INTEGRATED MANAGEMENT OF NEWBORN AND CHILDHOOD ILLNESS

Chart Booklet

March 2015

INTEGRATED MANAGEMENT OF NEWBORN AND

SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

Ministry of Health-
ERITREA

ASSESS AND CLASSIFY THE SICK CHILD

Assess, Classify and Identify Treatment

TREAT THE CHILD

Teach the Mother to Give Oral Drugs at Home

Teach the Mother to Treat Local Infections at Home

Give These Treatments in Clinic Only

TREAT THE CHILD, continued

Give Extra Fluid for Diarrhoea and Continue Feeding

Give Follow-up Care

COUNSEL THE MOTHER

Food

Fluid

When to Return

World Health Organization

Unicef

SICK YOUNG INFANT
AGE UP TO 2 MONTHS

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

Assess, Classify and Identify Treatment

Treat the Young Infant and Counsel the Mother

Give Follow-up Care for the Sick Young Infant

Ministry Of Health
Eritrea

WHO

ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Unicef

ASSESS

CLASSIFY

IDENTIFY

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions on *TREAT THE CHILD* chart.
  - if initial visit, assess the child as follows:

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

CHECK FOR GENERAL DANGER SIGNS

ASK:
- Is the child able to drink or breastfeed?
- Does the child vomit everything?
- Has the child had convulsions?

LOOK:
- See if the child is lethargic or unconscious.
- See if the child is convulsing now

URGENT attention

• Any general danger sign	**VERY SEVERE DISEASE**	➢**Give diazepam if convulsing now** ➢**Quickly complete the assessment** ➢**Give any pre-referral treatment immediately** ➢***Give first dose of an appropriate antibiotic.*** ➢***Treat the child to prevent low blood sugar.*** ➢***Refer URGENTLY to hospital.******

***A child with any general danger sign needs *URGENT* attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.**

THEN ASK ABOUT MAIN SYMPTOMS:
Does the child have cough or difficult breathing?

IF YES ASK

For how long?
___days

LOOK, LISTEN, FEEL:
- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.

} child must be calm.

Classify COUGH or DIFFICULT BREATHING

If the child is	Fast breathing is:
2 months up to 12 months	50 breaths per minute or more.
12 month up to 5 years	40 breaths per minute or more.

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print.)
• Any general danger sign or • Stridor in calm child.	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**	➢***Give first dose of an appropriate antibiotic.*** ➢***Treat the child to prevent low blood sugar.*** ➢***Refer URGENTLY to hospital.********
• Chest indrawing or • Fast breathing.	**PNEUMONIA**	➢***Give an appropriate antibiotic for 5 days.*** ➢Soothe the throat and relieve the cough with a safe remedy. ➢Advise mother when to return immediately. ➢Follow-up in 3 days. ➢If coughing more than 14 days, refer for assessment.
No signs of pneumonia or very severe disease.	**NO PNEUMONIA: COUGH OR COLD**	➢If coughing more than 14 days, refer for assessment. ➢Soothe the throat and relieve the cough with a safe remedy. ➢Advise mother when to return immediately. ➢Follow-up in 5 days if not improving.

Does the child have diarrhoea?

IF YES, ASK:	***LOOK AND FEEL:***
• For how long? • Is there blood in the stool?	• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

Classify DIARRHEA

for DEHYDRATION	Two of the following signs: • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	➢ If child has no other severe classification: - Give fluid for severe dehydration (Plan C). OR ***If child also has another severe classification:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***Advise the mother to continue breastfeeding.*** ➢ ***If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.***
	Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly.	**SOME DEHYDRATION**	➢ Give fluid, zinc supplement and food for some dehydration (Plan B). ➢ ***If child also has a severe classification:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ***Advise the mother to continue breastfeeding.*** ➢ Advise mother when to return immediately. ➢ Follow-up in 5 days if not improving.
	Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➢ Give fluid, zinc supplement and food to treat diarrhoea at home (Plan A). ➢ Advise mother when to return immediately. ➢ Follow-up in 5 days if not improving.
and if diarrhea 14 days or more	• Dehydration present.	**SEVERE PERSISTENT DIARRHEA**	➢ Treat dehydration before referral unless the child has another severe classification. ➢ Refer to hospital.**
	• No dehydration.	**PERSISTENT DIARRHEA**	➢ Advise the mother on feeding a child who has PERSISTENT DIARRHEA. ➢ Give multivitamin /mineral supplement ➢ Advise mother when to return immediately. ➢ Follow-up in 5 days.
and if blood in stool	• Blood in the stool.	DYSENTERY	➢ Treat for 5 days with an oral antibiotic recommended for Shigella in your area. ➢ Advise mother when to return immediately.F/up in 3 days ➢ Follow-up in 3 days.

** If referral is not possible, manage the child as described in Integrated Management of Childhood Illness, Treat the Child, Annex: Where Referral Is Not Possible, and WHO guidelines for inpatient care.—the ***Pocket Book for hospital care for children.***

Does the child have fever?

(by history or feels hot or temperature 37.5°C* or above)

If yes:
Decide Malaria Risk: high or low

Then ask:
- For how long? _____days
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

Look and feel:
- Look or feel for stiff neck.
- Look for runny nose.
- Look for any bacterial cause of fever**.

