## **PRE- REFERRAL TREATMENTS**

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## (Danger Signs)

NB: a drug combination may be given for two simultaneous conditions eg, vomiting and testing positive for malaria, or convulsing and testing positive for malaria etc.

## <u>Malaria</u>

Give First Dose of Rectal Artesunate before referring URGENTLY if Intramuscular Quinine is not available for children with malaria

#### Artesunate

Weight	Age	Artesunate suppository Dose
4 kg - 8 kg	≥2months –1yr	50mg
9 kg- 19 kg	1yr - 1½yrs	100mg
20kg- 29kg	1½yrs – 5yrs	200mg

<u>OR</u>

Quinine:

### NB: Before giving Intramuscular Quinine in Young Children:

- 1. Weigh the child.
- 2. Prepare a Quinine dilution of 50 mg/ml: Use a 10 ml sterile syringe and needle to draw up 5 mls of sterile water for injection or saline (not dextrose). Then into the same syringe draw up 300 mg (1ml) from an ampoule of Quinine. The syringe now contains 50 mg Quinine per ml.

- 3. The dosage is 10 mg (0.2 ml) per kg or body weight every 8 hours. Calculate the volume to give based on body weight. (For examples of body weights and doses in children <30 kg,see Table below).
- 4. Administer by intramuscular injection to the thigh. If the diluted volume exceeds 3 ml, inject half the dose into each thigh.

#### Quinine:

Dosing Regimen for Quinine IM Injection in young Children			
Weight	Volume of Quinine Dihydrochloride Injection (50 mg/ml dilution)		
< 5	1.0 ml		
5.1-7.5	1.5 ml		
7.6-10.0 kg	2.0 ml		
10.1-12.5kg	2.5 ml		
12.6-15.0kg	3.0 ml		
15.1-17.5 kg	3.5 ml - half to each thigh		
17.6-20.0 kg	4.0 ml - half to each thigh		
20.1-22.5 kg	4.5 ml - half to each thigh		
22.6-25.0 kg	5.0 ml - half to each thigh		
25.1-27.5 kg	5.5 ml - half to each thigh		
27.6-30.0 kg	6.0 ml - half to each thigh		

### **Treatment of a Convulsing Child**

Treat a convulsing child with Diazepam rectally

#### Manage the airway

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

#### **Give Diazepam rectally**

- Draw up the dose from an ampoule of diazepam into a 2 ml syringe. Then remove the needle.
- Insert the syringe into the rectum and inject the diazepam solution
- Hold buttocks together for a few minutes

## NB:1. If child has high fever, lower the fever:

Sponge the child with room-temperature water Give paracetamol when the child is conscious

NB:2. Treat the child to prevent low blood sugar.

### Diazepam

Rectal Diazepam Dosing Table:			
AGE	WEIGHT	Diazepam rectally	
		10 mg / 2 ml	
		solution	
		Dose 0.5 mg / Kg	
1month - 4 months	3 - <6 kg	0.5 ml	
4months -12	6 - <10 kg	1.0 ml	
months			
12 months - 3	10 - <14	1.25 ml	
years	kg		
3 years - 5 years	14 - 19 kg	1.5 ml	

#### **Paracetamol**

Paracetamol			
<ul> <li>Give first dose of par</li> </ul>	<ul> <li>Give first dose of paracetamol in clinic</li> </ul>		
<ul> <li>Give paracetamol every 6 hours until fever or pain is gone.</li> </ul>			
<ul> <li>Provide paracetamol for 2 days.</li> </ul>			
WEIGHT or AGE	Syrup(125mg	Tablet (500 mg)	
	/ 5 ml)		
4 - <14 kg (2 months up	5 ml	1/4	
to 3 years)			
14 - 19 kg (3 years up		1/2	
to 5 years)			

## **Additional Treatment:**

### Treat the child to prevent low blood sugar

- If the child is able to breastfeed:
   Ask the mother to breastfeed the child.
- If the child is not able to breastfeed but is able to swallow: Give expressed breastmilk.
- If not available, give sugar water.
- Give 30-50 ml of expressed breastmilk or sugar water before departure.

### To make sugar water:

- Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.
- If the child is not able to swallow:

Give 50 ml of expressed breastmilk or sugar water by nasogastric tube (If trained to do so)

#### First Aid: CPR

### A. CPR for infants under 12 months:

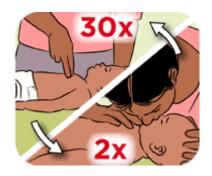
1. Position two fingers in the centre of baby's chest and give **30 compressions at a rate of approximately 100 per minute**. Each compression should depress the chest by about one third.



