

1. Treatment for the sick child
 - Ciprofloxacin
 - Amoxicillin
 - Co-trimoxazole
 - Oral Antimalarial
 - Paracetamol
 - Pain Relief (HIV): Only if they have been trained. Not included in IMNCI training
 - Co-trimoxazole (HIV): Only if they have been trained. Not included in IMNCI training
2. Plan A: Treatment for Diarrhoea at Home
3. Plan B: Treat for some Dehydration with ORS: Plan B.....
4. Paracetamol
5. Antimalaria treatment: Replace with current and more clearer tables, check STG and other protocols from VR etc
6. Eye Infection
7. Dry the ear by Wicking
8. Iron
9. When to return immediately

Plan A: Treat for Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:

1. Give Extra Fluid
2. Continue Feeding
3. Give Zinc Supplements (age 2 months up to 5 years)
4. When to Return

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

□ TELL THE MOTHER:

- Breastfeed more frequently and for longer at each feed
- If the child is exclusively breastfed, give ORS or clean water in addition to breast milk
- If the child is not exclusively breastfed, give one or more of the following: ORS, coconut water, strained rice water, mashed kenkey in water, mashed tuo zafi, porridge (koko), light soup without pepper or clean water.

It is especially important to give ORS at home when:

- the child has been treated with Plan B or Plan C during this visit
- the child cannot return to a clinic if the diarrhoea gets worse

□ TEACH THE MOTHER HOW TO MIX AND GIVE ORS.

- Give the mother 3 packets of ORS to use at home.

□ SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:

- Up to 2 years: 50 to 100 ml after each loose stool
- 2 years or more: 100 to 200 ml after each loose stool

Tell the mother to:

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

2. CONTINUE FEEDING - [Link to or \[Refer to CWC Counseling: FEEDING \(Yet to be done\)\]](#)

3. GIVE ZINC SUPPLEMENT (age 2 months up to 5 years)

□ TELL THE MOTHER HOW MUCH ZINC TO GIVE (20 mg tab) :

- 2 months up to 6 months — 1/2 tablet daily for 14 days
- 6 months or more — 1 tablet daily for 14 days

□ SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS

- Infants—dissolve tablet in a small amount of expressed breast milk, ORS or clean water in a cup
- Older children - tablets can be chewed or dissolved in a small amount of clean water in a cup

4. WHEN TO RETURN - [Link to or \[Refer to CWC Counseling: when to return\]](#)

Plan B: Treat for Some Dehydration with ORS

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

□ DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS

| WEIGHT | < 6 kg | 6 - < 10 kg | 10 - < 12 kg | 12 - <19 kg |
|--------|----------------|--------------------------|-------------------------|-----------------------|
| AGE* | Up to 4 months | 4 months up to 12 months | 12 months up to 2 years | 2 years up to 5 years |

| Amount of ORS (ml) over 4 hours | 200 - 400 | 400 - 700 | 700 - 900 | 900 - 1400 |
|---------------------------------|-----------|-----------|-----------|------------|
|---------------------------------|-----------|-----------|-----------|------------|

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

- ☐ If the child wants more ORS than shown, give more
 - ☐ **SHOW THE MOTHER HOW TO GIVE ORS SOLUTION:**
 - ☐ Give frequent small sips from a cup
 - ☐ If the child vomits, wait for 10 minutes. Then continue - but more slowly
 - ☐ Continue breastfeeding whenever the child wants
 - ☐ **AFTER 4 HOURS:**
 - ☐ Reassess the child and classify the child for dehydration
 - ☐ Select the appropriate plan to continue treatment
 - ☐ Begin feeding the child in clinic
 - ☐ **IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:**
 - ☐ Show her how to prepare ORS solution at home
 - ☐ Show her how much ORS to give to finish 4-hour treatment at home
 - ☐ Give her enough ORS package to complete rehydration. Also give her 3 packets as recommended in Plan A
 - ☐ Explain the 4 Rules of Home Treatment:
- 1. GIVE EXTRA FLUID - See Plan A for recommended fluid**
 - 2. CONTINUE FEEDING - See Counsel the Mother chart**
 - 3. GIVE ZINC (age 2 months up to 5 years)**
 - 4. WHEN TO RETURN - See Counsel the Mother chart**

✓ **Give Paracetamol**

- ✓ ▶ Give first dose of paracetamol in clinic
- ✓ ▶ Give paracetamol every 6 hours until fever or pain is gone.
- ✓ ▶ Provide paracetamol for 2 days.

