and record



### Head:

Visible wound, swelling, bleeding

- a. Ear: Bleeding
- b. Eyes: Subconjunctival hemorrhage, pupils for size reaction to light
- c. Mouth: Teeth, fractures, bleeding
- d. Nose: Bleeding, fractures



**Hemoglobin:**  
Estimate and record



**Chest:**  
Ribs for fractures



**Abdomen:**  
For tenderness, rigidity



**Urine:**  
Monitor output



**Size and site**



**Bleeding.**



**Pus or dirt in wound.**

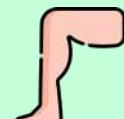


**Swelling, redness or warmth around wound.  
SPRAINS, dislocation AND FRACTURES**



**General appearance:**

- a. Signs of shock - increased sweating, pallor,



**13 restlessness, rapid pulse and rapid respiration.**

- b. Degree of pain.
- c. At Limb or joint.
- d. Tenderness or swelling.
- e. Warmth or redness.
- f. Crepitus (crackling).
- g. Associated Open wound.



**Evidence of fracture (unable to move the limb)  
BP below 110 / 70 mmHg or above. Lethargic. Wound with blood loss**



**Bleeding from wound, Torn tendon, Check hemoglobin**

### I. Wound on the limb resulting from injury

Immobilize the limb  
Dress wound  
Give IM. Tetanus Toxoid 0.5ml (stat) immediately  
Caps Amoxicillin 500mg 8hourly for 5days  
Tabs Metronidazole 400mg 8hourly for 5days  
Tabs Ibuprofen 400mg 8hourly for 3days (After meal)  
or Tabs Paracetamol 1000mg 8hourly for 3days  
Tab Vitamin C 200mg 8hourly for 7 days  
REFER

### II. Headache with vomiting ,fever , neck stiffness

Clean well with available diluted antiseptic solution  
Control bleeding by pressure  
Give IM. Tetanus Toxoid 0.5ml (stat) immediately  
Perform stitches and dress the wound were possible  
If hemoglobin is less than 10g/dl  
REFER immediately



**Injury or swelling normal behaviour Normal pupil, Not vomiting  
No drowsiness**



**Wound at the site of bite**

### III. Injury to head with a small external swelling

Wash wound with soap or detergent/ diluted antiseptic solution  
Advise patient to observe the dog for 10 days and report any change in the dog's behaviours or death of dog.  
Give anti-rabies injections 1ml on days 0, 3, 7, 14 and 28 on the deltoid. Depending on the manufacturers instruction.  
Tab Ibuprofen 400mg 8hourly for 3 days (After food)

IM. Tetanus Toxoid 0.5ml stat  
Wash wound with soap or detergent/ diluted antiseptic solution  
Advise patient to observe the dog for 10 days and report any change in the dog's behaviours or death of dog.  
Give anti-rabies injections 1ml on days 0, 3, 7, 14 and 28 on the deltoid.  
Tab Ibuprofen 400mg 8hourly for 3 days (After meal)  
IM. Tetanus Toxoid 0.5ml stat  
Daily dressing of wound after cleaning well.  
If dog is alive after 10 days, discontinue anti-rabies injection.  
REVIEW daily.

### IV Wound from human Bite

Wash with diluted antiseptic solution or normal saline  
IM. Tetanus Toxoid 0.5ml stat  
Caps Amoxicillin 500mg 8hourly for 5days  
Tab. Vitamin C 200mg 8hourly for 14 days  
Dress wound daily  
Review in 5 days  
If no improvement, REFER 



**Wound from fangs seen at the site of the bite Swelling of the affected part Bleeding gum**



**Site of sting swollen Itchy May be red**



**\*Spots with or without history or sign of leprosy  
\*Ulcers, particularly on the hands and feet with or without deformity Hypo-pigmented spot with or**

#### V History of snake bite

Keep client calm, clean area thoroughly.  
Give anti-snake venom e.g. 10mls stat Snake venom antiserum sensitivity test is done before by administering 0.1ml of the serum to the victim.  
(read and follow manufacturer's instructions)  
IV Hydrocortisone 100mg stat  
IM. Tetanus Toxoid 0.5ml stat  
Tab Paracetamol 1000mg 8hourly 3days  
Caps Amoxicillin 500mg 8hourly for 5days  
REFER immediately 

#### VI . Scorpion/Bee/Wasp sting

IV Hydrocortisone 100mg stat  
Tab Ibuprofen 400mg 8hourly for 3days (After meal)  
PLAIN Lignocaine injection around the site of sting  
Review within 24 hours.

#### VII . Ulcer with hypo-pigmented

Wash ulcers thoroughly with warm salt water  
Clean and dress daily  
REFER immediately 



\* Greater than 4cm \* No signs of shock Evidence of infection (septic wound)



\*Wound less than 4 cm \* No signs of shock \* Without evidence of infection



\*Bleeding from ear or nose \* May or may not be conscious \* Stiff neck  
\* May or may not be bleeding from ear or nose \* May have convulsion  
\* Wound seen \* Abnormal behavior

#### VIII. History of wound

Clean wound with/diluted antiseptic solution  
IM. Tetanus Toxoid 0.5ml immediately (stat)  
Tab Ciprofloxacin 500mg 12hourly for 5days  
Dress wound with Eusol  
Tab. Vitamin C 200mg 8hourly for 14days  
REVIEW in 5 days if no improvement M, MN  
REFER

#### IX. History of wound

Clean wound with diluted antiseptic solution  
Stop bleeding by pressure  
Daily dressing with Sofratulle or vaseline gauze  
IM. Tetanus Toxoid 0.5ml immediately (stat)  
If wound is a laceration and less than 6 hours, suture if needed  
Cap Amoxicillin 500mg 8hourly for 5 days  
Tab Paracetamol 1000mg 8hourly for 3 days  
Tab Vitamin C 200mg 8hourly for 7 days  
REVIEW in 3 days

#### X. Injury to the head

Asses rapidly using the ABC method  
REFER immediately



**With or without wound seen \* Pupils reacting normally to light \*With or without tenderness**



**\*Pupils reacting normally to light \*No tenderness**



**\* Conscious \* No other signs of head injury**

#### XI. Injury to the head with transient loss of consciousness

Asses rapidly using the ABC method  
Tab Paracetamol 1000mg 8hourly for 3days if conscious  
REFER immediately

#### XII. Injury to the head without transient loss of consciousness

Monitor vital signs hourly for 4 to 6 hours  
If condition deteriorates, REFER

#### XIII. Injury to the head, No other FINDINGS ON HISTORY

Check vital signs and advice to return immediately if vomiting or headache or drowsiness occurs.  
REFER if patient returns.



## HEALTH EDUCATION

- Advise on use of protective clothing to avoid bites
- Importance of compliance with treatment
- Give nutritional counseling
- Advise on environmental sanitation
- Advise on reducing risk of accident
- In cases of snake bite, if possible, take along killed snake to the clinic
- Advise on prevention of head injuries e.g. use of crash helmets, and seat belts
- Prevention of home and road accidents
- Importance of taking home-based records during visit to the hospital



## 4.12 NECK DISORDERS/ INJURIES

Neck problems can result from physical injury or infections (tuberculosis, meningitis, HIV/AIDS etc.) or it is common among adolescents, which include an injury (fall from high object, slippery, or domestic accident resulting to effect to the structures in the neck) This may manifest as enlarged nodes and/or lumps around the neck which may associate with stiffness of the neck. Lumps can be located in the center or front of the necks (for example goiter)



## HISTORY

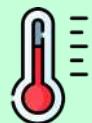
What is the problem?  
Do you have difficulty swallowing? Hoarseness?  
Do you have pain and/or stiff neck? Neck swelling?  
Do you have pain or headache?  
Did you injure your neck?  
Do you have fever?  
Do you have weakness or numbness of the arms, hands or legs?  
Is there weight loss or night sweats?



## EXAMINATIONS



**General appearance:**  
Ill-looking, distressed.



**Check the vital sign:**  
Temperature, Pulse,  
Respiration, Blood Pressure  
and record



**Estimate weight and  
record**



**Head:**  
Abscesses, sores or  
pustules, lumps  
a. Ears: Signs of  
infection.  
b. Mouth:  
Abscesses or sores



**Neck:**  
Swelling, nodes, stiffness,  
tenderness



**Arms and  
Legs:** Weakness  
or decreased  
sensation.



**Palpable mass in the front of the neck  
May be in respiratory distress**



**Stiff Neck No weakness of  
arms and legs No evidence of  
injury**



**Palpable, tender nodes**

### I. Neck swelling with or without difficulty in breathing

REFER immediately

### II. Pain and stiff neck without history of fever or injury

Reassure client  
Tabs Ibuprofen 400mg 8hourly for 3 days (After meal)  
Methyl Salicylate Ointment; apply to affected area  
Review in 2 days  
If there is no improvement, REFER

### III. Enlarged, painful nodes around the neck with or without fever

Caps Amoxicillin 500mg 8hourly for 5 days  
Tab Metronidazole 400mg 8hourly for 5 days  
Tab Ibuprofen 400mg 8hourly for 3 days (After meal)  
Review in 5days.  
If no improvement, REFER



## HEALTH EDUCATION

- Advise on prevention of neck injuries
- Advise on complications of mumps in males
- Advise on prevention of transmission to others
- Give oral hygiene instructions
- Importance of taking home-based records during to the clinic



## 4.13 EAR, NOSE AND THROAT DISORDERS

The ear, nose and throat are linked and whatever affect one may affect the other. The ear is used for hearing and to maintain a balance, and any disease of the ear which is not urgently and adequately treated may not only lead to deafness, but also lead to inability to maintain balance.

Ear problems commonly caused by middle ear infection often accompanied by pain, dullness and redness of the ear drum with drainage of pus or fluid infections of the nose, throat or Eustachian tube may spread to the middle ear. It is important to examine the bone behind the ear if it is painful (tender to touch); it may mean that the infection has spread to the mastoid bone. Testing an adult for hearing, one is advised to sit behind the client and ask him to repeat words or numbers you whisper to him.

The nose is the organ for sense of smell, and for breathing. When the nose is affected by disease or injury, it discharges watery fluid (mucus, blood or pus.) Blocking of the nose may lead to breathing difficulties.

The throat is the junction of the ear, nose and mouth. It contains the tonsils, pharynx, etc. Diseases affecting the throat can easily spread to the chest and brain.



## HISTORY

What is the problem?

How long have you had the problem?

Is there catarrh?

Is there pain? Boil? Any discharge: pus, blood or water?

Do you feel pain while swallowing?

Is there fever? Watery eyes? Headache?

Has it happened before?

Has there been any blow or injury to the head?

Do you have nose bleeding? Can you estimate the volume? When did it start?

Are you having bleeding from any other part of the body?

Is there pain from the teeth or gum?

Do you notice bad or foul breath?

Is there diarrhea or vomiting?

Do you work in a noisy environment or with noisy machines?

Have you put anything into your ears, nose and throat? Did anything enter your ears, nose or throat? 16. Is there any trauma to the ear, nose or throat?



## EXAMINATIONS



**General appearance:**  
Ill-looking, in distress.



**Check the vital sign:**  
Temperature, Pulse,  
Respiration and  
Blood Pressure  
and record



- 3. Ear:**
- (a) Pus or blood discharge;
  - (b) Red or bulging drum;
  - (c) Perforated drum, foreign body
  - (d) Cerumen (Wax);
  - (e) Bone behind the ear (mastoid) for tenderness.



**Eye:** Redness,  
watery discharge



**Nose:**  
Mucus or catarrh



**Neck:**  
Stiffness or enlarged  
lymph nodes



- 7. Throat:**
- (a) Redness
  - (b) Enlarged tonsils, pus.
  - (c) Hoarseness or loss of voice.



**Chest:**  
Crepitations,  
wheezes, decreased  
breath sounds



**Test for hearing and record.**



Severe condition  
Suspect Mastoiditis



Watery eyes; Restlessness, May see foreign body, impaired vision, eyes may be red.



\*Temperature 37.5C or above  
Red, dull bulging ear drum or  
\*Perforation of ear drum Pus or blood discharge

#### I. Ear problem with vomiting \*Tenderness behind the ear

REFER immediately.

#### V. Foreign body in the eye with pain

Caps Amoxicillin 500mg 8hourly for 5 days  
Tabs Ibuprofen 400mg 8hourly for 3 days (After meal)  
OR  
Tab Paracetamol 1000mg 8hourly for 3 days  
Review in 3 days  
If no improvement REFER

#### III. Pain in the ear with or without pus or water from the ear or vomiting

REFER immediately



# NATIONAL STANDING ORDERS

FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS

COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA



2024

## SECTION FIVE: ADULT HEALTH



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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

## FEEDBACK AND SUPPORT CONTACT

We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

### HOW TO PROVIDE FEEDBACK

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

Online Form: Please fill out your structured feedback using the google form via this link

## ADULT HEALTH

This refers to an adult often recognized as somebody who is matured, well developed, a fully grown and is 18 to 59 years and above.

**Section 5.1** is for adults who present with no complaints. Note that, other health conditions affecting adolescents (13 years and above) and some conditions affecting the elderly are also treated in this section.



## 5.1 ADULT FIRST VISIT

### HISTORY

- How are you feeling?
- If ill, what are your symptoms?
- Are you taking any medication or treatment? If so, please describe?
- Have you lost weight recently?
- Have you had any operation(s)? If yes, what and when?
- Are you able to cope at home?
- Do you smoke, take snuff or alcohol?

### OBSTETRIC

- Have you been pregnant before? If yes, how many times?
- What was the nature of your delivery-CS, SVD or forceps delivery?
- Have you had abortion before? If yes, how many times?
- Are you pregnant now? If so, are you receiving prenatal care?
- What is your LMP?
- How many children do you have? How many are alive?

### IMMUNIZATION

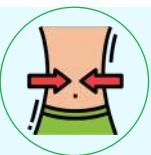
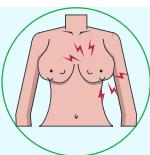
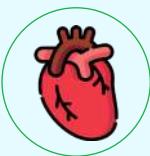
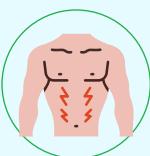
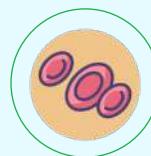
- Have you ever had tetanus-diphtheria (Td) immunization? How many doses?

### SOCIAL

- How many wives do you have or how many wives does your husband have?
- Do they all live with you?
- Are you employed?
- What work do you do?



**EXAMINATION**

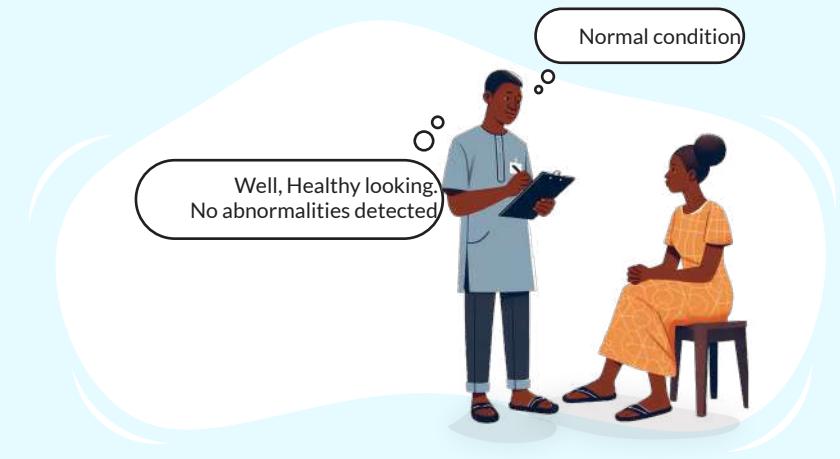
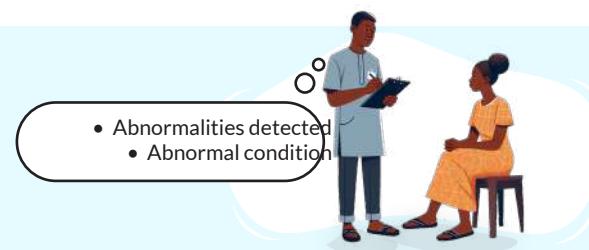
	<b>General appearance:</b> healthy, ill-looking, thin, unkempt, or depressed.		<b>Breasts:</b> lumps, flat or inverted nipples.		<b>Weight and height:</b> Measure and record, determine BMI and WHR.
	<b>Eyes:</b> pallor, jaundice, hyperemia, swelling, discharge.		<b>Chest:</b> a) difficult or rapid breathing; b) crepitation, rhonchi, wheezing, rales or any decreased breath sounds.		<b>Urine:</b> Colour, Odour, Protein, Sugar.
	<b>Ear and Nose:</b> examine for discharge, redness, swelling, foreign body (FB), impacted wax.		<b>Heart:</b> rate, rhythm.		<b>Stool:</b> Consistency, Parasites and Ova
	<b>Mouth:</b> conditions of the lips, mucous membranes, gums, teeth, uvula, faecal pillars and oropharynx.		<b>Abdomen:</b> scars, tenderness, masses, hernias		<b>Haemoglobin:</b> Estimate and record.
	<b>Neck:</b> any stiffness, swelling or enlarged thyroid.		<b>Limbs:</b> Deformities, Varicosities, Oedema.		

**First visit/Regular Check up****Encourage on:**

- General medical checkup twice yearly
- Regular exercises;
- maintaining good posture;
- yearly PAP smear if female;
- regular breast examination,
- regular prostate examination in male

**Educate on:**

- STI HIV/AIDS prevention;
- Child spacing;
- Nutrition
- If female, within the childbearing age , advise to take 5 doses of Tetanus Diphtheria (TD)
- Test for urine and refer for stool test.

**First visit****REFER to appropriate section****HEALTH EDUCATION**

- Healthy lifestyle.
- Personal hygiene.
- Regular clinic attendance.
- Environmental sanitation.
- Nutrition
- Importance of taking home-based records to the clinic or hospital

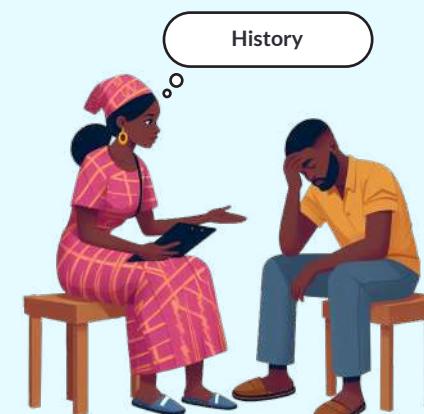
## 5.2 FEVER



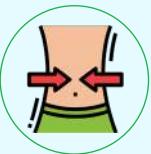
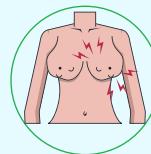
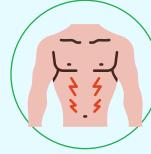
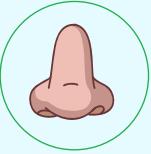
**Fever** is hotness of the body. It is body temperature of 37.2°C and above. Fever is a sign of infection or loss of body fluid. Some common causes of fever in adults are malaria, tuberculosis, respiratory tract infection, gastrointestinal tract infection and other infections. All patients with history of fever should be treated and encouraged to drink plenty of water, other fluids and fruits, and should be advised to wear light clothing. High fever ( $> 38.0^{\circ}\text{C}$ ) should be treated as emergencies.

### HISTORY

- How long have you had this fever?
- Is there any ear pain, cough, catarrh or headache?
- Is there any diarrhea, nausea, vomiting or abdominal pain?
- Do you sleep under a long lasting insecticide (mosquito) bed net? (LLIN)
- Are there any pain(s); muscle, joints, back, arms and legs?
- Do you have pains or burning sensation on micturition?
- Is anyone else in the family ill?
- Are you taking any medication or treatment? If yes, describe
- Have you been losing weight recently?
- Any recent travel? If yes, to where?



**EXAMINATION**

	<b>General appearance:</b> ill-looking, weak, thin, unkempt Temperature, Pulse, Respiration, and blood pressure: check and record		<b>Mouth:</b> <b>Condition of the lips, mucous membrane,</b> Blisters, ulcers, redness of the oropharynx swelling of the tonsils		<b>Breasts:</b> tenderness, swelling, flat or inverted nipples.
 <b>Skin:</b> rashes, Patches			<b>Ear:</b> redness or dullness of drum, tenderness, discharge, foreign bodies, impacted wax		<b>Abdomen:</b> tenderness, enlarged spleen or masses, scars, hernia
	<b>Eyes:</b> Jaundice, pallor, hyperemia, discharge, swelling.		<b>Neck:</b> stiffness, swelling or enlarged thyroid.		<b>Genitalia:</b> discharges, sores, rashes, swelling, bruises Elicit Kernig's sign
	<b>Nose:</b> discharge, flaring, polyp, foreign body( FB), Deviated Nasal Septum( DNS).		<b>Chest:</b> a). crepitation, wheezes, rhonchi, rales, decreased breath sounds; b). rapid or laboured respiration.		<b>mRDT:</b> Test and record

### Hotness of the body, Itching of the body, Excessive vomiting, Yellowness of the eyes

#### Advise on:

- Bed rest
- Glucose drink and High carbohydrate diet
- No fatty food
- Tabs Multivitamin 1 tab 8 hourly for 2 weeks
- Tepid sponge if temperature is high

REFER immediately to secondary health facility 

Temperature 37.2°C and above. Yellowish conjunctiva, Tiredness.

- Severe Condition
- Suspect Hepatitis



### Fever, General body Pains, Headache and Stiff neck

- Inj Benzyl Penicillin 1 mega unit,IM: 6 hourly for the first 48 hours then
- Caps. Amoxicillin 500 mg 8 hourly for 7 days
- Tabs Phenobarbitone 60mg 12 hourly for 3days
- Tabs Paracetamol 1000mg 8 hourly for 3days
- Tabs Multivitamin 1 tab 8 hourly for 2weeks
- Review in 2days

If no improvement, REFER to secondary health facility 

Temperature 37.2°C and above. Tenderness of Abdomen, Stiffness of neck, Positive Kernig's sign

- Severe Condition
- Suspect Meningitis



### Fever, known leprosy patient

- Give Tab. Acetylsalicylic Acid 600mg stat, If client has history of Ulcer, give Tab. Paracetamol 1000mg immediate (stat).
- Treat according to TB / leprosy management algorithm if trained and have necessary drugs

If not trained, REFER immediately to DOT Clinic for better management. 

Joint pain on pressure, Reddish or Painful Skin patches, Inability to close the eyes Muscle weakness

- Severe Condition
- Suspect complications of leprosy



### Fever longer than 2 weeks. Abdominal pain with or without diarrhea Vomiting and headache

- Low Osmolarity ORS.
- Tepid sponge if temperature is high
- Acetylsalicylic-Acid 600mg 8 hourly for 3 days, if client has history of Ulcer, give tabs Paracetamol 1000mg 8 hourly for 3 days.
- Caps Amoxicillin / Clavulanic acid 625mg 12hourly for 5 days.
- Tabs Metronidazole 200mg 8 hourly for 5 days
- Review in 3days

If no improvement, REFER to secondary health facility 

- Moderate to severe Condition
- Suspect Hepatitis

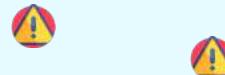


Temperature 37.2°C and above.  
Tiredness, Tenderness in the abdomen. Rapid Diagnosis Test (RDT) for malaria negative

### Fever, cough, difficulty in breathing, headache

- GTabs Paracetamol 1000mg 8 hourly for 3days.
- Tabs Ciprofloxacin 500mg 12 hourly for 5 days.
- Review 3 days

If no improvement, REFER to secondary health facility



- Moderate to severe condition
- Suspect Pneumonia



Temperature 37.2°C and above Difficult or fast breathing

### Prolonged Fever for more than 1 month, with recurrent or persistent Diarrhoea, with weight loss, with or without Skin rashes

- Give Tabs Paracetamol 1g 8 hourly for 3days
- Low Osmolarity ORS solution
- Counsel and test for HIV

If positive, REFER to ART clinic 

If negative, REFER to Secondary health facility 

- Severe Condition
- Suspect HIV/AIDS



Dehydration Temperature 37.2°C and above. Marked weight loss  
Skin rashes and/ or patches

**Fever with facial swelling, sore throat and bleeding from nose, eyes, ears, gums**

REFER immediately to secondary health facility 

- Efforts to help those who are infected include giving either oral rehydration salts/ORS or intravenous fluids to prevent dehydration

Temperature 37.2°C and above  
Headache Joint and muscle aches Sore throat Weakness Abdominal pain Loss of appetite Vomiting or coughing up of blood Bloody diarrhoea

- Severe Condition
- Suspect Hemorrhagic Fever



**Fever: > 38°C Moderate to severe dehydration. Sub-optimal level of consciousness Cough, respiratory distress, with or without history of exposure to COVID- 19**

REFER immediately to secondary facility 

Acutely ill- looking, to, Dyspnea as evidenced by labored breathing, Fast breathing, respiratory rate > 18 cpm etc. Moderate to severe dehydration SP02 at room temperature < 92% Fever usually high grade > 38°C Generalized body weakness

- Severe Condition
- Suspect COVID- 19



**Fever less than 1 week, no other complaints**

**Drug              Age Wt.(kg) Dosage**

- Arthemeter-Lumefantrin (AL) >14yr >35kg 4tab 12 hourly for 3days (20/120mg Tab) OR 1 at 0 hour, 8 hours later, then, 1 tab 12hourly for 3 days ( 80/480mg).
- Artesunate Amodiaquine (AA) >14yrs >40kg 4Tab ( 25/67.5mg Tab) once daily for 3 days
- Tabs Paracetamol 1000mg 8hourly for 3 days.

If no improvement, REFER to secondary health facility 

Temperature 37.2°C and above. Tenderness of Abdomen, Stiffness of neck, Positive Kernig's sign

- Severe Condition
- Suspect Meningitis





## HEALTH EDUCATION

- Environmental sanitation and prevention of disease transmission
- Use of insecticide treated net/materials for malaria control
- Personal and food hygiene
- Nutrition
- Safe water and disease prevention
- Importance of taking home-based records to the clinic or hospital

## 5.3 COUGH



**Cough** is a rapid expulsion of air from the lungs in order to clear the lungs and airways of fluids, mucus, food particles or other materials. Cough is a sign of irritation of the throat and wind pipe which comes suddenly. Causes of cough are: common cold, inhalation of dust, fumes and pollens, heart and lung diseases, cigarette smoking, etc. Cough sometimes helps clear the lung of accumulated mucus. It is therefore not good to give cough suppressants unnecessarily when a patient has cough.

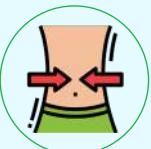
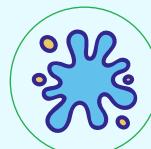
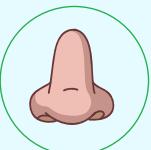
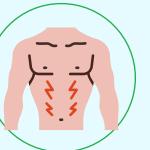
### HISTORY

- How long have you been coughing? How often?
- Do you have difficulty in breathing?
- Do you wake up at night with shortness of breath?
- Do you bring up sputum? If yes, what colour is it? (Yellow, Green, White or Blood stained)
- Is there fever or nasal discharge or Sore throat?
- Is there any loss of appetite?
- Have you been losing weight or sweating at night recently?
- Does anyone else in your family have cough?
- Have you taken any medication? If yes, what type?
- Is your feet swollen?
- Does the cough come while frying, sweeping, or when exposed to fumes, dust, cigarette smoke, snuff, pollen or cold

### History

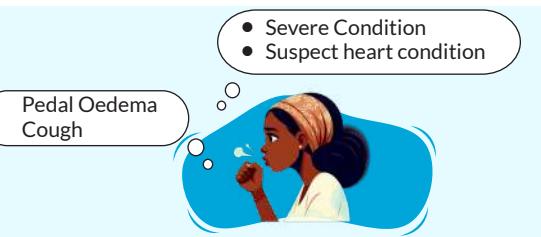


**EXAMINATION**

	<b>General appearance:</b> ill-looking, thin, tired.		<b>Chest:</b> <b>In-drawing</b> a) Difficult or rapid breathing. b) Tenderness, crepitation, rhonchi or decreased breath sounds.		<b>Sputum:</b> if available, colour, quantity and appearance and AFB stain up to 3 times
	<b>Vital signs:</b> Temperature, Pulse, Respiratory rate. Blood pressure: check and record.		<b>Heart:</b> beats and rhythms		
	<b>Nose:</b> nasal discharge , flaring of alae nasi.		<b>Abdomen:</b> enlarged liver or spleen tenderness		
	<b>Throat:</b> red or purulent tonsils.		<b>Ankles:</b> Oedema		

**Cough with any of the following: Swollen feet, Shortness of breath, Blood in sputum, Severe Chest pain, Easy fatigability**

REFER immediately to secondary health facility 



**Cough with wheezing, breathlessness**

1. Give Broncho dilator: Inj IM Triamcinolone Acetonide 10 – 40mg stat slowly
2. Give Steroids : Tab. Prednisolone 5mg 12hourly for 5 days, OR
3. IM Hydrocortisone 100mg stat,  
OR
4. Tab. Dexamethasone 1mg 12hourly for 5 days
- Review in 30-60 minutes
- If there is improvement, discharge on oral broncho dilators:  
Tab. Salbutamol 4mg 12hourly for 7 days.

If no improvement, REFER to Chest Clinic 

Cough with mild wheezing with:  
normal temperature (36.20C -37.2°C) respiration below 40 cycles/min no signs of heart failure

- Severe Condition
- Suspect asthma



**TB patient on treatment presenting with cough, blurred vision and dizziness**

- Stop all anti - TB medications

REFER immediately to MDT clinic or hospital 

Jaundice, Skin rashes, Cough  
Severe abdominal pains Chest pain

- Severe Condition
- Suspect reaction to TB drugs



**Cough with yellowish green sputum**

- Tabs. Paracetamol 1g 8 hourly for 3days.
- Caps. Amoxicillin 500mg 8hourly for 5 days.
- Review 3 days

If no improvement, REFER 

Temperature 37.??C or above fast breathing Chest in- drawing Yellowish-green sputum

- Moderate condition
- Suspect Pneumonia



**Cough of more than 2 weeks duration with or without chest pain a) Weight loss b) Shortness of breath c) Blood stained sputum**

- If at least 2 out of 3 sputum tests are positive, treat for Pulmonary TB
- If trained on TB Management and have necessary drugs treat according to treatment regimen in the Annexure

If not trained, REFER to DOT clinic for better management.  
If negative, REFER to DOT Clinic for further investigation

Cough Sputum may or may not have blood Weight loss Breathlessness AFB positive or negative



- Severe Condition
- Suspect Pulmonary tuberculosis

**Cough with numbness or tingling sensation**

1. Give Tab. Vitamin B. Complex. 1 tab 8 hourly for 3 days
2. REFER to DOT clinic for better management

Jaundice, Skin rashes, Cough Severe abdominal pains Chest pain



- Severe Condition
- Suspect reaction to TB drugs

**Persistent cough for more than one month, Weight loss, Itching, Generalized skin rash, Diarrhoea for more than one month, Fever**

- Tabs. Paracetamol 1000mg 8 hourly for 3 days
- Tab. Chlorpheniramine (Piriton) 4mg at night for 3days
- Low Osmolarity ORS

REFER For HCT Counsel and test for HIV  
If positive, REFER to ART site

Temperature 37.5°C or above, Cough, Weight loss, Diarrhoea, Positive or negative result for AFB stain



- Severe Condition
- Suspect HIV/AIDS



## HEALTH EDUCATION

- Avoidance of Overcrowding
- Personal hygiene
- Regular clinic attendance
- Adequate ventilation
- Nutrition
- How to identify and avoid trigger factors
- Importance of taking home-based records during visit to clinic or hospital

## 5.4 DIFFICULTY IN BREATHING



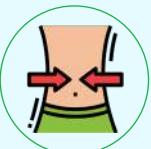
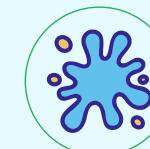
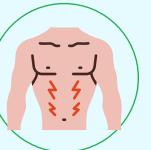
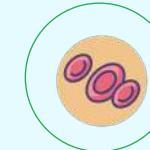
**Difficulty in breathing** means the client has to make extra effort to breathe or a subjective sensation or perception of discomfort, effort, or impaired airflow during the process of breathing. It can be indicative of various underlying medical conditions, such as respiratory or cardiovascular disorders. Rapid breathing for an adult is breathing more than 30 times per minute. It is important to observe the client's breathing carefully as part of your general observation. Most common causes of difficult breathing are pneumonia, asthma, tuberculosis, bronchitis and heart failure. Wheezing in an adult can be caused by asthma or congestive heart failure.

### HISTORY

- How long have you been sick?
- Do you have breathing difficulty with wheezing or swollen neck? If yes, since when?
- Did it come suddenly or slowly? At night? While walking? Lying down? Sweeping? Fumes? Dust? Cigarette smoking? Snuffing? Pollen? Cold?
- Can you sleep flat at night?
- Do you have fever or sweating at night recently?
- Is there any cough? If yes, for how long?
- Do you bring up sputum? (Yellow, Green, White or with blood stained)
- Any weight loss recently?
- Is there pain? Is it worse with deep breathing?
- Is there dizziness or tingling of the fingers and toes?
- Does your skin itch?
- Are you on any medication? If so, what type?



## EXAMINATION

 <p><b>General appearance:</b> ill-looking, thin, depressed, unkempt, tired.</p>	 <p><b>Chest:</b></p> <ul style="list-style-type: none"> <li>a) Difficult or rapid breathing.</li> <li>b) Tenderness, crepitation, rhonchi or decreased breath sounds.</li> <li>c) Chest in drawing</li> </ul>	 <p><b>Sputum:</b> if available check colour, quantity and appearance</p>
 <p><b>Vital signs:</b> Temperature, Pulse, Respiratory rate, Blood pressure: check and record.</p>	 <p><b>Heart:</b> rates and rhythms</p>	 <p><b>Back:</b> straight or abnormally bent.</p>
 <p><b>Nose:</b> discharge, polyp, swelling, foreign body,, flaring of alae nasi.</p>	 <p><b>Abdomen:</b> enlarged liver or spleen, tenderness</p>	 <p><b>Haemoglobin/ PCV:</b> estimate and record Stool microscopy, culture and sensitivity (if services available)</p>
 <p><b>Throat:</b> reddish or purulent tonsils.</p>	 <p><b>Ankles:</b> Oedema</p>	

**Shortness of breath, Difficulty in lying flat on the back****REFER immediately**

Shortness of breath with or without the following: Enlarged liver. Low haemoglobin of 7gm/dl or PCV of 21% Rapid pulse Goitre.

- Severe Condition
- Suspect heart condition

**Breathing difficulty with wheezing and itchy skin rash**

- Tabs Chlorpheniramine maleate 4mg 12hourly for 3 days
- Review in 3 days

**If no improvement, REFER**

Wheals or hives

- Moderate to severe Condition
- Suspect Allergy

**Difficulty in breathing with wheezing**

- Inj. Aminophylline 250mg stat slowly over 15 minutes
- Review in 30 minutes, if improved, Tabs Salbutamol 4mg 8hourly for 5 days.
- Encourage fluid intake.
- Review after 24 hours.

**If no improvement, REFER**

Wheals or hives

- Moderate condition
- Suspect Asthma

**HEALTH EDUCATION**

- Avoid pollutants and smoking
- Avoid overcrowding
- Advise on proper ventilation
- Encourage adequate fluid intake
- Give nutritional Counseling
- Importance of taking home-based records during visit to clinic or hospital

## 5.5 DIARRHOEA



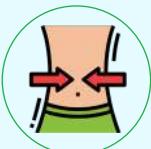
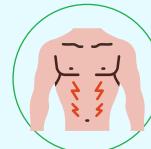
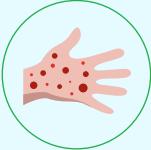
**Diarrhoea** is the passage of frequent, loose or watery stools more than 3 or 4 times within 24 hours or the passage of stool more frequent than is normal. It is important to observe for mucus and blood in stool and to note the colour. Causes of diarrhoea include dysentery, typhoid fever, cholera, ingestion of poisons and contaminated foods, HIV/AIDS, anxiety, etc. Diarrhoea can lead to loss of body fluids and electrolytes. Persistent diarrhoea is one that has lasted for two or more weeks.

### HISTORY

- How long have you had diarrhoea?
- How many times do you pass stool each day? Today?
- Have you passed any since coming to the clinic?
- Are the stools watery? Is there blood or mucus?
- What is your source of drinking water?
- What type of toilet facility do you have/use?
- Are you nauseated or have you vomited?
- Do you have fever? Headache? Abdominal pain? Cough?
- Are you sometimes constipated?
- Is there anyone else in the household who is sick?
- Have you eaten plenty of fresh fruits (e.g. mango, orange) or plenty of pepper?
- Has the diarrhoea reoccurred or persisted for more than one month?
- Any weight loss? Skin rashes? Oral thrush?
- Have you taken any medication or treatment for this?



**EXAMINATION**

	<b>General appearance:</b> ill-looking, thin, weak, dehydrated		<b>Mouth:</b> Dry lips, tongue		<b>Abdomen:</b> tenderness, masses, distension.
	<b>Skin:</b> turgor		<b>Weight:</b> Measure and record		<b>mRDT:</b> ( If fever present)
	<b>Eyes:</b> Sunken		<b>Temperature, Pulse, Respiratory rate, Blood Pressure:</b> check and record		

**Recurrent or persistent diarrhoea for more than one month, with any of the following: a) weight loss, b)skin rashes, c) oral thrush, d) genital ulcers**

- Give Low Osmolarity ORS
- Tabs Paracetamol 1g 8 hourly for 2days

**REFER for HCT** 

Marked weight loss  
Oral thrush Lethargy  
Genital ulcers present.

- Severe Condition
- Suspect HIV/AIDS



**Profuse diarrhoea with abdominal mass**

**REFER immediately** 

Abdominal tenderness and palpable abdominal mass

- Severe Condition
- Suspect Abdominal tumor



**Acute profuse diarrhea with vomiting, Weakness**

- Give IV fluid (dextrose Saline)
- Give IV Metronidazole 500mg 8 hourly for 24hours hours

**REFER immediately** 

Severe dehydration Sunken eyes Dry tongue Rapid pulse Low urine output

- Severe Condition
- Suspect Gastroenteritis



**Persistent diarrhoea for 14 days with weight loss**

- Give Low Osmolarity ORS in sips
- Tabs Metronidazole 400mg 8 hourly for 5days

**If no improvement REFER** 

Evidence of weight loss, Dehydration, Ova or Cysts seen or not

- Moderate to Severe condition
- Suspect persistent diarrhoea



### Diarrhoea with headache, cough and fever

- Give Low Osmolarity ORS
- Drug Age Wt.(kg) Dose**
- Artemisinin combination >14yr >35kg 4 at 0hour, 8 hours later, then, 12hourly for 3days or Day 1st, 2nd, 3rd
- Artesunate Amodiaquine>13yr >40 4Tab (AA)
- Tabs Paracetamol 1g 8 hourly for 3 days
- Review in 3 days

If no improvement, REFER 

Temperature 37.5°C or above Cough Mild dehydration RDT positive

- Moderate condition
- Suspect Malaria



### Diarrhoea with or without mucus or blood in stool

- Give Low osmolality ORS sips
- Tabs Cotrimoxazole 960mg 12 hourly for 3 days
- Tabs Metronidazole 400mg 8 hourly for 5 days

If no improvement, REFER 

No dehydration

- Mild to moderate condition
- Suspect Dysentery



### Frequent stool more than 5 times a day

- Give Low Osmolality ORS for 24 hours
- Tabs Metronidazole 400mg 8 hourly for 5 days

If no improvement, REFER 

No dehydration

- Mild to condition
- Suspect Mild Diarrhoea



### HEALTH EDUCATION

- Advise on personal, food, water and environmental hygiene
- Give nutritional counseling
- Advise on preparation and use of Salt-Sugar-Solution (SSS) (if Low Osmolarity ORS is not available)
- Encourage adherence to treatment
- Importance of taking home-based records during visit to clinic or hospital

## 5.6 VOMITING



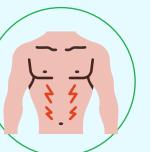
**Vomiting** is the throwing up of the contents of the stomach. It may be due to illness or other conditions, for example, malaria, early pregnancy, appendicitis, eating contaminated food or water as in cholera, gastro-enteritis etc. It is a serious problem because prolonged vomiting is a major cause of body fluids and electrolyte loss.

### HISTORY

- How long have you been vomiting?
- How many times a day do you vomit?
- What is the vomiting like? Projectile (think of obstruction),
- Is there diarrhoea? When was the last stool?
- Do you have any abdominal pain? Swelling?
- Do you have any cough, fever or headache? Stiff neck?
- When was your last menstrual period? (if female)
- What was your last meal?
- What is your source of drinking water?
- Are you on any medication? If yes, what type?



## EXAMINATION

	<b>General appearance:</b> ill-looking, Jaundiced, dehydrated, distressed.		<b>Eyes:</b> Sunken, Pallor		<b>mRDT:</b> ( If fever present)
	<b>Vital signs:</b> Temperature, Pulse, Respiratory rate, Blood pressure: check and record.		<b>Neck:</b> stiffness., Goiter		<b>Pregnancy test</b> ( if necessary)
	<b>Mouth:</b> Dry/coated tongue greenish? With Blood?		<b>Abdomen:</b> tenderness, rigidity, visible peristalsis.		
	<b>Throat:</b> redness		<b>Ear:</b> redness, bulging or perforation of drum, discharge.		

**Vomiting with any of the following: a) Abdominal swelling, b) Constipation, c) Stiff neck, d) Severe Headache.**

**REFER immediately** 

Palpable abdominal mass, Visible intestinal movement, May have abdominal rigidity, May have stiff neck, Lethargy.

- Severe Condition



**Vomiting with moderate abdominal pain**

**REFER immediately** 

Abdominal tenderness

- Severe Condition
- Acute Abdomen



**Vomiting one or two times a day with fever**

- Low Osmolarity ORS
- Tabs Paracetamol 1g 8hourly for 3 days
- Caps Amoxicillin 500mg 8hourly for 5days

**Drug Age Wt.(kg) Dose**

- Artemisinin base combination therapy (ACT) 80/480mg>14y  
>35kg 1 tab at 0 hour, after 8 hours, then, 12hourly for 3days.

**OR**

**Day**

- Artesunate Amodiaquine>13yr >40 4Tab(AA) 12hourly for 3days
- Review in 3 days

**If no improvement, REFER** 

Temperature 37.5°C and above No abdominal tenderness Sore throat RDT positive

- Moderate condition
- Suspect Malaria



### Vomiting with frequent loose stool with or without headache

- Low Osmolarity ORS
- IM. Metoclopramide 10mg stat Then
- Tab Metoclopramide 10mg 12hourly for 2 days
- Tab Metronidazole 400mg 8hourly for 5 days
- Review the next day.

If no improvement, REFER 

Sunken eye, Dry mouth, Skin pinch goes back quickly

- Moderate condition
- Suspect Gastro enteritis



### Vomiting with Last Menstrual Period over a month

- Low osmolarity ORS
- Do Urine or Serum PT
- If Positive
- Eat dry biscuits in the morning.
- Do not get out of bed in a hurry
- Take small meals (not oily food).
- Refer for ante-natal care.