2. Tilt the baby's head back very slightly with the chin lifted to bring the tongue away from the back of the throat, opening her airway. Take a breath and seal her mouth and nose with your mouth. **Blow gently and steadily for about one second.**Watch for the rise and fall of the chest. Take another breath and repeat the sequence.



3. Continue giving 30 compressions followed by 2 breaths until medical help arrives. If the child starts breathing and responding, turn them into the recovery position (see image 3), however, continue to monitor breathing and **be prepared to recommence CPR** again at any time.



4. If infant starts breathing, hold him or her in the recovery position as shown below until transport arrives



# B. CPR for Children over 1 year :

1. Position the heel of your hands in the centre of the child's chest. Interlace your fingers and lift them off the chest as shown. Using the heel of your hand, give 30 compressions. Each compression should **depress the chest by about one third**.



2. After 30 compressions, take a deep breath, seal your mouth over the child's mouth, pinch his nose and give **two deep rescue breaths**.



3. Continue giving 30 compressions followed by 2 rescue breaths until medical help arrives. If the child starts breathing and responding, turn them into the recovery position (see image 4), however, continue to monitor breathing and **be prepared to recommence CPR** again at any time.



4. If Child starts breathing, put him or her in the recovery position as in image 4 below and monitor child until transport arrives



## SEVERE PNEUMONIA OR VERY SEVERE DISEASE

Administer first dose of oral antibiotic below and refer

First-line Antibiotic: AMOXYCILLIN OFSecond line Antibiotic: COTRIMOXAZOLE

Dosage table for Amoxycillin OR Cotrimoxazole				
	Amoxycillin Give 3 times da	Amoxycillin Give 3 times daily for 5 days		e (trimethoprim + xazole daily for 5 days
WEIGHT or	Capsule or	Syrup	Tablet	Syrup

AGE	Tablet 250mg	125 mg/5ml	80 mg TMP + 400 mg SMX	40 mg TMP + 200 mg SMX / 5 ml
4 - <10 kg 2 months up to 12months	1/2	5 ml	1/2	5. 0 ml
10 -19 kg 12 months up to 5 years	1	10 ml	1	7.5 ml

# Chloramphenicol

# **Give intramuscular Chloramphenicol for:**

- ❖ SEVERE PNEUMONIA OR VERY SEVERE DISEASE,
- ❖ VERY SEVERE FEBRILE DISEASE INCLUDING SEVERE MALARIA SEVERE COMPLICATED MEASLES and
- ❖ MASTOIDITIS:

## ► For children being referred URGENTLY

Give first dose of intramuscular Chloramphenicol and refer child urgently to hospital.

## ► If referral is not possible:

- o Repeat the Chloramphenicol injection every 12 hours for 5 days.
- o Then change to an appropriate oral antibiotic to complete 10 days of treatment.

	Intramuscular Chloramphenicol			
WEIGHT OR	AGE	Chloramphenicol (180 mg/ml)		
		Dose: 40 mg per kg		
		Add 5.0 ml sterile water to a vial containing 1000 mg Chloramphenicol = 5.6 ml at 180 mg/ml		
4 - < 6 kg	(2 months up to 4 months)	1.0 ml = 180 mg		
6 - < 8 kg	(4 months up to 9 months)	1.5 ml = 270 mg		
8 - < 10 kg	(12 months up to 3 years)	2.0 ml = 360 mg		
10 - < 14 kg	(3 years up to 5 years)	2.5 ml = 450 mg		
14 - 19 kg	(9 months up to 12 months)	3.5 ml = 630 mg		

### Vitamin A:

• For MEASLES WITH EYE OR MOUTH COMPLICATIONS, UNCOMPLI CATED MEASLES, SEVERE UNCOMPLICATED MALNUTRITION;

#### Give three[3] doses:

- o Give first dose in clinic
- o Give mother one dose to give at home the next day
- o Give third dose in clinic in one month
- For a child with SEVERE COMPLICATED MALNUTRITION, SEVERE MALNUTRITION or SEVERE COMPLICATED MEASLES

Give one dose in clinic, then refer

• For a routine Vitamin A supplementation for children aged 6 months up to 5 years, give one dose in clinic if the child has not received a dose in the previous 6 months.

AGE	VITAMIN A CAPSULE		
	200 000 IU	100 000 IU	
Up to 6 months		½ capsule	
6 months up to 12	1/2	1 capsule	
12 months up to 5 years	1 capsule	2 capsules	