

6. Management of Diarrhoeal Disease

Objectives of the session

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

- Be able to diagnose dehydration and ascertain if referral is required.
- Learn the skill of preparing and demonstrating ORS use to the mother/caregiver.
- Learn the skill of counselling the mother for feeding during diarrhoeal episode.

Prevention of Diarrhoea

Good hygiene practices and use of safe drinking water also protect against diarrhoea. Hands should be thoroughly washed with soap and water after defecating and after contact with faeces, and before touching or preparing food or feeding children.



To prevent diarrhoea, all faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried. If there is no toilet or latrine, adults and children should defecate away from houses, paths, water supplies and places where children play. Faeces should then be buried under a layer of soil. Human and animal faeces should be kept away from water sources. In communities without toilets or latrines, the community should consider joining together to build such facilities. Households can be encouraged to build their own toilet.

Step 1: Identifying the nature of diarrhoea

- **Duration:** Ask the mother if her child has diarrhoea. Passing stools more than three times a day is diarrhoea. Usually it is watery.
- If the mother says the child has diarrhoea: Ask for how long the child has had diarrhoea. If the **diarrhoea is of 14 days or more** duration, the child has **severe persistent diarrhoea**. This child should be referred to hospital.
- **Passing Blood:** Ask if there is blood in the stools. The child who is passing blood in the stools has **dysentery**. This child also needs referral. But one can start treatment at home also, especially if the access to a doctor is not immediately possible. The child should be treated with Cotrimoxazole at home (dosage as Annexure 6) and the mother should be advised home care.

Step 2: Assess every child with diarrhoea for dehydration.

- Look at the child's general condition. Is the child lethargic or unconscious? Is the child restless and irritable?
- Look for sunken eyes.