If pregnancy test is negative, REFER 

Mild dehydration,  
Positive Rapid,  
Pregnancy test

- Mild condition
- Suspect pregnancy



### HEALTH EDUCATION

- Avoid causes of vomiting.
- Advise on personal, food and environmental hygiene.
- Encourage adequate fluid intake and prevention of dehydration (excessive loss of body fluid).
- Importance of taking home-based records during visit to clinic or hospital

## 5.7 BODY PAIN



General body pain may be due to injuries or infectious diseases. Pain may be in any part of the body. Pain weakens the client and keeps him/her from getting normal sleep.

Strenuous work and vigorous exercise may lead to muscle strain and may cause general body pain. However, there is need to relieve pain and give comfort to the client.

### HISTORY

- Where do you feel the pain?
- How long have you had the pain? And what is it like? Any injury?
- Does the pain worsen with movement or activities?
- What type of work do you do?
- Do you have fever or chills?
- Do you have catarrh or stuffy nose? Or cough?
- Have you been losing weight recently?
- Does the pain radiate? Have you been bleeding from anywhere? Any black stool?

#### History



## EXAMINATION



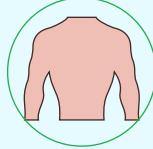
**General appearance:**  
ill-looking, Jaundiced,  
dehydrated, distressed.



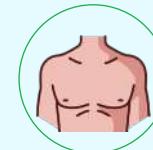
**Vital signs:**  
Temperature, Pulse,  
Respiratory rate, Blood  
pressure: check and record.



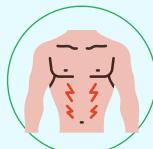
**Eyes:**  
pallor, jaundice.



**Back:**  
a) tenderness in spine on  
thumping; deformity of the  
spine, masses; tenderness in the  
flank on thumping; tenderness  
where client says the pain is  
tenderness on standing, moving  
legs or bending.



**Chest:**  
a) crepitation, wheezes,  
decreased breath sounds;  
b) Rapid or laboured  
respiration.



**Abdomen:**  
tenderness, masses,  
rigidity, enlarged spleen.



**Weight and height:**  
Measure and record.



**Urine:**  
check for protein



**Limbs:**  
swelling, pallor of  
fingernails, weakness,  
numbness or paralysis on  
either side.

### Severe back pain with generalized stiffness with difficulty in mouth opening

- IV Diazepam 10mg stat,
- Give IV Phenobarbitone 30mg stat
- Look for injury or old wound.
- Clean and dress the wound

**REFER immediately** 

Stiffness and difficulty in mouth opening with or without spasm

- Severe Condition
- Suspect tetanus



### Bone pain, fever, yellowness of eyes

- Tabs Ibuprofen 400mg 8hourly for 3days (After food)

#### Drug Age Wt.(kg) Dose

- Artemisinin base combination therapy (ACT) >14yr >35kg 80/480mg 1 tab at 0 hour, after 8 hours, then, 12hourly for 3days.

**OR**

#### 1st 2nd 3rd

- Artesunate Amodiaquin (AA)>13yr 100mg/270mg dly for 3/7
- Tab. Folic Acid 5mg daily for 5 days

**REFER immediately** 

Temperature 37.50C and above,  
Yellowish conjunctiva, Generalized  
tenderness, mRDT positive

- Severe Condition
- Suspect sickle cell  
diseases in crises



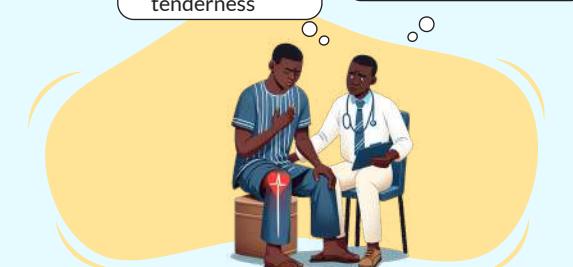
### Pain radiating down the leg, Numbness, Weakness of one or both legs

- Tabs Diclofenac 100mg 12 hourly for 3 days (After meal) or
- Tabs Paracetamol 1000mg 8hourly for 3days

**REFER immediately** 

Numbness and  
Abdominal  
tenderness

- Severe Condition
- Suspect Inter  
vertebral disc problem



### Pain in the flanks, Frequency of Micturition, Cloudy urine

- Tabs Ibuprofen 400mg 8 hourly for 3 days (After meal)
- Caps. Amoxicillin 500mg 8 hourly for 5 days
- Encourage fluids intake

Review in 3 days if no improvement, REFER 

Tenderness on palpation of the flank, Cloudy urine

- Moderate to severe condition
- Suspect Urinary Tract Infection (UTI)



### Pain in the joint or spine

- Tabs Diclofenac 100mg 12 hourly for 3 days (After meal)
- Topical application of Methylsalicylic acid cream/ointment prn (when necessary)
- Review in 5 days
- Encourage moderate exercise

If no improvement, REFER 

difficulty in walking

- Mild condition
- Suspect Osteoarthritis



### Back pains with menstrual period

- Tabs Ibuprofen 400mg 8 hourly for 3 days (After meal)
- Review after menstruation.

If no improvement, REFER 

difficulty in walking

- Mild to moderate condition
- Suspect Dysmenorrhoea



### HEALTH EDUCATION

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Advise on adequate rest and exercise</li> <li>• Advise on regular clinic attendance and compliance with drugs</li> <li>• Advice to abstain from alcohol and tobacco</li> </ul> | <ul style="list-style-type: none"> <li>• Give nutritional counseling</li> <li>• Advise on proper ventilation</li> <li>• Importance of taking home-based records during visits to clinic or hospital</li> </ul> |
|---|--|

## 5.8 CHEST PAIN



**Chest pain** can appear in different forms, ranging from a sharp stabbing pain, pain that radiates to the back, shoulder or neck, to a dull ache. It could sometimes present as a crushing or burning feeling. The causes of chest pain are diverse including heart and lung issues, heavy lifting, weightlifting, trauma to the chest, swallowing a large piece of food, etc. Chest pain could sometimes be an indication of a life-threatening situation and requires urgent medical intervention.

### HISTORY

- Where do you feel the pain?
- How long have you had the pain? And what is it like? Any injury?
- Does the pain worsen with movement or activities?
- What type of work do you do?
- Do you have fever or chills?
- Do you have catarrh or stuffy nose? Or cough?
- Have you been losing weight recently?
- Does the pain radiate? Have you been bleeding from anywhere? Any black stool?



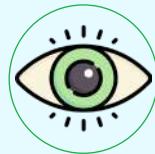
## EXAMINATION



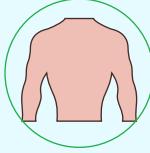
**General appearance:**  
ill-looking, wasting, unkempt, pale.



**Vital signs:**  
Temperature, Pulse,  
Respiratory rate, Blood  
pressure: check and record.



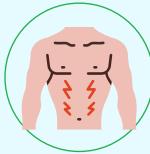
**Eyes:**  
pallor, jaundice.



**Back:**  
a) tenderness in spine on thumping.  
b) deformity of the spine, masses.  
c) tenderness in the flank on thumping.  
d) tenderness where client says the pain is  
e). tenderness on standing, moving legs or bending.



**Chest:**  
a) crepitus, wheezes, decreased breath sounds.  
b) Rapid or laboured respiration.



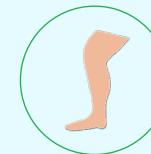
**Abdomen:**  
tenderness, masses, rigidity, enlarged spleen.



**Weight and height:**  
measure and record.



**Urine:**  
check for protein



**Limbs:**  
swelling, pallor of fingernails, weakness, numbness or paralysis on either side.

**Chest pain with any of the following: Nausea, Difficult breathing, Vomiting, Pain radiates to neck, arm, shoulder and back**

**REFER immediately** 

Pulse < 50/min Or > 100/min  
BP > 180/110mmHg

• Severe Condition



### Chest pain

- IV Normal saline 500ml, stop if breathing becomes worse
- IV/IM Ceftriaxone 1g stat

If no improvement, **REFER.** 

BP < 90/60mmHg Temperature  
£ 37.2°C

• Severe Condition



### Chest pain becomes worse on lying down or deep breathing

**REFER immediately** 

Severe pain

• Severe Condition



### Severe chest pain and known sickle cell disease

- Low- Osmolarity ORS or
- IV Normal Saline 500ml 6hourly

**REFER if no improvement** 

In pains

• Severe Condition



**Central chest pain, radiates to the neck, jaw and arm that is: recurrent attack (joint pain) resulting from physical activity but relieved by rest**

**REFER immediately** 

- Severe condition (suspect angina)



**Chest pain, Joint pain with cough**

**Refer to section on cough** 

- Moderate condition



**Epigastric pain: while hungry, eating, or lying down**

- Advise to avoid smoking, Alcohol, caffeine, Aspirin, NSAIDS(Ibuprofen naproxen, diclofenac, piroxicam)
- Tabs Omeprazole 20mg daily (30minutes before meal) for 4 weeks
- Susp. Mist. Magnesium Trisilicate 20 ml 8hourly for 5 days
- Advise on intake of milk as a relieving factor

**If no improvement, REFER** 

- Burning, aching, or cramping pain in the upper abdomen.

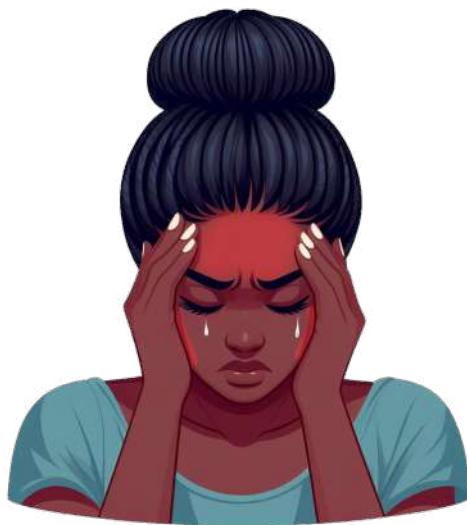
- Moderate condition



## HEALTH EDUCATION

- Advise on adequate rest and exercise
- Advise on regular clinic attendance and compliance with drugs
- Advice to abstain from alcohol and tobacco
- Give nutritional counseling
- Advise on proper ventilation
- Importance of taking home-based records during visits to clinic or hospital

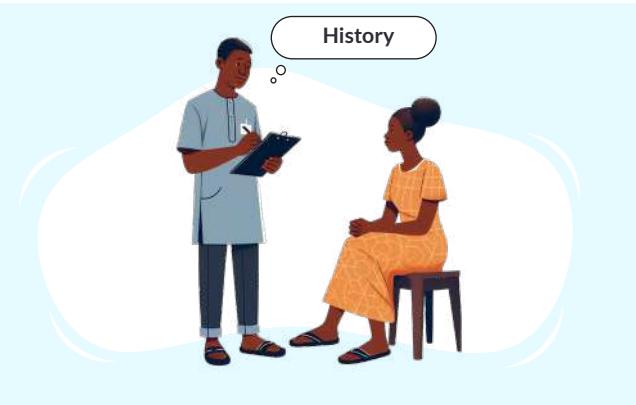
## 5.9 HEADACHE



**Headache** is a common complaint among adults and may be a symptom of many diseases such as: Malaria, sinus infection, high blood pressure, ear, nose and throat problems, nervous tension, meningitis, brain abscess and typhoid fever. It can occur when there is constipation, inadequate sleep or rest.

### HISTORY

- How long have you had it? How severe is it?
- Do you have fever or chills? Convulsions?
- Do you have nausea, vomiting or abdominal pain? (Typhoid or Malaria)
- Is headache worse in the morning? (sinuses) What time of the day is it worse?
- Do you have constipation or diarrhoea?
- Are you on birth control pills?
- Have you had any head injury? If so when?
- Any other problem? (family, work)



## EXAMINATION



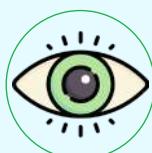
**General appearance:**  
ill-looking, wasting, unkempt, pale.



**Temperature, Pulse,  
Respiration, Blood  
Pressure:**  
Check and record.



**Face:**  
Swelling, puffiness



**Eyes:**  
Tenderness.



**Nose:**  
Pus or mucus. Press both sides below eyes for tenderness.



**Ears:**  
Redness or dullness of drums, mastoid pain.



**Mouth:**  
Acetone or alcohol on breath.



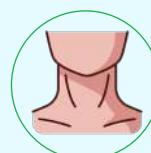
**Urine:**  
Protein



**Limbs:**  
Weakness, paralysis.



**mRDT:**  
( If fever present)



**Neck:**  
Stiffness, nodes.

### Headache with puffiness, weakness on one side of the body

REFER immediately. 

Paralysis of one side of the face//Slurred speech

- Severe Condition
- Suspect Stroke



### Headache with any of these conditions: a) toothache, b) pus in the ear and/or pain, c) visual problems runny or stuffy nose, e) Eye pain, f) Swelling in the neck

- Tabs Cotrimoxazole 960mg 12 hourly for 5days
- Tabs Ibuprofen 400mg 8 hourly for 3 days (After meal)
- Advise adequate rest
- Tabs Vitamin C 200mg 8 hourly for 5 days

REFER to appropriate health facility for further treatment 

Palpable nodes in the neck, Stuffy nose// Tenderness in the ear lobe//May or may not have pus in the ear//Diastolic BP equal to or less than 90mmHg//Systolic BP equal to or less than 140mmHg

- Moderate to severe condition
- Suspect Severe Ear Infection (Mastoiditis)



### Headache Disturbed sleep, Restlessness

REFER immediately. 

Diastolic BP equal to or more than 90mmHg. Systolic BP equal to or more than 140mmHgBP 140/90mmHg and above

- Moderate condition
- Suspect Hypertension



### Pain with stuffy nose, headache, catarrh, hoarse voice

- Tabs Ibuprofen 400mg 8 hourly for 3 days (After meal)
- Tabs Chlorpheniramine 4mg 12hourly for 3 days
- Tabs Vitamin C 200mg 8hourly for 5 days
- Encourage bed rest, warm tea, honey and fluid intake.
- Advise on avoidance of cold
- Review in 3 days

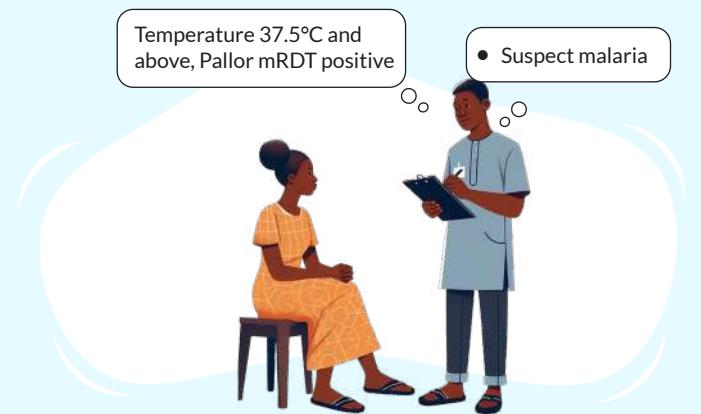
If no improvement, REFER 



### Headache with Fever, aches, pain with or without pallor

- Tabs Paracetamol 1000mg 8hourly for 3 days
- Drug Age Wt.(kg) Dose**
- Artemisinin / lumefantrine combination >80/480mg
  - >14y >35kg 1 tab at 0 hour, after 8 hours, then, 12hourly for 3days.
- OR Day**
- 1st 2nd 3rd
- Artesunate Amodiaquin (AA)>13yr 100mg/270mg dly for 3/7
  - Tab. Folic acid 5mg daily for 1 week
  - Review in 3days,

If no improvement, REFER 



### HEALTH EDUCATION

- Advise on adequate rest and exercise
- Encourage regular clinic attendance and compliance with drugs
- Advise on abstinence from alcohol and tobacco
- Give nutritional counselling
- Advise on proper ventilation
- Importance of taking home-based records during visits to clinic or hospital

## 5.10 PALLOR



Pallor is a major sign of anaemia which indicates low haemoglobin level below 10g/dl. The common causes of anaemia are bleeding from any part of the body, lack of iron or folic acid in food, hookworm infestation, sickle cell, and unspaced pregnancies, especially in women of child-bearing age. The place to look for pallor is the conjunctiva, the nail bed, the palm, the lips etc. Certain drugs like aspirin or phenacetin make anaemia worse, so we should not use them without good reason and never given to sickle cell and ulcer patients. Paracetamol should be used for such clients.

### HISTORY

- Do you feel ill?
- Is there any bleeding from the Nose or Mouth (gums), vaginal( if female) or other parts of the body?
- are you coughing or vomiting blood?
- is there blood in urine or stool? Stool black or dark brown or urine black?
- Do you have fever?
- Do you have shortness of breath or do you wake at night short of breath?  
How many pillows do you need to sleep on?
- Is there abdominal pain or have you passed any worms?
- Do you have numbness or tingling of the feet? Sore tongue?
- What medication are you taking? (think of Aspirin or Phenacetin -containing medicines)
- Are you pregnant? (if female)
- Do you have joint pains?

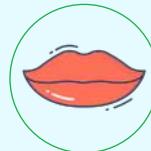
History



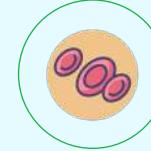
## EXAMINATION



**General appearance:**  
ill-looking, wasting, unkempt, pale.



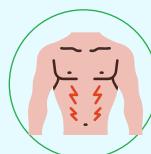
**Lips & nail:**  
pallor.



**Haemoglobin:**  
estimate and record.



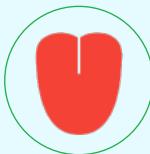
**Vital signs: Temperature, Pulse, Respiration, Blood Pressure:**  
Check and record.



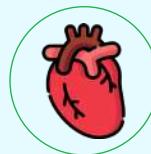
**Abdomen:**  
spleen, liver masses.



**Limbs:**  
swollen hands or feet.



**Tongue:**  
redness, swelling, smoothness.



**Heart:**  
rate, rhythm and murmur.



**Stool:**  
hookworm ova.



**Eyes:**  
pallor, jaundice.



**Neck:**  
nodes  
Chest a) Breathing difficulty  
b) crepititation, wheezes,  
decreased breath sounds



**RDT:**  
Test and record

**Paleness due to acute or profuse bleeding**

- Apply pressure to arrest bleeding.
- Start patient on IV normal saline

REFER immediately 

Bleeding due to visible injury. HB &lt; 10g/dl

- Severe Condition

**Tiredness, Yellow eyes, Pain in the body and bone**REFER immediately 

Conjunctival pallor and lips, and mucus membrane. Tenderness in the joints

- Moderate condition
- Suspect sickle cell anaemia

**Paleness with fever**REFER to section on fever 

Palmar pallor palmar pallor

- Moderate condition

**Palenes, tiredness with abdominal pain**REFER to section on worms 

Temperature 37.50c and above RDT result positive or negative ova of worms seen

- Moderate condition

**HEALTH EDUCATION**

- Give nutritional counselling
- Advise on prevention and care for sickle cell disease
- Encourage personal, environmental and food hygiene

- Encourage the use of LLIN
- Importance of taking home-based records during visits to clinic or hospital

## 5.11 WEIGHT LOSS



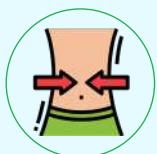
**Weight loss** is a situation where an adult weighs less than normal standard body weight for age (see BMI chart in the Annexure). The common causes of weight loss are diarrhoea, vomiting, parasitic infection, chronic diseases, tuberculosis, HIV/AIDS and poor diet. Goitre (Thyrotoxicosis), Tuberculosis, cancer, and diabetes can also cause weight loss.

### HISTORY

- How long have you been losing weight?
- How is your appetite?
- Do you have nausea or vomiting?
- Do you have diarrhoea or abdominal pain? Persistent or reoccurring?
- Have you been having fever?
- Do you have cough? How long? Is there sputum? What colour is it?
- Do you have chest pain?
- Are you having skin rash? Oral thrush?
- Do you feel thirsty often? Frequent urinating?



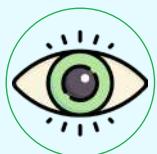
## EXAMINATION



**General appearance:**  
ill-looking, wasted.



**Temperature, Pulse,  
Respiration, Blood  
Pressure:**  
Check and record.



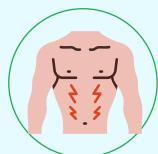
**Eyes:**  
pallor



**Mouth:**  
condition of teeth and  
tongue



**Chest:**  
a) Difficulty in breathing;  
b) Crepitation or rhonchi,  
decreased breath sounds.



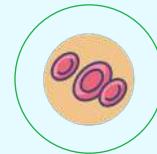
**Abdomen:**  
tenderness, masses, rigidity.



**Weight and height:**  
measure and record.



**Urine:**  
protein and sugar.



**Haemoglobin:**  
estimate and record.



**HCT:**  
Conduct HCT  
Sputum for AFB x 3

**Weight loss, Persistent or recurrent diarrhoea, Generalized skin rashes, Oral thrush, Prolonged fever**

If HCT result is positive, REFER 

Coughing, Wasted Skin rash, Oral thrush, Temperature 37.5°C or above, HCT positive or negative

- Severe condition
- Suspect HIV/AIDS

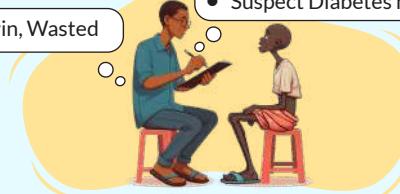


**Weight loss, Frequent urination, Excessive drinking of water**

REFER 

Urinalysis – sugar in urine, Wasted

- Severe condition
- Suspect Diabetes mellitus



**Weight loss, Prolonged cough (more than two weeks), chest pain**

- If 2 out of 3 sputum specimens are positive, commence treatment for TB.
- HCT, If positive, refer to the hospital

If not trained, REFER to MDT Centre 

Coughing, Wasted, Blood in sputum, Sputum Test for Acid-Fast Bacilli positive or negative

- Severe condition
- Suspect Tuberculosis

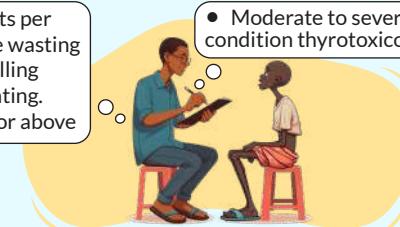


**Weight loss, Palpitations**

REFER immediately 

Rapid pulse above 100 beats per minute, Evidence of muscle wasting with or without pallor. Swelling in the neck. Excessive sweating. Tremor BP 140/90 mmHg or above

- Moderate to severe condition thyrotoxicosis



**HEALTH EDUCATION**

- Advise on personal, food and environmental hygiene.
- Give nutritional counselling.
- Encourage regular clinic attendance and weight measurement

- Advise on compliance with prescribed medications
- Advise on importance of taking home-based records during visits to clinic or hospital

## 5.12 JAUNDICE



**Jaundice** is the yellow discolouration of eyes and skin due to increase in bile pigment in the body. Jaundice results from the build-up of bilirubin-a reddish pigment resulting from haeme metabolism in the body. It may or may not be as a result of liver problem. The build-up of this yellowish pigment may be due to abnormalities in its formation, transportation, metabolism and excretion. At times, the level may not be clinically reorganized until the level is so high. Jaundice occurs in liver problems, sickle cell disease, haemolysis, amoebiasis and tumor of the pancreas.

### HISTORY

- What is the problem?
- How long have you noticed the condition?
- Has it happened before?
- Is there any fever or pain anywhere in your body?
- Is there any change in colour of your body?
- What is the colour of your urine?
- Is there any diarrhoea? If yes, what is the colour of the stool?
- Is there nausea and/or vomiting?
- Is there any itching of skin?
- Are you taking any medication? If yes, what?



## EXAMINATION



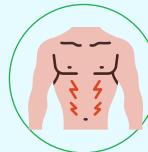
**General appearance:**  
irritable, in distress. May  
be in coma.



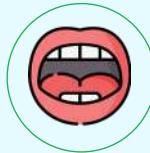
**Chest:**  
(a) difficult or rapid respiration  
(b) Crepitation, wheezes,  
decreased breath sounds.



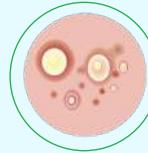
**Eyes:**  
jaundice.



**Abdomen:**  
tenderness, rigidity, masses,  
spleen, liver.



**Mouth:**  
dry, tongue coated.



**Skin:**  
rash, yellow, petechial  
haemorrhage.

**I. Yellowness of the eyes, general body weakness, may or may not have vomited**

**REFER Immediately** 

Yellow conjunctiva, May or may not have swelling of the abdomen with rigidity, Major may not have marked abdominal tenderness pallor, Hb less than 10gm/dl

- Severe condition
- Suspect hepatic Disorder



**II. Yellowness of eyes, general body pain, dark yellow urine**

**REFER Immediately** 

Yellow conjunctiva, Hb less than 10gm/dl, Dark yellow urine Pallor, Hep B and C positive or Negative

- Severe condition
- Suspect Hepatic disorder



**Fever, nausea and/or vomiting, abdominal pain. Diarrhoea with blood in stool**

**REFER Immediately** 

Yellow eyes, Temperature 37.5 °C or above, Abdominal pain, Diarrhoea

- Moderate condition Suspect
- Amoebic Liver Disease



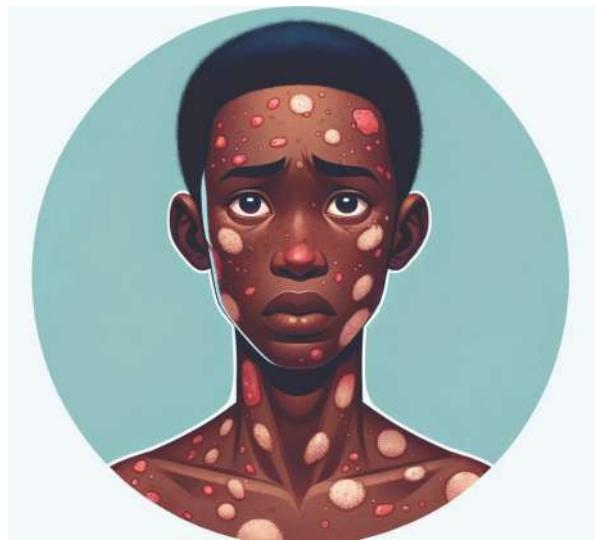
**HEALTH EDUCATION**

**Advise Mother/Caregiver on:**

- Advise on adequate fluid intake
- Advise on personal food and environmental hygiene

- Give nutritional counseling
- Advise on periodic de-worming
- Importance to taking home-based records during visits to clinic or hospital

## 5.13 SKIN DISORDERS



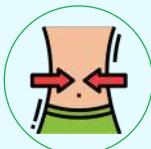
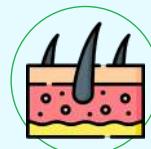
**Skin disease** is the presence of itchy or non-itchy, raised or non-raised lesions on the body. It may be due to poor hygiene, allergy, malnutrition or infection. Some skin diseases can easily spread to other members of the family, therefore early referral and correct treatment is important for the welfare of the whole family. Some common causes of skin diseases are: ringworm, measles, leprosy, jaundice, HIV/AIDS, diabetes, scabies and eczema. Others include tinea vesicular, vitiligo, athlete's foot, urticaria, contact dermatitis.

### HISTORY

- How long has the rash been there?
- Does anyone else in the family have a rash? Describe?
- Does it itch?
- Are there any other symptoms? Fever, Headache, Sore throat?
- Any change in the skin condition: Colour? Patches? Visible veins? Swelling of the legs? Swelling of the face?
- What type of accommodation do you have?
- How many people share the room?
- What do you sleep on?
- How often do you bathe?
- What medication, (including injections or home treatment) have you received lately?
- What cream/lotion are you using for your skin?



## EXAMINATION

 <p><b>General appearance:</b> thin, malnourished, distressed/uncomfortable</p>	 <p><b>Skin:</b> location, distribution and size of lesions colour of rash or lesions <b>lesions or rash:</b> flat (macules), raised, pus or fluid-filled, weeping, crusted, ulcerated, scratch marks or combination of(a)to(c)</p>	 <p><b>Ears:</b> red or discharging</p>
 <p><b>Eyes:</b> redness, discolouration of eyelids (dark - due to repeated scratching)</p>	 <p><b>Mouth:</b> redness, discolouration of eyelids (dark-due to repeated scratching)</p>	 <p><b>Chest:</b> respiratory rate, wheeze</p>
 <p><b>Vital signs:</b> Temperature: check and record</p>	 <p><b>Urine:</b> sugar, colour.</p>	

**Skin patches or lesions with light colouration with or without deformities, Fever, General malaise and or joint pains, May or may not be confirmed leprosy patient**

- If not trained to manage, REFER to DOT centre. 
- If trained on Leprosy management and equipped with drugs, manage according to treatment regimen in Appendix.

**III patient**  
**Warm and tender joints**  
**Skin Patches with loss of sensation**  
**Temperature above 37.20C or above**  
**There may be weakness of hand**



**II. Skin patches with light colouration with or without weakness of hands and feet**

- If not trained to manage, REFER to hospital. 
- If trained to manage, commence treatment according to treatment regimen in appendix 13

Skin patches with light colouration  
Loss of sensation in the patch  
(cotton wool test), with or without  
weakness of foot or foot drop

**III. Severe itching with skin changes which disturbs sleep at night**

- REFER immediately for further investigation 
- Give Ivermectin 4 tabs stat.
- Enrol in LGA onchocerciasis control programme for 5 years

Scratch marks  
Thickening discolouration of the skin  
Skin changes with severe itching which  
disturbs skin and eye  
with or without loss of vision  
Skin nodules.

**IV. Itching of affected part with blisters, fever and headache,  
swelling of punctured blister site**

- Tabs Paracetamol 1000mg 8hourly for 3 days
- Tabs Chlorpheniramine 4mg 12hourly for 3 days
- Counsel for HTS

swelling of affected part  
Temperature > 37.2 °C



**V. Visible veins on legs**

- Elastic bandage when standing.
- Elevate legs when sitting.
- If no improvement, REFER 

Engorged veins

**vi. Itching of the skin followed by raised red lesions which disappears after some time**

- Give IM Promethazine 25mg stat
- Chlorpheniramine 4mg 12hourly for 2days
- Review in 3days

Raised lesion of skin  
Scratch marks**VII. Itching of the scalp or public area**

- Shave the hair
- Apply chlorhexidine gel to scalp and other areas
- Leave for 24 hours
- wash and comb

Raised spots between  
fingers wrists waste and  
buttocks

**VIII. Itching rashes between the fingers, wrists and buttocks**

- Wash with antiseptic soap and water
- Apply Benzyl benzoate emulsion locally daily for 2days (avoid face)
- If pus is present give Cap. Amoxicillin 500mg 8hourly for 5days
- Give Tab. Chlorpheniramine 4mg 12hourly for 2days
- Review in 1 week. If no improvement, REFER 
- If no improvement, REFER

**IX. Itching with rough, raised, round rashes**

- Shave hair of affected part
- Examine other members of the family
- Apply miconazole ointment daily for 4-6 weeks
- Tabs Griseofulvin 500mg daily for 3weeks
- Review after 6 weeks
- If no improvement, REFER 

Rough, raised, round rashes

**X. Small light patches, Not raised not itchy on the back face, etc**

- Miconazole ointment for 4-6 weeks or Whitfield ointment or Clotrimazole cream

small light patches ,  
not raised



**xI. Painful swelling with pus**

- Caps Amoxicillin 500mg 8hourly for 5 days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal)
- Drain and dress daily
- Tab. Vitamin C 200mg 8hourly for 7 days if no improvement, REFER 

**Tender purulent swelling****XII. Putular rashwith fever on face and trunk, loss of appetite**

- Give Tab. Chlorpheniramine 4mg 12hourly for 3 days
- Tabs Paracetamol 1000mg 8hourly for 3 days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Calamine lotion
- REFER 

**Pustular rashes  
Temperature > 37.5 °C****HEALTH EDUCATION**

- Advise on personal hygiene
- Discourage sharing of underwear and clothes
- Advise on importance of washing and ironing of clothes
- Give nutrition counselling
- Advise on the avoidance of overcrowding
- Advise on adequate care of beddings
- Importance of taking home-based records during visits to clinic or hospital

## 5.14 OEDEMA



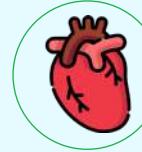
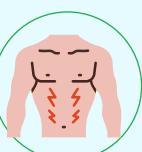
**Oedema** is an abnormal collection of fluid in the tissues resulting in swelling of the affected part of the body. It could be generalized or localised e.g. one foot or finger. Generalized oedema is most noticeable on the parts of the body which are lowest at that time e.g. legs when standing. Causes include congestive heart failure, severe anaemia, kidney disease, liver disease and kwashiorkor. Oedema may also be the result of a reaction to toxin, drugs and insect sting. Ascites, which is fluid in the abdominal cavity, may accompany oedema.

### HISTORY

- How long have you had this complaint? Is this the first time?
- Have you had a good appetite? Any nausea or vomiting?
- Have you been urinating more frequently at night? Any pain on micturition?
- Any bleeding from nose?
- Vomiting or coughing blood?
- Blood in the urine or stool? Black stool?
- Any cough? Or breathlessness at night?
- Do you sleep with extra pillow?
- Have you ever been treated for jaundice?



## EXAMINATION

	<b>General appearance:</b> ill-looking.		<b>Vital signs:</b> Temperature, Pulse Respiration, Blood Pressure: check and record.		<b>Face:</b> puffy.
	<b>Eyes:</b> pallor, jaundice.		<b>Chest:</b> crepitation, wheezes, decreased breath sounds.		<b>Heart:</b> rate, rhythm, murmur.
	<b>Abdomen:</b> large, tender liver, enlarged spleen.		<b>Limbs:</b> (a) legs: For oedema Does swelling pit on pressure(if not pitting, think of elephantiasis); (b) hands for oedema.		<b>Urine:</b> protein and sugar.

## I. Swollen legs with large abdomen, Persistent cough, Tiredness

- REFER immediately 

Swollen legs  
Distended abdomen  
Enlarged ,tender liver

## II. Oedema with Pallor, Cough, Breathlessness

- REFER immediately 

Crepitations in the chest  
Pedal Oedema  
Paleness of the conjunctiva and mucous membrane  
Blue discolouration of lips  
Haemoglobin below 10gm



## III. Swelling of the leg

- Test for filariasis
- Tab Ivermectin 12mg (4tabs) once
- Daily washing and drying of affected limb
- Limbs should be elevated when sleeping
- REFER 

Scratch marks  
Thickening discolouration of the skin  
Skin changes with severe itching which disturbs skin and eye with or without loss of vision  
Skin nodules.



## HEALTH EDUCATION

- Reassure patient
- Give nutrition counseling
- Explain the relationship between infection, anaemia and heart failure
- Encourage environmental sanitation
- Importance of taking home based records during visit to the clinic or hospital

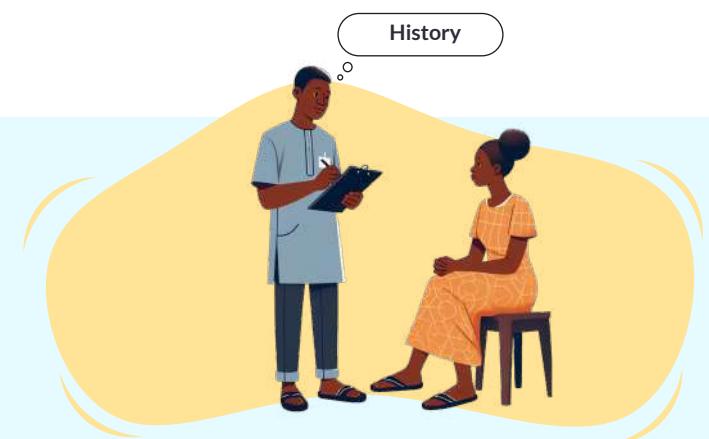
## 5.15 Burns



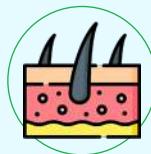
**Burns** are injury to the skin that may be caused by boiling water, hot liquid, chemicals or fire. Serious burns can cause shock because large amount of body fluid is lost. The size of the area of body surface affected is important in deciding the severity of burns.

### HISTORY

- How did you get burnt and with what?
- When and where did it happen?
- Has any medication been given or applied since then?
- Have you been immunized against Tetanus? When? Number of doses?



## EXAMINATION

 <p><b>General appearance:</b> restless, distressed, dehydrated.</p>	 <p><b>Skin:</b>            (a) size and area of burns, blisters, leathery.            (b) signs of infection – pus, redness, warmth</p>	 <p><b>Temperature, Blood Pressure:</b> check and record.</p>
 <p><b>Pulse:</b> check rate and volume and record.</p>	 <p><b>Assess patient's hydration status.</b></p>	 <p><b>Chest:</b> respiratory rate, wheezing.</p>

Part	Percentage of Body Surface (%)
Head and neck ( front and Back)	9
Chest (front & back)	18
Abdomen (front & back)	18
Upper limb (both)	18
Lower limb (anterior & posterior) - each 18	36
Genitalia	1
Total	100

### I. Large area Burns or Scalds

- Give IM Paracetamol 600mg stat, then tab 1g 8hourly for 5 days
- IV normal saline and maintain line (if patient not hypertensive, if hypertensive use dextrose in H<sub>2</sub>O and if diabetic use half to full strength Darrow's or Ringers' lactate solution).
- Daily dressing with Vaseline gauze under strict aseptic measures to prevent infection.
- Apply concentrated Gentian Violet (GV) solution at the 95% wound healing state.
- **REFER immediately** 

**Large area of burns or scald**  
**Burns 9% or more**  
**Any of the following involved:**  
**Face, hands, groin or joints Lethargy**  
**Loss of sensation**  
**Hoarse voice since burned**



### II. Chemical, electrical burns

- Wash profusely with water.
- IV/IM Ceftriaxone 1g stat
- IM Paracetamol 600Mg stat
- Dress wound with sterile gauze then,
- **REFER immediately** 

**large or small area of burns or scald caused by either chemicals or electricity**



### III. Small area of burns or scalds

- Clean burns with cool, clean water or sterile solution
- Do not break blister
- Tab Paracetamol 1g 8hourly for 3 days
- Apply clean dressing
- Monitor patient vital signs
- Ensure good patient hydration status
- Ensure infection prevention protocols are followed

**Burns less than 9%**  
**No blisters**  
**No lethargy**  
**Face and Hands not involved**



### HEALTH EDUCATION

- Advise on personal and environmental hygiene
- Advise on prevention of burns
- Give nutritional counseling
- Encourage adequate fluid intake
- Advise on proper storage of chemicals
- Importance of taking home-based records during visit to the hospital

## 5.16 WOUNDS, SORES, ULCERS, FRACTURES & BITES

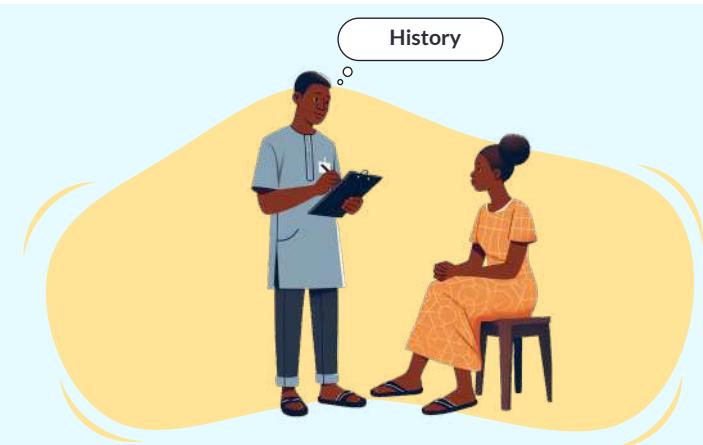


**Wounds** are injuries to the different body tissues. They are breaks in the skin and deeper tissues which may be small or large and which may include cutting of nerves and tendons. There could also be wounds that have been for several days and have become infected or healing poorly. Sores are injured, infected or diseased part of the skin. Ulcer is a break or discontinuity in a bodily membrane that impedes the organ of which that membrane is apart from continuing its normal function. The client could also have bites from snakes, dogs, scorpions or humans.

A fracture is a break in the continuity of a bone. It is more serious if there is also a cut in the skin and other soft tissues (compound fracture). If there is profuse bleeding resulting from wounds, there is an urgent need to stop bleeding to avoid the patient going into shock. Early cleaning and treatment of wounds is important to prevent infection and tetanus.

### HISTORY

- How did the injury occur?
- Was there any bleeding?
- Has it bled much? (Try to carefully assess the amount)
- Has anything been put on the wound?
- Have you been immunized with Tetanus Toxoid? Number of doses?
- What bit him/her? A Dog, A Snake, A person? Scorpion? Or any other thing?
- Where is the pain? How bad is it?
- Can you move/use limb? Is there limitation of movement?
- Which movement causes greatest pain?



## EXAMINATION

 <p><b>General appearance:</b> Pale, cold or clammy Increased sweating. Increased respiration and pulse rate</p>	 <p><b>Patient agitated or restless</b> <b>WOUNDS:</b> Size and site, Bleeding. Pus or dirt in wound. Swelling, redness or warmth around wound Identify snake fang Mark for poisonous snakes</p>	 <p><b>General appearance:</b> Signs of shock – increased sweating, pallor, restlessness, rapid pulse and rapid respiration. Degree of pain.</p>
 <p><b>Limb or joint:</b> Tenderness or swelling. Warmth or redness; Crepitus (crackling); Open wound.</p>		

### Wounds on the limb resulting from injury

- Immobilize the limb.
- Dress wound.
- Give IM. Tetanus Toxoid 0.5ml Stat
- Cap Amoxicillin 500mg 8 hourly for 5 days
- Tab. Metronidazole 400mg 8 hourly for 5 days.
- Tab. Ibuprofen 400mg 8 hourly for 3 days (After meal) or
- Tab. Paracetamol 1g 8 hourly for 3 days.
- Tab ascorbic Acid (Vitamin C) 200mg 8 hourly for 7 days.
- REFER to higher-level health facility. 

**Evidence of fracture (unable to move the limb).**  
BP below 110/70mmHg or above.  
Lethargic  
Wound with blood loss.



### History of snake bite

- Keep area of bite below level of the heart.
- Wash bite site gently and copiously with warm water and soap.
- Remove foreign bodies and control bleeding if any.
- Patient movement should be restricted to avoid venom absorption
- IV Hydrocortisone 2mg/kg of body weight (200mg) Stat.6. IM Tetanus toxoid 0.5ml stat
- Tab Paracetamol 1g 8 hourly for 3 days.
- Identify type of snake (if possible),
- If confirm snake is poisonous, initiate IV treatment with polyvalent anti snake venom if train well on the use of ASV.
- REFER within 24hours if there is no improvement.