| Paracetamol | | |
|-------------------------------------|---------------------|-----------------|
| WEIGHT or AGE | Syrup(125mg / 5 ml) | Tablet (500 mg) |
| 4 - <14 kg (2 months up to 3 years) | 5 ml | 1/4 |
| 14 - 19 kg (3 years up to 5 years) | | 1/2 |

Give an Oral Antimalarial Treatment Tables:

Drug of Choice - Artesunate/ Amodiaquine

The dose in mg/body weight: Amodiaquine 10mg/kg + Artesunate 4 mg/kg body weight daily for three (3) days

Explain to the mother that she should watch her child carefully for 30 minutes after giving a dose of medicine. If the child vomits within 30 minutes, she should repeat the dose and return to the clinic for additional tablets.

Table 19-3 : Artesunate + Amodiaquine Co-Blistered Tablets (Regimen for once daily dosing)

| Weight | Age | Artesunate (50 mg tablets) Number of Tablets To Be Given | | | Amodiaquine (150 mg base tablets) Number of Tablets To Be Given | | |
|----------|--------|---|---------------|---------------|--|---------------|---------------|
| 5-10 kg | < 1 yr | Day 1 | Day 2 | Day 3 | Day 1 | Day 2 | Day 3 |
| | | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ |
| 11-24 kg | 1-6 yr | 1 | 1 | 1 | 1 | 1 | 1 |

NOTE: The dose in mg/body weight is: Amodiaquine 10mg/kg + Artesunate 4mg/ kg, taken as a single dose daily for three (3) days, after meals.

Table 19-4 : Artesunate and Amodiaquine Co-Blistered Tablets (Regimen for twice daily dosing)

| Weight | Age | Artesunate (50 mg tablets) Number of Tablets To Be Given | | | | | | Amodiaquine (150 mg base tablets) Number of Tablets To Be Given | | | | | |
|----------|--------|---|---------------|---------------|---------------|---------------|---------------|--|---------------|---------------|---------------|---------------|---------------|
| 5-10 kg | < 1 yr | Day 1 | | Day 2 | | Day 3 | | Day 1 | | Day 2 | | Day 3 | |
| | | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| | | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ |
| 11-24 kg | 1-6 yr | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ |

NOTE: The dose in mg/body weight is: Amodiaquine 10mg/kg + Artesunate 4mg/ kg, taken as two divided doses daily for three (3) days, after meals.

| Table 19-5 : Artesunate and Amodiaquine Fixed Dose Combination (Standard Regimen, using the 3 available dosing strengths) | | | | | |
|---|------------|--------------------------|-------|-------|-------|
| Artesunate (AS) + Amodiaquine (AQ) Fixed Dose Combination* Number of Tablets To Be Given | | | | | |
| Weight | Age | Tablet Dosing Strength | Day 1 | Day 2 | Day 3 |
| <8 kg | 2-11months | AS: 25 mg AQ: 67.5 mg | 1 | 1 | 1 |
| 9-17 kg | 1-5 yrs | AS: 50 mg AQ: 135 mg | 1 | 1 | 1 |
| NOTE: Each tablet contains both Artesunate (AS) and Amodiaquine (AQ), at the dosages indicated. The product packaging clearly indicates which dosing strength applies to which age group. | | | | | |

| Table 19-6 : Artemether and Lumefantrine (Recommended Dosing Regimen) | | | | | | | |
|--|----------|---|--------------------------|-------|----|-------|----|
| Artemether (20 mg) + Lumefantrine (120 mg) Number of Tablets To Be Given | | | | | | | |
| Weight | Age | Day 1 | | Day 2 | | Day 3 | |
| | | First Dose | Second Dose (after 8hrs) | AM | PM | AM | PM |
| < 5 kg | < 6 mo | Not recommended for patients under 5 kg | | | | | |
| 5-15 kg | 6mo-3 yr | 1 | 1 | 1 | 1 | 1 | 1 |
| 15-25 kg | 3-8 yr | 2 | 2 | 2 | 2 | 2 | 2 |

Table 19-7 : Dihydroartemisinin and Piperaquine (Recommended Dosing Regimen)

| Weight | Age | Dihydroartemisinin (40 mg) / Piperaquine (320 mg base) Number of Tablets To Be Given | | |
|----------|--------|---|---------------|---------------|
| | | Day 1 | Day 2 | Day 3 |
| 5-10 kg | < 1 yr | $\frac{1}{4}$ | $\frac{1}{4}$ | $\frac{1}{4}$ |
| 11-15 kg | 1-3 yr | $\frac{1}{2}$ | $\frac{1}{2}$ | $\frac{1}{2}$ |
| 16-24 kg | 4-6 yr | 1 | 1 | 1 |

