

Objectives of the session

By the end of the session, the ASHA will learn about:

- Be able to diagnose ARI through measuring fever, observing chest indrawing, and breath counting.
- Be able to manage mild and moderate ARI with Contrimoxazole.
- Diagnose and refer the severe cases.



7. Management of Acute Respiratory Infection (ARI)

Step 1: Identifying the signs of ARI

Ask the mother if the child has cough or difficult breathing. If the mother says that the child has cough or difficult breathing, ask for the duration. A child who has had cough, even if mild, for more than 30 days, needs to be referred to hospital for further assessment. Any cough with fever for more than three days should also be referred.

Step 2: Look for chest indrawing

Chest indrawing in a child with cough or difficult breathing indicates that the child has pneumonia.

In a child less than one year, in normal breathing, the whole chest wall (upper and lower) and the abdomen move OUT when the young infant breathes IN. When chest indrawing is present, the lower chest wall goes IN when the young infant breathes IN.

In children less than one year of age, mild chest indrawing can occur. But in children more than one year of age, mild chest indrawing is **NOT** normal.

A child with any chest indrawing should be referred to the hospital.

Count the breaths in one minute.

Count the breaths the child takes in one minute as ASHA has learnt earlier. Decide whether the child has normal breathing or fast breathing.

Note: The child who is exactly 12 months old has fast breathing if you count 40 breaths per minute or more.