**Evidence of bite (especially evidence of the two (2) fang marks).**

**Wound, redness of site.**

**Excessive thirst**

**Swelling, pain and sweating.**

**Tenderness at the site of bite with or without bleeding.**

**Abnormal, spontaneous bleeding.**

**Increased pulse rate >120 bpm.**

**Features of hypotension and loss of consciousness in severe case of systemic poisoning from snake bite.**

**Wound at the site of the bite x**

**Swelling of the affected part**



### Ulcer with hypopigmented spots with or without history or sign of leprosy

- Wash ulcers thoroughly with warm water.
- Clean and dress daily.
- REFER to higher-level health facility, if with deep septic ulcers



**Ulcers, particularly on the hands and feet with or without deformity.**

**Hypopigmented spots with or without skin patches.**



### Wound as a result of laceration.

- Clean well with available antiseptic solution.
- Stop bleeding by applying pressure.
- IM Tetanus toxoid 0.5ml stat.
- If haemoglobin is less than 10g/dl, REFER to section on low haemoglobin..

Bleeding from wound  
Torn tendon.  
Haemoglobin <10g/dl



### Wound from dog bite

- Wash bite site gently and copiously with warm water and soap.
- Remove foreign bodies.
- If skin is broken, gently press on the wound to stop bleeding.
- Apply anti-bacterial lotion.
- If wound is still bleeding, gently press with clean cloth and reapply anti-bacterial lotion, then wrap in bandage.
- Give IM Tetanus toxoid 0.5ml stat.
- If dog is rabid or its Rabies immunization is not done or unknown:  
Human Rabies Immune Globulin (HRIG) on Day 0, IM 20iu/kg in antero-lateral aspect of thigh.
- RABIES VACCINE 2.5IU (3 doses) IM on Day 0, 7, 21 or 28 in deltoid region of upper arm distant from site of HRIG administration.
- Tab Ibuprofen 400mg 8hourly for 3 days (After food)
- Daily dressing of wound after cleaning well.  
NB: Patients who have been previously vaccinated should only receive Rabies Vaccine.
- If not available, REFER patient to Centres where HRIG and vaccines are available after initial treatment.
- REFER patients who present first with symptoms of Rabies.

**Evidence of bite.**

**Anxious**

**Wound, swelling and redness of site.**

**Tenderness at the site of bite with or without bleeding**



### Scorpion/ Bee/ Wasp Sting

- IV Hydrocortisone 100mg stat.
- Tab. Ibuprofen 400mg 8 hourly for 3 days (After meal)
- Plain Lignocaine injection (qs) around the site of sting.
- Review within 24 hours.
- If no improvement REFER 

Site of sting is swollen  
Itchy



### Wound from human bite

- Wash with diluted antiseptic solution or normal saline.
- IM Tetanus toxoid 0.5ml stat.
- Caps. Amoxicillin 500mg 8 hourly for 5 days.
- Tab. Vitamin C 200mg 8 hourly for 14 days.
- Dress wound daily.
- Review in 5 days.
- If no improvement, REFER 

Wound at the site of bite.



### History of wound

- Clean wound with diluted antiseptic solution.
- IM Tetanus toxoid 0.5ml stat.

Then, Ciprofloxacin 500mg 12 hourly for 5 days.

- Tab. Vitamin C 200mg 8 hourly for 5 days.
- Dress wound daily with Eusol.
- Review in 5 days.
- If no improvement, REFER. 

**Greater than 4cm.  
No sign of shock.  
Evidence of infection  
(septic wound)**



### History of wound

- Clean wound with diluted antiseptic solution or normal saline.
- Apply pressure to stop bleeding if any.
- Daily dressing with Sofratule or Vaseline gauze
- IM Tetanus toxoid 0.5ml stat.
- If wound is lacerated and less than 6 hours, suture, if needed
- Caps. Amoxicillin 500mg 8 hourly for 5 days.
- Tabs Paracetamol 1g 8 hourly for 5 days.
- Tab. Vitamin C 200mg 8 hourly for 14 days
- Review in 3 days.
- If no improvement, REFER 

**Wound less than 4cm.  
No signs of shock.  
Without evidence of infection**



### Wound from circumcision

- Apply pressure for 10 minutes to stop bleeding, if bleeding does not subside, identify the bleeding vessel and tie with catgut.
- Caps. Amoxicillin 500mg 8 hourly for 5 days.
- Tab Paracetamol 1g 8 hourly for 5 days.
- Tab. Vitamin C 200mg 8 hourly for 14 days
- IM Tetanus toxoid 0.5ml stat.
- Review in 3 days.
- If no improvement, REFER 

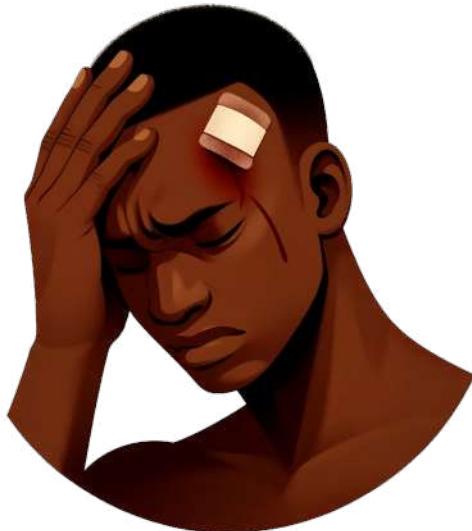
### Bleeding from circumcision site



### HEALTH EDUCATION

- Advise on use of protective clothing to avoid bites
- Importance of compliance with treatment
- Give nutritional counseling
- Advise on environmental sanitation
- Advise on reducing risk of accident
- In cases of snake bite, if possible, take along killed snake to the clinic
- Importance of taking home-based records during visit to the hospital

## 5.17 HEAD INJURIES



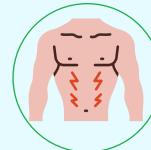
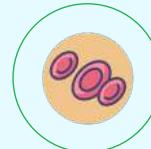
The head comprises of the brain and the sense organs for hearing, seeing, smelling and tasting. A serious head injury may be caused by a fall or a blow to the head. Some signs of serious head injury are severe headache, unconsciousness, bleeding from the nose, mouth or ears. There also may be vomiting or the patient may be confused. Any delay in referring a patient with head injury for proper medical treatment may cause permanent disability or death.

### HISTORY

- What is the problem?
- What was the cause of the problem?
- When did it happen?
- Was there any loss of consciousness? Irritability? Fits?
- Can you remember what happened?
- Did anyone see it happen to describe the accident?
- Do you have headache, nausea, vomiting?
- Are there any other complaints or additional injuries?



**EXAMINATION**

	<b>General appearance:</b> conscious, confused, irritable, unconscious		<b>Temperature, Pulse, Respiration, Blood Pressure:</b> Check and record.		<b>Head:</b> visible wounds, swelling, bleeding.
	<b>Ears:</b> bleeding		<b>Eyes:</b> sub-conjunctival haemorrhage, pupils for size, reaction to light.		<b>Mouth:</b> teeth, fractures, bleeding.
	<b>Nose:</b> bleeding, fractures.		<b>Chest:</b> ribs for fractures;		<b>Abdomen:</b> for tenderness, rigidity.
	<b>Limbs:</b> fracture or injury.		<b>Urine:</b> monitor output.		<b>Haemoglobin:</b> estimate and record

### I. Injury to the head, Bleeding from ear or nose

- Ensure airway is clear
- REFER immediately 

May or may not be conscious  
Stiff neck  
May or may not be bleeding from ear or nose  
May have convulsion  
Wound seen  
Abnormal behaviour



### II. Injury to the head with transient loss of consciousness

- Tab Paracetamol 1g 8hourly for 3days
- REFER immediately 

With or without wound seen  
Pupils reacting normally to light  
With or without tenderness



### III. Injury to the head without transient loss of consciousness

- Monitor vital signs hourly for 4 to 6 hours
- If condition deteriorates, REFER 

No wound seen  
Pupils reacting normally to light  
No tenderness



#### IV. Injury to the head, No other complaints

- vital signs and advice to return immediately if vomiting or headache or drowsiness occurs.
- REFER if patient returns. 

**Conscious**  
**No other signs of head injury**



#### HEALTH EDUCATION

- Advise on prevention of head injuries e.g use of crash helmets, seat belts, placing children at the back seat and use child lock while driving
- Prevention of home and road accidents
- Explain the importance of taking home-based records during visit to the clinic

## 5.18 NECK DISORDERS/INJURIES



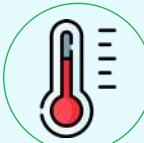
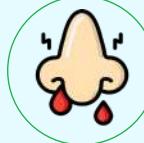
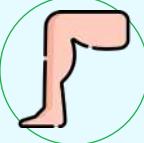
Neck problems can be because of infections or injuries to the structures in the neck or from secondary causes. This may manifest as enlarged nodes and/or lumps around the neck. There could also be stiffness of the neck. Examples of such infections are tuberculosis, meningitis, HIV/AIDS etc. Lumps can be in the centre or front of the necks (for example goitre). There can also be an injury to the neck following a fall

### HISTORY

- What is the problem?
- Do you have difficulty swallowing? Hoarseness?
- Do you have pain and/or stiff neck? Neck swelling?
- Do you have pain or headache?
- Did you injure your neck?
- Do you have fever?
- Do you have weakness or numbness of the arms, hands or legs?
- Is there weight loss or night sweats?



**EXAMINATION**

	<b>General appearance:</b> ill-looking, distressed.		<b>Temperature, Pulse, Respiration, Blood Pressure:</b> Check and record		<b>Head:</b> abscesses, sores or pustules, lumps
	<b>Ears:</b> signs of infection.		<b>Mouth:</b> abscesses or sores		<b>Neck:</b> swelling, nodes, stiffness, tenderness
	<b>Arms and Legs:</b> weakness or decreased sensation.				

**I. Neck swelling With or without difficulty in breathing**

- REFER immediately



Palpable mass in the front of the neck  
May be in respiratory distress



## II. Pain and stiff neck without history of fever or injury

- Reassure client
- Tab Ibuprofen 400mg 8hourly for 3days (After meal)
- Methyl Salicylate Ointment
- Review in 2 days
- If there is no improvement, REFER 

**Stiff Neck**  
No weakness of arms and legs  
No evidence of injury



## III. Enlarged, painful nodes around the neck with or without fever

- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tab. Ibuprofen 400mg 8hourly for 3days (After meal)
- Review in 5days
- If no improvement, REFER 

**Palpable, tender nodes**



### HEALTH EDUCATION

- Advise on prevention of neck injuries.
- Advise on complications of mumps in males.
- Advise on prevention of transmission to others.
- Give oral hygiene instructions.
- Importance of taking home-based records during to the clinic

## 5.19 EYE DISORDERS



**Eye problems** in adults can be as a result of infection, foreign body, congenital malformation not treated in childhood, deficiencies of vitamins and micro-nutrients, complication of diabetes mellitus, hypertension, thyrotoxicosis etc. Eye problems are often associated with defect of vision especially with aging. Burns from hot water and chemical can also affect the eye.

### HISTORY

- What is the problem with the eyes?
  - How long have you had the problem? Have you had it before?
  - Did the problem come suddenly or gradually?
  - Is there pain in the eye? How severe?
  - Does your eye itch?
  - Did anything get into your eye?
  - Have you (or anyone) put anything into the eye? What?
  - Has any medicine been put in the eye? What?
  - Do you have high blood pressure?
10. Do you have diabetes or any other disease?
11. Do you smoke or drink alcohol?
12. Is there any family history of blindness?
13. If so, is anyone else in the family receiving eye treatment? What type?

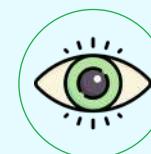


**EXAMINATION**

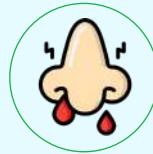
**General appearance:**  
in distress, ill-looking



**Skin:**  
rashes



- Eyes:**
- a) Redness
  - b) watery
  - c) Squint
  - d) Cloudiness or whiteness of pupil(s) swelling around the eye
  - e) Eyelid: sticky, inversion, or eversion, pus or other discharges
  - f) Eyelashes: irregular, missing or touching the surface of the eyeballs
  - g) Pupils: normal or small in size, equal, irregular in shape, reactive to light.
  - h) Eyeballs protruding (pushing out)
  - i.) conduct visual acuity test of both eyes and record



**Nose:**  
catarrh



**Blood pressure:**  
measure and record



**Urine:**  
sugar

**Burns eye with chemical or hot water**

- Wash eye immediately with cold water
- Tab. Paracetamol 1g 8hourly for 3days
- REFER immediately 

**Watery, painful discharge from the eyes****Eye injury with pain**

- Apply pad and REFER. 

**Surface/ penetrating eyeball injury.****Poor vision/ Blindness**

- REFER. 

**Inability to see clearly, HM,  
LP, NLP****Cloudy central part of the eye/ poor vision**

- REFER. 

**Opaque lens/ poor vision with or  
without corneal scar**

**Bleeding from the eye.**

- Apply pad and REFER. 

**Bleeding from the eye.**



**Redness of eyes, pain in the eye, worsening  
Vision/difficulty in seeing with one or both eyes, foreign body in  
the eye, swelling of eye shadowy vision**

- Tab. Paracetamol 1g 8hourly for 3 days.
- Apply pad as necessary.
- REFER 

\* Red eyes  
\*Watery discharge from the eye  
\*Pain in the eye  
\*Squint  
\*Drooping of eyelids (ptosis)  
\*Eyeballs protruding

**Discharge of pus from the eyes. Gritty sensation in the eye**

- Clean eyes with sterile water
- Chloramphenicol eye ointment 6hourly for 5days
- Review in 5days
- If no improvement, REFER 

\*Purulent discharge  
\*Sticky eyes  
\*Red conjunctiva



**Not able to read tiny print**

- Refer to optician



\*Inability to read tiny prints

**VIII. Pustule or small abscess on eyes lid (stye/hordeolum)**

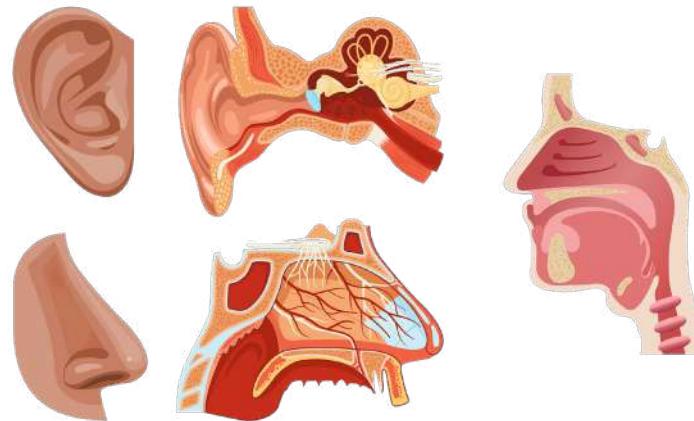
- Reassure client
- Tab. Ibuprofen 400mg 8hourly for 3days (After meal)
- REVIEW in 5days
- If no improvement, REFER

Swelling on the eyelids

**HEALTH EDUCATION**

- Advise on personal and environmental hygiene.
- Encourage regular eye check-up.
- Advise on prevention of eye injuries.
- Give nutritional counseling.
- Importance of taking home-based records with anytime he/she goes to the clinic or hospital.

## 5.20 EAR, NOSE AND THROAT DISORDERS



### HISTORY

- What is the problem?
- How long have you had the problem?
- Is there catarrh?
- Is there pain? Boil? Any discharge: pus, blood or water?
- Do you feel pain while swallowing?
- Is there fever? Watery eyes? Headache?
- Has it happened before?
- Has there been any blow or injury to the head?
- Do you have nose bleeding? Can you estimate the volume? When did it start?
- Are you having bleeding from any other part of the body?
- Is there pain from the teeth or gum?
- Do you notice bad or foul breath?
- Is there diarrhea or vomiting?
- Do you work in a noisy environment or with noisy machines?
- Have you put anything into your ears, nose, and throat? Did anything enter your ears, nose, or throat?
- Is there any trauma to the ear, nose, or throat?

The ear, nose and throat are linked with each other and whatever affect one may affect the other. The ear not only helps us to hear but also helps us maintain our balance and any disease of the ear which is not urgently and adequately treated may not only lead to deafness, but also inability to maintain balance.

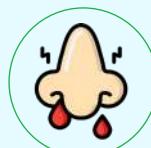
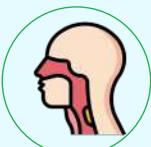
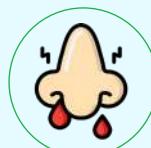
Ear problems are commonly caused by middle ear infection often accompanied by pain, dullness, and redness of the ear drum with drainage of pus or fluid infections of the nose, throat or Eustachian tube may spread to the middle ear. It is important to examine the bone behind the ear (mastoid bone). If it is painful (tender to touch); it may mean that the infection has spread to the mastoid bone (mastoiditis). To test an adult for hearing, sit behind the client then ask him to repeat words or numbers that you whisper to him/her.

The nose is the organ for breathing and for the sense of smell. When the nose is affected by disease or injury, it discharges watery fluid (mucus, blood or pus.) Blocking of the nose may lead to breathing difficulties.

The throat is the junction of the ear, nose, and mouth. It contains the tonsils, pharynx, etc. Diseases affecting the throat can easily spread to the chest and brain.



## EXAMINATION

	<b>General appearance:</b> In distress, ill-looking, in distress		<b>Temperature, pulse respiration, blood pressure:</b> check and record		<b>Ear:</b> a) Pus or blood discharge b) Red or bulging drum c) Perforated drum, foreign body d) Cerumen (Wax) e) Bone behind the ear (mastoid)for tenderness
	<b>Eye:</b> redness, watery discharge		<b>Nose:</b> Mucus or catarrh		<b>Neck:</b> stiffness or enlarged lymph nodes
	<b>Throat:</b> a) Redness b) Enlarged tonsils, pus c) Hoarseness or loss of voice		<b>Chest:</b> crepitations, wheezes, decreased breath sounds		<b>Test for hearing and record</b>

**I. Ear problem with vomiting Tenderness behind the ear**

- REFER immediately. 

Temperature 37.5C or above  
Tenderness behind the Ear  
Restlessness



## II. Boil in external ear

- Caps Amoxicillin 500mg 8hourly for 5 days
- Tabs Ibuprofen 400mg 8hourly for 3 days (After meal);  
OR
- Tab Paracetamol 1g 8hourly for 3 days
- Review in 3 days
- If no improvement REFER 

Soft, tender swelling with well-defined margins



## III. Pain in the ear with or without pus or water from the ear or vomiting

- REFER immediately 

Temperature 37.5C or above  
Red, dull bulging ear drum or  
Perforation of ear drum  
Pus or blood discharge



## IV. Pain in the throat, Difficulty with swallowing (dysphagia)

- Cap Amoxicillin 500mg 8hourly for 5days
- Tab Metronidazole 400mg 8hourly for 5 days
- Tab Ibuprofen 400mg 8hourly for 3days (After meal)
- Warm saline gargle
- Review in 3 days.
- If no improvement REFER 

Enlarged and red tonsils



## V. Pus from the nose, Headache, Pain on either side of the nose

- Caps Amoxicillin 500mg 8hourly for 5 days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal)
- Tabs Vitamin C 200mg 8hourly for 7 days
- Review after 3 days
- If no improvement REFER 

Temperature 37.50C or above  
Pus draining from the nose  
Tenderness of the nose



## VI. Bleeding from the nose

- Sit patient in upright position
- Teach patient to pinch side of the nose for 5-10 minutes
- Re-examine, if bleeding does not stop, apply cold compress to nose for 10 minutes.
- If no improvement, apply Adrenaline nasal pack.
- If no improvement, REFER. 

Evidence of bleeding from the nose



## VI. Bleeding from the nose

- Tabs Chlorpheniramine maleate 4mg 12hourly 3days.
- Tabs Paracetamol 1g 8hourly 3 days
- Tabs Vitamin C (Ascorbic acid) 200mg 8hourly for 7 days
- Tabs Co-trimoxazole 960mg 12hourly for 5days
- Advise to avoid or reduce exposure to dust or pollen
- Review in 3 days

**Temperature 37.50C or above  
Watery eyes  
Catarrh**



## VIII. Pain in the throat Fever Inability to swallow

- Tabs Ibruprofen 400mg 8hourly for 3days (After meal)
- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5 days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Encourage fluids.
- Review in 3 days
- If no improvement, REFER

**Throat inflamed  
Tonsils not red and no pus**





## HEALTH EDUCATION

- Advise on personal and environmental hygiene
- Advise on care of the ear, nose and throat
- Discourage traditional practices such as uvulectomy and tonsillectomy
- Give nutritional counselling
- Advise on avoiding exposure to air pollution (fumes, dust and pollen)
- Discourage home removal of foreign body.
- Importance of taking home-based records during visit to clinic

## 5.21 ORAL HEALTH DISORDERS



**Oral health** is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.

The most common complaint is pain which may or may not be accompanied with swelling inside the mouth or on the face. The condition of the mouth is also a reflection of the client's general health, so it should be inspected as part of physical examination. Early recognition of oral problems with prompt attention or referral will reduce morbidity and mortality arising from otherwise simple disease condition.

### HISTORY

- What is the problem?
- Where is the problem?
- Is there pain from tongue, palate, mucus membrane, teeth or gum?
- How long has it been noticed or present?
- Are you able to eat your regular diet?
- Does the pain increase with hot or cold drink or food?
- Does the pain start on its own?
- Does it keep you awake at night?
- Is there swelling anywhere?
- Is there any bleeding from gum or other part of the mouth?
- Do you notice bad or foul breath?
- What do you use for cleaning your teeth?
- How do you clean your teeth? How many times a day?
- Do you notice any sore in the mouth?



**EXAMINATION**

	<b>General appearance:</b> ill-looking, facial swelling, malnourished.		<b>Temperature:</b> check and record		<b>Mouth:</b> Gum: sore, swelling, discharging sinus, bleeding, white patches. Tongue: sore, coated, redness, fissures, smoothness, dryness. Lips: crack;
	<b>Teeth:</b> caries, discolouration, tenderness, mobility, missing, plaque.				

**I. Severe tooth ache, disturbs patients sleep, aggravated By chewing, with or without headache**

- Caps Amoxicillin 500 mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5 days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal) or Tabs paracetamol 1g 8hourly for 3days
- REFER to the dental clinic 

**\*Holes in tooth or teeth**

**II. Severe tooth pain, Disturbs patient's sleep, Aggravated by chewing, With or without headache, External swelling of the cheek**

- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal) or Tabs Paracetamol 1000mg 8hourly for 3 days
- REFER to the dental clinic 

Hole on the offending tooth/teeth  
Swelling of the jaw in relation to the offending tooth  
Tooth may be mobile

**III. Sharp, short pain triggered by chewing, hot/cold drinks, Stops as soon as stimulus is removed.**

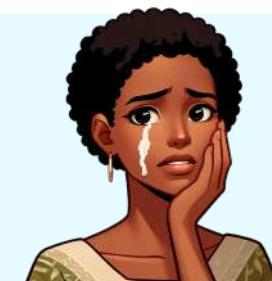
- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal) or Tabs Paracetamol 1g 8hourly for 3 days
- REFER to the dental clinic 

Hole on the offending tooth/teeth  
Wear of the offending tooth

**IV. Hole on the tooth, With or without pain**

- REFER to the dental clinic

Hole on tooth/teeth



**V. Gum bleeding while brushing or biting into fruits  
e.g. apple with or without itching**

- Apply gentle pressure to the bleeding site
- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal) or Tabs Paracetamol 1g 8hourly for 3days
- Oral hygiene instruction
- Review in two days, if no improvement
- REFER to dental clinic 

Gum may be red and slightly swollen



**VI. Dull, continuous pain in the gum, Food packs in the gum after eating with or without gum bleeding**

- Caps Amoxicillin 500mg 8hourly for 5 days
  - Tabs Metronidazole 400mg 8hourly for 5 days
  - Tabs Ibuprofen 400mg 8hourly for 3 days (After meal)
- Or
- Tabs paracetamol 1g 8hourly for 3 days
  - REFER to dental clinic 

Deep hole in the gum between teeth.  
Gum may or may not bleed and may be slightly swollen



**VII. Swelling bleeding of the gum with pus discharge or pocketing with or without loss of alveolar tissue**

- Caps Amoxicillin 500mg 8hourly for 5 days
- Tabs Metronidazole 400mg 8hourly for 5 days
- Tabs Ibuprofen 400mg 8hourly 3 days (After meal)  
Or
  - Tabs paracetamol 1g 8hourly for 3 days
  - Oral Hygiene Instruction
  - If no improvement after two (2) days, refer to dental clinic.

Pus discharge, swollen gingivae, with or without halithosis and loose tooth

**VII. Injury to the mouth and/or face**

- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal) or Tabs Paracetamol 1g 8hourly for 3 days
- REFER to the hospital 

Broken/Missing/  
Mobile tooth/teeth  
Lip or Tongue laceration  
Broken jawbone



### VIII. Recurrent Ulcers in the mouth, With or Without pain

- Counsel the patient that ulcers are self-limiting
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal)  
OR
- Tabs Paracetamol 1g 8hourly for 3 days
- Tabs Vitamin C 200mg 8hourly for 2 weeks
- Use warm saline water as mouth rinse
- REFER to the dental clinic 

**Round/Oval ulcers on the lining of the mouth/tongue/palate/gum  
May be associated with stress**



### IX. Slow or fast growing swelling of the jaw with or without pain

- REFER to the dental clinic 

**Swelling may be hard or soft  
Located anywhere in the  
mouth or face**



### X. Creamy/Whitish growth on lining of the mouth/tongue/gum/ palate

- Nystatin suspension 100,000 units/ml 6hourly after food for 7 days  
OR
- Miconazole oral gel 2% place in the mouth after food
- REFER 

**Soft and friable slough on the  
soft tissues of the mouth -  
lining of the mouth/tongue/gum/  
palate  
Not easily rubbed off**





## HEALTH EDUCATION

- Brush twice daily, in the morning and last thing before going to bed at night.
- Use fluoride-containing toothpaste.
- Change your toothbrush as soon as the bristles begin to flare/scatter.
- Visit your dentist at least twice a year for routine cleaning (scaling and polishing).
- Avoid use of toothpick
- Avoid intake of sugary foods (refined sugar) in-between meals. Eat mouth cleansing fruits instead.
- Cultivate the habit of rinsing your mouth with water after meals
- Discourage uvulectomy
- Emphasize the importance of bringing home-based records during visit to the clinic/hospital

## 5.22 CARDIOVASCULAR DISORDERS



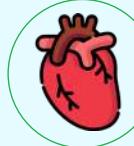
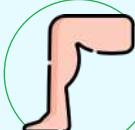
**Cardiovascular problems** are increasingly becoming major health concerns in adults. These are problems that affects mainly the heart and blood vessels. Congestive heart failure occurs when the heart becomes too weak to pump all the blood around and some of the fluids flows back into the abdomen and legs. Any history of shortness of breath especially while lying down should make the health worker think of Cardiovascular disorders.

### HISTORY

- What is the problem? How long have you had it?
- Do you have cough and or chest pain?
- If chest pain, where in particular?
- Do you use to have difficulty in breathing while lying down flat?
- Does deep breathing and bending make it worse?
- Can you sleep flat or do you need more than one pillow to sleep at night?
- Do you sometimes get up at night to breath?
- If cough is present, do you bring up sputum? Colour/any blood in the sputum?
- Do you use tobacco and/or other substances; do you drink alcohol?
- Do you eat well?
- Do you have drenching night sweats?
- Have you lost weight?
- Does the pain/discomfort come or worsen with physical activity or when you are resting?
- Are you on any medication? If yes, what?
- Does the pain/discomfort come or worsen with physical activity or when you are resting?
- Are you on any medication? If yes, what?



**EXAMINATION**

	<b>General appearance:</b> Stable, ill-looking, in distress, wasted, pale, cyanosed, icteric, dehydrated.		<b>Temperature:</b> pulse, blood pressure, weight: check and record		<b>Neck:</b> nodes
	<b>Chest:</b> (a) respiration for rate, difficulty in breathing (on sitting or lying down), wheezes (b) Crepitations, rhonchi, decreased breath sounds		<b>Heart:</b> rate, rhythm, murmur		<b>Abdomen:</b> distension, tender liver
	<b>Legs:</b> Oedema.				

I. Severe chest pain, Pain may radiate to other parts of the body.  
body, Unable to sleep

- REFER immediately. 

Painful distress



**II. Tightness of the chest, Discomfort, Chest pain increase on exertion and not relieved by rest, Difficulty in breathing**

- Give Oxygen (if available)
- Give tabs Acetyl salicylic
- Acid 150mg immediately (stat)
- REFER Immediately 

Rapid heart rate less than 60 beats per min. Increases with movement  
Difficulty in breathing

**III. Fast heart beat ,feeling anxious**

- REFER immediately 

\*Rapid heart rate 90-130 beats/min  
\*Anxious

**HEALTH EDUCATION**

- Advise on adequate rest.
- Encourage moderate exercise.
- Avoidance of smoking, tobacco, and alcohol use
- Avoidance of sedentary lifestyle
- Advise on proper management of stress, adequate sleep and rest.
- Advise on regular clinic attendance and compliance to drugs.
- Give nutritional counseling.
- Emphasize the importance of home-based records during visit to the clinic/hospital.

## 5.23 ABNORMAL BLOOD PRESSURE



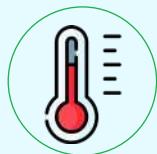
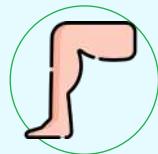
Blood pressure refers to the force with which the heart pumps blood into the body circulation. Blood pressure usually increases with age as the blood vessels become less elastic.. Women tend to have lower blood pressure than men of the same age. The normal systolic pressure for young adult is 100 - 120 mmHg and for older persons 120 - 140 mmHg. The diastolic pressure, which is the force at which blood is returned to the heart from the circulation, is normal between 70 - 89 mmHg. High blood pressure is referred to as hypertension. Hypertension is a very common cardiovascular disease affecting a lot of people. It is thought to result from the narrowing of the blood vessels. The narrowing causes the heart to beat harder in order to pump the blood. Hypotension refers to low blood pressure and can lead to shock and organ failure.

### HISTORY

- What is the problem? How long have you had it?
- Do you get headache, dizziness and swollen legs?
- Do you use to hear or feel your heartbeat?
- Are they related to any physical exercise?
- Do you have difficulty in breathing? Unable to sleep at night?
- Are you unable to sleep at night?
- Have you ever had high blood pressure or low blood pressure?
- Are you taking any medication?
- Are you on any birth control pills? (if female)
- When was your last menstrual period? (if female)
- Do you have family history of high blood pressure?
- Do you have any existing illness?



**EXAMINATION**

	<b>General Appearance:</b> Stable, ill-looking, pale, flushed, anxious, cyanosed, icteric, dehydrated		<b>Temperature, pulse, weight, blood pressure:</b> check and record (pay special attention to both systolic and diastolic pressure)		<b>Neck:</b> thyroid engorged veins
	<b>Chest:</b> (a) respiration for rate (b) Crepitation or decreased breath sounds (c) Heart sounds, rate and murmur		<b>Signs of shock:</b> (a) pale, cold or clammy extremities (b) restless (c) Increased perspiration		<b>Legs:</b> Swellings
	<b>Urine:</b> protein, sugar, colour, deposit, odour, specific gravity.				

**I. Headache**

- Give IV normal Saline 1 litre stat fast
- Give IV hydrocortisone 100mg stat
- Elevate foot of the bed.
- Adequate ventilation
- Keep warm
- REFER immediately



Lethargic  
Systolic Blood Pressure less than 90mmHg  
Cold extremities  
Feeble pulse  
Rapid respiration  
Anxious looking.



**II. Headache, Difficulty in breathing, Unable to sleep at night.  
Shortness of breath on walking, Weakness, or inability to walk.  
Cough. Swelling of**

- Give IV Frusemide 80mg stat
- REFER immediately 

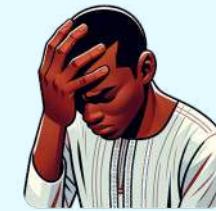
May or may not look ill  
Shortness of breath  
Swollen feet  
Pitting Oedema



**III. Headache and/or dizziness and or palpitation**

- Manage patient according to the Nigerian Hypertension Treatment protocol.
- Give step 3 medications on the treatment protocol
- Refer immediately within one hour to the nearest general or tertiary hospital 

\*Blood pressure greater than 160/  
100mmHg, no other symptoms





## HEALTH EDUCATION

- Explain the condition and diagnosis to the patient.
- Educate the patient that hypertension is a life-long condition that can be controlled with medications and lifestyle changes.
- Emphasize that without treatment for hypertension, there is an increased risk of stroke, heart attack, kidney failure, vision problems, and death.
- Ask the patient for a treatment supporter and elucidate on the importance.
- Counsel the patient on stopping tobacco and harmful use of alcohol.
- Encourage the patient to increase physical activity to at least 30 minutes daily and get adequate rest.
- Counsel the patient to lose weight if overweight, using the BMI and waist circumference as a guide. Aim for BMI within 18 – 25kg/m<sup>2</sup>; or waist circumference <94cm in men, and <80cm in women.
- Give dietary counseling (a heart-healthy diet low in salt, trans-fat, and added sugar)
  - Eat 5 servings of fruits and vegetables per day.
  - Eat nuts, legumes, whole grains, and foods rich in potassium.
  - Eat fish at least twice per week.
  - Use healthy oils like sunflower, flax seed, soybean, peanut, and olive.
  - Limit red meat to once or twice per week.
  - Use less salt – restrict to less than 5g daily (1 teaspoon)
  - Limit consumption of ultra-processed, canned, and ‘fast’ foods.
  - Avoid donuts, cookies, sweets, fizzy drinks, and juice with added sugar.
- Counsel on the importance of adherence to medications, clinic, and laboratory appointments.
- Educate the patient on self-management practices at home.

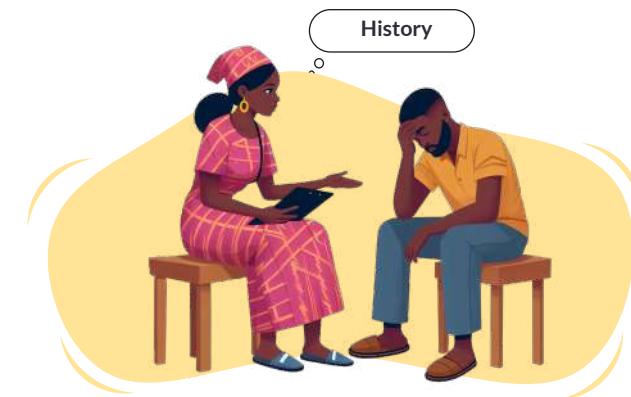
## 5.24 ABDOMINAL DISORDERS



**Abdominal disorders** affects the structures surrounding or within the abdominal cavity. They can manifest as pain, swelling or masses on the abdominal wall. The common causes of abdominal pain are gastro-enteritis, malaria, appendicitis, rupture of the intestine, typhoid, sickle cell crisis and obstruction e.g. hernia. Constipation, dysentery, amoebiasis, peptic ulcer diseases (PUDs), worm infestation etc. may also constitute abdominal disorders.

### HISTORY

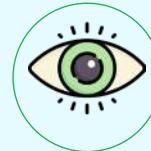
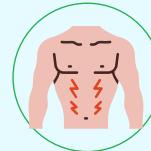
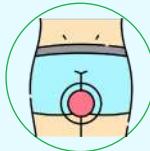
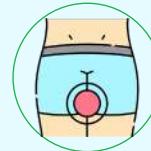
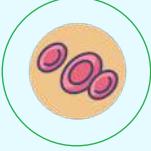
- What is the problem? When did it begin? How severe is it?  
Where is it?
- Do you have or have you had nausea or vomiting?
- Have you had any constipation or diarrhoea?  
If diarrhoea, how many times do you pass stool?  
If constipation, when was your last stool?
- Any blood in vomiting or in stool? Is the stool black?
- Does food make the problem better or worse? Or no difference?
- Is there abdominal pain? Where? Is it continuous or intermittent?
- Is there anything that relieves it or makes it worse?
- Have you passed any worm in the stool?
- Do you have fever or cough? Painful and/or frequent urination?
- Are there any urinary compliant?  
  
Have you taken any medication? If yes, what are they?



### ADDITIONAL IF FEMALE

- Are you having any problem with menstruation? Such as dark, heavy, scanty, painful menses etc
- When was your last menstrual period (LMP)
- Are you using any contraceptive?
- Is there any abnormal vaginal discharge?
- Is there any history of trauma?

## EXAMINATION

	<b>General appearance:</b> Stable, ill-looking, pale, in distress, dehydrated, icteric, cyanosed.		<b>Temperature, pulse, respiration, blood pressure, weight:</b> check and record		<b>Eyes:</b> Pale or jaundice
	<b>Mouth:</b> dry tongue, coated tonsils		<b>Chest:</b> a) difficult or rapid breathing b) Abnormal or decreased breath sounds c) Crepitations or wheezes		<b>Abdomen:</b> a) Spleen, liver, other masses b) Swelling, distension, ascites, scaphoid c) Tenderness or board-like rigidity, rebound tenderness d) Bowel sounds, absent, normal, increase, decreased
	<b>Flanks:</b> tenderness over spine or lower ribs		<b>Anus:</b> prolapsed, fissures, redness,		<b>Hermia:</b> umbilical, inguinal, scrotal, etc
	<b>Haemoglobin:</b> Estimate and record		<b>Stool:</b> Sent to lab for analysis and microscopy		

**i. Abdominal pain with rigidity, vomiting blood, Swelling of abdomen**

- Secure IV access
- IV normal saline 1litre stat (determine the flow rate based on clinical assessment of the patient)
- IV Ciprofloxacin 400mg stat
- IV Metronidazole 500mg stat
- IM Diclofenac 75mg stat
- REFER immediately 

Signs of shock such as low BP less than 110/70 mmHg  
Weak pulse  
Rebound tenderness  
Rigidity of abdomen

**II. Abdominal pain with or without vomiting, Vaginal bleeding or discharge, Last period more than one month**

- IV normal saline 1litres stat
- IM Diclofenac 75mg stat
- REFER immediately 

Abdominal tenderness with or without signs of shock  
Vaginal bleeding

**III. Abdominal pain with swelling on the left side**

- IV normal saline 1litre stat
- IM Diclofenac 75mg stat
- REFER immediately 

splenomegally  
Warm to touch  
Temperature 37.50C or above  
Palpable mass  
may or may not be pale



#### IV. Abdominal pain with jaundice with or without diarrhea, vomiting

- Bed rest, high carbohydrate diet
- Glucose fluids orally
- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Multivitamin 2tab 8hourly for 1week
- Review in 3days
- If no improvement, REFER 

\*Slight jaundice  
\*Upper abdominal  
Tenderness



#### V. Abdominal pain, Painful and frequent urination, May or may not have fever

- IV Gentamicin 80mg 8hourly for 48hrs continue with
- Caps Amoxicillin 500 mg 8hourly for 5days
- Tab. Paracetamol 1000mg 8hourly for 3days
- If no improvement in 3days, REFER 

Tenderness in the flank  
Cloudy urine  
May or may not be warm to touch  
Temp 37.50C or above



#### V. Abdominal pain, Painful and frequent urination, May or may not have fever

- Susp Mist Mag Trisilicate 10mls 8hourly for 5days OR Tabs Mist Mag trisilicate 2tabs 8hourly for 5days
- Caps Amoxicillin 500mg 8hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Caps Omeprazole 20mg 12hourly for 10days
- Review in 1week
- If no improvement, REFER 

Tenderness in the upper abdomen  
May or may not have black stool



## VII. Non-painful swelling in the abdomen

- Explain condition to client
- REFER 

Reducible,  
non tender  
Swelling in the groin or  
umbilical area



## VII. Non-painful swelling in the abdomen

- if abdomen is distended, REFER 
  - if not distended advise to take fruits and vegetables
  - Encourage fluid intake
- Susp Mist Mag Trisilicate 10mls 8hourly for 5days OR Tabs Mist Mag trisilicate 2tabs 8hourly for 5days
- Caps Amoxicillin 500mg 8hourly for 5days OR Tabs Ciprofloxacin 500mg 12hourly for 5 days
  - Tabs Metronidazole 400mg 8hourly for 5days
  - Tabs Hyosine butyl bromide 10mg 8hourly for 3 days
  - Review in 3days
  - If no improvement, REFER 

\*Abdominal discomfort with or without distension



### Bleeding during passage of stool, Irritation around the anus

- Zinc oxide ointment locally
- Sitz bath with warm saline water
- Advise high vegetable Diet and more fluid intake
- Caps Amoxicillin 500mg 8hourly for 5days OR Tabs Ciprofloxacin 500mg 12hourly for 5 days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Review in 3 days, If no improvement
- REFER 

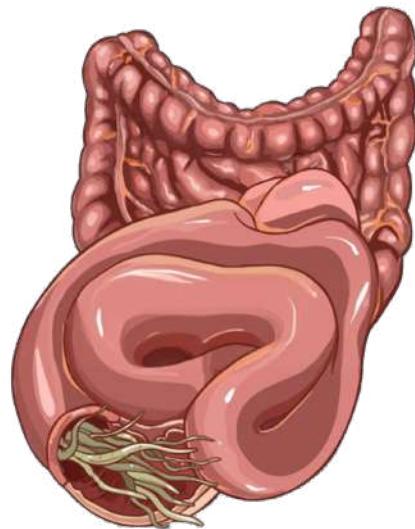
\*Cut in the anus  
\*Redness with or without visible blood



### HEALTH EDUCATION

- Advise on personal and environmental hygiene
- Give nutritional counseling (emphasize on avoiding tobacco and alcohol consumption).
- Advise on use of portable water
- Encourage regular moderate exercise
  
- Advise on drug compliance
- Importance of home-based records during visit to clinic or hospital

## 5.25 WORM INFESTATION



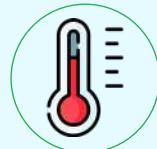
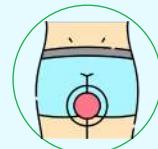
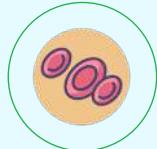
**Worm infestation** is the presence of large number of worms in the gut, which causes discomfort to the patient. *Ascaris lumbricoides* (roundworm) is the commonest worm infestation. Heavy roundworm infestation produces abdominal pains, vomiting, constipation and sometimes obstruction of the intestine. Hookworm infestation is common in rural areas where heavy infestation causes blood in stool, anaemia and malnutrition. Severe *Trichuris trichiura* (whipworm) infestation causes bloody diarrhoea, abdominal pain, anaemia and prolapse of the rectum. Thread/pinworm (*Strongyloides stercoralis*) also lives in the intestine and causes itching around the anus. Tapeworms is a flat ribbon-like worm that can also be found in the intestine

### HISTORY

- What is the problem?
- Have any worms been passed? If yes, describe the appearance? How many?
- Do you eat well?
- Has there been abdominal pain? Vomiting? Constipation?
- Is abdomen tender to touch?
- Is there any diarrhoea? Blood in the stool?
- Is there rectal itching?
- Is there any other illness?
- Has any medication been used?