➤ Give pain relief (*HIV*)

- Safe doses of paracetamol can be slightly higher for pain. Use the table and teach mother to measure the right dose
- Give paracetamol every 6 hours if pain persists
- **Stage 2 pain** is chronic severe pain as might happen in illnesses such as AIDS:
 - Start treating Stage 2 pain with regular paracetamol
 - In older children, $\frac{1}{2}$ paracetamol tablet can replace 10 ml syrup
 - If the pain is not controlled, **add** regular codeine 4 hourly
 - For severe pain, morphine syrup can be given

| WEIGHT | AGE (If you do not know the weight) | PARACETAMOL 120mg / 5mls | | Add CODEINE 30mg tablet | ORAL MORPHINE 5mg/5ml |
|-------------|--|-----------------------------|--|----------------------------|--------------------------|
| 4 - <6kg | 2 months up to 4months | 2 ml | | $\frac{1}{4}$ | 0.5ml |
| 6 - <10 kg | 4 months up to 12 months | 2.5 ml | | $\frac{1}{4}$ | 2ml |
| 10 - <12 kg | 12 up to 2 years | 5 ml | | $\frac{1}{2}$ | 3ml |
| 12 - <14 kg | 2 years up to 3 years | 7.5 ml | | $\frac{1}{2}$ | 4ml |
| 14 - 19 kg | 3 to 5 years | 10 ml | | $\frac{3}{4}$ | 5ml |

CO-TRIMOXAZOLE [HIV]

Give Co-trimoxazole to Children with Confirmed or Suspected HIV Infection or Children who are HIV Exposed

| <p>➤ Co-trimoxazole should be given starting at 4- 6 weeks of age to :</p> <p>All infants born to mothers who are HIV infected until HIV is definitively ruled out</p> <p>All infants with confirmed HIV infection aged <12 months or those with stage 2,3 or 4 disease or</p> <p>Asymptomatic infants or children (stage 1) if CD4 <25%.</p> | | | |
|---|--------------------------------------|--|---|
| CO-TRIMOXAZOLE dosage—single dose per day | | | |
| Age | 5 ml syrup 40 mg / 200 mg | Single strength adult tablet 80 mg / 400 mg | Single strength paediatric tablet 20 mg / 100 mg |
| Less than 6 months | 2.5 ml | 1/4 tablet | 1 tablet |
| 6 months up to 5 years | 5 ml | 1/2 tablet | 2 tablets |

Eye Infection

Treat eye infection with 1% Chloramphenicol or 0.5% Tetracycline eye ointment

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

Dry the ear by Wicking

Dry the ear by wicking

- Clean affected ear 3 times daily.
 - ❖ Roll clean absorbent cloth or soft strong tissue paper into a wick.
 - ❖ Place the wick in the child's ear.
 - ❖ Remove the wick when wet
 - ❖ Replace the wick with a clean one and repeat these steps until the ear is dry.
 - ❖ Instill Gentamycin or Ciprofloxacin eardrops after dry wicking 3 -4 times daily for 14 days.

Give Iron

- Give one dose daily for 14 days and add 1 Tablet of Folic Acid daily

| | Ferrous Sulphate | Ferric Ammonium Citrate |
|---------------------------------------|----------------------|---------------------------|
| WEIGHT or AGE | Tablet 200 mg | Syrup 36 mg / 5 ml |
| 4 - <6 kg (2 months up to 4 months) | | 5 ml |
| 6 - <10 kg (4 months up to 12 months) | 1/4 tablet | 5 ml |
| 10 - <14 kg (12 months up to 3 years) | 1/2 tablet | 10 ml |
| 14 - 19 kg (3 years up to 5 years) | 1/2 tablet | 10 ml |

- ✓ Advise mother on when to return for care immediately per table below:

WHEN TO RETURN IMMEDIATELY

| Advise mother to return immediately if the child has any of these signs: | |
|--|--|
| Any sick child | Not able to drink or breastfeed <ul style="list-style-type: none"> • Becomes sicker • Develops a fever |
| If child has NO PNEUMONIA: COUGH OR COLD, also return if: | <ul style="list-style-type: none"> • Fast breathing • Difficult breathing |
| If child has Diarrhoea, also return if: | <ul style="list-style-type: none"> • Blood in stool • Drinking poorly |