**EXAMINATION**

	<b>General appearance:</b> Stable, Distressed, pale, icteric, cyanosed, dehydrated		<b>Temperature, pulse, respiration, blood pressure:</b> check and record		<b>Eyes:</b> pallor, jaundiced
	<b>Chest:</b> wheezing, rhonchi, crepitations		<b>Abdomen:</b> tenderness, distended, scaphoid		<b>Anus:</b> redness, rashes, prolapsed
	<b>Haemoglobin:</b> estimate and record		<b>Weight and height:</b> measure and record		<b>Stool examination</b> (analysis and microscopy): if laboratory is available

**I. Abdominal pain**

- IV normal Saline 1litre
- IM Diclofenac 75mg stat
- REFERimmediately 

\*Abdominal tenderness with  
signs of obstruction  
\*Ova or Cyst seen



## II. Abdominal pain

- Tab Albendazole 600mg stat
- if no improvement, REFER 

\*Abdominal tenderness without signs of obstruction  
\*Ova or Cyst seen



## III. Passing worms per rectum

- Tab Albendazole 600mg stat
- OR 
- Tab. Pyrantel pamoate 4-6 tablets stat
- If tapeworm give niclosamide 200mg stat

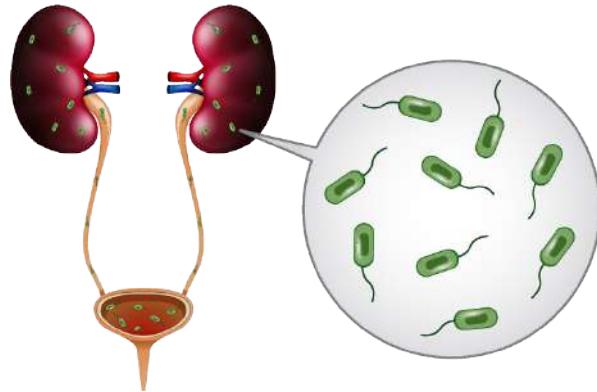
\*Underweight with or without mild abdominal pain or distention  
\*Presence of ova or Cyst from laboratory result



## HEALTH EDUCATION

- Advise on personal, food and environmental sanitation (proper disposal of excreta)
- Advise on periodic deworming
- Give nutritional counseling (wash fruit and vegetable before eating).
- Advise on proper care of feet (use of foot wears)
- Importance of taking home-based records during visit to the clinic or hospital

## 5.26 GENITO-URINARY DISORDERS



Genito-Urinary problems are common and can be due to metabolic/ degenerative changes, infections, abnormal growths, etc. Examples of metabolic/degenerative changes include diabetes, kidney stones, vaginal/ uterine prolapse etc. Examples of abnormal growths include enlarged prostate, cervical cancer etc. Examples of common infections include gonorrhea, syphilis, non-specific bacterial infection, schistosomiasis etc...

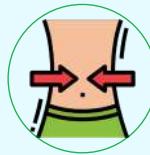
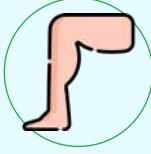
Patient may complain of discharge, pain and burning sensation on passing urine (micturition), blood in urine., frequent micturition, urinary retention etc.

### HISTORY

- What is the problem? How long have you had it?
- How old are you?
- Do you urinate often? How often: night and day?
- Do you have swelling in the scrotal sac with or without pain?
- Did you have any trauma? Or Mumps?
- Do you have abnormal pain or burning sensation on micturition (dysuria)?
- Do you have weight loss?
- Do you drink more than usual? (Explain)
- Do you have pain in the flank?
- What is the colour of your urine? Is there blood in the urine?
- Do you have Ulcer in the mouth? Oral thrush? Bleeding gum? Skin rash? Night sweats? Weight loss?
- Do you have fever? Nausea? Vomiting?
- Do you have history of wading in stream during childhood? (schistosomiasis)
- Are you on any birth control method? (If female)
- Have you ever had this problem before? Any treatment?
- When was your last menstrual period? (if female)
- Do you have discharge or itching from the vagina (female) or penis (male)?
- Are you having any problem with menstruation? Such as dark, heavy, scanty, painful menses etc(if female)
- Do you experience unusual pains during intercourse (if female)



## EXAMINATION

	<b>General appearance:</b> Stable, distressed, pale, icteric, cyanosed, dehydrated ill-looking, wasting, puffy		<b>Temperature, pulse, respiration, blood pressure, weight:</b> check and record		<b>Eyes:</b> pallor, jaundice, discharges
	<b>Chest:</b> crepitations, decreased breath sounds, wheezing, rhonchi		<b>Abdomen:</b> tenderness, distended, scaphoid		<b>Flanks:</b> tenderness
	<b>Limbs:</b> (a) legs for swelling (b) palms, nail bed, for pallor		<b>Genitals:</b> sores, cracks, odour, discharges (pus, blood, fluid). If pus, note the colour		<b>Urine:</b> (a) colour or cloudiness, odour, deposit, specific gravity, reaction, volume/amount. (b) protein (c) Sugar (d) Sent to lab for analysis and microscopy.

## I. Swelling in one or both scrotal sacs with pain

- Tab Ibruprofen 400mg 8hourly for 3days (After meal)
- REFER immediately 

\*Swollen Scrotum  
\*Tender



**II. Blood in urine with history of trauma to the external genitalia**

- REFER immediately 

\*Blood urine (initial)

**III. Swollen scrotum not painful**

- Reassure client
- REFER immediately 

\*Swollen scrotum, may or may not be Reducible

**IV. Swollen painful scrotum with or without trauma**

- Apply cold compress
- Untwist the testicular cord (left or right Until comfortable)
- IM Diclofenac 75mg stat
- REFER immediately 

\*Swollen tender scrotum



**V. Swollen painful scrotum with or without discharge**

- IM Diclofenac 75mg stat
- Tabs Paracetamol 1g 8hourly for 3 days
- Tabs Metronidazole 400mg 8hourly for 7days
- Tabs Vitamin C 200mg 8hourly for 7days
- Tabs Ciprofloxacin 500mg 12hourly for 7days
- Elevate the scrotum
- Apply cold compress
- Ensure bed rest
- If no improvement after 3days, REFER 

\*Swollen tender scrotum  
\*with or without discharge

**VI. Urinary problem with any of the following: a) Shortness of breath b) Nausea and/or vomiting c) No urine for more than 24hrs**

- REFER immediately 

\*Chest may or may not be clear  
\*Brown or dark urine  
\*Swollen legs or  
Abdomen



**VII. Pain or burning sensation on micturition, may have lower abdominal pain**

- Tabs Ciprofloxacin 500mg 12 hourly for 7days
- Tabs Metronidazole 400mg 8hourly for 7days
- Tabs Vitamin C 200mg 8hourly for 7days
- Paracetamol 1g 8hourly for 3days
- Encourage fluids
- If no improvement in 3days, REFER to the hospital

\*Protein in urine  
\*Cloudy or clear urine

**VIII. Blood in urine, painful micturition, losing weight weak**

- Conduct urine test for schistosomiasis
- If negative, REFER

\*Blood in urine (total)  
\*Pallor

**IX Blood in urine**

- If positive, give praziquantel 240Mg of 4 tabs stat
- Tabs Vitamin C 200mg 8hourly for 7 days
- Review in 2 weeks
- If no improvement, REFER to the hospital

\*Blood in urine (terminal)



**X. Dark yellow urine without any other symptom**

- Encourage high fluid intake
- Review in 3 days
- If no improvement, REFER to the hospital



\*Dark yellow urine  
\*No jaundice

**HEALTH EDUCATION**

- Advise on personal hygiene
- Advise on the protection of genital area
- Advise on drug compliance/adherence
- Encourage adequate fluid intake
- Advise on side effects of medications
  
- Advise on the treatment of partner
- Importance of taking home-based records during visit to the clinic or hospital

## 5.27 UPPER AND LOWER LIMBS DISORDERS



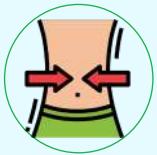
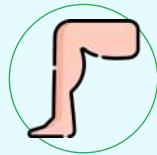
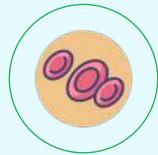
The **limbs** may be affected by arthritis of various kinds, trauma and localized or systemic infections which may manifest as dislocation, fracture, swelling pain and deformity in adults. Infection in the bone and sickle cell crisis can also cause pain in the limbs.

### HISTORY

- What is the problem? When did it start?
- Has it happened before?
- Was there any accident or injury?
- If there is injury, have you been able to move the part since?
- Is there any pain? Tingling? Numbness? Swelling?
- Do you have joint pains or are they stiff?
- Do you have back pain?
- Do you have fever??



## EXAMINATION

	<b>General appearance:</b> Stable, ill-looking wasted, deformed, distressed, pale, icteric, cyanosed, dehydrated		<b>Temperature, pulse, respiration, blood pressure weight:</b> check and record		<b>Eyes:</b> jaundice
	<b>Spine:</b> localized tenderness		<b>Limbs:</b> a) deformity b) tenderness and swelling c) bleeding d) fracture e) not able to move part f) wasting g) varicosity h) sign of paralysis i) sign of foot drop j) Transillumination test k) Fluctuation test		<b>Haemoglobin:</b> estimate and record

## I. Painful swelling on the upper and/or lower limbs as a result of an accident (home or road traffic)

- Splint
- Tabs Paracetamol 1000mg stat
- IM Diclofenac 75mg stat
- Refer
- REFERimmediately



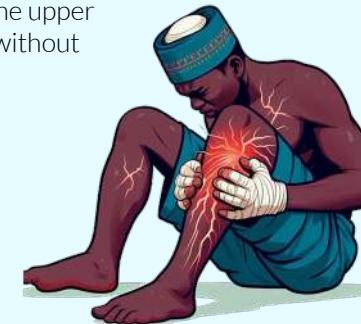
Painful swelling of the upper and/or lower limbs with deformity



**II. Painful swelling on the upper and/or lower limbs as a result of an accident (home or road traffic)**

- Splint
- Tabs Diclofenac 50mg 12hourly for 5 days (After meal)
- Tabs Chymoral 2 tabs 12hourly for 5 days
- Review in 3days
- If no improvement, REFER 

Painful swelling of the upper and/or lower limbs without deformity

**III. Pain in the bone or Muscle with localized redness, pus accumulation and tenderness.**

- Tabs Ciprofloxacin 500mg 12hourly for 5days
- Tabs Metronidazole 400mg 8hourly for 5days
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal)
- Incision and drainage (I & D)
- Daily dressing
- Review in 5days
- If no improvement, REFER 

**Local Redness**  
Swelling and tenderness of bones.  
If one of these is found positive:  
Transillumination test or  
Fluctuation test. Positive  
paracentesis test (MCS  
recommended).



**IV. Pains and swellings in the joint with difficulty in moving the affected part.**

- Splint.
- Tabs Ibuprofen 400mg 8hourly for 3days (After meal)
- Cold compress/poultice alternate with warm compress.
- Review in 3 days
- If no improvement, REFER 

Tenderness in the joint  
Stiffness in the joint

**HEALTH EDUCATION**

- Advise on prevention of accidents
- Counsel on adequate diet (calcium rich foods)
- Advise on proper posturing
- Importance of taking home-based records during visit to the clinic

## 5.28 MENTAL HEALTH DISORDERS



Mental health conditions showing with psychological or behavioral manifestations and/or impairment in functioning due to social, psychological, geriatric genetic, physical, or biological disturbance. Mental disorders are characterised by abnormalities in a person's emotions, thoughts, cognition, sensory perceptions, beliefs, and behaviour. Mental disorders usually manifest in many ways.

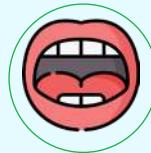
The affected patients may become restless, afraid, suspicious, and confused. They may think that people are after them. They may imagine/or complain of seeing strange people or things. They may become violent and attack other people or themselves without cause. The condition may have come on after a fever due to malaria, typhoid, or viral infection. It may also be as result of severe emotional disturbance or abnormal emotional experiences or excessive drinking of alcohol or drugs over a significant period. If nothing is done immediately, there may be danger to life and property. Other symptoms include sleeplessness, hearing and seeing things others cannot see and suicidal tendencies.

### HISTORY

- What is the problem?
- How long has the client had the problem?
- Has the client had this or similar problem in the past?
- Did he recently have febrile illness? If yes describe
- Any head injury? Accident? Severe stress? E.g. loss of job, divorce, arm robbery attack, loss of relation or loved one etc.
- Does the client use alcohol or drug such as Indian hemp?
- Any headache? Jerking of limbs? Clinching of teeth? Biting of tongue?
- How does the client function at work? With relations at home?
- Has the client had prolonged fasting and praying or ritual dancing?
- Is there change in the way the client speaks?
- Does any other person in the family have the same problem? What makes you think that the client's behaviour is abnormal?



## EXAMINATION

 <p><b>General appearance:</b> unkempt, calm, restless, threatening or physically aggressive, ill, withdrawn, confused, tensed, frightened, fidgety, trembling/shaking, sweaty, cold clammy palms, acting strangely, tearful, hallucinating.</p>	 <p><b>Temperature, Pulse, Respiration, Blood pressure:</b> check and record.</p>	 <p><b>Reaction:</b> to the health worker – cooperative, withdrawn, aggressive</p>
 <p><b>Eyes:</b> redness, staring, bulging, lid retraction, pallor</p>	 <p><b>Mouth:</b> smell of alcohol or other substances</p>	 <p><b>Speech:</b> audible, shouting, understandable, meaningful, relevant to the questions asked or to the situation, slurred, rambling, excessive, stammering, hesitant, expressing worry, any strange statements or beliefs expressed</p>
 <p><b>Orientation:</b> responds to name, knows where he is, has idea of time</p>	 <p><b>Pockets:</b> drugs or other substances in the pocket</p>	 <p><b>Signs of tension –</b> suspicious, hyper-alertness</p>
 <p><b>Thoughts:</b> expression of hopelessness, suicidal tendencies</p>	 <p><b>Weight:</b> weigh and record</p>	 <p><b>Urine:</b>            (a) colour or cloudiness, odour, deposit, specific gravity, reaction, volume/amount.            (b) protein            (c) Sugar            (d) Sent to lab for analysis and microscopy</p>

**I. low energy, fatigue, sleep or appetite problems, persistent, sad or anxious mood, irritability, low interest or pleasure in activities that used to be interesting**

- counsel on sleeping habit and drug usage and participation in community activities
- group psychotherapy
- REFER to Mental health clinic 

Weak, unkempt, withdrawn, sad, irritable, smell of alcohol/tobacco or other substances.



**II. Incoherent or irrelevant speech, Delusions (force, firmly held beliefs), Hallucination (hearing voices or seeing things that are not real), Neglecting usual Responsibilities**

- IM Chlorpromazine 100mg stat
- REFER immediately 

Unkempt, self-neglect, aggressive, hallucinating



**History of frothing in the mouth after signs or premonitions, loss of consciousness with any of the followings:**  
**Jerking of limbs Clenching of teeth biting of tongue Incontinence (urine or**

- IM Chlorpromazine 100mg stat
- REFER immediately 

Prevent Client from injury to self  
Keep airway clear  
Check if client is on medication  
If not on any medication , give  
IV Diazepam 10-20mg stat (if CONVULSING)  
Tabs Phenobarbitone 30 mg stat  
REFER immediately



**IV. Violent behaviour**

- Restrain and observe until effects have worn off
- IV Diazepam 10-20mg stat
- Seek police and Community/religious Leaders assistance if necessary
- Review in 2 weeks
- Counsel client and family members.

Injection marks  
Drugs/substance in pockets  
Agitated  
Violent behavior  
May or may not be drunk  
Perceive smell of alcohol  
and/or other substances

**V. Confusion, Restlessness, Dizziness or Convulsing, Known or unknown Diabetic**

- Give IV normal saline 1 litre stat
- REFER immediately 

Restless or confused  
May be unconscious or convulsing  
Ketone smell (sweet breath)  
Check urine, blood sugar (greater than 11.1 mmol/litre)

**VI. Confused, Restlessness, Drowsy or unconscious, Known or unknown Diabetic**

- Give IV 50% Dextrose stat
- Give sugar in water until gets to the clinic
- Re-assure client
- REFER 

May be unconscious  
Sweating profusely  
Anxiety  
Restlessness  
No sugar in urine  
Check blood sugar

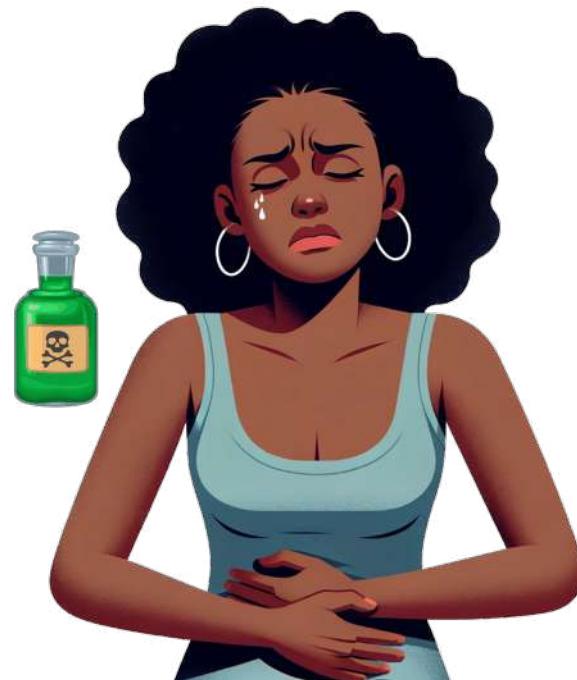




## HEALTH EDUCATION

- Counsel client and family members.
- Give nutrition counselling
- Discourage abuse and use of alcohol, drugs and other substances.
- Advise on Psychotherapy
- Encourage participation in community and religious activities
- Encourage to visit friends and relatives
- Importance of taking home-based records during visit to the clinic

## 5.29 POISONING



A poison is a toxic substance which may enter the body through swallowing, breathing, absorption through skin or mucus membrane or infections. It can cause fits, marked restlessness, abdominal pain, diarrhoea, and vomiting. Patient may feel dizzy, weak, lose consciousness and it may result in death. Therefore, it is advisable to keep, kerosene, medicine, bleach, dye, alcohol insecticides, chemicals, and other harmful substances properly. The type of poison consumed should be communicated to the health worker.

The principles guiding treatment are the following: Ability to identify ingested poison, use of activated charcoal and providing support to vital functions (A B C D).

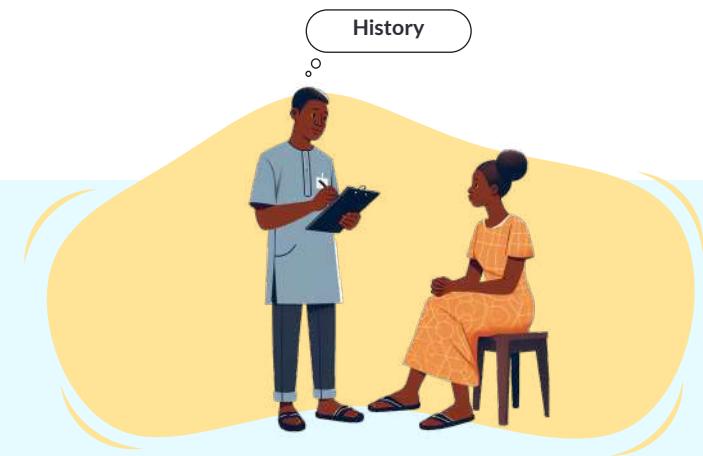
**Airways** - relieve obstruction;

**Breathing** - check the person's breathing, maintain an open airway and normal body temperature; **Circulation** - treat hypotension;

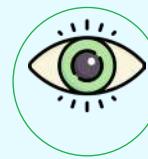
**Dextrose** - avoid severe hypoglycemia by giving glucose or neutralizing the effect of poison by ingestion of milk or magnesium tablets

### HISTORY

- What did you ingest?
- When was the poison taken?
- Have you taken any medication? If yes, what?
- Did you vomit? If yes, any blood in the vomitus?



**EXAMINATION**

	<b>General appearance:</b> conscious, drowsy, sleepy, confused or unconscious, Stable, ill-looking, wasted, deformed, distressed, pale, icteric, cyanosed, dehydrated.		<b>Temperature, Pulse, Respiration, Blood Pressure:</b> check and record.		<b>Eyes:</b> size and reaction of pupils to light.
	<b>Chest:</b> lower chest indrawing, fast breathing.		<b>Abdomen:</b> tenderness, rigidity, distended		<b>Mouth:</b> burns, bleeding, dribbling, colour of membrane.

**II. Ingestion of Kerosene or petrol or corrosive substance**

- Do not induce vomiting
- Milk drink, if not available
- Susp. Magnesium trusilicate 10ml 8hourly for 2days
- Procaine penicillin 600,000iu daily for 7days
- Review 2nd day
- If no improvement, Refer 

irritable  
conscious

### III. Iron poisoning

- Refer immediately 

\*Irritable, restless



#### HEALTH EDUCATION

- Advise on proper storage and labeling of chemicals and harmful substances.
- Advise against use of bleaching creams
- Advise to keep chemicals and harmful substances out of reach of children
- Advise on personal and environmental sanitation
- Advise on proper use of drugs
- Importance of bringing home-based records during visit to clinic

## 5.30 MANAGEMENT OF HIV/AIDS PATIENTS



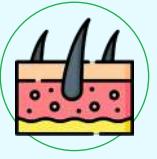
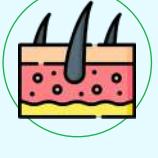
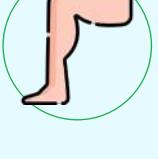
HIV/AIDS is of public health concern. It is responsible for increased number of deaths. It affects not only the patient but relations and friends. In recent times, with the introduction of Anti Retro Viral drugs (ARVs) the condition can be successfully managed while lives of the infected can be prolonged. The health worker therefore, should be able to provide care and support for people living with HIV/AIDS and those affected by it.

### HISTORY

- What is the problem?
- How long have you had the problem?
- Any weight loss? General weakness?
- Have you had infections?
- Have you had blood transfusion? Scarification e.g. tribal mark? Circumcision? Tattoo?
- Are you married?
- Do you have a sex partner? How many sex partners do you have?
- Have you had contact with relatives or partner with similar problems?
- Have you been treated for HIV/AIDS before?
- Do you have genital and/or mouth sores that have refused to go?
- Do you have persistent cough? Diarrhea? Repeated infections? Fever? For how long? Did it persist or reoccur after treatment?
- Do you have itchy skin or skin rash?
- What other problems do you have?
- Have you taken any drug? If yes. what type of drug?



## EXAMINATION

	<b>General appearance:</b> Stable, ill-looking, wasted, deformed, distressed, pale, icteric, cyanosed, dehydrate, healthy, thin		<b>Weight:</b> weigh and record.		<b>Temperature, pulse, respiration, blood pressure:</b> check and record
	<b>Hair:</b> thin, scanty.		<b>Eyes:</b> sunken, pale conjunctiva.		<b>Mouth:</b> thrush, red and white patches.
	<b>Neck and Ampit:</b> enlarged nodes		<b>Skin:</b> rash, ulcers, fungal infection, kaposis around the mouth.		<b>Chest:</b> crepitations, decreased or increased breath sound, respiration rate
	<b>Abdomen:</b> palpable organs, tenderness, distended		<b>Groin:</b> enlarged nodes, ulcers.		<b>Genitalia:</b> ulcers, rashes, discharge.
	<b>Blood:</b> RDT for HIV confirmation				

**I. History of recurrent or persistent diarrhoea of more than 1 month duration Generalized itchy skin rashes unexplained cough longer than 1 month Recurrent genital and mouth sores Prolonged fever for more than one 1 month Severe weight loss General weakness Ulcer that has refused to heal**

- Observe universal precautions with patient's body fluids. See Appendix.
- Ensure CONFIDENTIALITY
- Confirm contact address
- Follow up patient
- SYMPTOMATIC TREATMENT
  - For fever, diarrhoea, cough, sore mouth and throat, skin problems, pains, anxiety and depression etc
  - Lo-ORS
  - Tab. Chlorpheniramine 4mg at night for 3 days
  - Apply Nystatin oral Gel to mouth
  - REFER for HIV Counseling and testing 

Severe dehydration  
 Temp. 37.50C or above  
 May or may not have weight loss greater than 10% of body weight  
 Generalised dermatitis  
 Oral candidiasis  
 Genital ulcer  
 Generalized enlarged lymph nodes  
 \*HIV test reactive



**II. Chronic Diarrhoea, Chronic cough, Mouth and genital ulcer, Oral thrush, Skin rash**

- Give Symptomatic Treatment
- REFER to the hospital 

Marked weight loss  
 General skin rashes  
 Enlarged lymph nodes  
 Mouth and genital ulcers



### III. Claim to be HIV positive, No other complaint

- Give symptomatic treatment
- REFER to the hospital. 

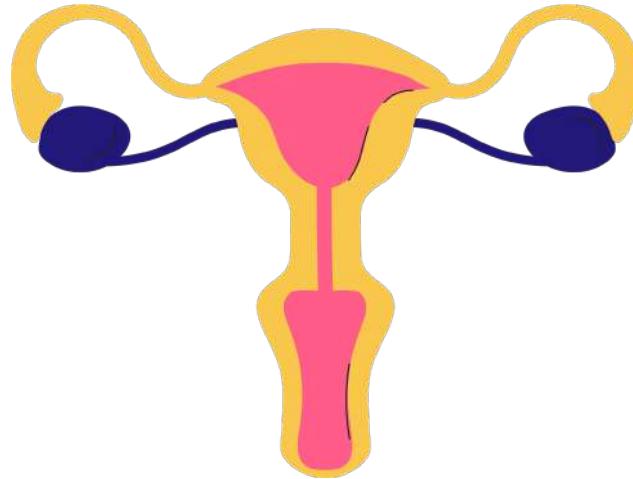
Laboratory result may  
or may not be positive  
weight loss may not be  
present



#### HEALTH EDUCATION

- Counselling on HIV/AIDS prevention
- Counselling on nutrition
- Counselling on adherence to treatment
- Contact tracing and treatment
- Compliance with drugs
- Condom use
- Counseling on the risk of re-infection
- Importance of taking home-based records during visit to the clinic or hospital

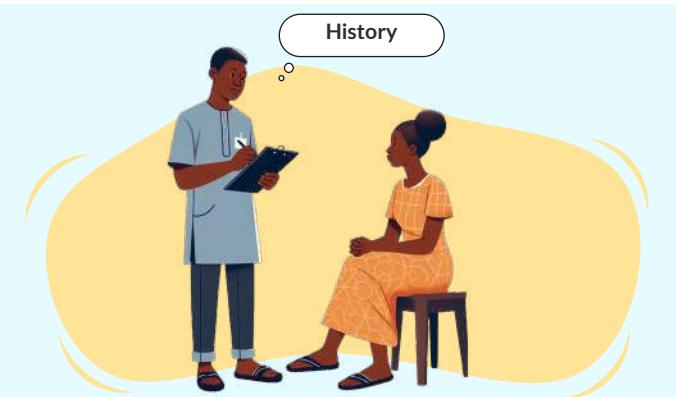
## 5.31 SEXUALLY TRANSMITTED INFECTIONS (STIs) (FEMALE) REPRODUCTIVE TRACT INFECTIONS (RTIs) FEMALE



**Reproductive Tract Infections** are caused by organisms normally present in the reproductive tract or introduced from the outside during sexual contact, medical procedures or as a result of an imbalance in vaginal bacterial flora. The common organisms responsible are *Neisseria gonorrhoeae*, *Chlamydia trachomatis* and *Trichomonas vaginalis*. Others are Human Immunodeficiency Virus (HIV), cytomegalovirus, streptococcus and Hepatitis B. The rationale for syndromic management is that it is effective, prevents complications or mother – to – child transmission, encourages treatment of partner, promotes safe sex habits and use of cheap, locally available, and effective drugs. The common symptoms are; vaginal discharges, itching, ulcer, rashes, lower abdominal pains among other as presented in the table below

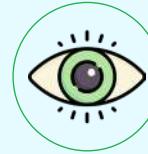
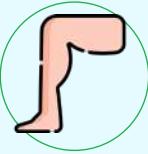
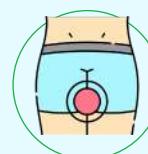
### HISTORY

- How long have you had the discharge?
- Is the discharge purulent, mucoid, abundant or scanty?
- Have you ever had a urethral discharge before? How long ago?
- Did you notice the discharge after a particular sexual contact?
- Have you had any sexual contacts after you noticed the discharge?
- Do you feel any burning or pain on urination?
- What treatment have you taken?
- Are you having any problem with menstruation? Such as dark, heavy, scanty, painful menses etc
- Do you experience unusual pains during intercourse



SYNDROME	STI/RTI	ORGANISMS	TYPE
Discharge	Bacterial vaginosis Yeast infection	Gardnerella vaginalis Anaerobe Candida albicans	Bacteria Fungal
Genital ulcer disease (GUD)	Gonorrhea Chlamydia Trichomoniasis Syphilis	Neisseria gonorrhoea Chlamydia trachomatis Trichomoniasis	Bacterial Protozoan Bacterial
		Treponema palladium	Bacterial
	Chancroid	Hemophilus ducreyi	Bacterial
	Herpes rash	2 Herpes simplex virus (HSV-2)	Bacterial
	Granuloma inguinale (donovanosis)	Inguinale granuolomatis	Viral
	Lymphogranuloma venereum (LGV)	Chlamydia trachomatis	Bacterial
	Molluscum contagiosum	M. contagiosum	Bacterial
Lower abdominal pain (LAP)	Chlamydia	Chlamydia trachomatis	Bacterial
	Gonorrhoea	Neisseria gonorrhoea	Bacterial
	Scabies( crab)	Sarcoptes scabiei	Tick
	Body lice	Phthirus pubis	Tick
	Genital warts	Human papilloma virus	Viral
Adopted from WHO (2005)			

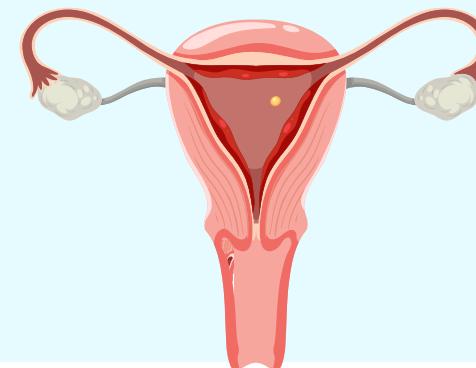
## EXAMINATION

	<b>General appearance:</b> Stable, distressed, pale, icteric, cyanosed, dehydrated ill-looking, wasting, puffy		<b>Temperature, pulse, respiration, blood pressure, weight:</b> check and record		<b>Eyes:</b> pallor, jaundice, discharges
	<b>Chest:</b> crepitations, decreased breath sounds, wheezing, rhonchi		<b>Abdomen:</b> tenderness, swelling or masses		<b>Flanks:</b> tenderness
	<b>Limbs:</b> (a) legs for swelling (b) palms, nailbed, for pallor		<b>Genitals:</b> sores, cracks, odour, discharges (pus, blood, fluid). If pus, note the colour, (milk the urethral)		<b>Anus:</b> Check for purulent discharge, ulcer.
	<b>Throat:</b> Redness, pus		<b>Urine:</b> (a) colour or cloudiness, odour, deposit, specific gravity, reaction, volume/amount. (b) protein (c) Sugar (d) Sent to lab for analysis and microscopy.		

### I. Vaginal discharge

- Tabs Ciprofloxacin 500mg 12hourly for 7 days
- Caps Doxycycline 100mg 12hourly for 7days
- Pessaries vaginal nystatin 100,000 units inserted every night for 14days
- Tabs Metronidazole 2gm orally stat then 400mg 8hourly for 7 days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Bring male partner for treatment
- Review after 7days
- If no improvement, REFER to the hospital 
- Refer to appendix on syndromic management
- HCT, if positive REFER for ART and follow-up 

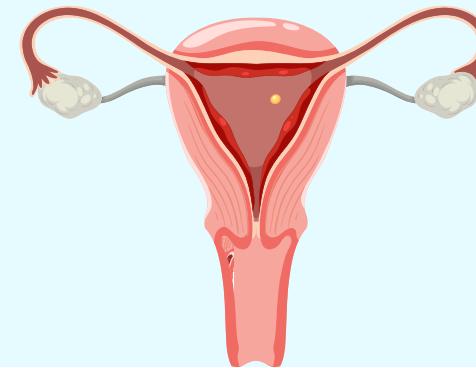
**Discharge is profuse**  
**Muco-purulent discharge from Cervix**  
**Risk Assessment positive (**  
**unmarried, under 21 and Sexually active, more than 1 partner in**  
**the last 12 months,**  
**new partner in past 3 months)**



### II. Vaginal discharge Profuse, thin, watery or Creamy, thick whitish with or without, itching Painful Urination

- Pessaries vaginal nystatin 100,000 units inserted every night for 14days
- Tabs Metronidazole 2gm orally stat then 400mg 8hourly for 14 days
- Tabs Ciprofloxacin 500mg 12hourly for 14 days
- Caps Doxycycline 100mg 12hourly for 14days
- Tabs Vitamin C 200mg 8hourly for 14 days
- Bring male partner for treatment
- Review in 14 days, if no improvement
- REFER to the hospital 
- Refer to appendix on syndromic management
- HCT, if positive REFER for ART and follow-up 

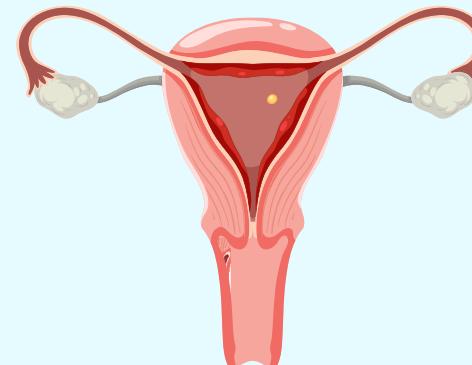
**Discharge is Profuse**  
**Thin, watery or Creamy or thick whitish with or without itching**  
**\*Risk assessment**  
**negative**



**I. Vaginal discharge**

- Tabs Paracetamol 1000mg 8hourly for 3 days
- Tab Ciprofloxacin 500mg 12hourly for 7 days
- REFER immediately to the hospital 
- If referral is difficult, stat
- Tabs Doxycycline 100mg 12hourly for 7days
- Tabs Metronidazole 400mg 8hourly for 7days
- Bring male partner for treatment
- Refer to appendix on syndromic management  
- HCT, if positive REFER for ART and follow-up 

**Discharge is profuse  
Muco-purulent discharge from Cervix  
Risk Assessment positive (unmarried, under 21 and Sexually active, more than 1 partner in the last 12 months, new partner in past 3 months)**

**IV. Lower abdominal pain with any of the following: History of late or missed period (menses) Recent delivery/abortion Vaginal bleeding Fever**

- Tab Ciprofloxacin 500mg orally stat
- Tab Doxycycline 100mg 12hourly for 7 days
- Tab Metronidazole 400mg 8hourly for 14 days
- 4Cs (counselling, contact treatment, compliance with drug, condom use)
- Review in 3 days
- If patient improves, continue treatment until completion.
- Bring male partner for treatment.
- HCT, if positive REFER for ART and follow-up  
- If no improvement, REFER to the hospital 

**Vaginal discharge  
Pain on moving cervix  
Temp. 37.50C or above**

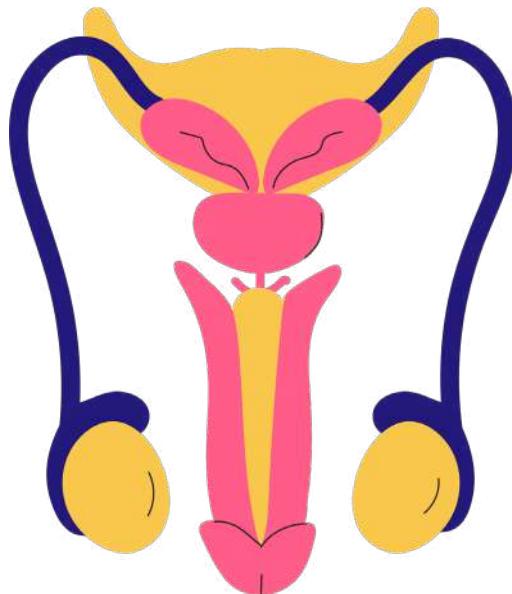




## HEALTH EDUCATION

- 4Cs (Counseling Contact treatment Compliance with drug, Condom use)
- Avoid sexual intercourse during the period of the treatment
- Advise of completion and adherence to drugs
- Importance of taking home-based records to the clinic or hospital

## 5.32 SEXUALLY TRANSMITTED INFECTIONS [STIs (MALE) REPRODUCTIVE TRACT INFECTIONS [RTIs (MALE)]



Sexually Transmitted Infections (STIs) are infections that are spread through sexual intercourse. Common STIs include gonorrhea, syphilis, herpes, genital warts, HIV/AIDS etc. STIs can be painful and uncomfortable. The common syndromes are discharge, genital ulcer and lower abdominal pain. They can also have tragic consequences such as infertility. Therefore, all cases of STIs should be adequately treated.

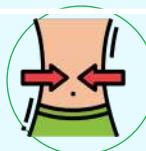
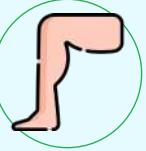
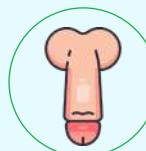
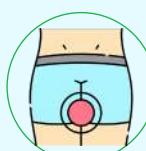
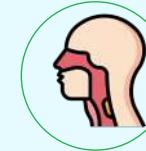
### HISTORY

- How long have you had the discharge?
- Is the discharge purulent, mucoid, abundant, or scanty?
- Have you ever had a urethral discharge before? How long ago?
- Did you notice the discharge after a particular sexual contact?
- Have you had any sexual contacts after you noticed the discharge?
- Do you feel any burning or pain on urination?
- What treatment have you taken?

### History



## EXAMINATION

	<b>General appearance:</b> Stable, distressed, pale, icteric, cyanosed, dehydrated ill-looking, wasting, puffy		<b>Temperature, pulse, respiration, blood pressure, weight:</b> check and record		<b>Eyes:</b> palor, jaundice, discharges
	<b>Chest:</b> crepitations, decreased breath sounds, wheezing, rhonchi		<b>Abdomen:</b> tenderness, swelling or masses		<b>Flanks:</b> tenderness
	<b>Limbs:</b> (a) legs for swelling (b) palms, nailbed, for pallor		<b>Genitals:</b> sores, cracks, odour, discharges (pus, blood, fluid). If pus, note the colour, (milk the urethral)		<b>Uncircumcised male:</b> retract the foreskin, be sure discharge is from urethra.
	<b>Check glans for redness, ulcer</b>		<b>Anus:</b> Check for purulent discharge, ulcer		<b>Throat:</b> Redness, pus
	<b>Urine:</b> (a) colour or cloudiness, odour, deposit, specific gravity, reaction, volume/amount. (b) protein (c) Sugar (d) Sent to lab for analysis and microscopy.				

**Groin (inguinal) swelling, Patient not sexually active No ulcer No rashes**

- REFER immediately to the hospital 

Inguinal swelling



**IV. Lower abdominal pain with any of the following: History of late or missed period (menses) Recent delivery/abortion Vaginal bleeding Fever**

- IV Benzathine Penicillin G.2.4 mega unit stat
- Tab Erythromycin 500mg 6hourly for 7days
- Tabs Metronidazole 2gm orally stat then 400mg 8hourly for 14days
- Caps Doxycycline 100mg 12hourly for 14 days
- Tabs Vitamin C 200mg 8hourly for 14 days
- Bring female partner for treatment
- 4Cs-counseling,compliance,contact treatment  
And condom use.
- Review in 7 days
- HCT, if positive refer for ARTS Treatment
- if no improvement, REFER to the hospital 

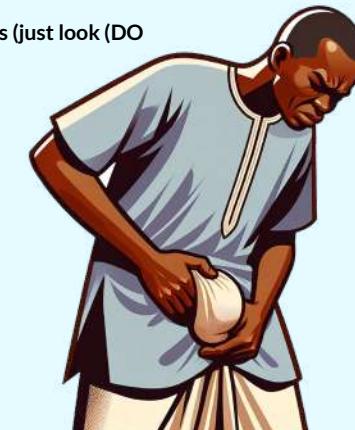
**Vaginal discharge  
Pain on moving cervix  
Temp. 37.50C or above**



### III. Patient with Scrotal swelling and painful Urethral discharge, Patient sexually active

- Tabs Metronidazole 2gm orally stat then 400mg 8hourly for 14 days
- Tabs Ciprofloxacin 500mg 12hourly for 14 days
- Caps Doxycycline 100mg 12hourly for 14days
- Tabs Vitamin C 200mg 8hourly for 14 days
- Bring female partner for treatment
- 4Cs-Counselling, compliance, contact treatment And condom use
- Advise to return 7days; if no improvement refer
- REFER immediately to the hospital 

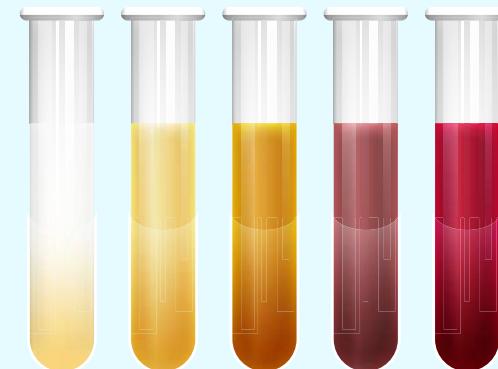
**Examine the genitals (just look (DO NOT PALPATE)**



### IV. Urethral discharge and or painful urination, Genital Ulcer, Sexual exposure

- Tabs Ciprofloxacin 500mg 12hourly for 7days
- Caps Doxycycline 100mg 12hourly for 7days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Tabs Ibuprofen 400mg 8hourly for 5 days (After meal) OR
- IV Benzathine Penicillin G 2.4 Mega units 6 hourly for 3 days
- Tabs Erythromycin 500mg 6hourly for 7 days
- Tabs Metronidazole 400mg 8hourly for 7 days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Bring female partner for treatment
- 4Cs-counseling compliance contact treatment And condom use
- Review in 7 days
- If no improvement, REFER to the hospital 

**Penile discharge  
Ulcer present  
Risk Assessment positive**



## V. Patient with painful urination no discharge

- REFER for Urine Microscopy 
- Treat based on result.

No penile discharge



## VI. Genital sore/Ulcer, Group of painful blisters (often recurrent), History of sexual exposure, With or without painful swelling in the genital area

- Tabs Ibuprofen 400mg 8hourly for 5 days (After meal) keep lesion dry
- Tabs Vitamin C 200mg 8hourly for 7 days
- 4Cs-Counseling Compliance Contact treatment and condom use
- HCT
- Review after 7days
- If there is no improvement, REFER to the hospital 

roup of painful blisters  
Risk Assessment Positive



### HEALTH EDUCATION

- Counselling
- Contact treatment
- Compliance with drug
- Condom use
- Avoid sexual intercourse during treatment and relapse
- Importance of taking home-based records with during visit to the clinic or hospital



# NATIONAL STANDING ORDERS

FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS

COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA



2024

## SECTION SIX: MATERNAL HEALTH



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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

**FEEDBACK AND SUPPORT CONTACT**

We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

**HOW TO PROVIDE FEEDBACK**

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

Online Form: Please fill out your structured feedback using the google form via this link

## 6.1 PRENATAL (ANTENATAL) CARE



Prenatal period is the time between conception and childbirth (pregnancy). It lasts for about 280 days or 40 weeks. It is associated with physiological changes in the woman's body which enable foetal survival as well as preparation for labour. The physiological changes are not confined to the reproductive organs alone, but every tissue and organ reacts to the stimulus of pregnancy. The metabolic, chemical, and endocrine balance of the body is also altered. Many of these changes are regarded as signs and symptoms of pregnancy and can sometimes manifest as minor discomforts. However, when these conditions become persistent and severe, they become major disorders that will require prompt medical attention.

Prenatal or antenatal care (ANC) is the advice, supervision and intervention given to pregnant women in order to obtain and maintain a state of good health throughout the prenatal period. Prenatal care provides a platform for the health worker to discover any medical, obstetric, and mental problem the woman may have and determine if she can be able to deliver her baby safely. ANC provides opportunity to screen pregnant mothers for signs and symptoms of mental health conditions such as; anxiety/depression, involvement in substance use/abuse and signs of domestic violence, for appropriate management and referral.

The 2016 WHO ANC model aims to provide pregnant women with respectful, individualized, person centered care at every contact and to ensure that each contact delivers effective, integrated clinical practices (tests and interventions), provides relevant and timely information, and offers psychological and emotional support by practitioners with good clinical and interpersonal skills working in a well-functioning health system. The WHO recommends a minimum of eight contacts; five contacts in the third trimester, two contacts in the second trimester and one contact in the first trimester. There should be emphasis quality of care and great focus should also be maintained on birth planning and emergency preparedness.

## HISTORY

- How are you feeling?
- If ill, what are your symptoms?
- Do you have problems sleeping? Do you sleep well?
- Do you get easily irritated, anxious or depressed?
- How is your appetite?
- Have you lost weight?
- Any bleeding?
- What arrangement have you made for delivery?
- Any other problem (s)?



History

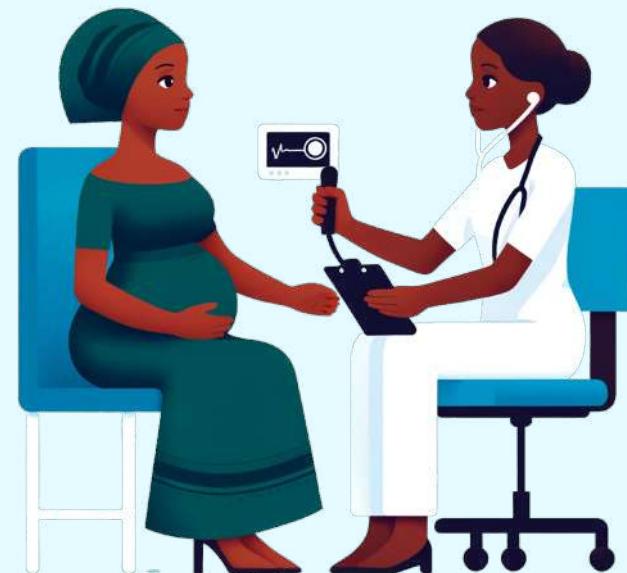
## Social History

- Any history of Alcohol Use?
- Any history of Substance Use/Abuse?
- Any history of Domestic violence?
- Any history of Mental Problem?

## At First Contact Only

### Medical History

- Do you have any particular medical condition, e.g hypertension, diabetes, sickle cell, epilepsy, asthma/allergies, kidney disease etc
- Have you had any Surgery (C/S, Hernioraphy, Appendectomy etc)?
- Have you ever had T.D immunization? How many doses? (ask for card)

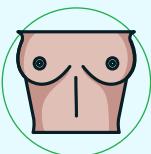
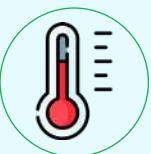


**Obstetric History**

- How many pregnancies have you had? (livebirth stillbirth and miscarriage)
- How many of your children are alive?
- How many died? Age at the time of death and cause of death?
- How many miscarriages have you had?
- Any special maternal complications in previous pregnancies? E.g pre-eclampsia/eclampsia, bleeding, assisted delivery etc.
- LMP: Obtain the date of LMP and calculate the EDD by adding 7 days to the first day of the LMP and subtract 3 months from the month of LMP i.e LMP + 7 days -3months = EDD



**EXAMINATION**

	<b>General appearance:</b> well or ill looking, facial expression		<b>Skin:</b> pallor, rashes, sores, oedema. Check skin for signs of domestic violence (like scars and broken teeth etc)		<b>Eyes:</b> redness, jaundice, pallor, discharges
	<b>Nose:</b> discharge, polyps		<b>Mouth:</b> condition of mucous membrane, tongue, gum & teeth		<b>Chest:</b> for respiratory rate & sign of respiratory distress
	<b>Breast:</b> tenderness or lumps, nature of nipples whether normal, flat or inverted, scar		<b>Height:</b> (first visit only) Check and record		<b>Weight:</b> weigh & record (initial weight will serve as baseline for comparison with subsequent readings)
	<b>Blood pressure:</b> measure and record (initial reading will serve as baseline for comparison with subsequent findings)		<b>Temperature:</b> Check and Record		<b>Pulse Rate:</b> Count and record

**Obstetric Examination****Abdomen:**

Inspect for scar, shape and size

Fundal height: measure and record

Palpation: foetal parts, lie, presentation, position, masses

Auscultation: foetal heart sound

Pelvic examination: (after the 35th weeks)

Inspection: check external genitalia

Speculum should be correctly inserted for inspection of cervix for colour, smoothness, any lacerations, discharge, or bleeding.

Pelvic measurement: diagonal conjugate, height of symphysis, prominent spines

**Laboratory Investigation****First Visit Only**

HCT: for positive client to be enrol for ART

VDRL/RPR (Rapid Plasma Reagins): for syphilis

Blood grouping and rhesus determination

Any appropriate investigation as indicated by patients' condition e.g HBs Ag, Widal test,M RDTetc

HBs Ag for Hepatitis

**At All Visit:** Perform the following for patient

Urinalysis

Haemoglobin estimation or PCV count

**Ultrasound Scan** Refer clients for Uss at least once before 24 weeks

## ANC CONTACTS

### First Trimester

- Contact 1: up to 12 Weeks

### Second Trimester

- Contact 2: 20 Weeks
- Contact 3: 26 Weeks

### Third Trimester

- Contact 4: 30 Weeks
- Contact 5: 34 Weeks
- Contact 6: 36 Weeks
- Contact 7: 38 Weeks
- Contact 8: 40 Weeks

## WELL VISITS

### 1ST Contact (up to 12 Weeks) or as soon as pregnancy is confirmed

- Establish a friendly atmosphere
- Obtain comprehensive history
- Perform head to toe examination
- Request relevant laboratory investigations
- Carryout Ultrasound Scanning
- Provide Routine Drugs: Tabs Folic Acid 5mg daily, Ferrous Sulphate 200mg 8 hourly, Multivitamin daily and Vitamin B Complex 8 hourly for 4 Weeks
- Provide 1st dose of T.D immunization
- Provide LLITN (if available)
- Educate and counsel client on any topic relevant to her condition
- Initiate discussion on birth and emergency planning

- Give appointment for next visit

#### **2ND and 3RD CONTACT (20 - 26 WEEKS)**

- Maintain friendly atmosphere
- Take history and perform physical examination
- Abdominal examination and fetal heart sound
- Take action on result of laboratory investigations
- Check for anaemia, measure BP, check urine for sugar and glucose
- Provide 2ND' dose of T.D immunization
- Provide 1st dose of SP for IPT of malaria in pregnancy at 13 Weeks and repeat after 4 Weeks
- Provide Routine Routine Drugs (Folic acid and ferrous sulphate)
- Continue discussion on birth and emergency planning
- Give next appointment

#### **4TH -7TH CONTACT (30 - 38 WEEKS)**

- Maintain friendly atmosphere
- Take history and perform physical examination
- Re-check Hb and treat for anaemia if present
- Check urine for sugar and glucose.
- Measure BP
- Provide Routine Drugs (Folic acid and ferrous sulphate)
- Provide 2" dose of SP for IPT of malaria

- Check uterine size and palpate the fetal position to exclude multiple pregnancy and abnormal presentation
- Discuss lactation and contraception

#### 8TH CONTACT (40 WEEKS)

- Maintain friendly atmosphere
- Take history and perform physical examination
- Check uterine size and palpate fetal lie, presentation, engagement, Fetal Heart Sound.
- Pelvic examination
- Check Hb to exclude anaemia,
- Measure BP
- Provide Routine Drugs (Folic acid and ferrous sulphate)
- Determine decision on Postpartum Contraception
- Educate and counsel client on signs/symptoms of labour
- Review birth plan with client
- Review Birth Plan with client
- If not delivered by end of 41 weeks, advice client to report back and take decision on delivery

#### I. Difficulty breathing, persistent cough, yellow eyes, pallor, abdominal pain

- Reassure Patient
- Refer to hospital immediately 



Might be in pain  
Rapid breathing above 30/min  
Yellowness of eyes  
Pallor, HB < 7g/dl,  
HBsAg+

**II. Bleeding from the vagina before 20 weeks of gestation with or without lower abdominal pain**

- Assess vaginal bleeding for passage of clots or products of conception.
- If inevitable abortion without shock and pregnancy is below 12 weeks, perform MVA and give Post abortion care (If trained)
- If pregnancy is over 12 weeks and/ or patient is in shock, set intravenous infusion of Normal Saline and refer
- If bleeding is not much and cervical Os is closed advise on Complete Bed Rest
- Tab Folic acid 5mg daily for 4 weeks
- Tab Ferrous sulphate 200mg 8 hourly for 4 weeks
- Review in 3 days



May see vaginal bleeding  
Low BP, high pulse rate, cold  
clammy skin

Cervical Os (open or closed)

**III. Bleeding from the Vagina after 20 weeks of gestation (exclude provocation by sex, foreign body or trauma)with or without abdominal pain**

- Do Not Do Vaginal Examination (V/E)
- Set IV line Normal Saline
- Refer to hospital immediately 



Vaginal Bleeding  
Low BP, high pulse rate, cold  
clammy skin

#### IV. Unconscious, convulsion/fits (severe muscle spasm), No previous history of epilepsy

- Position pt in left lateral position, clear and maintain airways
- Give Oxygen if available
- Set up IV infusion of 500ml Dextrose-Water with cannula/needle
- Give 50% MgSO<sub>4</sub> loading dose (IV 4gm in 12mls of distilled water over a period of 10-15 minute, then IM 5gm + 1ml of 1% Xylocaine into each buttocks )
- Tabs Nifedipine 10 mg under tongue (sublingual) or Hydralazine 5-10 mg IV slowly over 10-15 minutes
- Refer to Hospital
- If BP is > 160/110mmHg give Tabs Nifedipine 20mg under tongue (sublingual) stat.
- If woman is in advanced stage of labour deliver the baby, if not
- Refer immediately 

Gestational age  
>20 Weeks  
BP > 140/90mmHg  
Noisy breathing  
Protein in urine 1+ or above  
With or without Unconsciousness  
Facial contraction and mouth foaming



#### V. Headache, visual disturbance, Epigastric pain, vomiting/Nausea

- Set up IV infusion of 500ml Dextrose-Water
- Give 50% MgSO<sub>4</sub> loading dose (IV 4gm in 12mls of distilled water over a period of 10-15 minute, then IM 5gm + 1ml of 1% Xylocaine into each buttocks )
- Tabs Nifedipine 20mg sublingual stat (if conscious) or Hydralazine 5-10 mg IV slowly over 10-15 minutes if unconscious
- Refer to hospital immediately. 

Gestational age >20 weeks  
Hyperreflexia  
BP > 160/110mmHg  
Protein 3+ in urine



**VI. Pregnant woman with any two of the following present:**  
**Weight increase of 1 kg or more in a week Urine with protein of 1+ or more Pitting oedema**

- Set up IV infusion of 500ml Dextrose-Water
- Give 50%MgSo4 loading dose (IV 4gm in 12mls of distilled water over a period of 10-15minute, then IM 5gm + 1ml of 1% Xylocaine into each buttocks)
- If BP exceeds 160/100, give Tabs Nifedipine 20mg under tongue (sublingual) stat (if conscious) or Hydralazine 5-10 mg IV slowly over 10-15 minutes if unconscious
- Reduce Salt intake
- Refer to hospital immediately 

Raised BP, protein of 1+ or more in urine  
Pitting oedema



**VII. Pregnant Woman with any of the following present: substance use/abuse (alcohol, cough syrup, etc) Scars suspicious of domestic violence Prenatal anxiety/depression**

- Council on implications of substance use/abuse on the fetus
- Refer for Appropriate Care 
- Review in 3days

Disorientation  
Incoherent speech  
Physical Scars/bruises  
Looks anxious or scared  
Looks distracted with no interest to her surroundings



**VIII. Headache, Puffiness of the face or, generalized body oedema**

- Advice on the danger signs of imminent eclampsia
- Tabs Nifedipine 20mg (stat) immediately
- Refer to hospital



Gestational age > 20 weeks  
BP > 140/90mmHg  
Protein 2 + in urine

**IX. Pregnant Woman with any of the following present:  
Headache or Puffiness of face Polydipsia Polyuria Polyphagia (2nd or 3rd trimester)**

- Advise on lifestyle modification;
- Eat healthy diets (low carbohydrate with high fibre)
- Adequate exercise etc
- Reassure and refer



BP < 140/90mmHg  
Protein – No trace  
RBS - > 11.0mmol/l  
Or  
FBS > 7.0mmol/l  
BMI > 25kg/m<sup>2</sup>

**X. Constant Fatigue, Family History of Diabetes Prior history of Macrosomic baby (> 4kg at birth) Known diabetic Unconsciousness**

- Advise on lifestyle modification;
- Eat healthy diets (low carbohydrate with high fibre)
- Adequate exercise etc
- Reassure and refer



BP 140/90mmHg OR less  
Protein – Present or not present  
RBS - > 11.0mmol/l  
Or  
FBS > 7.0mmol/l  
BMI > 25kg/m<sup>2</sup>

**XI Headache pedal oedema**

- Advice on adequate bed rest
- Tabs Nifedipine 20mg daily for 5 days
- Restrict salt intake
- Review in 3 days
- If improving, continue on bed rest
- If no improvement, Refer to hospital 



Protein 1+ in urine, with or without pitting oedema BP not more than 140/90mmHg

**XII. Headache, Pedal oedema, epigastric pain Known hypertensive**

- Advice on adequate bed rest
- Tabs Nifedipine 20mg daily for 5 days
- Restrict salt intake
- Review in 3 days
- If improving, continue on bed rest
- If no improvement, Refer to hospital 



No Protein in urine  
BP=> 140/90mmHg

**XII. Headache, Pedal oedema, epigastric pain Known hypertensive**

- Advice on adequate bed rest
- Tabs Nifedipine 20mg daily for 5 days
- Restrict salt intake
- Review in 3 days
- If improving, continue on bed rest
- If no improvement, Refer to hospital 



No Protein in urine  
BP=> 140/90mmHg

**XIII Weakness, Dizziness, Breathlessness at rest, palpitation**

- Reassure Patient
- Refer immediately to hospital 
- Advice on hospital delivery



Pallor- paleness of the conjunctiva, tongue or palms of the hands etc.  
Haemoglobin below 7g/dl or PCV of less than 30%

**XIV. Leaking of watery fluid from the vagina, Not in labour**

- Apply clean sanitary pad
- IM Gentamicin 80mg (immediately) stat
- Caps Amoxicillin 500mg (immediately) stat
- Refer to hospital immediately 



Wet pad or cloths  
No sign of labour, Abnormal colour and odour of liquor  
FHS = 160b/m and above

**XV. Cough, Fever, sneezing, difficulty in breathing**

- Caps Amoxicillin 500mg 8hourly for 5 days
- Tabs Paracetamol 1g 8hourly for 3 days
- Tabs Artemether/Lumefantrine AL 80/480mg 1 tab at 0 hour, 8 hours later, then, 12 hourly for 3days if pregnancy is within 2nd and 3rd trimester
- Tabs Nifedipine 20mg daily for 5 days
- Continue routine haematinic
- Encourage more fluid intake. 7. Nutritional counselling
- Review in 5 days
- If no improvement Refer 

No Protein in urine  
BP=> 140/90mmHg

**XVI. Pain or burning sensation on passing urine, increased frequency of micturition after 12 weeks gestation, lower abdominal pain**

- Encourage more fluids intake
- Tabs Erythromycin 500mg 6hourly for 7 days
- Tabs Metronidazole 400mg 8hourly for 7days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Tabs PCM 1g 8hourly for 3 days
- Review in 3 days, if no improvement Refer 

Urine test protein 1+ or more  
With or without high temperature



**XVII Vaginal discharge, painful sores/rashes. With or without Lower abdominal pain**

- Treat according to National Guidelines on syndromic mgt of and STIs
- Avoid drugs that are contraindicated to Pregnancy
- Education on the need to treat partner and co-wives
- Review in 3 days. If no improvement Refer 



Excessive vaginal discharge  
Abnormal colour or cloudy  
Abnormal odour

**XVIII. Pain in the abdomen or back**

- Admit in labour ward
- Monitor vital signs
- PCV or HB estimation
- Urinalysis (sugar, protein & ketones)
- Allay fears of woman
- Open Partograph if/when cervix is 5cm or more dilated (see Appendix)

No abdominal tenderness  
With or without uterine contraction  
Intermittent abdominal pain after 28 weeks gestation  
Pain often associated with blood stained mucus discharge (show)  
Watery vaginal discharge or a sudden gush of water  
Cervical effacement i.e., the progressive shortening and thinning of the cervix during labour; and cervical dilatation i.e., the increase in diameter of the cervical opening measured in centimetres

### XIX. Nausea, Vomiting in the morning may or may not have seen period (menses)

- Advise on small frequent meals especially dry foods (energy foods)
- Give Low Osmolality ORS
- Advise to get up slowly from bed in the morning
- Review in 3 days
- If vomiting persists (Hyperemesis) Refer
- If there is history of fainting, review Hb, BP, Urine for sugar
- Ask for black stool or other bleeding
- Nutritional counseling
- Review weekly



Anxious  
No other findings  
PT = +ve

### XX. Heartburn

- Advice to avoid spicy and too oily food
- Ask to take cold milk during attack
- Tabs Mist Magnesium Trisilicate 2 hourly for 5 days or when necessary (PRN) if condition is severe
- Advise to stay chest-up after meals
- Avoid fizzy drinks
- Eat few hours before bed
- If symptoms persist, Refer 



No other findings

**XXI. Inability to defecate for some days, abdominal discomfort**

- Advice to take plenty of water, fruit, leafy vegetables, and fiber rich foods



No other findings

**XXII. Visible blood vessel and leg cramps**

- Keep leg elevated while sitting or lying down
- Advise on calcium rich foods (sea foods, soy beans) if in 3rd trimester



Visible veins on the lower extremities

**XXIII. Pregnant Woman with sleeping difficulty**

- Advice on sleeping less during the day. (take a nap only)
- Avoid going to bed hungry and do not eat late. take enough fluids to aid digestion
- Ensure the sleeping place is comfortable.
- Avoid tight clothes, allow fresh air, take a shower, and relax before going to sleep.



No other findings

### XXIII. Pregnant Woman with sleeping difficulty

- Refer to the page on well visit (ANC) depending on the number of visit.



Pregnant well  
No other finding  
Urine normal



#### HEALTH EDUCATION

- Adequate rest (at least 8 hrs in the night and 2 hrs during the daytime)
- Nutritional counselling
- Personal, food and environmental hygiene
- Mental Health Counseling
- Drug compliance and avoidance of unprescribed drugs and herbal drugs
- Advice on maintaining good posture
- Discourage from lying flat on the back in late pregnancy (it reduces blood supply to the placenta)
- Importance of hospital delivery and emergency preparedness
- Educate on the danger signs in pregnancy eg. Severe headache, vaginal bleeding, severe abdominal pain, convulsion etc.
- Importance of taking home based records to the clinic or hospital at all time
- Care of the newborn and exclusive breast-feeding
- Postpartum family planning

## 6.2 MATERNAL HEALTH (LABOUR AND DELIVERY)



Normal labour is the onset of strong painful regular uterine contraction and retraction resulting in the delivery of a live baby, without an injury to the mother or baby. Labour progresses in 2 phases, latent and active. Latent phase is characterised by cervical effacement (is 0-4cm dilated). In the active phase, cervical dilatation progresses much faster. Labour is said to be in the active phase when the Os is 5 -10cm dilated. Labour is divided into 4 stages namely;

**First Stage:** It is the onset of strong painful regular uterine contraction that leads to dilatation of the cervix and appearance of show. This stage should not last for more than 12 hours

**Second Stage:** It commences from the full dilatation of the cervix to the expulsion of the baby, it should not last for more than 1 hour.

**Third Stage:** Starts after the delivery of the baby to the complete expulsion of the placenta and membranes and the control of bleeding which should not last for more than 30 minutes.

**Fourth Stage:** It is the first 1 hour after delivery in which both the mother and baby are allowed to rest and to be observed closely. It is a critical period in which complications can occur.

## HISTORY

- How many months pregnant are you?
- How are you feeling? Do you have any concerns?
- Do you have problems sleeping? Do you sleep well?
- Do you get easily irritated, anxious or depressed?
- Are you having strong contractions? When did it start? How often? Any now?
- Is there any show (thick blood stained mucus)?
- Have the membranes ruptured? When? Are you draining now?
- Do you feel the baby's movement?
- Have you had any abdominal operations before? (unbooked)
- Did you attend the ANC Clinic? What tests were done, what information/instructions and treatments were given to you?



## EXAMINATION



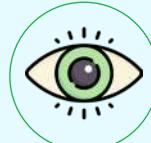
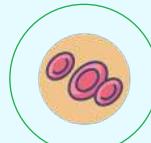
**General appearance:**  
in pains, distressed, anxious



**Temperature:**  
check and record



**Pulse:**  
check and record

	<b>Respiration:</b> check and record		<b>Blood pressure:</b> measure and records		<b>Eyes:</b> pallor, jaundice
	<b>Mouth:</b> pallor, dry tongue		<b>Heart:</b> rate, rhythm, murmur		<b>Abdomen:</b> (a) inspect- shape, scars, distention, masses, whether it moves with respiration. (b) palpate- presenting part, foetal parts, position, foetal lie (c) Contraction- frequency, duration, rhythm (at least 2 in 10 minutes each lasting for 40 – 45 secs)
	<b>Foetal Heart sound:</b> heard, rate and rhythm		<b>Limbs:</b> oedema		<b>Vulva:</b> protruding or ruptured membranes, liquor draining, bleeding
	<b>Vagina:</b> (a) Condition of vagina (b) Cord in vagina (c) Cervical dilation (c_ presenting part, foetal parts, position, cord prolapse		<b>Urine:</b> protein,sugar, acetone, katone, etc		<b>Haemoglobin:</b> estimate and record

**Use the Partograph** to monitor the progress of labour once the woman is in the active phase. (sample of partograph

## MANAGEMENT OF NORMAL LABOUR

### First Stage of Labour

- Explain condition to client
- Explain all procedures and seek permission for examination
- Ensure and respect the privacy of the woman
- Discuss findings with client and keep her informed about progress of labour
- Encourage active movement alternating with rest between contractions and frequent emptying of bladder
- Encourage the woman to bathe or wash herself and her genitals at the onset of labour
- Ensure infection prevention
- No vaginal examination during contractions
- Do not shave the perineal area
- Do not give enema during labour
- Start a partograph when labour is in active phase
- Allow client to choose a more comfortable position

### Second Stage of Labour

- Continue to monitor maternal and foetal vital signs
- Swab the vulva with a mild antiseptic lotion
- Discourage from bearing down until the head is at the perineum (teach the woman to breathe through the mouth to prevent pushing before the head has distended to the perineum)
- Ensure controlled delivery of the head by taking the following precautions
- Keep hand on the head as it advances with contractions

- Cover the anus with a perineal pad using your other hand
- Observe the perineum for sign of tear
- Ask mother to breathe deeply and steadily with her mouth open, and not to push during delivery of the head
- Feel gently around the neck for presence of cord; if cord is loosely felt, deliver the baby through the loop but when it is tight, clamp and cut then unwind from the neck
- Allow for natural restitution
- Deliver the anterior shoulder by applying gentle pressure downward
- Lift the baby upward toward the abdomen to deliver the posterior shoulder and the rest of the body
- Place the baby on the mother's abdomen
- Note time of delivery
- Tie/Clamp The Cord in 2 Places and Cut the Centre After About 2-3 Minutes
- Provide immediate newborn care (Refer to Newborn Section)
- Avoid the following:
  - Rectal examination
  - Lithotomy position with or without stirrup
  - Fundal pressure during labor
  - Verbal Abuses.

#### **Third Stage of Labour (Use Active Management of Third Stage of Labour -AMSTL)**

- Palpate the abdomen to rule out the presence of another baby
- Give a uterotonic IM oxytocin 20mg on the thigh within one minute after birth or IM or IV Carbeto-cin 100 ug stat OR Tabs Misoprostol 600ug (3 tabs) under tongue (sublingual)
- Perform controlled cord traction (CCT) as follows;

- Clamp the cord close to the perineum
- Use the other hand to apply a counter traction on the uterus, just above the public bone
- Use a forward and downward motion to deliver the placenta
- Maintain a steady but gentle pressure
- Cup the placenta in your hands and deliver it gently once it is visible at the perineum to ensure that the membranes are intact.
- Examine the placenta and membranes to ensure completeness
- Clean the mother and check the perineum for laceration or bruising

#### **Fourth Stage of Labour**

- Massage the uterus every 15 minutes for the next 2 hrs to ensure that it is well contracted
- Continue to check vital signs
- Ensure breastfeeding is initiated to promote bonding
- Monitor the amount of bleeding
- Observe for any danger signs in both mother and newborn
- Teach mother about perineal care
- Best Practices
- Close monitoring during first 6 hours
- Monitor BP, Pulse, Vaginal bleeding and uterine hardness; every 15 minutes for 2 hours, every 30minutes for 1 hour and every hour for last 3 hours

### Labour pains

- Explain the condition to client and relation
- Set up intravenous infusion of Dextrose-Saline and Refer to hospital immediately



Mal-presentation  
Transverse lie  
Shoulder presentation  
Brow or face presentation  
Breech presentation

### Labour pains for more than 12 hours

- Examine for cervical dilatation
- Set IV line Dextrose saline
- IM Paracetamol 600mg stat
- Elevate the woman's leg
- Refer to hospital immediately
- Assign a skilled CHEW to accompany her if possible



Non descent of presenting parts  
Vomiting  
Rapid pulse  
Dehydration

### Labour pains with cord seen outside the vagina

- Set up intravenous infusion of Dextrose-Saline
- Give Oxygen to mother (if available)
- Replace Cord up in the vagina and pack introitus with moist gauze
- Refer



Cord still pulsating  
Transverse lie

### Labour pains with cord seen outside the vagina

If cord is pulsating:

- Do generous Episiotomy
  - Push cord back up beyond the head or apply two clamps on cord and cut in-between
  - Deliver the baby
  - Repair episiotomy
- If cord is not pulsating:
- Deliver the baby normally

Cord may or may not be pulsating  
Cephalic presentation  
Cervix fully dilated



### Labour pains, pregnancy not up to term

- Explain the condition to the pt and relation
- IV Hydrocortisone 100mg stat
- Set up intravenous infusion of Dextrose-Saline and Refer
- Conduct delivery only when there is no time to get to the hospital
- Ensure baby is warm and provide immediate newborn care

Gestational age less than 37 weeks  
Labour in active phase



### Labour pains, no foetal movement felt for some time

- Explain condition to pt and relation
- Administer Oxygen to mother
- Set up intravenous infusion of Dextrose-Saline and Refer
- Transport pt in left lateral position
- Conduct delivery Only when it becomes imminent and no time to get to the hospital



Cord may or may not prolapsed  
Smelly or unclear liquor  
FHR <120 beat or >160 beat per minutes

### VII. Labour pain, with fits or convulsion

- Set up IV infusion, 500ml Dextrose-Water with cannula/needle
- Give 50% MgSo<sub>4</sub> loading dose (IV 4gm in 12mls of distilled water over a period of 10-15 minute, then IM 5gm + 1ml of 1% Xylocaine into each buttocks)
- Tabs Nifedipine 20 mg under tongue (sublingual) stat (if conscious) or
- Hydralazine 5-10 mg IV slowly over 10-15 minutes if unconscious
- REFER TO HOSPITAL 



cious  
BP> 140/90mmHg  
Protein in urine

### VIII. Bleeding after expulsion of placenta

- Shout for help
- Uterine massage
- Encourage woman to empty her bladder or catheterize if necessary
- IM oxytocin 10IU stat or Tabs Misoprostol 800 mcg sublingual (undertongue) or rectal
- Set IV Normal saline with 20iu oxytocin at 60 drops per minutes
- If bleeding continues apply NASG (if available)
- Resuscitate if in shock
- Refer immediately to hospital 

Bleeding in excess of 500mls or any sign of shock (rapid pulse, low BP, dizziness, Or unconsciousness)  
Uterus not firm (above umbilicus)



### VIII. Bleeding after expulsion of placenta

- IV Ceftriaxone 1gm Stat, then Tabs Cefixime 400mg 12 hourly for 5 days
- Tabs Metronidazole 400mg 8 hourly for 5 days
- Tabs Vit C 200mg 8 hourly for 7 days
- Tabs PCM 1gm 8 hourly for 3 days
- Tabs Misoprostol 600mcg under tongue (sublingual) stat
- Advice on Personal Hygiene
- If no improvement Refer 

Slight or heavy bleeding  
Foul smell from the vagina



#### X. Perineal tear with or without bleeding

- Clean the area, apply pressure with a perineal pad
- Repair cervical tear
- Repair 1st and 2nd degree perineal tear
- If tear is extending to the anus (3rd degree), clean and apply perineal pad and the woman to put her legs together (Do Not ● Attempt to Repair)
- Refer to hospital immediately 

Cervical laceration present  
Degree of perineal or vaginal laceration (1st, 2nd, or 3rd degree tear)



#### XI. Retained placenta or placenta fragment

- If retained placenta and not bleeding, attempt delivery of the placenta manually.
- If bleeding, manage as in PPH above
- Encourage client to pass urine or catheterize
- Leave uterus alone for 10 minutes
- Attempt CCT,
- if not successful, add 20 IU Oxytocin to infusion and
- Refer to hospital immediately 

Placenta products are visible through the vaginal orifice  
May or may not be bleeding





## HEALTH EDUCATION

- Adequate rest
- Vulva hygiene
- Nutritional counselling
- Exclusive breast feeding
- Routine immunization
- Importance of postnatal visit
- Importance of taking home-based records during visits to clinic or hospital
- Care of newborn
- Counsel on postpartum contraceptives
- Appropriate Mental health counselling

## 6.3 POSTNATAL DISORDERS



The postnatal period is 6-8 weeks after delivery. This is the time that lactation is well established and the return of the uterus and other reproductive organs to the pre-gravid state. At least 3 postnatal visits for checkup should be encouraged to determine how the mother and baby are faring. This is also a special opportunity to screen postnatal mothers for signs of mental health conditions such as; puerperal psychosis, involvement in substance use/abuse and signs of domestic violence, for appropriate management and referral.

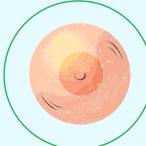
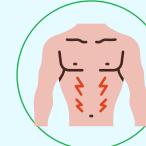
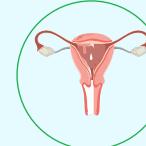
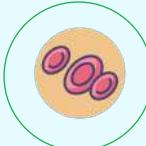
### HISTORY

- How are you feeling? Is there any problem?
- How many days or weeks since the delivery?
- Is the baby being exclusively breast fed? Any feeding problems?
- Do you observe any changes in his/her skin or umbilicus?
- How is your appetite?
- Is there any pain or discomfort?
- Do you sleep well? Is there a sleeping challenge?
- Do you get easily irritated, anxious or depressed?
- How long do you want to rest before having your next baby?
- What is the nature of lochia?

History



## EXAMINATION

	<b>General appearance:</b> tired or pale check skin for signs of domestic violence.		<b>Temperature:</b> Check and record		<b>Blood pressure:</b> measure and record
	<b>Breast:</b> -tenderness, redness, lumps, engorgement		<b>Nipples:</b> soreness, cracks,		<b>Abdomen:</b> size and firmness of uterus,
	<b>Legs</b> - any local inflammation		<b>Pelvis:</b> (internal examination not done before six weeks postpartum Condition of perineum Cervix Os Uterus involution Discharge, Bleeding		<b>Vulva:</b> Nature of lochia, condition of repaired episiotomy/ tear (if any)
	<b>Weight:</b> weigh and record		<b>Haemoglobin:</b> estimate and record		<b>Urine:</b> protein, sugar and record <b>Examine the child:</b> Refer to appropriate section

**Severe headache convulsion/fits at home or on the way to clinic delivery few days ago**

- Resuscitate if patient is unconscious
- Set up intravenous infusion of 500ml of Dextrose- Water
- 50% MgSo<sub>4</sub> loading dose (IV 4gm in 12mls of distilled water over a period of 10-15minute, then IM 5gm + 1ml of 1% Xylocaine into each buttocks)
- Tabs Nifedipine 20mg stat under tongue (sublingual)
- Refer immediately 



BP 140/90mmHg or above  
Protein in urine

**Continuous vaginal bleeding**

- Check for cervical tear or erosion
- Apply clean pad to perineum
- IM oxytocin 20IU stat or tabs misoprostol 600mcg stat sublingual (undertongue)
- Set intravenous infusion of Dextrose-Saline
- Refer to hospital immediately if bleeding is profuse 



Bleeding not profuse  
Frank bleeding

Primary PPH  
within 24 hours  
or Secondary PPH  
after 24 hours

**Intermittent vaginal bleeding, fever, vaginal discharge with or without smell**

- IV Ceftriazone 1gm Stat
- Caps Amoxicillin 500mg 8hourly for 5 days
- Tabs Metronidazole 400mg 8hourly for 5 days
- Tabs Ferrous sulphate 200mg 8hourly for 5 Weeks
- Tabs Paracetamol 1gm 8hourly for 3 days
- Review daily
- If no improvement after 3 days
- Refer to hospital 



Discharge with or  
without smell  
Temp. 37.5C or above  
BP 90/50 or above  
Spotting

**Vaginal discharge, not smelly, no fever**

- Tabs Erythromycin 500mg 6hourly for 7 days
- Tabs Metronidazole 400mg 8hourly for 14 days
- Tabs Vit C 200mg 8hourly for 7 days
- Use 4cs
- Review in 3 days
- If improvement continue treatment
- Bring male partner for treatment
- If no improvement, Refer to hospital



Discharge present  
Not smelly  
Temp, less than 37.5C

**Excessive tiredness or fatigue with one or more of the following:**  
**Dyspnea on exertion Palpitation Facial or pedal oedema Pallor**

- Reassure Patient
- Refer to hospital 



BP>140/90mmHg or  
<90/50mmHg

### Breast Engorgement

- Teach proper positioning of the baby on breast and ensure good attachment
- Encourage exclusive breastfeeding
- Advice on the use of firm Brassier
- Warm compress
- Tabs Paracetamol 1000mg 8hourly for 3 days



Breast full and painful  
Temperature > 37,5oc

### Breast Engorgement

- Observe the mother breastfeed
- Give appropriate health education
- Tabs Paracetamol 1000mg 8hourly for 3 days
- If sores are extensive,
  - Tabs Erythromycin 500mg 6hourly for 5 days
  - Tabs Vit C 200mg 8hourly for 7 days
- Teach how to express milk and feed with cup and spoon
- Review in 3 days
- If no improvement Refer 

Breast full and painful  
Temperature > 37,5oc



### Breast abscess/inflammation

- Warm compress
- Tab Paracetamol 1000g 8hourly for 3 days
- Tabs Erythromycin 500mg 6hourly for 5 days
- Tabs Vit C 200mg 8hourly for 7 days
- If fully ripe do an I & D
- Dress daily
- Encourage more fluid
- If no improvement Refer 

Tenderness  
Pus formation



### Vaginal wall comes down with coughing

- Explain cause to woman
- Teach postnatal pelvic floor exercise, and advice against lifting heavy objects
- check in 1 month
- if no improvement, Refer. 



Visible vaginal protrusion

### Uterus still large or tender after 8th day and up to 21 days

- Advice restricted activity
- Caps Amoxicillin 500mg 8hourly for 7 days
- Tabs Paracetamol 1000g 8hourly for 3 days
- Tabs Metronidazole 400mg 8hourly for 7 days
- Tabs Vit C 200mg 8hourly for 7 days
- Review in 3 days, if improved, continue treatment
- If no improvement Refer. 



Tenderness  
Uterine size still above the umbilicus

### Headache, Fever with or without nausea and vomiting, Joint pains, Cough

- Tabs Paracetamol 1000g 8hourly for 3 days
- Tabs Artemether-lumefantrine 80/480mg 1 tab at 0 hour, 8 hours later, then 12 hourly for 3 days Or
- Tabs Artesunate+ Amodiaquine 100 mg AS/270 mg AQ base daily for 3 days
- Encourage to take plenty of fluid
- Review in 5 days
- If no improvement Refer 



BP < 140/90mmHg  
Temp > 37.5oc  
Hb>7g/dl  
Lochia not smelly or profuse  
mRDT =+ve

### XII. Sleeping difficulty

- Advice on good nap and being active during the day
- Avoid going to bed hungry and do not eat late.
- Find time to rest between baby care to avoid stress.
- Ensure the baby is well fed, dry napkin, no heat and comfortable for sound sleep, to allow the mother to sleep well.
- Take enough fluids to aid digestion and breastmilk formation
- Ensure the sleeping place is comfortable.
- Avoid tight clothes, allow fresh air, take a shower and relax before going to sleep.

No other findings



**XIII. Sleeping difficulty with any of the present: serious substance use/abuse (alcohol, cough syrup, etc) Scars of confirmed domestic violence Puerperal Psychosis**

- Advice on avoidance of substance use/abuse
- Refer for Appropriate Care 
- Review in 3days

Suspect Common Perinatal Mental Disorders (CPMD)

**XIV Fever after child birth**

- Lower temperature with fan or tepid sponging or antipyretic
- Adequate hydration by mouth or IV
- Encourage bed rest
- Monitor vital signs and urine output
- If blood transfusion is needed refer
- Administer therapeutic antibiotics

Temperature 38oc or more  
mRDT = -ve





## HEALTH EDUCATION

- Prompt return for postnatal visit
- Adequate nutrition and plenty of fluids
- Immunization (both)
- Importance of Exclusive breastfeeding for six months, & the introduction of appropriate complementary foods at 6 months
- Personal hygiene (wash breast with water only before feeding the baby)/pelvic exercise
- Educate on proper position and good attachment to the breast
- Importance of using firm brassier
- Danger signs in mother and the newborn.
- Counsel on and refer for cervical cancer screening
- Counsel and give services for contraception
- Importance of taking home-based records during visit to the clinic or hospital.
- Appropriate mental health counselling.

## 6.4 FAMILY PLANNING



Family Planning is the process of helping clients to have the number of children they want and when they want them or avoid being pregnant. Some women have difficulty taking pills properly and also sometimes have problems caused by the pills. Some of these problems are mild to severe. The health worker should be able to follow up and take necessary action. This is also a special opportunity to screen mothers for signs of mental health conditions such as; anxiety/depression, involvement in substance use/abuse and signs of domestic violence, for appropriate management and referral.

### HISTORY

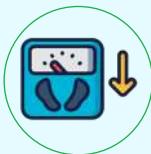
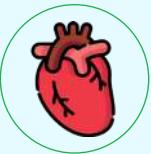
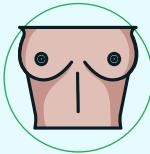
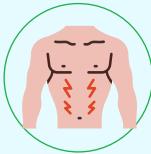
- Have you used any contraceptive method before?
- What method were you using? Which Clinic did you attend? Why do you want to attend this particular clinic?
- Who referred you to this Clinic?
- How many children have you had? How many are alive? How many dead? When did you have your last baby? Did you have a normal vaginal delivery or were you assisted (caesarean section, forceps delivery or vacuum extraction).
- Are you breastfeeding?
- Are you menstruating now? When did you start? If not, when was the last menstrual period?
- Do you normally have;

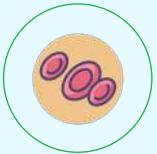
History



- Heavy periods with cramping pain or clots?
- Scanty period?
- How often do you bleed? How long do you bleed?
- Have you had any operations? When? Where?
- Do you have any pains in the lower part of your abdomen with fever and discharge? Do you have severe headaches?
- Are you on any special drugs or receiving treatment anywhere else?
- Do you have any medical condition such as diabetic, sickle cell, disease, cancer, kidney issues etc?
- Do you sleep well? Is there a sleeping challenge?
- Do you get easily irritated, anxious or depressed? Social History
- Any history of Alcohol Use?
- Any history of Substance Use/Abuse?
- Any history of Domestic violence?
- Any history of Mental Problem?

**EXAMINATION**

	<b>General appearance:</b> anxious thin, obese, ill,		<b>Skin:</b> scars (signs of domestic violence)		<b>Weight:</b> weigh and record
	<b>Blood pressure:</b> measure and record		<b>Hair:</b> hair loss especially in temporal region		<b>Face:</b> swelling
	<b>Eyes:</b> pallor or jaundice		<b>Neck:</b> goitre, lymph nodes		<b>Chest:</b> shape, respiratory difficulty or rapid creps or wheeze
	<b>Heart:</b> rate, rhythm, murmur		<b>Breast:</b> lump, dimpling of the skin, abnormal appearance of the nipples, retraction of the nipples.		<b>Abdomen:</b> scars, tenderness, masses

 <p><b>Legs:</b> varicose veins, oedema.</p>	 <p><b>Thigh:</b> excoriation, ringworm lesions, warts.</p>	 <p><b>Pelvis:</b> <b>Bimanual palpation:</b> position and size of uterus, tenderness <b>Speculum:</b> condition of the cervix, cervical polyps, lesions, vaginal infection, menstrual bleeding or signs of pregnancy.</p>
 <p><b>Haemoglobin</b> estimate and record</p>	 <p><b>Urine;</b> protein, sugar</p>	

### First visit for Child Spacing

- If Pregnant, advise to book for ANC and come for child spacing after delivery
- If not Pregnant, counsel on various family planning methods using the counselling tools
- Use MEC wheel for any client with a known medical condition to determine the appropriate method



Well (may or may not be pregnant)

**Intrauterine Device (IUD) thread not felt, suspected pregnancy, severe lower abdominal pain**

- Tabs Paracetamol 1000mg immediately (stat)
- Conduct a speculum examination, if tip of IUD stem is visible, use a forceps to slowly draw it out
- If not visible, Refer immediately to the hospital 



Intrauterine Device (IUD) thread not seen  
Abdominal tenderness  
No bleeding  
PT = +ve

**Intrauterine Device (IUD) in place with sign and symptoms of pregnancy. With or without bleeding**

- Tabs Multivitamin 8 hourly for 2 weeks
- Tabs Ferrous sulphate 200mg 8 hourly for 2 weeks
- Tabs Folic acid 5mg daily for 2 weeks
- Refer immediately to the hospital 



(IUD) in place  
Pregnancy  
Bleeding

**Heavy menstrual bleeding for 10 days or more, Intra (IUD in place with or without cramping**

- Tabs Multivitamin 8 hourly for 2 weeks
- Tabs Ferrous sulphate 200mg 8 hourly for 2 weeks
- Tabs Folic acid 5mg daily for 2 weeks
- Explain findings to client
- Administer Tab Tranexamic acid 1500mg 8 hourly for 3 days
- Then 1000mg once daily for 2 days beginning when heavy flow stat
- Tabs Ibuprofen 400mg 12 hourly for 5 days (After meal)
- If no improvement Refer immediately to the hospital 



Bleeding with IUD in place

**IUD thread not felt**

- Explain finding to client
- Ask client to re-examine herself and feel the identified string or replace the IUD with another without trimming its string.



IUD thread seen

**Back pain during or between menstrual period with IUD in place**

- Tabs Paracetamol 1000mg 8 hourly for 3days
- Review during the next menstrual period



Pain IUD in place

**Requested for IUD insertion Menstruating with any of the following:**  
**Foul smelling discharge Vaginal itching Heavy bleeding last 7 days or more with severe cramping History of D & C, or caesarian section in the last 6 months**

- Do not insert IUD
- Advise on use of alternative method based on Medical Eligibility Criteria (MEC)
- Caps Doxycycline 100mg 12 hourly for 14days
- Tabs Metronidazole 400mg 8 hourly for 14days
- Tabs Ciprofloxacin 500mg immediately (stat)
- Review in 7days
- If there is no improvement,
- Refer to the hospital



Signs of infection in the uterus,  
 Pallor  
 Heavy bleeding with or without  
 fever ( $>37.5^{\circ}\text{C}$ )

**Bleeding or spotting with any of the following after sexual intercourse, lower abdominal pain, fever, IUD in place**

- If mRDT =+ve, treat for malaria as appropriate
- Caps Doxycycline 100mg 12 hourly for 14days
- Tabs Metronidazole 400mg 8 hourly for 14days
- Tabs Ciprofloxacin 500mg immediately (stat)
- Review in 7days
- If there is no improvement,
- Refer to the hospital 



warm to touch  
Temp 37.50C or above  
Bleeding or spotting  
mRDT = +ve or -ve

**Bleeding or spotting with any of the following after sexual intercourse, lower abdominal pain, fever, IUD in place**

- Stop insertion
- If IUD is already inserted, remove
- Place client in a horizontal position and observe for an hour
- Monitor vital signs
- Check for intra-abdominal bleeding
- If no sign of bleeding, observe for 1hour and counsel on abstinence from sex for two weeks
- Help her choose another method
- If vital signs are getting down, refer to a higher facility.



Fainting during or after insertion, pains, rapid pulse or respiration, fatigue

**Irregular, heavy or prolonged bleeding continuous after several months of normal bleeding of long after IUD was inserted**

- If PT is +ve send for USS to rule out pregnancy
- If PT is -ve do not remove IUD.
- Treat for PID as in action VIII above



Vaginal examination shows no signs of malignancy  
Abnormal discharge from the vagina  
PT = +ve or -ve

**Pain, redness, swelling or pus at the site of sub-dermal implant insertion**

- If not infected and the tip of the implant is visible, remove and replace a new implant on the other hand on the client's request
- If there are signs of infection, do not remove the implant
- Clean the infected area with antiseptic
- Make an incision to drain the pus (if abscess has formed)
- Caps Amoxicillin 500mg 8hourly for 7days
- Tabs Metronidazole 400mg 8hourly for 7 days
- Tabs Vitamin C 200mg 8hourly for 7 days
- Tabs Ibuprofen 400mg 12hourly for 5 days (After meal)
- If no improvement Refer



Tenderness  
Redness  
Visible pus  
Tip of the implant may or may not be visible

**Irregular or heavy vaginal bleeding after initiation of implant**

- Reassure the client that bleeding changes are common in women using implant, but they gradually subside with time
- If the client finds the bleeding unacceptable, offer one cycle of low dose combined oral contraceptive (based on MEC)



No underlying medical condition  
Implant in place

**Severe lower abdominal pain on implant Abnormal vaginal bleeding or no monthly bleeding**

- Leave implant in place
- Reassure client
- Refer for pelvic USS 
- If ovarian cyst or ectopic pregnancy, Refer to hospital



Signs of pregnancy  
Abdominal tenderness  
Fainting

**Headache, with or without aura (blurred vision , temporary loss of vision or seeing flashy light) on implant**

- If headache without any other symptoms
- Tabs PCM 1g 8 hourly for 3 days Or
- Tabs Ibuprofen 400mg 12 hourly for 5 days (After food)
- If headache with other symptoms after implant insertion
- Reassure client
- Remove the implant
- Advise other non-hormonal method
- Review after 3 days
- If no improvement Refer 



BP > or < 149/90mmHg  
PT = -ve  
No underlying medical condition

**Backache with signs of pregnancy on oral contraceptive**

- Give Tab Paracetamol 1000mg stat
- Take client off oral contraceptive
- Refer immediately to the hospital 



Uterus not enlarged  
Abdominal tenderness

**Menstruation with any of the following: Visible blood vessel, History of jaundice or blood clots, Breast abnormalities, Breastfeeding less than 6 months**

- Advise on elevation of feet
- Reduction of period of standing
- Proper position and attachment of baby to breast
- If on hormonal contraceptives. Stop use.
- Use a non-hormonal method as a backup.
- Refer immediately to the hospital 



Varicose veins seen on legs  
Jaundice  
Blood clots  
Lump in breast  
inverted nipples  
cracked nipples  
BP 140/90 or above

**On oral Contraceptive with mild, moderate or sudden severe headache**

- If headache is sudden and severe, take client off oral contraceptive immediately
- Use back up method
- Tabs Paracetamol 1000mg stat
- Review in 2 days
- If no improvement, Refer to the hospital 



sign of pregnancy  
Normal BP

**On oral Contraceptive with mild, moderate or sudden severe headache**

- Counsel client
- Reassure
- Review during next menstrual period
- if no improvement, take off oral contraceptive
- Counsel on barrier methods (condom and diaphragm)



No sign of pregnancy  
Blood spot seen

**On oral Contraceptive with heavy bleeding 7 -10 days**

- Tabs Multivitamin 8 hourly for 2weeks
- Tabs Ferrous sulphate 200mg 8 hourly for 2weeks
- Tabs Folic acid 5mg daily for 2weeks
- Explain findings to client
- Administer Tranexamic acid 1500mg 8 hourly for 3 days
- Then 1000mg once daily for 2 days beginning when heavy flow stat
- Tabs Ibuprofen 400mg 12hourly (after meal) for 5days
- If no improvement Refer immediately to the hospital



eding  
BP normal

**On oral Contraceptive with heavy bleeding 7 -10 days**

- Set up intravenous infusion of Normal Saline and
- Refer immediately to the hospital 



Bleeding  
Systolic BP lower than  
120mmHg and diastolic lower  
than 70mmHg

**On oral contraceptives, Persistent irregular bleeding bleeds after intercourse**

- Change pills
- If heavy bleeding persists
- Tabs Mefanamic Acid 500mg 12hourly for 5 days
- If bleeding persists or become heavy review contraceptive method
- Refer to the hospital 



abnormality

**On oral contraceptive, with or without complaint**

- Stop pills
- Change to barrier method
- If BP is not more than 140/90mmHg,
- Review in 2 weeks
- If BP is still raised or higher, Refer to the hospital 



140/90mmHg or above

**On oral contraceptive and bleeds after intercourse**

- Reassure client
- Advise on proper position during intercourse
- Refer to the hospital review in 2 weeks 



abnormalities

**Delayed Pregnancy with Regular menstrual period stopped depo provera injection 15 months ago and anxious to get pregnant**

- Explain to client that condition could be the side effect of Depo Provera
- Instruct her to have intercourse during fertile period
- Advice to remain lying down 1-2 hours after intercourse
- Invite partner for counselling and investigation
- Advise to keep a record of menstrual period
- Review in 3 months



obvious abnormalities or infection

**Irregular menstrual bleeding, spotting or scanty bleeding injectable contraceptive**

- Re-assure
- Explain condition to client
- If still worried discuss about other methods

No sign of infection  
PT = -ve

### Weight gain. On Injectable contraceptives

- Re-assure
- Explain condition to client
- Advice on life style modification (eat healthy and exercise)



PT = -ve  
No underlying medical conditions

### Headaches, hot flashes, mood changes and vaginal irritation

- Reassure
- Tabs Ibuprofen 400mg 12hourly for 3 days (After meal)
- Review in 3 days
- If no improvement discuss on other methods



No underlying medical condition  
No signs of STIs

### Menstrual irregularity

- Advise to have her keep record of menstrual period for 3 months
- Review in 3 months
- If irregularity continues Refer to the hospital 



No evidence of other abnormalities  
No infection

**On hormonal contraceptives, No menstruation for the past 3 months**

- Re-assure
- Explain condition to client
- If still worried do a pregnancy test



No symptoms  
No signs of Pregnancy

**On oral contraceptives, Nausea and or vomiting**

- Review contraceptive method
- If test is positive , counsel and provide Antenatal care



Pregnancy test  
Signs of pregnancy

**On oral contraceptives, Nausea and or vomiting**

- If pregnancy test negative, change to lower dose pills (if available)
- If nausea persists, REFER to the hospital 



No signs of pregnancy  
Pregnancy test

**On oral contraceptives, Excessive weight gain after starting pills,  
Increased appetite, Weight gain cyclical**

- Encourage diet control
- Advise regular physical exercise
- Change to lower dose pill
- If weight gain persists, change to other method



Increased weight

**On oral contraceptives. Depression or mood changes after starting pills, No associated social problems**

- Stop pills
- Change to barrier non hormonal method
- If depression persists, refer to the hospital. 



Depressed Unhappy  
Moderate condition

**On oral contraceptives, Breast tenderness or fullness after starting pills, No signs of pregnancy**

- Advise client to wear firm, supportive brassiere
- Give Tabs Paracetamol 1000mg tds for 3 days
- If discomfort persists, change to lower dose combined contraceptive, progestin only pills or barrier method



Tender full breast, no lump  
Pregnancy test negative

**On oral contraceptives, Acne (Pimples) following use of pills**

- Change to lower dose oestrogen pills
- If acne persists or become more severe, stop pill change to barrier method and refer to the hospital 



other abnormality

**Sleeping difficulty**

- Refer to Postnatal Disorders 

No other findings

Sleeping difficulty with any of the following Noticeable anxiety  
serious substance use/abuse (alcohol, cough syrup, etc) Scars of  
confirmed domestic violence

- Refer to Postnatal Disorders

Suspect Anxiety/Psychosis/  
Depression



### DANGER SIGNS

- Severe Abdominal Pain
- Severe Chest Pain
- Severe Headache
- Eye Problems (Blurred Vision, loss of vision, flashes of light)
- Severe Leg Problems (swelling, pain in calf or thigh).
- Restlessness and visible signs of anxiety
- Severe back pain
- Heavy/prolonged bleeding



### HEALTH EDUCATION

- Healthy timing and spacing of pregnancy (HTSP)
- Personal, food and environmental hygiene
- Nutritional counselling
- Compliance to drugs
- Adhere to treatment
- Appropriate Mental Health Counselling
- Importance of taking home-based records to the clinic or hospital

## 6.5 INFERTILITY



Infertility is the inability of a couple to conceive after one year of unprotected regular intercourse. Male infertility may be caused by any of the following; deficiencies in sperm production, blockage of the sperm delivery system, injury to the testicle, disorders of hormone production, poor descent of one or both testes. Sometimes women also have difficulty getting pregnant, or after having one or more children. This may be due to infections, poor knowledge of the fertile period, or irregular menstrual period, mental health conditions such as anxiety, depression involvement in substance use/abuse and domestic violence can also affect a couple's ability to become pregnant. However, the Community health practitioner should be able to advise appropriately and take necessary action. This is also a special opportunity to screen mothers for signs of mental health conditions such as; anxiety/depression, involvement in substance use/abuse and signs of domestic violence, for appropriate management and referral.

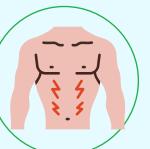
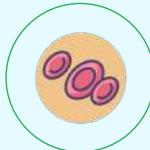
### HISTORY

- **Menstrual History:** When was her last menstrual period (LMP)
- **Gynaecological History:** Any signs of infection, vaginal discharge, lower abdominal pain, pain or bleeding on intercourse? How was the infection treated? Any operation D & C. Caesarian section.  
Abortion? Where and when was it treated? Any problems after it such as bleeding, discharge, fever, pain.
- **Obstetric History:** Has she ever been pregnant? With this man? Any problems after the pregnancy - bleeding, discharge fever, lower abdominal pain? What happened to the pregnancy? How long ago was it?



- **Contraception History:** What method of birth control has she used?  
When did she stop? Any problem with the method - bleeding, discharge, fever, lower abdominal pain, no menstrual period?
- **Sexual History:** How often do they have intercourse? Does her husband have other wives? Does her husband have children? Does her husband live with her? How long have they been trying? Any sexual problem – pain on intercourse? Sexual history is important in her husband.
- **Medical History:** How old is she? How does she feel now? Has she come to the clinic or seen the doctor in the last 6 months?  
For Husband; Has the husband had mumps before? Any history of injury to the genitals? Any undescended testicles?
- **Social History:** Any history of alcohol use? Any history of substance use/abuse? Any history of domestic violence? Any history of mental problem?

## EXAMINATION

 <p><b>General appearance:</b> tired or pale check skin for signs of domestic violence.</p>	 <p><b>General Inspection:</b> evidence of sexual maturity (breast development, womanly shape, female hair distribution), obstacles to sexual intercourse (obesity, physical abnormalities) or general poor physical health or small vaginal opening.</p>	 <p><b>Abdomen:</b> scars, masses.</p>
 <p><b>Speculum examination:</b> position of the cervix, signs of infection, erosions, lacerations.</p>	 <p><b>Bimanual examination:</b> The presence of a normal uterus, the size of the uterus, masses, tenderness of the uterus or adnexa.</p>	 <p><b>Blood pressure:</b> measure and record.</p>
 <p><b>Temperature:</b> - check and record</p>	 <p><b>Hemoglobin:</b> estimate and record.</p>	 <p><b>Urine:</b> protein, sugar.</p>

### Inability to impregnate a woman

- Refer to the hospital



Undescended or very small testis

**Unable to get pregnant, May or may not have commenced menstruation**

- Explain that fertility might come with age (if she is under 16 years)
- Refer to hospital if the woman is 18 years or more and has never menstruated 



Sexual immaturity  
Too young

**Unable to get pregnant, May or may not have commenced menstruation**

- If she has commenced menstruation, instruct her to have intercourse during her fertile period
- Advise on sexual position
- Have her remain lying down for 1-2 hours after intercourse
- Invite husband for counselling and investigation
- Review in 3 months, if no menses Refer to hospital 



Young woman  
No abnormality

**Unable to get pregnant**

- Nutrition counselling
- Have her to keep dates of menstrual period
- Advise on fertile period
- Review in 3 months
- If no improvement, Refer to the hospital 



Obese  
Anxious  
Emaciated

**Inability to impregnate a woman**

- Counsel client on best time for intercourse.
- Frequency of intercourse.
- Advice to take wife to the clinic.
- Review in 3 months.
- If no improvement, Refer to hospital.



Adult male  
No abnormality detected

**Couple unable to conceive for over a year of regular sex with the following: Painful urination Vaginal/Urethral discharge**

- Reassure client
- Treat according to Syndromic Management of STIs
- If no improvement. Refer



Vaginal/Urethral discharge

**DANGER SIGNS**

- Severe abdominal pain
- Severe chest pain
- Severe headache
- Restlessness and visible signs of anxiety
- Eye problems (Blurred Vision, loss of vision, flashes of light)
- Severe leg problems (Swelling, pain in calf or thigh)



## HEALTH EDUCATION

- Keep record of menstruation
- Discourage early marriage
- Nutritional counselling
- Importance of taking home-based records during visit to the clinic or hospital
- Educate on fertile period and the need to have intercourse within that period
- Avoid herbal medication.
- Appropriate Mental Health Counselling

## 6.6 PRE-MENOPAUSE



Pre-menopause is a natural process of transitioning to the menopausal stage when the woman's period stops as a result of advancement in age marking the end of reproductive years. It is marked with changes in the menstrual cycle, along with other physical and emotional symptoms. The symptoms are caused by changes in the hormonal levels in the body. The pre-menopausal period can last between 2-10 years before menopause set in.

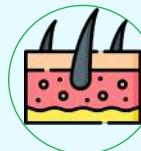
### HISTORY

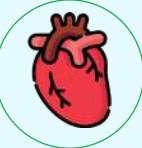
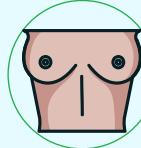
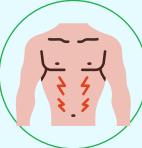
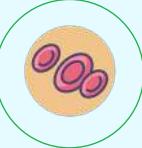
- **Personal History:** Age? When did symptoms start?
- **Menstrual History:** When was your last menstrual period (LMP), how often do you menstruate
- **Gynaecological History:** Any signs of infection, vaginal discharge, lower abdominal pain, pain or bleeding on intercourse
- **Obstetric History:** Have you ever been pregnant? Any problems after the pregnancy - bleeding, discharge, fever, lower abdominal pain
- **Contraception History:** What method of birth control have you used? For how long? When did you stop? Any problem with the method - bleeding, discharge, fever, lower abdominal pain, no menstrual period?



- **Sexual History:** How often do you have intercourse? Any sexual problem – pain on intercourse, decrease libido
- **Medical History:** How regular is your period? How do you feel now? Do you have any known medical condition e.g. Diabetes, Hypertension, Liver or Kidney Problem?
- **Social History:** Any history of alcohol use?  
Any history of substance use/abuse?  
Any history of domestic violence?

## EXAMINATION

 <b>General appearance:</b> anxious thin, obese, ill,	 <b>Skin:</b> scars (signs of domestic violence)	 <b>Weight:</b> weigh and record
 <b>Blood pressure:</b> measure and record	 <b>Hair:</b> hair loss especially in temporal region	 <b>Face:</b> swelling
 <b>Eyes:</b> pallor or jaundice	 <b>Neck:</b> goitre, lymph nodes	 <b>Chest:</b> shape, respiratory difficulty or rapid creps or wheeze

	<b>Heart:</b> rate, rhythm, murmur		<b>Breast:</b> lump, dimpling of the skin, abnormal appearance of the nipples, retraction of the nipples.		<b>Abdomen:</b> scars, tenderness, masses
	<b>Legs:</b> varicose veins, oedema.		<b>Thigh:</b> excoriation, ringworm lesions, warts.		<b>Pelvis:</b> <b>Bimanual palpation:</b> position and size of uterus, tenderness <b>Speculum:</b> condition of the cervix, cervical polyps, lesions, vaginal infection, menstrual bleeding or signs of pregnancy.
	<b>Haemoglobin:</b> estimate and record		<b>Urine:</b> protein, sugar		

**I. A woman over 40 years with Sleep problems with two or more of the following:**  
- Poor sleep - Hot flashes - Weight gain - Headache  
- Hair loss - Body itching - Anxiety - Mood changes

- Reassure
- Nutritional counselling
- Encourage simple exercise



No underlying medical condition  
No signs of Infection  
No skin lesions

**II. A woman over 40 years with any of the following:**  
- Low libido - Painful intercourse - Not pregnant or breast feeding

- Reassure
- Nutritional counseling
- Encourage simple exercise
- Advice on use lubricants like K-Y Jelly for Painful Intercourse



No signs of Infection  
PT negative  
Pelvic examination -Normal

**III. A woman over 40 years who develop Irregular menstrual periods with heavy bleeding**

- Reassure
- Nutritional counselling
- Tabs Ibuprofen 400mg 12hourly for 3 days (After meal)
- Review in 3 days, if no improvement refer



No signs of Infection  
PT negative  
Pelvic examination -Normal



## HEALTH EDUCATION

- Have adequate rest
- Identify and avoid triggers of Hot flashes
- Nutritional counselling
- Take a lot of fluid
- Avoid using substance in the vagina and maintain vulval hygiene
- Appropriate Mental Health Counselling.



# NATIONAL STANDING ORDERS

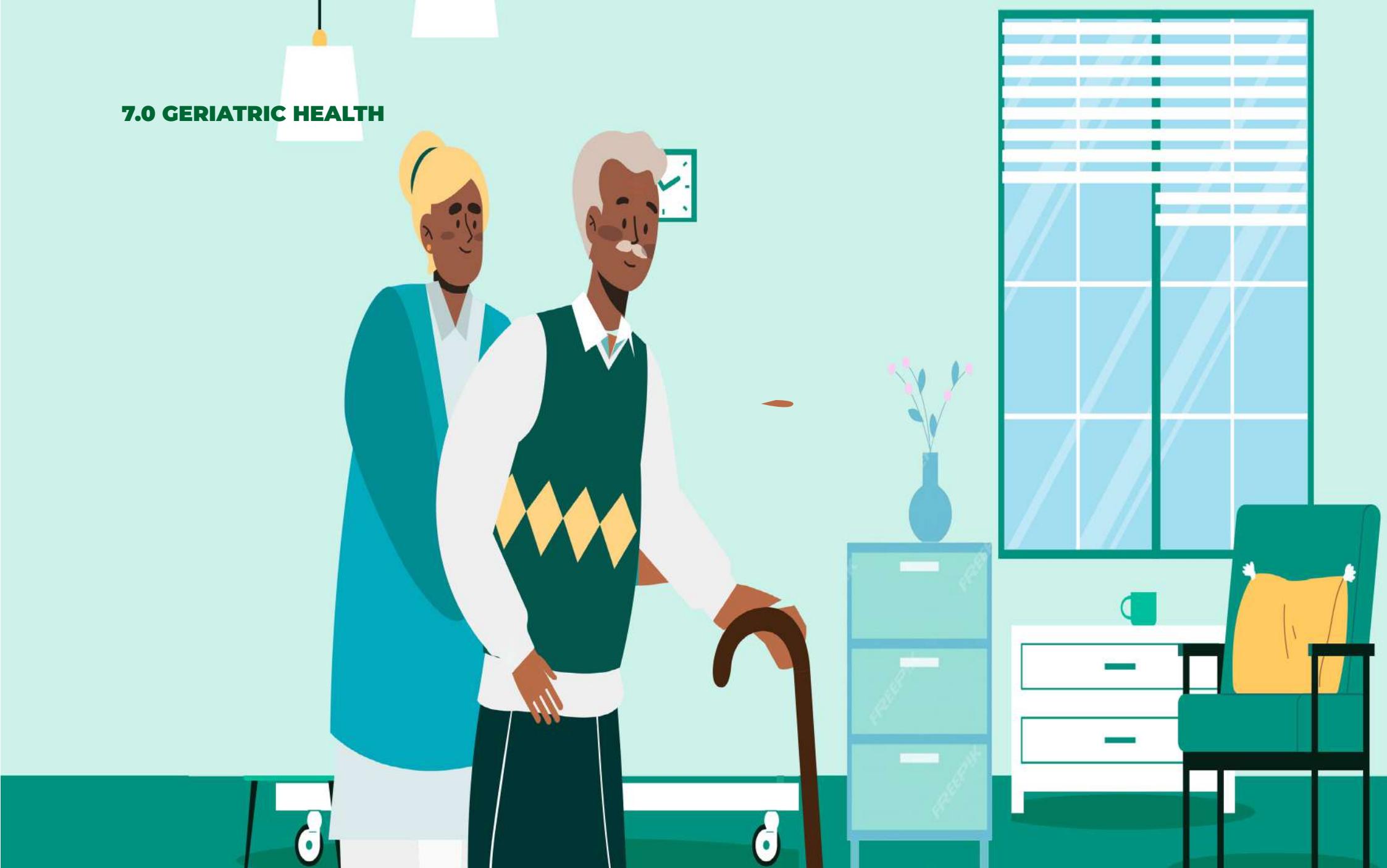
FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS

COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA



2024

## 7.0 GERIATRIC HEALTH



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# INTRODUCTION

The “National Standing Orders for Community Health Practitioners” is an essential guide designed to support the effective delivery of healthcare services by Community Health Practitioners across Nigeria. Developed by the Community Health Practitioners’ Registration Board of Nigeria in collaboration with the National Primary Health Care Development Agency (NPHCDA) with support from the USAID Health Workforce Management Activity, this comprehensive manual provides standardized procedures and protocols for managing a wide range of health conditions and scenarios encountered in primary healthcare settings.

This guide is organized into eight sections, covering critical areas such as newborn care, early childhood, middle childhood, adolescent health, adult health, maternal health, elderly health, and health facility management (for the Community Health Officer Cadre). Each section includes detailed sub-sections that address specific health conditions, diagnostic criteria, and treatment protocols. This structured approach ensures that Community Health Practitioners have easy access to the information they need to provide timely and effective care.

A unique feature of this job aid is its illustrated format, designed to serve as a companion to the text-only version. The inclusion of illustrations enhances the learning experience by providing visual representations of procedures, anatomical details, and clinical signs. This visual approach not only aids in comprehension but also improves retention and application of the information in real-world settings.

## BENEFITS OF ILLUSTRATIONS IN THE GUIDE

1. Enhanced Understanding: Illustrations provide clear and concise visual explanations of complex medical procedures and conditions, making it easier for health practitioners to grasp and remember key concepts.
2. Improved Retention: Visual aids have been shown to improve memory retention. The combination of text and images helps reinforce learning and recall of important information.
3. Practical Application: Illustrations can depict step-by-step procedures, helping practitioners to visualize the correct techniques and methods, which is crucial during emergency situations or routine care.
4. Accessibility: Visual content transcends language barriers and can be especially helpful in diverse regions where practitioners may speak different languages or dialects.
5. Engagement: Illustrated guides are more engaging and can maintain the interest of practitioners, encouraging them to refer to the guide more frequently and thoroughly.

## WHAT YOU WILL FIND:

The illustrated guide complements the text-only version by offering a visual representation of key information. Here's what you can expect to find:

1. Clearly Labelled Illustrations: Each illustration is accompanied by clear and concise labels that explain the anatomical details, procedures, or clinical signs depicted.
2. Step-by-Step Visual Guides: Complex procedures are broken down into manageable steps with corresponding illustrations to ensure proper execution.
3. Visual Representations of Conditions: Illustrations depict the visual characteristics of various health conditions, aiding in diagnosis and treatment decisions.

**IMPORTANT NOTE:** The Standing orders do not replace clinical judgement and critical thinking. Health workers must still gather essential history and physical examination details to make informed clinical decisions and provide appropriate treatment. These protocols delineate the necessary actions and decisions required to manage a patient's symptoms effectively. The Community Health Practitioner must ensure proper documentation of all inferences made and action taken in the management of the patient. By adhering to these standardized procedures, you can ensure your actions are well-supported and documented, minimizing legal risks and maximizing patient safety.

## HOW TO USE THIS ILLUSTRATED GUIDE

This guide is designed to be user-friendly and practical for Community Health Practitioners and a companion to the corresponding text only standing orders. Here is a step-by-step approach to effectively utilizing this manual:

1. Familiarize Yourself with the Contents: Begin by reviewing the Table of Contents to understand the scope and structure of the guide. This will help you quickly locate the relevant sections and sub-sections as needed.
2. Navigate the Sections and Sub-sections: Each of the eight sections covers a specific aspect of healthcare. Identify the section relevant to your current need (e.g., newborn care, maternal health). Utilize the sub-sections to find detailed protocols and procedures for specific conditions or scenarios.
3. Study to Understand the Procedures: Carefully read the text descriptions carefully to understand the context and detailed steps involved in each procedure. Refer to the accompanying illustrations to get a visual understanding of the procedures and clinical signs.

4. Apply the Information: Use the guide as a reference during patient care. The clear steps and visual aids will help ensure that you follow the correct procedures. In case of emergencies, quickly refer to the relevant section to guide your actions.
5. Review the Content/Guide Periodically: Regularly revisit the guide to refresh your knowledge and stay updated on standard procedures. Engage in continuous learning by discussing the content with peers and supervisors.
6. Adhere to the Guidance and Standards: Follow the documentation guidelines provided in the guide to ensure that all procedures and patient interactions are accurately recorded. Utilize the templates and tools included to maintain consistency and compliance with national health standards.

**Note:**

The illustrated guide is designed to be a companion document, not a replacement for the written text. While the visuals offer a valuable learning aid, always refer to the text for detailed explanations and comprehensive information.

By integrating the text and illustrated versions of the “National Standing Orders,” Community Health Practitioners can enhance their clinical skills, improve patient outcomes, and maintain a high standard of care across all primary healthcare facilities.

## FEEDBACK AND SUPPORT CONTACT

We encourage all Community Health Practitioners to actively participate in the continuous improvement of this guide. If you encounter any issues, have suggestions for improvements, or notice any outdated information, please do not hesitate to reach out to us. Your feedback is crucial in maintaining the accuracy and relevance of this essential resource and provide valuable insights for future revisions.

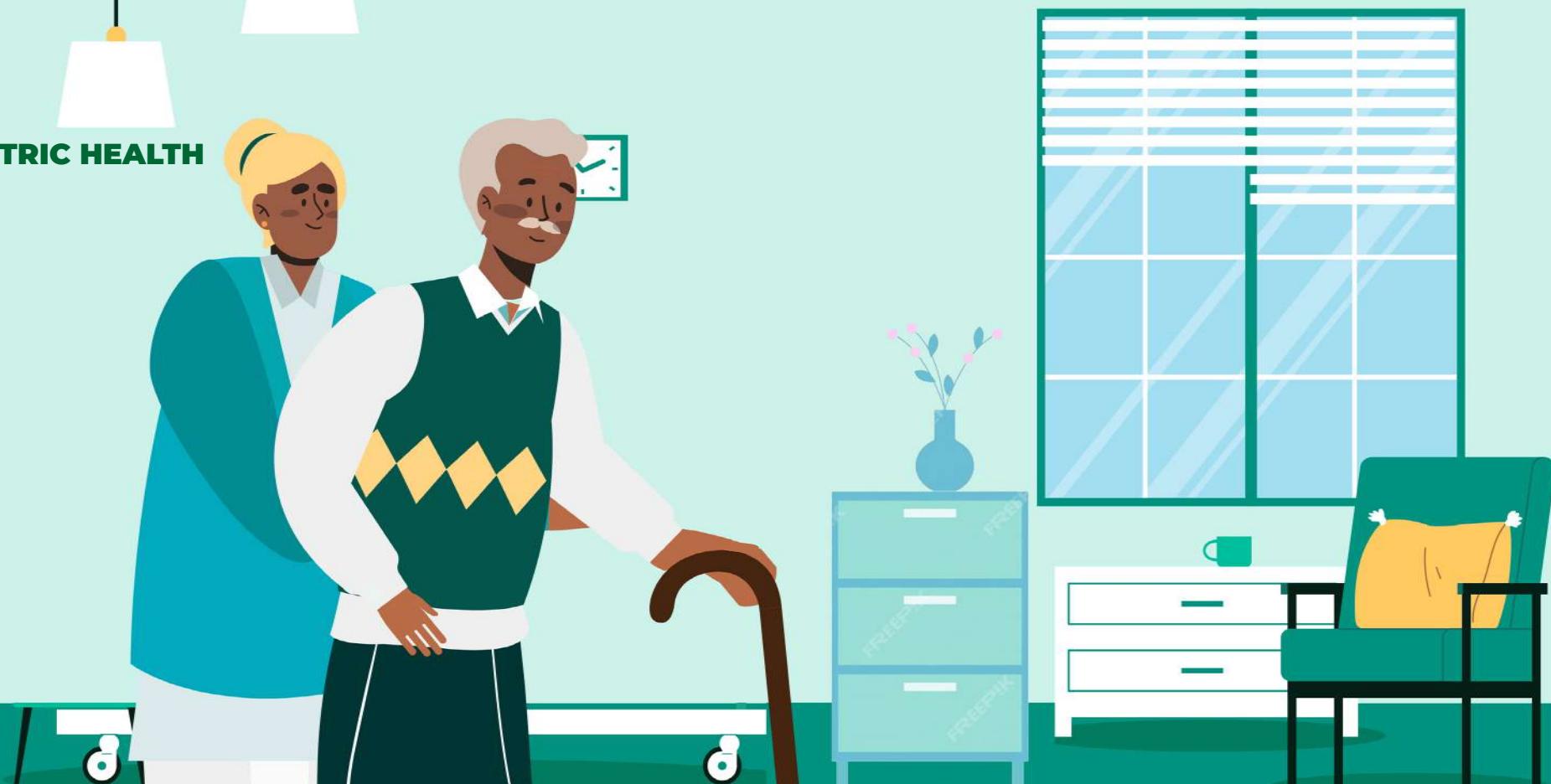
### HOW TO PROVIDE FEEDBACK

Email: Send detailed feedback, suggestions, or corrections to [info@chprbn.gov.ng](mailto:info@chprbn.gov.ng)  
Please include specific references to sections or illustrations where applicable.

Phone: Contact our support team at 08034462362 (Ibrahim Umar) for immediate assistance or to discuss your feedback in detail.

Online Form: Please fill out your structured feedback using the google form via this link

## 7.0 GERIATRIC HEALTH

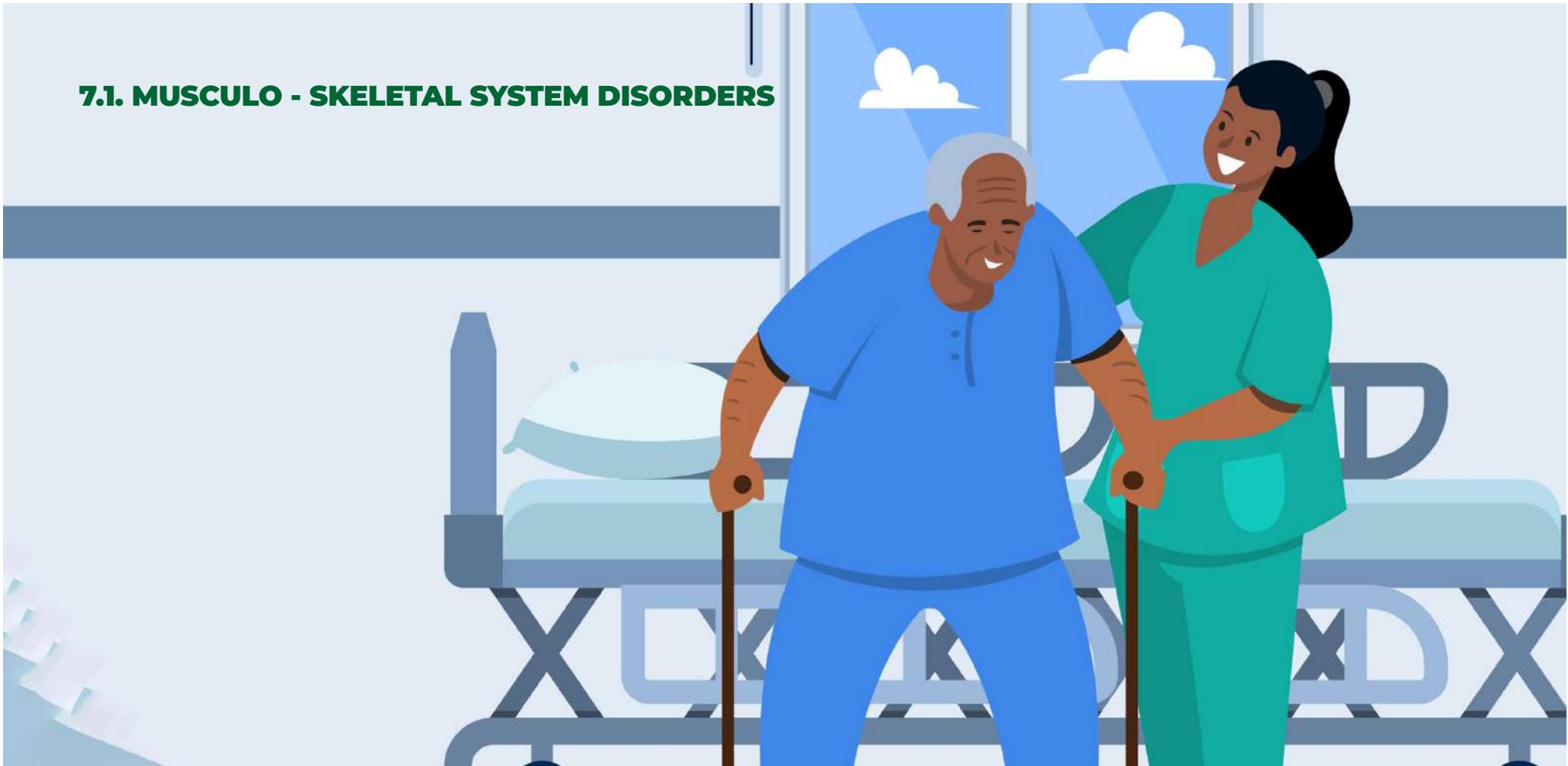


The World Health Organization (WHO) describes the elderly as people whose age is 60 years and above. There are an increasing number of elderly persons in the population. This, therefore, means that the PHC worker would expect an increasing number of elderly patients. This group of patients (clients) are vulnerable and at risk of having chronic diseases such as hypertension, diabetes, osteomyelitis, cataract, nyctelopia, hearing impairment, dementia, nutrition and social problems. They have spent most parts of their lives in nation building either in the public or in the private sector

when they were much younger. They deserve the best of care from the country they served.

There are differences in the signs and symptoms of diseases presented in the elderly and the young people. Therefore, diagnosis in the elderly may require more precise history/laboratory tests. Due to some changes associated with the ageing process such as difficulty in hearing, speech problems, memory loss etc, it would be necessary for a family member to be involved in their care. An understanding of the needs of the elderly is essential for PHC worker.

## 7.1. MUSCULO - SKELETAL SYSTEM DISORDERS



As adults age, they begin to lose minerals and living materials from their bones. The bones become weaker and even more brittle. This physiological process makes the elderly suffer from more broken bones. Osteoarthritis is a disease that occurs with ageing and in this condition normal joint movement becomes painful and difficult.

## HISTORY

- What is the problem?
- When did it begin?
- Has it happened before?
- Was there any accident or injury?
- If injury happened, have you been able to move part since?
- Is there any pain, swelling and numbness?
- Do you have joint pain or stiffness?
- Do you have back pain?
- Do you have fever?
- Are you on any medication?



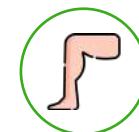
## EXAMINATION



**General Appearance:**  
look out for respiratory distress.



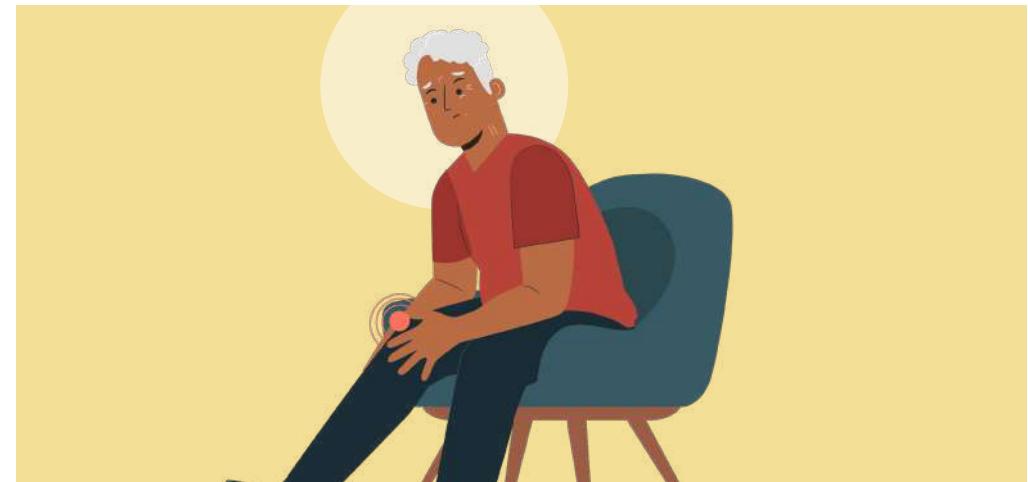
**Temperature:**  
check and record.



**Limbs:**  
check for deformity, swelling on the affected part, localized severe tenderness/pain, inability to move part.

### Severe pain on limb on falling even on a flat surface

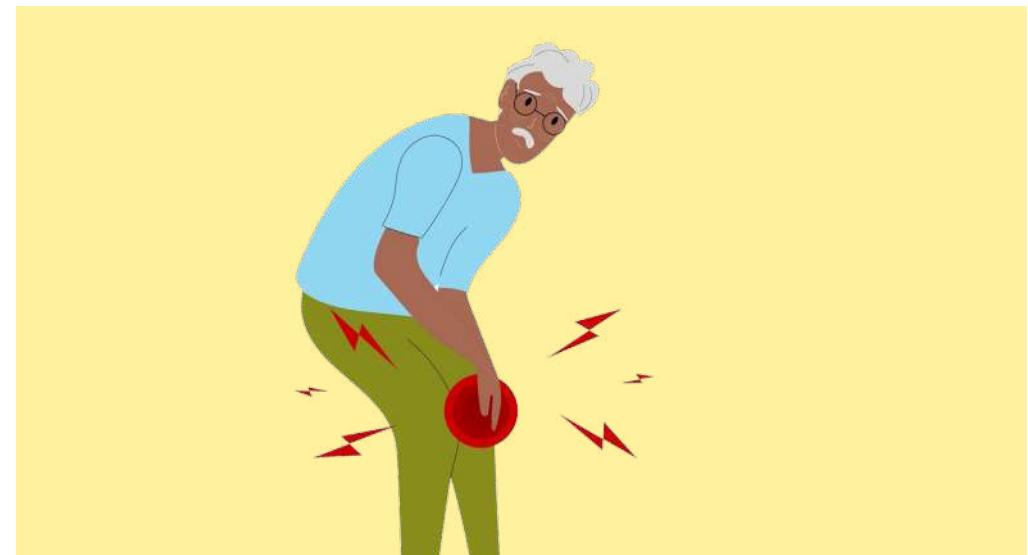
- Paracetamol 1.0g immediately (stat) or Non- Steroidal Anti-inflammatory e.g Ibuprofen 400mg immediately (After food).
- Apply splint and firm bandage on affected limb and REFER. 



General appearance: ill- looking and/or in pain. Temperature: 37.5°C or above. Limbs: deformity or swelling on the affected part or localized tenderness, inability to move part. || Severe condition. Suspect a fracture osteoporosis.

### Bone pains: Stiffness and cramps of extremities

- Tabs Paracetamol 1g 8hourly for 3 days.
- Methyl salicylate ointment, apply twice daily topically.
- Tabs Vitamin C (Ascorbic Acid) 200mg 8hourly for 5 days.
- Advise on weight reduction (if necessary).
- Keep joints warm; Moderate exercise e.g. walking and use of walking sticks to support.
- REFER, If no improvement after 2weeks. 



General appearance: ill- looking and/or in pain. Joints: swelling and tenderness movement of the joint. || Moderate to severe condition. Suspect osteoarthritis

**General body pains No fever No headache**

- Tabs Paracetamol 1g 8hourly for 3 days.
- Tabs Multivitamins 1 daily for 2 weeks.
- Adequate rest.
- Small frequent meals, fruits and vegetables.



General appearance not in any pain. Limbs: No swelling, no localized tenderness || Mild condition. Suspect fatigue.

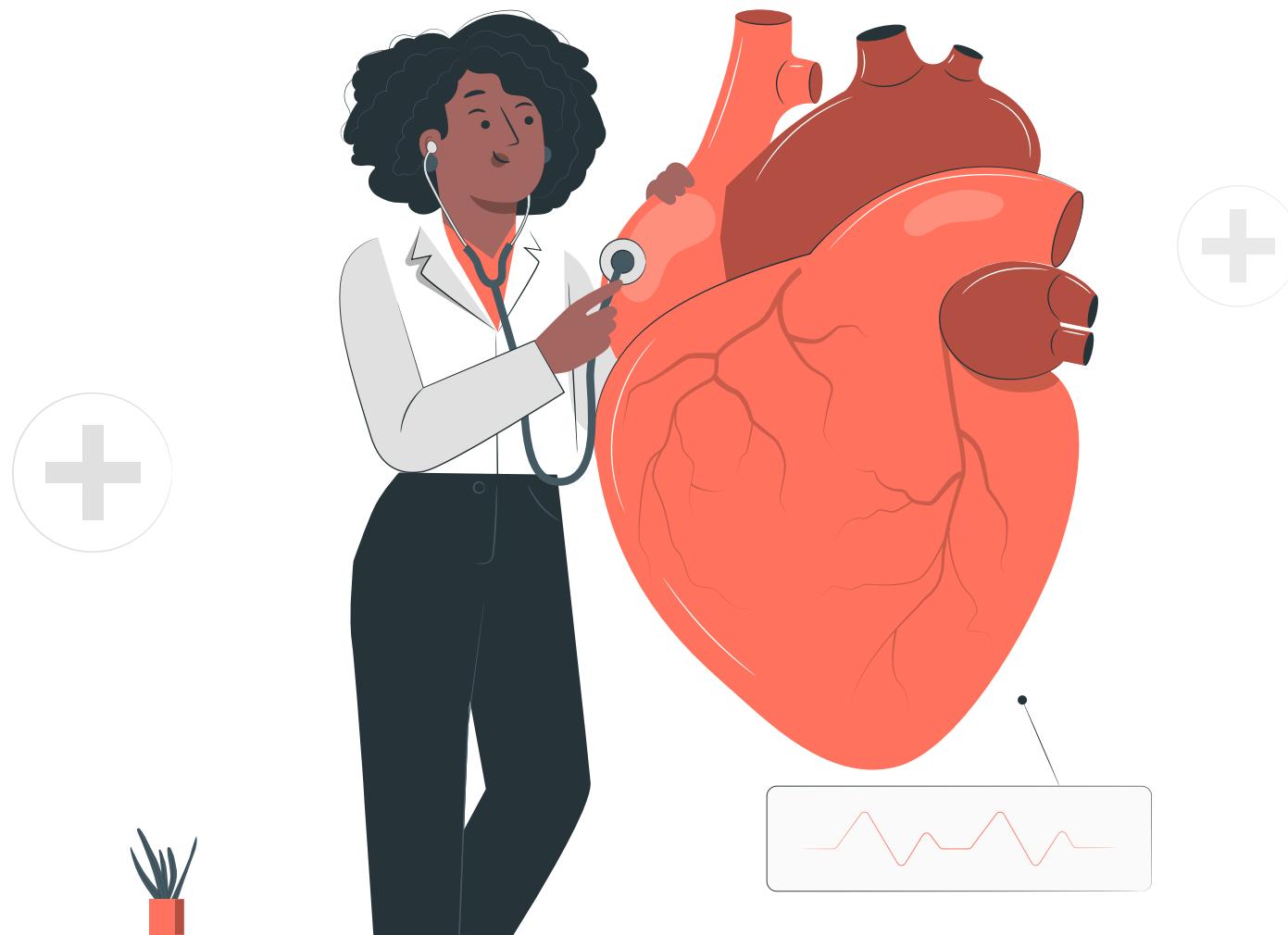
**📍 Health Education**

- Explain process of ageing to client.
- Advise on gentle exercise for moderate condition.
- Advise on intake of large quantity of water, vegetables and fruits as well as intake of frequent small meals.
- Advise client to avoid risk of falling.
- Encourage outdoor relaxation.
- Encourage compliance with prescribed drugs (use of right dose at right time).
- Encourage support using walking sticks.
- Encourage adequate rest.
- Advise on periodic medical check-up.

## 7.2. CARDIOVASCULAR SYSTEM DISORDERS

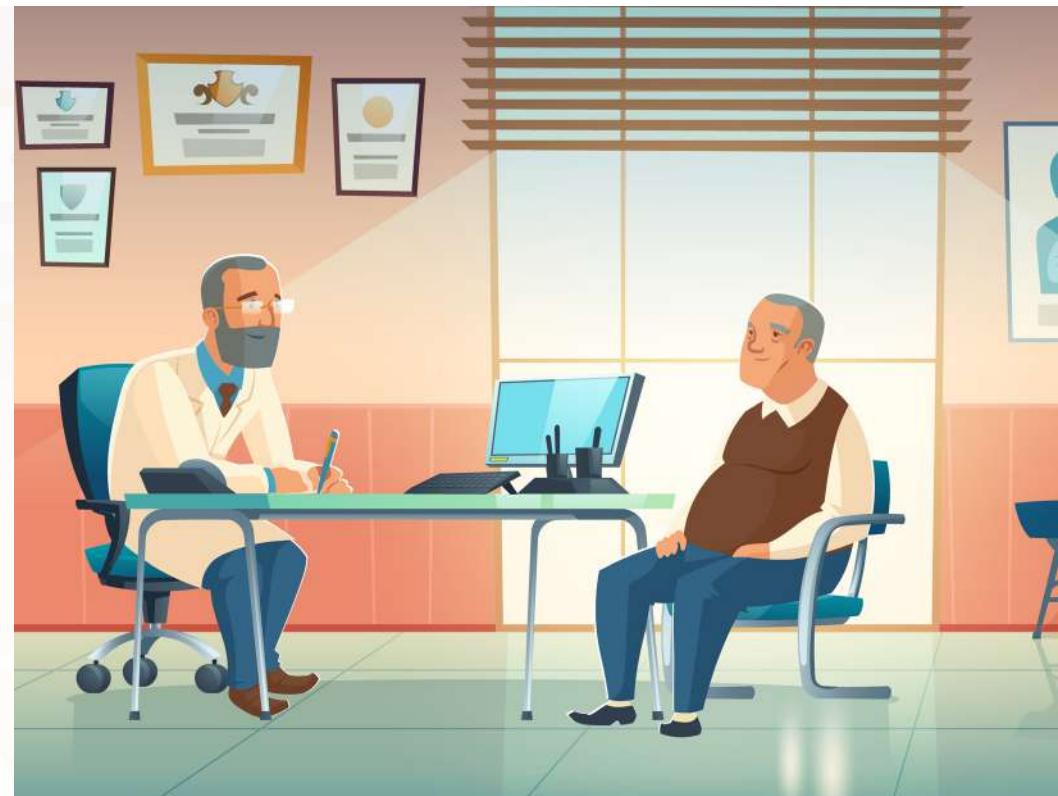
Cardiovascular problems are conditions of the heart and the blood vessels. When the heart and blood vessels are healthy, blood flows smoothly throughout the body. But sometimes, the circulatory system fails to work properly either due to poor functioning of the heart or blockage of the blood vessels, and as a result, blood may not flow through the arteries and veins as expected. This can result in serious health problems.

Some people are born with cardiovascular problems. However, most cardiovascular problems take years to develop. This is the reason why we have increased number of cardiovascular diseases in the elderly. Such diseases as arteriosclerosis, atherosclerosis, heart attack, heart failure and stroke are very common in the elderly. The major cause of these diseases is high blood pressure which is more common in the elderly population compared to the younger population. Other causes include high blood sugar or diabetes, high cholesterol, or dyslipidaemia. Death from cardiovascular diseases can often be prevented if these risk factors are detected early, treated, and referred as appropriate.



**HISTORY**

- What is the problem?
- How long have you had it?
- Do you have a cough, chest pain, or shortness of breath?
- If a cough is present, do you bring out the sputum Colour?
- Can you sleep flat or do you need several pillows to sleep?
- Do you sometimes have to get up at night struggling to breathe?
- Have you ever lost consciousness?
- Any sudden fall?
- Do you have difficulty in moving any part of the body?
- Do you have any history of high blood pressure or diabetes?
- Are you on any medication?



**General body pains No fever No headache**

- Tabs Paracetamol 1g 8hourly for 3 days.
- Tabs Multivitamins 1 daily for 2 weeks.
- Adequate rest.
- Small frequent meals, fruits and vegetables.



General appearance: ill- looking or uncomfortable. CVS: Pulse: fast, irregular  
Blood Pressure: high (above 140/90 mmHg). CNS: Partial or total loss of consciousness, partial or complete paralysis (one sided); Loss of speech (if paralysis is on the right side); Memory may or may not be affected Urine – Urinalysis – protein, glucose, etc Blood – Haemoglobin determination. Eye – Visual acuity. Ears – Test for hearing. Weight – weigh and record (BMI). || No abnormality detected. Abnormality detected.

## EXAMINATION



**General Appearance:**  
look out for respiratory distress.



**Temperature:**  
check and record



**Cardiovascular System:**  
a. Pulse: check for rate, rhythm, volume.



**Cardiovascular System:**  
b. Blood pressure: check and record.



**Ears –**  
Test for hearing



**Cardiovascular System:**  
c. Heart sound: check for heart sounds, murmur.



**Chest:**  
check for respiratory rate, signs of dyspnea.



**Abdomen:**  
check for distension, tenderness, enlarged liver.



**Central Nervous System (CNS):**  
check for level of consciousness and paralysis.



**Weight –**  
weigh and record (BMI)



**Lower limbs:**  
check for pedal swelling/oedema.



**Urine – Urinalysis –**  
protein, glucose, etc.



**Blood –**  
Hemoglobin determination.



**Eye –**  
Visual acuity

**First Visit (Elderly) at the age of 60 year.**

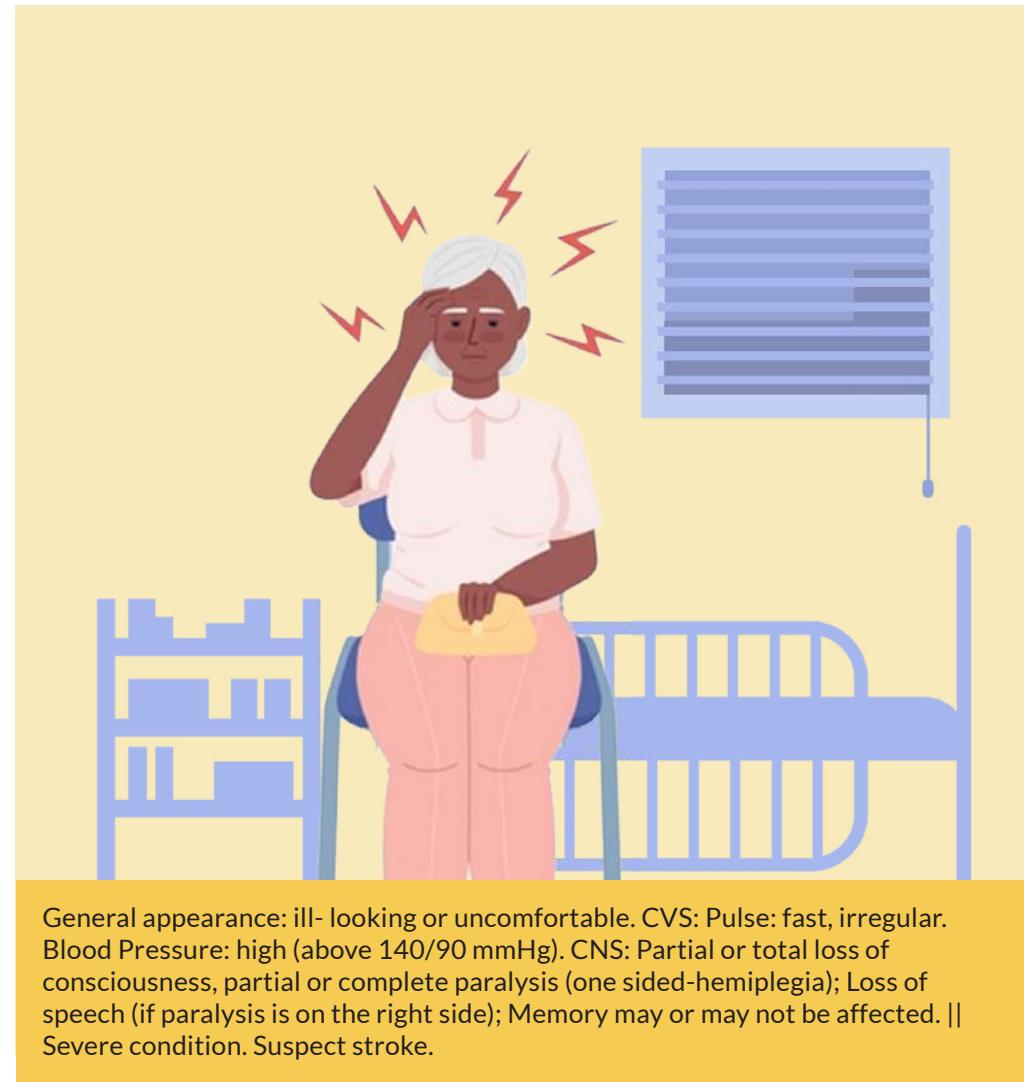
- Counsel on subsequent visit or when there is any problem.
- Treat as appropriate below.
- Adequate rest.
- Small frequent meals, fruits and vegetables.



General appearance: ill- looking or uncomfortable. CVS: Pulse: fast, irregular  
Blood Pressure: high (above 140/90 mmHg). CNS: Partial or total loss of consciousness, partial or complete paralysis (one sided); Loss of speech (if paralysis is on the right side); Memory may or may not be affected Urine – Urinalysis – protein, glucose, etc Blood – Haemoglobin determination. Eye – Visual acuity. Ears – Test for hearing. Weight – weigh and record (BMI). || No abnormality detected. Abnormality detected.

**History of loss of consciousness (b) History of sudden fall (c) Sudden inability to move any side of the body (d) Loss of speech (e) Slight deviation of the mouth or face.**

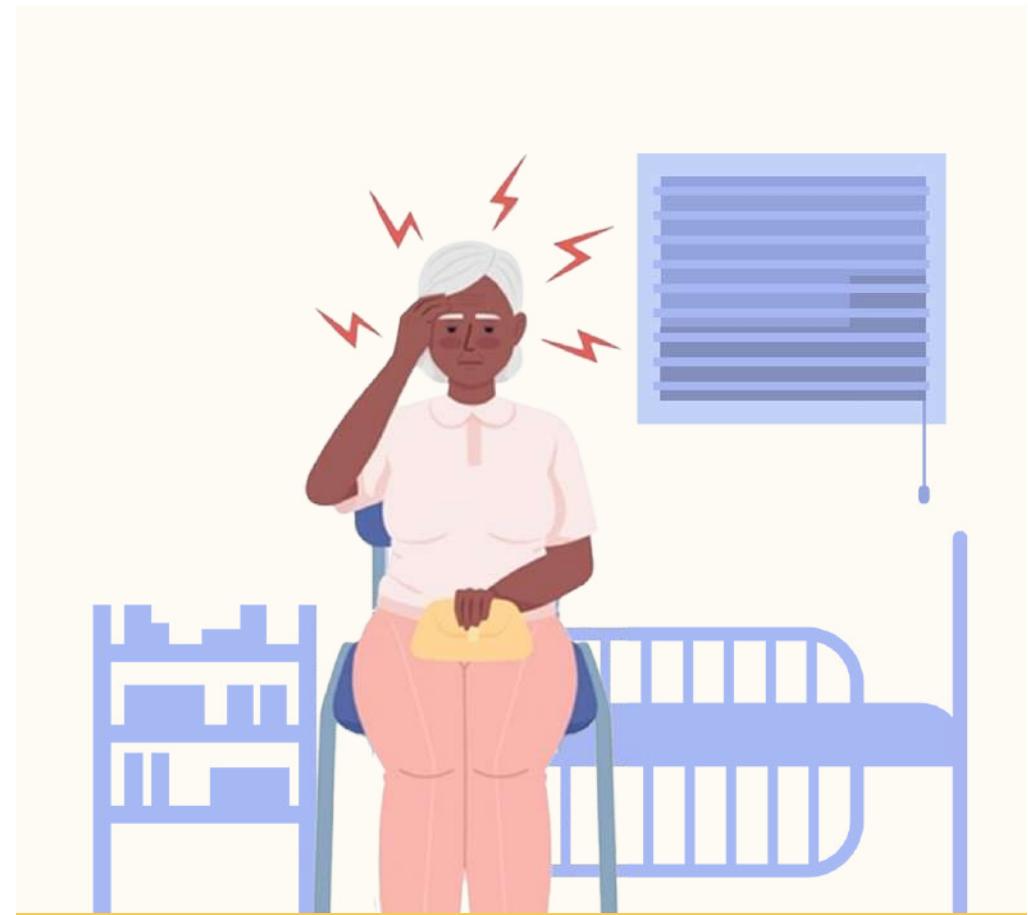
- Give first Aid management for unconsciousness by keeping airways free, keep warm and make patients comfortable.
- Treat any sustained injury.
- Measure blood pressure intermittently.
- Then REFER appropriately within one hour to the emergency department of the closest secondary or tertiary health care facility. 



General appearance: ill-looking or uncomfortable. CVS: Pulse: fast, irregular. Blood Pressure: high (above 140/90 mmHg). CNS: Partial or total loss of consciousness, partial or complete paralysis (one sided-hemiplegia); Loss of speech (if paralysis is on the right side); Memory may or may not be affected. || Severe condition. Suspect stroke.

**a) Headaches oedema b) Breathlessness at rest or on mild exertion e.g. after walking, c) Awareness of tachycardia. d) Inability to lie flat on bed, Coughing Easy tiredness.**

- IM. frusemide, (laxis) 40mg stat.
- REFER immediately within one hour to the emergency department of the closest secondary or tertiary hospital. 



General appearance: ill-looking or uncomfortable. CVS: Pulse: fast, irregular; BP: 140/90mmHg and above Chest: difficult or fast breathing. CNS: changes in level of consciousness Lower limbs: pitting oedema. || Severe condition. Suspect hypertension with heart failure.

- a) Difficulty in falling asleep b) Waking up after very few hours of sleep c) Associated Social problems d) History of high Blood Pressure.**

Drugs that can be used in management of cardiovascular system problem in primary health settings;

- Antihypertensives: Used to control high blood pressure. Examples include ACE inhibitors (e.g., lisinopril), beta-blockers (e.g. metoprolol), and diuretics (e.g. hydrochlorothiazide).
- Antiplatelet Agents: Help prevent blood clots. Aspirin and clopidogrel are examples.
- Statins: Used to lower cholesterol levels and reduce the risk of cardiovascular events. Atorvastatin and simvastatin are commonly prescribed.
- Beta-blockers: Besides hypertension, they may be used for conditions like angina and heart failure. Examples include metoprolol and carvedilol.
- Angiotensin II Receptor Blockers (ARBs): Similar to ACE inhibitors, they help manage blood pressure and may be prescribed for heart failure. Losartan is an example.
- Calcium Channel Blockers: Used for hypertension and certain heart conditions. Amlodipine and diltiazem are examples.
- Antiarrhythmics: Prescribed for irregular heart rhythms. Amiodarone and flecainide are examples.
- Counseling on sleeping habits, drug usage, food intake and participation in community work.
- Occasional Tranquilizer e.g.  
Tabs Diazepam 5mg at night for 5 days  
Tabs Ferrous gluconate 8hourly for 2weeks.  
Tabs Multivite 12hourly for 2weeks  
Review after 3 days, if no improvement, Refer 



**a) Difficulty in falling asleep b) Waking up after very few hours of sleep c) Associated Social problems d) History of high Blood Pressure.**

OR

- Counseling on sleeping habits, drug usage, food intake and participation in community work.
- Occasional Tranquilizer e.g.  
Tabs Diazepam 5mg at night for 5 days.
- Tabs Ferrous gluconate 8hourly for 2weeks.
- Tabs Multivite 1 tab 12hourly for 2weeks.
- Review after 5days, if no improvement; REFER to the emergency department of the closest secondary or tertiary health facility. 



General appearance: pale anxious and not happy. CVS: BP 140/90mmHg. || Mild condition.

 **Health Education**

- Counsel client on the need to have adequate rest and go to bed early.
- Advice to avoid mental and emotional stress.
- Encourage moderate exercise e.g. -walking.
- Advise on avoiding consumption of alcohol and stopping the use of tobacco products.
- Advise on low salt/low fat diet (plant fats are better) and to reduce dietary sugar intake.
- Encourage Intake of fluids, and vegetables.
- Encourage intake of complex carbohydrate whole gain e.g sorghum, wheat, guinea corn.
- Encourage keeping personal records of BP and blood sugar.
- Avoid self medication.
- Advise adherence to medication, clinic, and laboratory appointments.

### 7.3. GENITO- URINARY DISORDERS

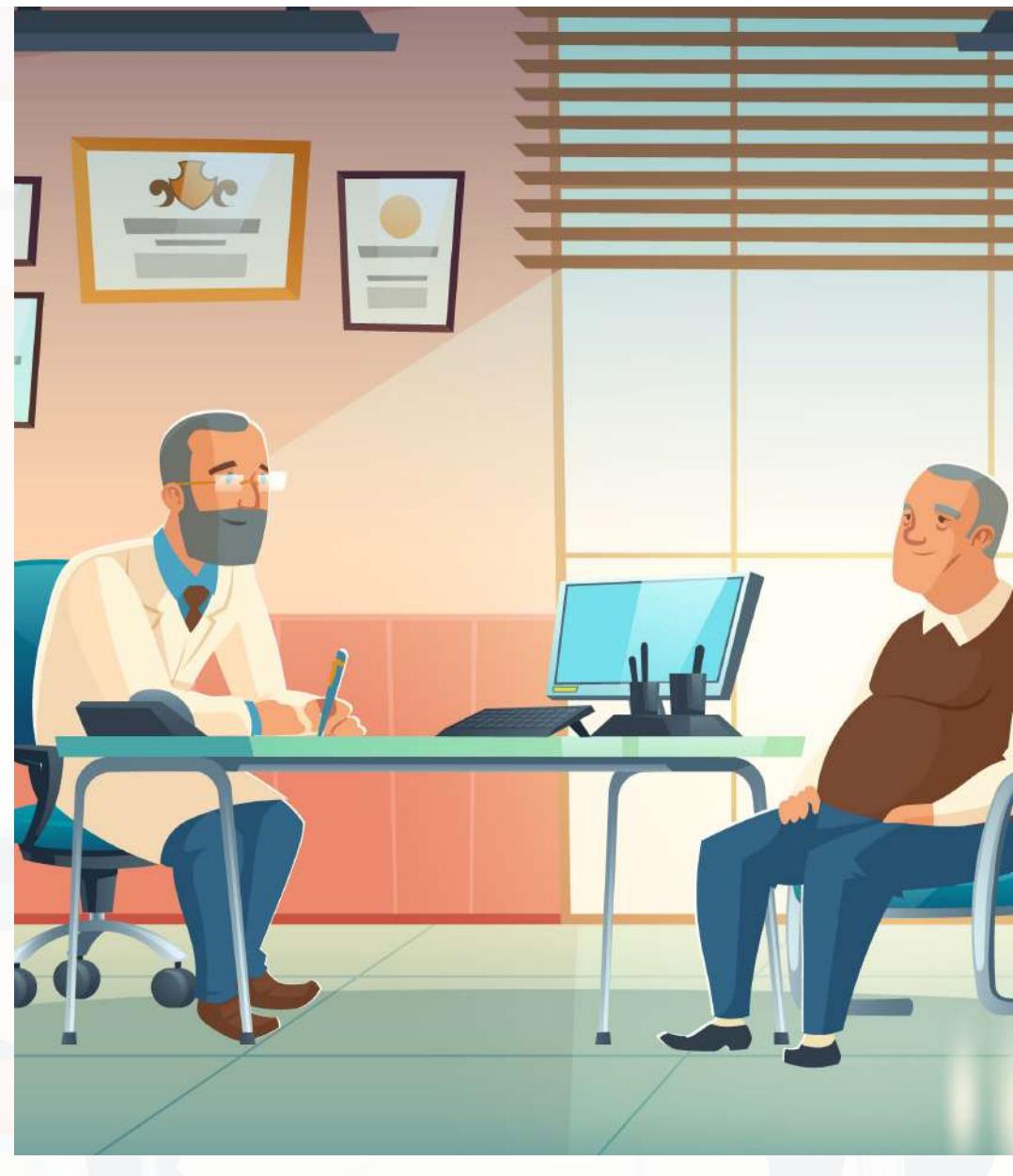
Genito-urinary problems are common in the elderly and can be due to metabolic, ageing changes, infections, abnormal growths, etc. Examples include diabetes, vaginal/uterine prolapsed, enlarged prostate, cancers, schistosomiasis etc...

Patient may complain of discharge, pain and burning sensation on passing urine (dysuria), blood in urine, frequent micturition, urinary retention etc.



## HISTORY

- What is the problem?
- How long have you had it?
- Do you urinate very often? How often? Night and day?
- Do you have difficulty in passing urine or pain/burning sensation when passing urine?)
- Do you have a feeling of incomplete passage of urine?
- Are you able to control urine?
- Do you drink more than usual?
- Do you have pain in the flank?
- Is there blood in your urine?
- Do you have fever?
- Do you have a history of wading in streams in childhood? (Schistosomiasis)
- Have you had this problem before? Have you had any form of treatment? If yes, which?
- Do you have any vaginal discharge or itching (if male, any discharge from the penis?)
- Do you have any vaginal discharge or itching (if male, any discharge from the penis?)
- Any history of weight loss.
- Are you on any mediation?



**EXAMINATION**

**General Appearance:**  
look out for respiratory distress.



**Eyes:**  
check for palor, jaundice etc



**Temperature:**  
check and record



**Abdomen:**  
check for tenderness, swelling or masses



**Pulse:**  
check and record



**Flanks:**  
check for tenderness



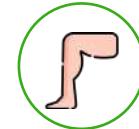
**Respiration:**  
check and record



**Blood pressure:**  
measure and record



**Urine:**  
check for-  
Color or cloudiness  
Protein, Sugar.



**Limbs:**  
check for any abnormality. Legs: for oedema. Palms and nails: for pallor.



**Genitals:**  
check for sores, pus or discharge.

**Sudden inability to pass urine:**

- REFER immediately. 



General appearance: in distress, ill-looking. CVS: - Pulse: fast or normal - Blood pressure: above 140/90 mmHg. Abdomen: swelling/ distension, lower abdominal tenderness Flanks: tenderness. || Severe condition. Suspect acute renal failure.

**Severe lower abdominal pain Painful urination with or without urethral discharge. There may or may not be Fever.**

- Tabs Ciprofloxacin 500mg 12hourly for 10 days.
- Tabs Paracetamol 1g hourly for 5 days
- If no improvement, REFER 

OR

- Tabs Nitrofurantoin 50-100 mg 6hourly (with meal) for 5-7 days.
- Tabs Trimethoprim/sulfamethoxazole (TMP-SMX 80/400 mg 12hourly for 3 days to 14 days.
- If no improvement, Refer. 



General appearance: in painful distress. Temp.: 37.5°C and Above. Abdomen: Lower abdominal tenderness. Genitals: normal or urethral discharge. Urine: clear or cloudy (presence of protein) || Severe condition. Suspect urinary tract infection (UTI).

**Severe lower abdominal pain Painful urination with or without urethral discharge. There may or may not be Fever.**

- Tabs Ciprofloxacin 500mg 12hourly for 10 days
- Tabs Paracetamol 1g 8hourly for 5 days
- If no improvement, REFER 

OR

- Tabs Nitrofurantoin 50-100 mg 6hourly (with meal) for 5-7 days
- Tabs Trimethoprim/sulfamethoxazole (TMP-SMX 80/400 mg 12hourly for 3 days to 14 days.
- If no improvement, REFER 



General appearance: in painful distress. Temp.: 37.5°C and Above. Abdomen: Lower abdominal tenderness. Genitals: normal or urethral discharge. Urine: clear or cloudy (presence of protein). || Severe condition. Suspect urinary tract infection (UTI).

## Blood in the Urine

- For bladder cancer, REFER. 🚑
- For schistosomiasis, Give Tabs Praziquantel 1.2g stat then, 0.6g daily for 5days.
- Tabs Paracetamol 1000mg 8hourly for 5days.
- If no improvement after 3 days REFER. 🚑



General appearance: normal or ill-looking and pale. Abdomen: hard lower abdominal mass schistosomiasis which may or may not be tender discomfort. Temp.: 37.50C and above. Urine: blood in urine or terminal haematuria. || Severe condition. Suspect bladder cancer or schistosomiasis.

## Urine Inconvenience

- If severe, REFER immediately. 🚑
- Tabs Ciprofloxacin 500mg 12hourly for 10 days.
- Counsel patient and relatives and explain that the changes are due to ageing.
- Encourage to avoid constipation.
- Personal hygiene.
- Reduce quantity of fluid intake after 6pm.
- Encourage to wear adult diaper if necessary.



General appearance: smell of urine with wet pants and/or clothing. || Moderate to severe condition. Suspect urinary incontinence due to ageing or UTI.

## Painful Urination

- Tabs Ciprofloxacin 500mg 12hourly for 10 days.
- Ask to return in 1week.
- If suspect trichomoniasis, give Tab Metronidazole 2g Orally in a single dose.



General appearance: normal or in pain. Abdomen: no tenderness. Urine: normal cloudy. || Moderate to severe condition. Suspect UTI or trichomoniasis.

**Difficulty in passing urine in the male; has to wait a while before urine begins to come out, may or may not have pain and blood in urine.**

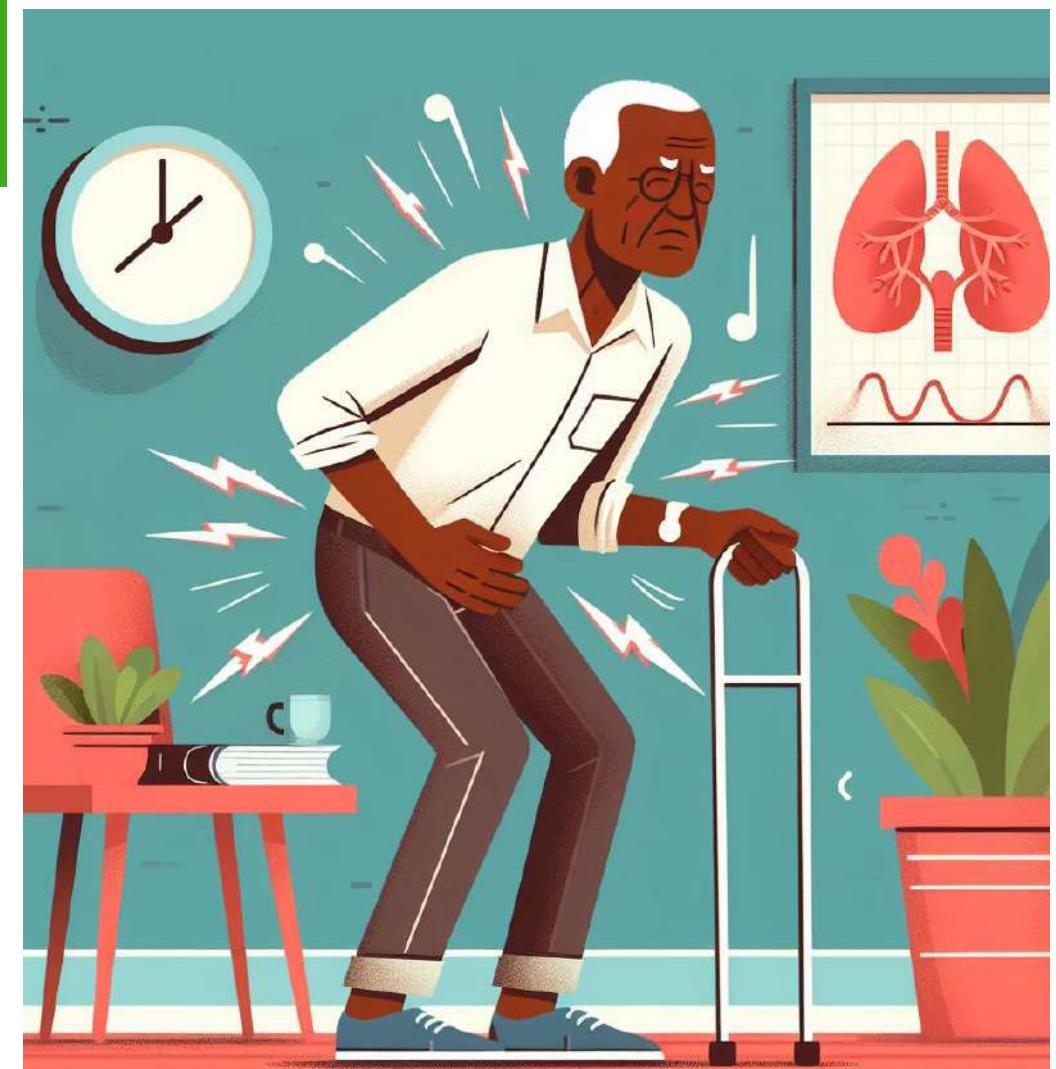
- Tabs Paracetamol 1g 8hourly for 5 days
- Tabs Co-trimoxazole 960mg 12 hourly for 5days
- Encourage fluid intake
- REFER and follow up. 



General appearance: normal or anxious. Abdomen: lower abdominal tenderness. Urine: presence or absence of blood || Moderate to severe condition. Suspect enlarged prostate.

**Passing a lot of urine. Getting up more than 4 times at night to pass large quantities of urine but without pain. Feels very thirsty and drinks a lot of water/fluid, loss of weight.**

- Explain the condition fully to the patient and how he is responsible for about 75% of his own treatment.
- Give dietary advice and menu guideline.
- Give diet sheet and map out food menu.
- Do a Fasting or Random Blood Sugar.
- REFER - and arrange follow up. 



General appearance: ill- looking, weak or normal. Urine: presence of sugar. || Severe condition. Suspect Diabetes mellitus.

 **Health Education**

- Advise on compliance with prescribed drugs and diet
- Encourage regular medical check ups
- Encourage client to take care of feet
- Encourage client to avoid and report any form of injury that results from loss of sensation.
- Encourage personal hygiene
- Emphasize on the importance of taking along home-based records anytime he/she goes to the clinic or hospital

## 7.4. GASTROINTESTINAL DISORDERS

Gastrointestinal problems associated with the elderly can be due to infections, ulceration, malignant changes which may result in conditions such as, constipation, Cholera, Diarrhoea, gastritis, Peptic Ulcer, cancer of the colon, stomach or the of the oesophagus.



## HISTORY

- What is the problem?
- For how long?
- Do you have nausea or vomiting? If vomiting, how many times?
- Do you have constipation? When was your last stool?
- Do you have diarrhea? If yes, how many times do you pass stool in a day?
- Any blood in your vomit or stool? What colour is your stool?
- Does food make the problem better or worse or no difference?
- Is there abdominal pain? Where is it located? Is it continuous or intermittent?
- Have you passed any worms in stool?
- Do you have fever?
- Have you taken any medications? What are they?



**EXAMINATION**

**General Appearance:**  
Look out for discomfort.



**Eyes:**  
check for palor, jaundice etc



**Temperature:**  
check and record



**Blood pressure:**  
measure and record



**Abdomen:**  
check for tenderness,  
swelling.



**Hernia:**  
check for umbilical, inguinal, scrotal  
hernia.



**Anus:**  
check for prolapse, fissure, redness



**Hemoglobin:**  
estimate and record

**Inability to pass stool, Abdominal fullness, discomfort, and flatulence.**

- Encourage plenty fluids intake.
- Eat fruits and vegetables.
- Give liquid paraffin 10ml as necessary for one week.
- De-worm at least once yearly (Albendazole 400mg stat).
- If no improvement, REFER 



General appearance: restlessness. Abdomen: distended, hard, generalized tenderness. || Moderate condition. Suspect constipation.

**Epigastric pain worsened by eating, Epigastric pain worsened by hunger/ disturbs sleep and relieved by eating, with or without blood In stool or black coloured stools.**

- Encourage eating small meals regularly (every three hours).
- Drink milk for temporary relief.
- Give Tabs Antacid 2tab 8hourly for one week.
- Give Folic Acid 5mg daily for 2 weeks
- If no improvement after 3 days, REFER. 



General appearance: distressed. Eyes: pale. Abdomen; epigastric tenderness. Stool: blood stained or black coloured. || Moderate to severe condition. Suspect Peptic Ulcer Disease (PUD).

**High temperature not responding to anti-malaria drugs.**

- REFER 



Loss of appetite general weakness loss of weight severe headache. || Severe condition.

## Health Education

- Discourage use of laxative.
- Encourage moderate exercise to facilitate bowel movement.
- Encourage consumption of fluids, fruits and vegetables.
- Encourage food hygiene and good personal hygiene (e.g regular hand washing).

**Difficulty in falling asleep or waking up after very few hours of sleep, weakness, fatigue, Sadness, anxiety and irritability, Low interest in activities that used to be interesting, Difficulty in carrying out usual activities. Poor appetite, Use of medications.**

- Counsel on sleeping habits, drug usage, food intake and participation in community work.
- REFER. 



General appearance: unkept/untidy, ill-looking, anxious and unhappy, weak, irritable, smell of alcohol or tobacco. Temperature: normal or high. Eye: pale. Blood pressure: 140/90mmhg or above. || Mild, moderate to severe condition Suspect depression.

**Complaints by relatives of decline or problem with memory (severe forgetfulness), Loss of orientation (nonawareness of time, place and person), Loss of emotional control (easily upset, irritable or tearful), Loss of interest in the environment, Difficulties in carrying out usual work), Wandering about.**

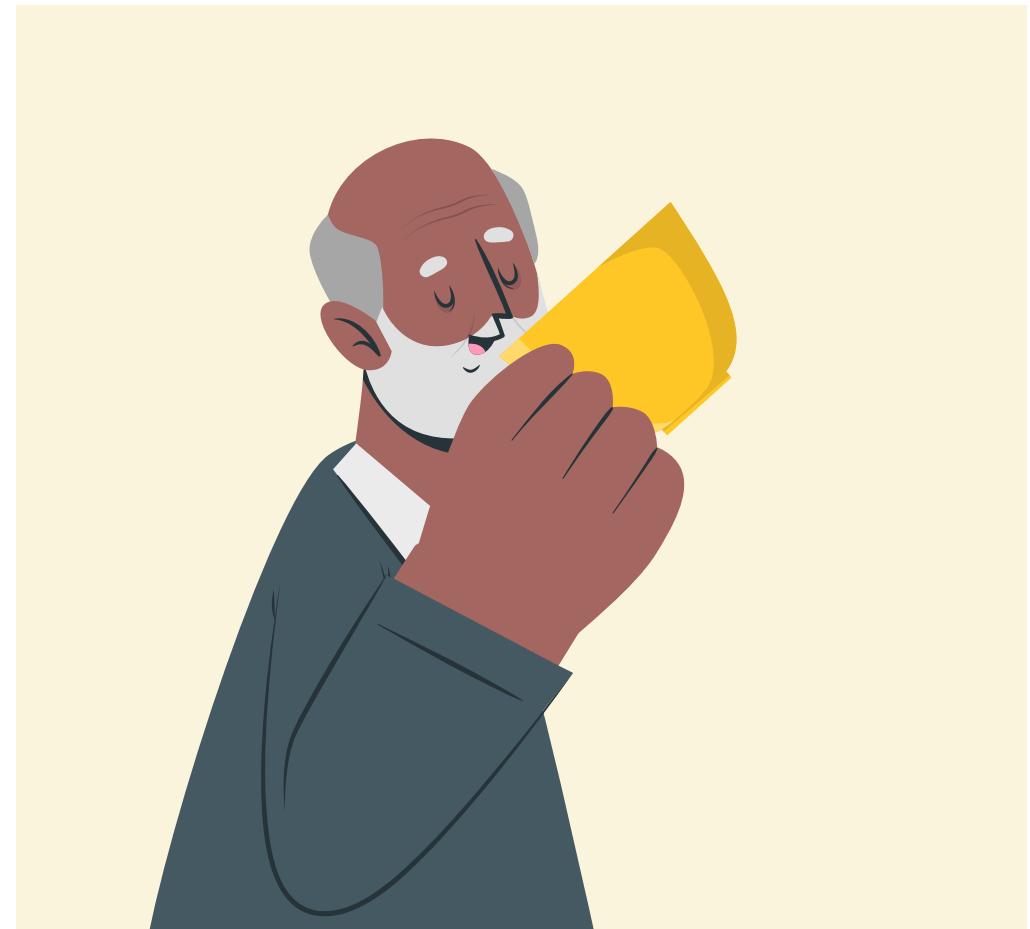
- Counsel patient and relatives.
- REFER. 



General appearance: unkempt, appearing uninterested or irritable. CNS: cannot remember important events and dates, not oriented in time, place and person. || Severe Condition (Suspect dementia).

**Increase consumption of alcohol and use of drugs such as pain killers, sleeping tablets coffee, tobacco leaves, cigarettes and snuff, Poor sleep, tiredness, headaches, Poor appetite, nausea, vomiting, indigestion, Difficulty in carrying out usual work.**

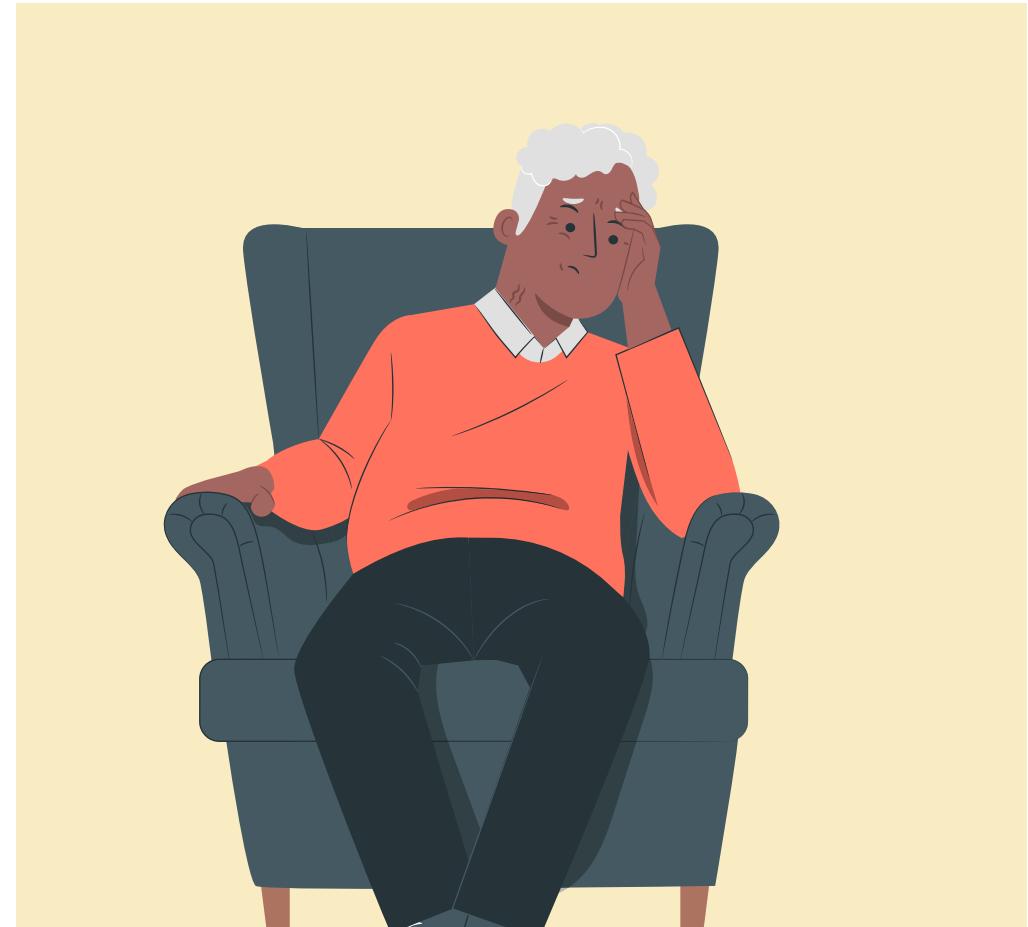
- Counsel patient and his family/friends.
- Encourage participation in social activities within the family and the community.
- REFER. 
- Follow up on return from referral.



General appearance: unkempt/untidy, weak, agitated, smell of alcohol or tobacco, unsteady gait, may have some drugs in the pocket of their shirt and/or trousers, purse or bag, skin infection, injuries etc. CNS: Nervous/fidgeting, slurred speech. || Moderate to severe condition. Suspect alcohol or drug use disorders.

## Not happy Loneliness Isolated Dejected.

- Counsel family of patient.
- Encourage him to participate in religious and community activities.
- Encourage family involvement in the therapy.
- REFER 

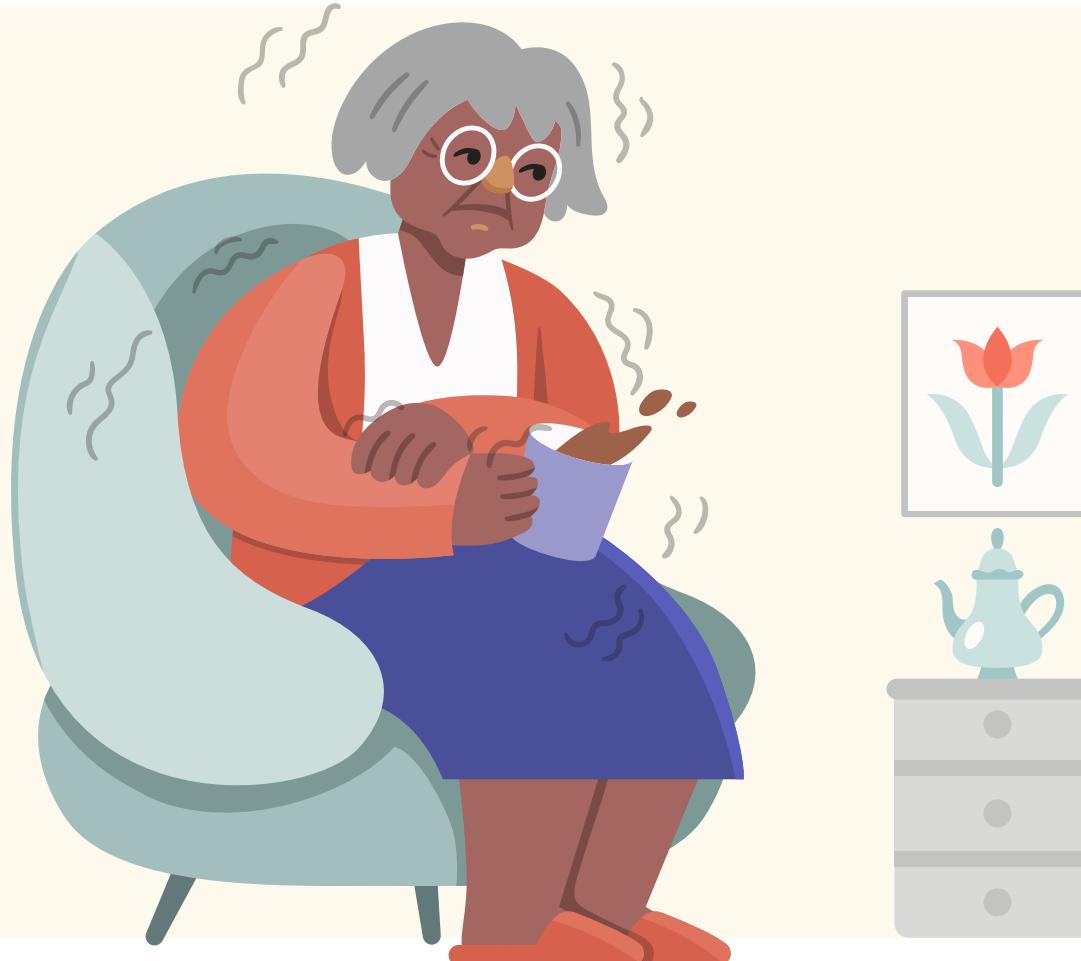


Not cheerful. Weeps during the interview. Looks dirty with sores on the body. Poor oral hygiene with long dirty nails, dirty clothes. May or may not be blind or deaf. || Moderate condition. Suspect depression.

 **Health Education**

- Counsel family members to give both physical and emotional support to the elderly.
- Encourage good nutrition.
- Encourage the elderly to participate in religious and community activities and encourage to visit friends and associates.
- Encourage family members to show love, affection and provide for the general needs of the elderly.
- Discourage use of alcohol, tobacco and un-prescribed drugs.

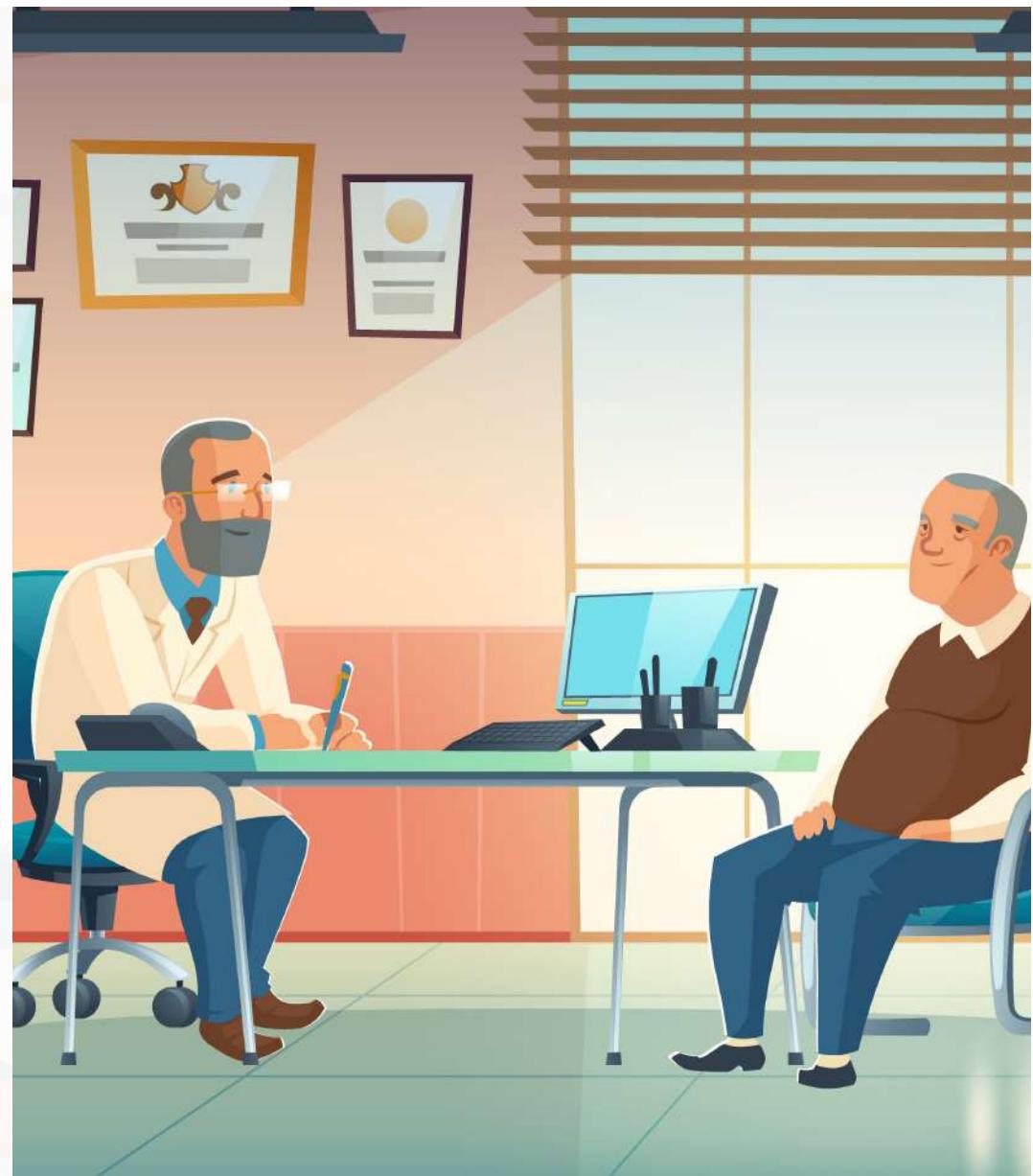
## 7.5. SPECIFIC PROBLEMS OF THE ELDERLY



The elderly from time to time have some problems as a result of ageing such as difficulty in hearing and seeing. They may also have cough and other complaints such as high blood pressure, heart attack, osteoarthritis, arthritis, peptic ulcer etc as a result of heart or respiratory problems. There are also problems of irregular meals because of their lack of strength to prepare their meals. This makes some of them malnourished. Diabetes is common among the elderly.

**HISTORY**

- What is the problem?
- How long have you had the problem?
- Is there pain in the eye/ear?
- Did you (or anyone) put anything into the eye/ear? If yes, what?
- Do you have any chronic disease such as high blood pressure or diabetes?
- Is there any family history of blindness, deafness, high blood pressure or diabetes?
- Do you observe ants around your urine?
- Do you eat food regularly? Any change in appetite?
- Do you have fever?



**EXAMINATION**

**General Appearance:**  
Look out for discomfort.



**Eyes:**  
check for palor, White patch in both pupils (cataract), Visual acuity using Snellen's chart.



**Hemoglobin estimation:**  
check and record



**Temperature:**  
check and record



**Ear:**  
check for wax



**Blood pressure:**  
measure and record



**Chest:**  
check for difficulty in breathing

### Difficulty in reading and seeing near objects

- Counsel on process of ageing (suspect).
- Give Tabs Multivitamin 1tab 8hourly for 2weeks.
- Give Tabs Yeast 8hourly (Up to 20tabs daily) for 2weeks.
- Encourage adequate in-take of foods like green and yellow/leafy vegetables, fruits, fish, and dairy products.
- Advise to read with good light and in larger prints.
- REFER 



General appearance: normal. Eyes: cannot see near objects. || Moderate condition. Suspect presbyopia (difficulty in seeing near objects).

## Difficulty in seeing far objects

- REFER 



General appearance: Normal. Eye: Normal or white patch in the black of the eye; decreased vision with Snellen's chart. || Moderate condition (suspect cataract).

## Bumping into objects

- REFER IMMEDIATELY 



General appearance: Normal. Eye: Normal || Severe condition (suspect glaucoma)

## Difficulty in hearing

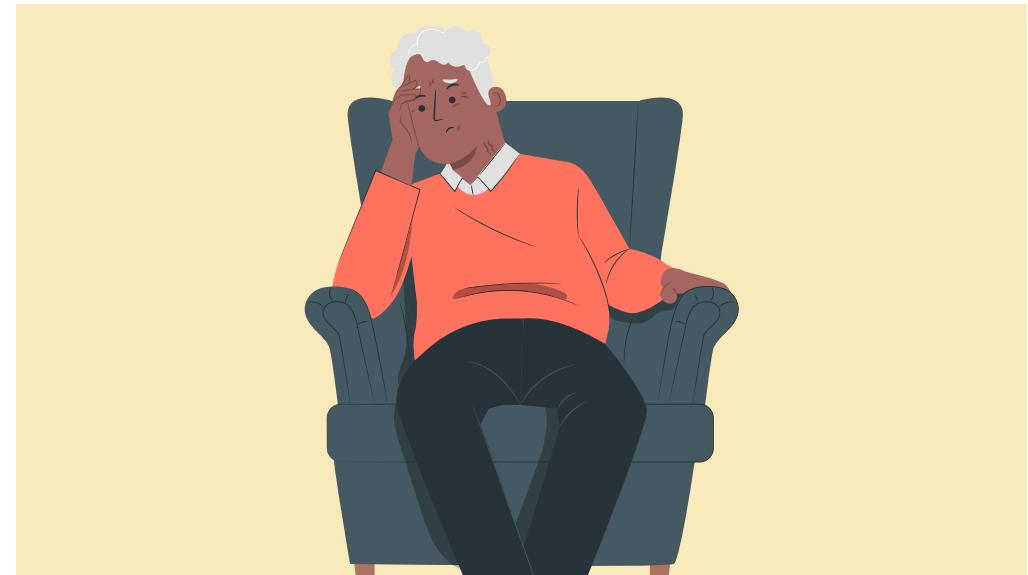
- Apply a drop of warm olive oil to ears and clean with cotton bud for about 3-4days to soften wax
- REFER 



General appearance: normal. Ear: hearing with some difficulty, wax in the ear. || Moderate to severe condition. Suspect partial or total ear blockage.

## Meals are irregular and not on time, Loss of appetite, Body weakness and tiredness, Weight loss

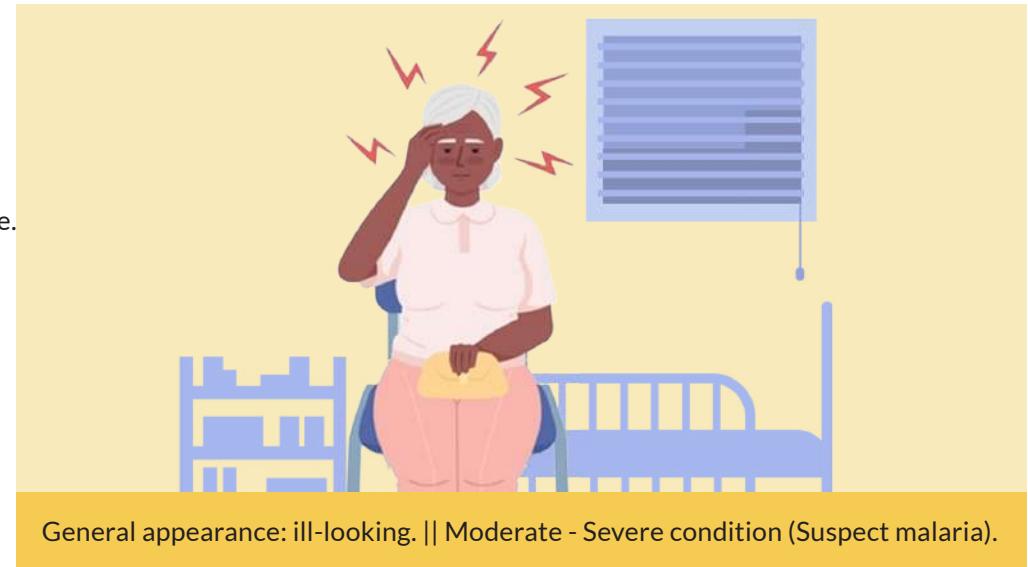
- Counsel on adequate nutrition for both patient and care providers.
- Tabs Multivitamin 1 tab 8hourly for 2 weeks.
- Tabs Vitamin B.Complex 1 tab 8hourly for 2 weeks.
- Tabs Vitamin C 200mg 8hourly for 2 weeks.
- Follow up visit.



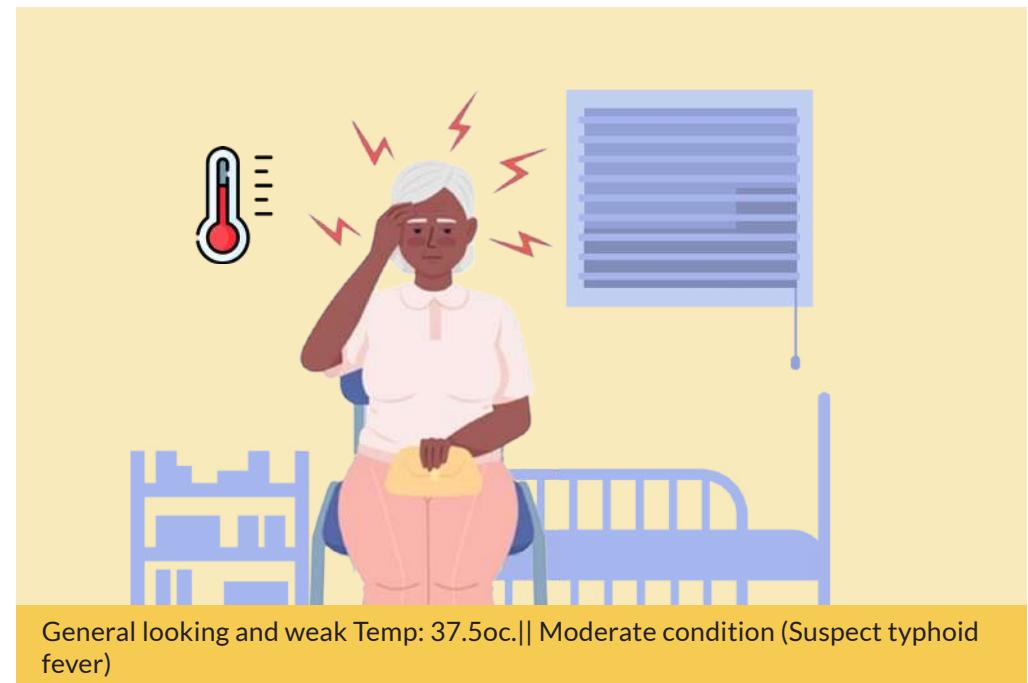
General appearance: ill both looking. Mouth: Angular Stomatitis (sores at the sides of the mouth), Eye: pallor -Blood test shows anaemia. || Moderate to severe condition (Suspect malnutrition).

**Fever, Headache, Rigor, Loss of sweating high  
(Temp:above 37.50c), Eye: Pallor**

- Conduct malarial Rapid Diagnostic Test (mRDT).
- Give ACT if positive mRDT, according to the malarial treatment guideline.
- Paracetamol 1000mg (2 tabs) for 3 days.
- If no improvement, REFER. 

**Temperature not responding to antimalarials**

- Tab Ciprofloxacin 500mg 12hourly for 5days
- Tab Paracetamol 1g 8hourly for 3days
- Tab Multivitamin 1 tab 8hourly for 5days
- Review after 3 days
- If no improvement, REFER. 



**Chronic cough (dry and productive), difficulty in breathing, history of tobacco use (smoke or smokeless forms) for many years.**

- REFER 



General appearance: ill-looking, in respiratory distress with bouts of cough.  
Chest: difficulty in breathing , increased respiratory rate. || Moderate or Severe condition (suspect chronic bronchitis).

**Passing stool infrequently, Abdominal discomfort, Lack of appetite.**

- Counselling – nutrition education.
- Consumption of adequate diet containing fruits and vegetables.
- Take plenty of water.
- Reduce intake of bread and other pastries.
- Moderate exercise
- Syr Liquid paraffin 10mls daily for 1 week.
- De-worm at least once a year (Tabs Pyrantel 4-6 tabs stat).
- Discourage laxatives.

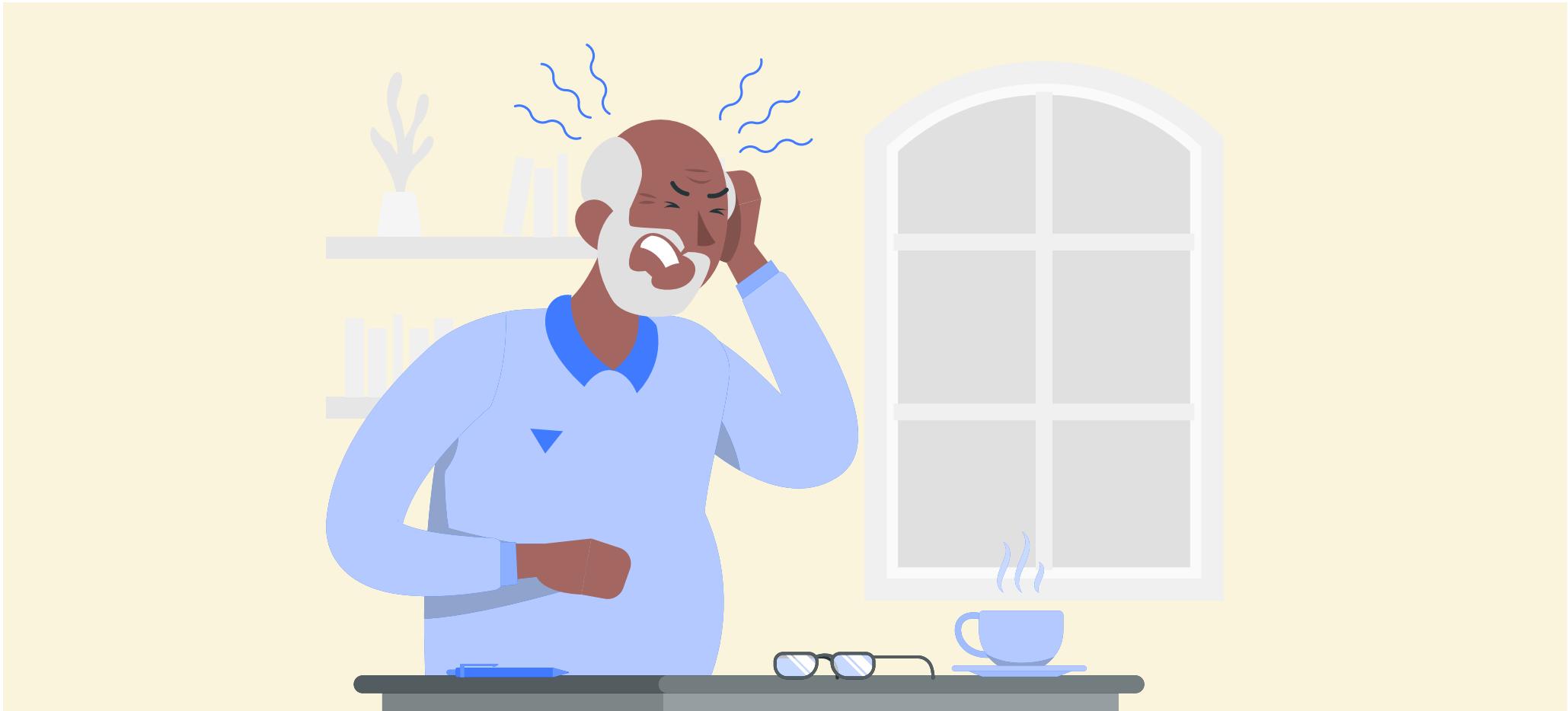


Nil of note; healthy looking. No complaints. || Mild condition.

 **Health Education**

- Encourage use of LLINs.
- Encourage consumption of fluid, fruits and vegetables.
- Discourage use of tobacco and avoid exposure to second hand tobacco smoke.
- Discourage exposure to smoke from household cooking stove, lamp, fire wood etc.
- Advise on the importance of taking home-based records anytime patient visits the clinic or hospital.

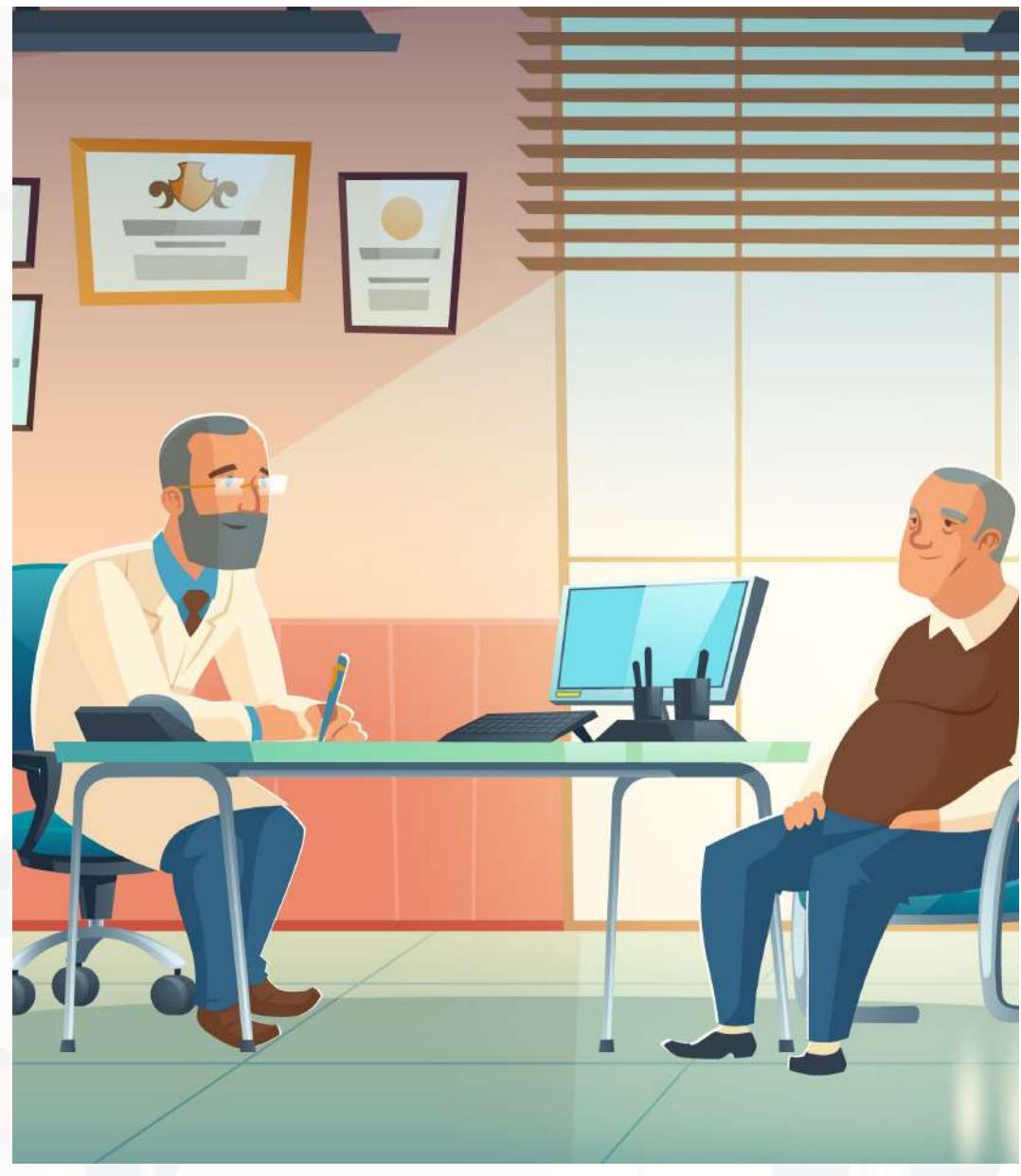
## 7.6 MENTAL DISORDERS



The risk of developing mental health disorders increases with age. Thus WHO estimates that mental health problems affect over 20% of the elderly population. Despite this high prevalence, mental health problems are under-identified among the elderly. The commonest mental health disorders in this age group are dementia and depression. Others include: anxiety disorders, substance use problems and self-harm. This group of people are also vulnerable to neglect and maltreatment by family members which can contribute to development or worsening of mental health challenges.

**HISTORY**

- What is the problem?
- For how long has this problem been there? Has it happened before? If yes, when?
- Is there persistent tiredness?
- Is there persistent sadness or anxiety?
- Is there loss of interest or pleasure in activities that used to be interesting and enjoyable?
- Is there loss of appetite, nausea?
- Is there headache and/or fever?
- Is there difficulty in carrying out usual work or daily task?
- Are there any problems with sleeping or waking up?
- Is there frequent complaint of multiple symptoms with no obvious physical cause?
- Is there decline or problems with remembering things (memory loss) and orientation (loss of awareness of time, place and person)?
- Is there loss of emotional control (easily upset, irritable or crying)?
- Is there any family history of similar problems?



**EXAMINATION**

**General Appearance:**  
look out for state of personal hygiene, irritability, smell of alcohol or tobacco, signs of injury.



**Temperature:**  
check and record



**Blood pressure:**  
measure and record



**Eyes:**  
check for parlor



**CNS:**  
check for – ability to remember (memory) awareness of time, place and person (orientation).

**Difficulty in falling asleep or waking up after very few hours of sleep, fatigue, Sadness, anxiety and irritability, Low interest in activities that used to be interesting, Difficulty in carrying out usual activities. Poor appetite, Use of medications.**

- Counsel on sleeping habits, drug usage, food intake and participation in community work.
- REFER 



General appearance: unkept/untidy, ill -looking, anxious and unhappy ,weak, irritable, smell of alcohol or tobacco. Temperature: Normal or high. Eye: pale. Blood pressure: 140/90mmhg or above. || Mild, moderate condition to severe. Suspect depression.

**Complaints by relatives of decline or problem with memory (severe forgetfulness), Loss of orientation (awareness of time, place and person), Loss of emotional control (easily upset, irritable or tearful). Loss of interest in the environment. Difficulties in carrying out usual work), wandering about.**

- Counsel patients and relatives.
- REFER 



General appearance: unkempt appearing uninterested or irritable. CNS: cannot remember important events and dates, not oriented in time, place and person. || Severe condition. Suspect (dementia).

**Increase consumption of alcohol and use of drugs such as pain killers, sleeping tablets, coffee, tobacco leaves, cigarettes and snuff, Poor sleep, tiredness, headaches, Poor appetite, nausea, vomiting, indigestion, Difficulty in carrying out usual work.**

- Counsel patient and his family/friends.
- Encourage participation in social activities within the family and the community.
- REFER 
- Follow up on return from referral.



General appearance: unkempt/untidy, weak, agitated, smell of alcohol or tobacco, unsteady gait, may have some drugs in the pocket of their shirt and/or trousers, purse or bag, skin infection, injuries etc. CNS: Nervous/fidgeting, slurred speech. || Moderate to severe condition. Suspect alcohol or drug use disorders.

## Not happy, Loneliness, Isolated, Dejected

- Counsel family of patient.
- Encourage him to participate in religious and community activities.
- Encourage family involvement in the therapy.
- REFER 

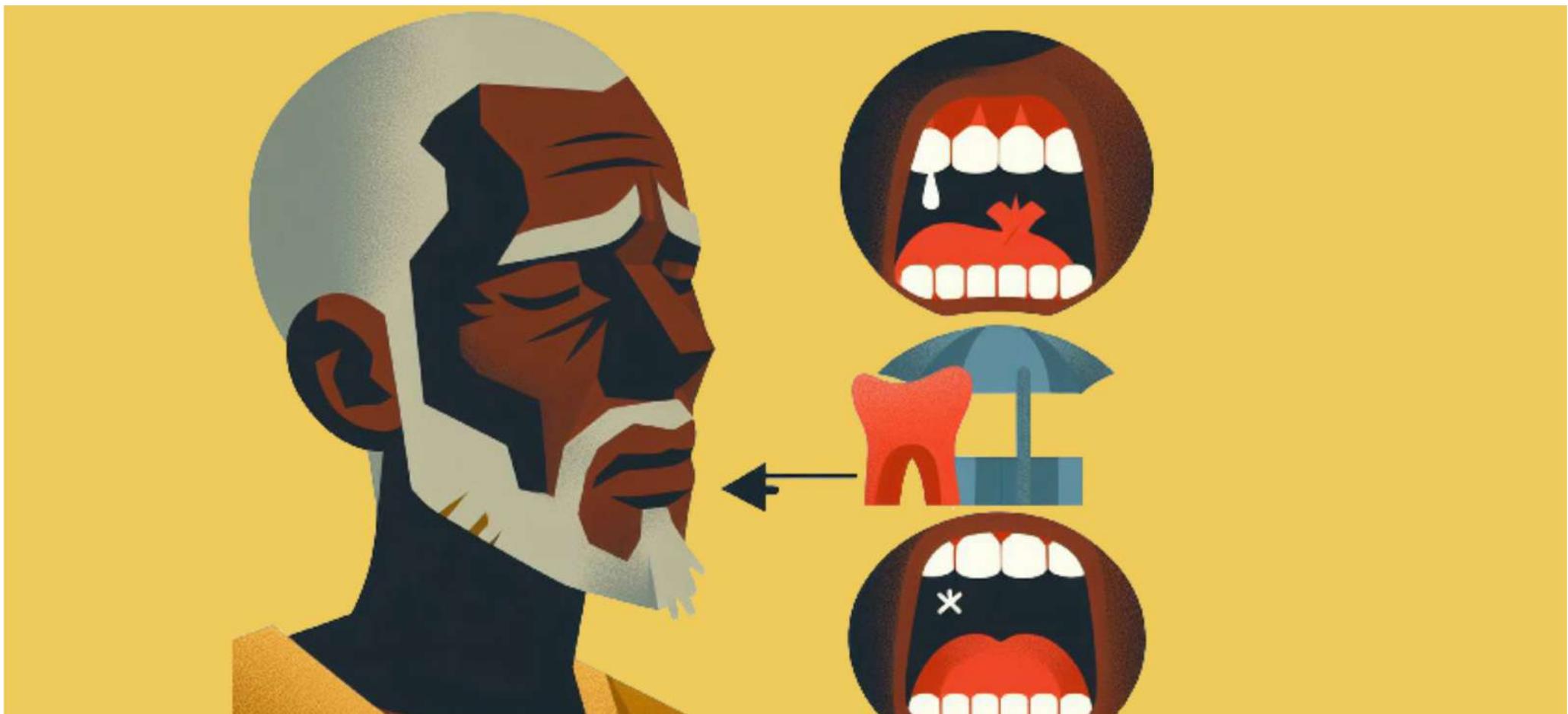


Not cheerful. Weeps during the interview. Look dirty with sores on the body. Poor Oral Hygiene with long dirty nails, dirty clothes. May or may not be blind or deaf. || Moderate condition.

## Health Education

- Counsel family members to give both physical and emotional support to the elderly.
- Encourage good nutrition.
- Encourage the elderly to participate in religious and community activities and encourage to visit friends and associates.
- Encourage family members to show love, affection and provide for the general needs of the elderly.
- Discourage use of alcohol, tobacco and unprescribed drugs.

## 7.7 ORAL DISORDERS

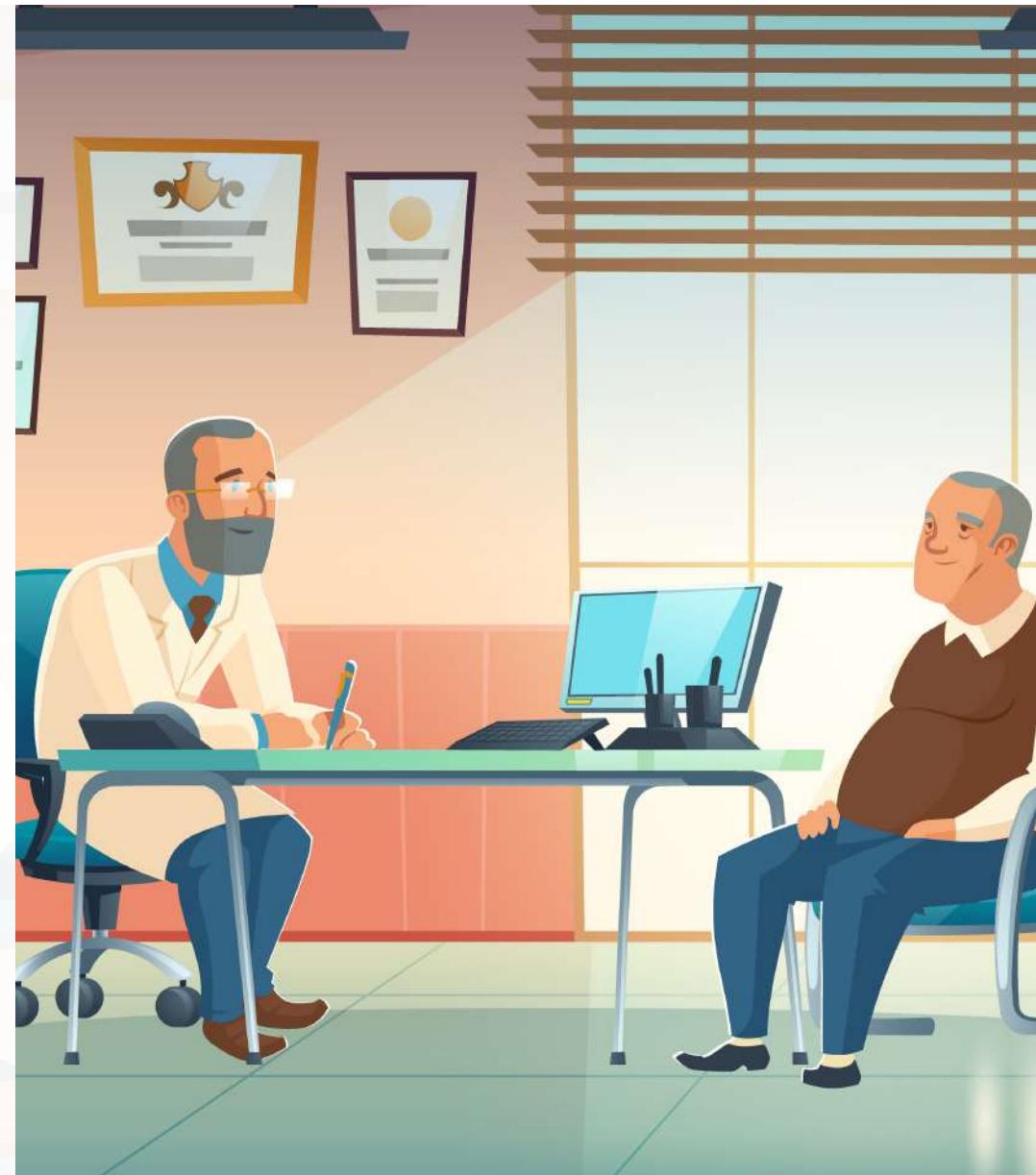


Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.

Oral health problems are common physiological changes in the elderly, particularly evidence in high levels of tooth loss, dental caries and periodontal diseases. Early recognition of oral problem with prompt attention or referral will reduce morbidity and mortality arising from otherwise simple disease condition.

**HISTORY**

- What is the problem?
- Where is the problem?
- Is there pain in the teeth or gum?
- When was it noticed?
- Are you able to eat your regular diet?
- Does the pain increase with hot or cold drink or food?
- Does the pain keep you awake at night?
- Is there bleeding from gum or any other part of the mouth?
- What do you use for cleaning your mouth?
- How do you clean your teeth? How many times a day?
- Do you notice any sore in the mouth?



**EXAMINATION**

**General Appearance:**  
look out for state of personal hygiene, irritability, smell of alcohol or tobacco, signs of injury.



**Mouth:**  
Gum: look out for sores, swellings, discharging sinuses, bleeding and white patches, Tongue: look out for sore, coating, redness, dryness, c. Lips: look out for cracks.



**Teeth:**  
Look out for caries, discoloration, shaky or missing teeth, plaque.



**Temperature:**  
check and record

**Severe pain in the mouth; with or without facial swelling. Pain disturbs patient's sleep and aggravated by chewing. May or may not be associated with headache.**

- Tabs Paracetamol 1g 8hourly for 3 days or Ibuprofen 400mg 8hourly for 3 days (After meal).
- Tabs Vitamin B complex 1 tab 8hourly for 2 weeks.
- Tabs Vitamin C 200mg 8hourly for 2 weeks.
- Use warm saline water as mouth rinse.
- REFER 



General appearance: ill- looking, and in pain, malnourished, swollen face.  
Mouth: bad oral hygiene: foul smell. Gum: sores, swelling, discharge, blood stain/bleeding. Teeth: holes, discolouration, shaky or missing teeth, plaque. || Severe condition. Suspect dental abscess.

**Continuous dull pain in the mouth, Bleeding in the mouth.**

- Tabs Paracetamol 1g 8hourly for 3 days.
- Tabs Vitamin B complex 1 tab 8hourly for 2 weeks.
- Tabs Vitamin C 200mg 8hourly for 2 weeks.
- Use warm saline water as mouth rinse.
- REFER if no improvement. 



General appearance: normal. Mouth: Teeth: shaking tooth or tender/painful denture. Gum: sores and/or bleeding. || Moderate condition. Suspect chronic periodontitis.

**Injury to the mouth, tongue and/or face, In-ability to chew properly.**

- Tabs Ibuprofen 400mg 8hourly for 5 days (after meal).
- Tabs Vitamin C 200mg 8hourly for 2 weeks.
- Use warm saline water as mouth rinse.
- REFER 



General appearance: traumatized face/mouth. Mouth: Jaw: broken. Lip: laceration or bruises. Teeth: broken/missing/shaky tooth/teeth. Tongue: laceration. || Moderate to severe condition. Suspect fracture of the teeth/jaw bone.

 **Health Education**

- Explain process of ageing.
- Brush twice daily (morning and last thing before going to bed at night).
- Encourage regular intake of food rich in calcium.
- Avoid intake of sugary foods (refined sugar) in-between meals.
- Encourage to rinse mouth with water after meals.
- Encourage good personal and oral hygiene.
- Report any tooth/teeth pains.
- Advise on regular dental check-up at least twice a year.
- Discourage use of toothpick.



# NATIONAL STANDING ORDERS

FOR JUNIOR COMMUNITY HEALTH  
EXTENSION WORKERS

COMMUNITY HEALTH PRACTITIONERS' REGISTRATION BOARD OF NIGERIA IN  
COLLABORATION WITH NPHCDA

2024