Look for signs of MEASLES.
- Generalized rash and
- One of these: cough, runny nose, or red eyes.

Do a malaria test: If NO severe classification***
- In all fever cases if High malaria risk.
- In Low malaria risk if no obvious cause of fever present.

or travel to a malarious area

Positive _____ Negative_____ Not available_____

If the child has measles now
Or
within the last 3 months:

- Look for mouth ulcers. Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

Classify Fever

High or Low Malaria Risk

No Malaria Risk and No Travel to Malaria Risk Area

If MEALES now or within last 3 months, Classify

Any general danger sign or Stiff neck.	**VERY SEVERE FEBRILE DISEASE**	➢ Give first dose of artesunate or quinine for severe malaria ➢ Give first dose of an appropriate antibiotic ➢ Treat the child to prevent low blood sugar ➢ Give one doe of paracetamol in clinic for high fever (38.5o C or above) ➢ Refer URGENTLY to hospital
➢ Malaria test POSITIVE.	MALARIA	➢ **Give recommended first line oral antimalarial** ➢ Give one doe of paracetamol in clinic for high fever (38.5o C or above) ➢ Advise mother when to return immediately ➢ Follow-up in 3 days if fever persists ➢ If fever is present every day for more than 7 days, refer for assessment
➢ Malaria test NEGATIVE or ➢ Other cause of fever PRESENT.	FEVER: NO MALARIA	➢ Give one doe of paracetamol in clinic for high fever (38.5o C or above). ➢ Advise mother when to return immediately ➢ Follow-up in 3 days if fever persists ➢ If fever is present every day for more than 7 days, refer for assessment
➢ Any general danger sign or ➢ Stiff neck.	**VERY SEVERE FEBRILE DISEASE**	➢ Give first dose of an appropriate antibiotic ➢ Treat the child to prevent low blood sugar ➢ Give one doe of paracetamol in clinic for high fever (38.5o C or above) ➢ Refer URGENTLY to hospital
➢ No general danger signs or ➢ No stiff neck.	**FEVER**	➢ Give one doe of paracetamol in clinic for high fever (38.5o C or above). ➢ Advise mother when to return immediately ➢ Follow-up in 3 days if fever persists ➢ If fever is present every day for more than 7 days,
➢ Any general danger sign or ➢ Clouding of cornea or ➢ Deep or extensive mouth ulcers	**SEVERE COMPLICATED MEASLES****	➢ Give Vitamin A. ➢ Give first dose of an appropriate antibiotic. ➢ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment. ➢ Refer URGENTLY to hospital.
➢ Pus draining from the eye or ➢ Mouth ulcers.	**MEASLES WITH EYE OR MOUTH COMPLICATIONS****	➢ Give Vitamin A treatment ➢ If pus draining from the eye, treat eye infection with tetracycline eye ointment ➢ If mouth ulcers, treat with gentian violet ➢ Follow-up in 3 days
➢ Measles now or within the last 3 months.	**Measles**	**Give Vitamin A treatment**

*These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.
** Look for local tenderness; oral sores; refusal to use a limb; hot tender swelling; red tender skin or boils; lower abdominal pain or pain on passing urine in older children.
*** If no malaria test available: High malaria risk - classify as MALARIA; Low malaria risk AND NO obvious cause of fever - classify as MALARIA.
**** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and acute malnutrition - are classified in other tables.

Does the child have an ear problem?

IF YES, ASK:

- Is there ear pain?
- Is there ear discharge? If yes, for how long? __days.

LOOK AND FEEL:

- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

Classify EAR PROBLEM

· Tender swelling behind the ear.	**MASTOIDITIS**	➢ ***Give first dose of an appropriate antibiotic***. ➢ ***Give first dose of paracetamol for pain***. ➢ ***Refer URGENTLY to hospital.***
• Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain.	**ACUTE EAR INFECTION**	➢ ***Give an appropriate antibiotic for 5 days.*** ➢ Give paracetamol for pain. ➢ Dry the ear by wicking ➢ Advise mother when to return immediately. ➢ Follow-up in 5 days.
· Pus is seen draining from the ear and discharge is reported for 14 days or more.	**CHRONIC EAR INFECTION**	➢ Treat with local eardrops for two weeks ➢ Dry the ear by wicking. ➢ Advise mother when to return immediately. ➢ Follow-up in 5 days.
· No ear pain and No pus seen draining from the ear.	**NO EAR INFECTION**	➢ Advise mother when to return immediately. ➢ No additional treatment.

THEN CHECK FOR ACUTE MALNUTRITION AND ANEMIA

LOOK AND FEEL:

Look for signs of acute malnutrition

- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine WFH/L* ___ z-score.
- Measure MUAC**____ mm in a child 6 months or older.

If WFH/L less than -3 z-scores or MUAC less than 115 mm, then:

Check for any medical complication present:

- **Any general danger signs**
- **Any severe classification**
- **Pneumonia with chest indrawing**

If no medical complications present:
Child is 6 months or older, offer RUTF* to eat. Is the child:**

- **Not able to finish RUTF portion?**
- **Able to finish RUTF portion?**

Child is less than 6 months, assess breastfeeding:

- **Does the child have a breastfeeding**

Look for palmar pallor. Is it:

- Severe palmar pallor
- Some palmar pallor

Classify NUTRITIONAL STATUS

MALNUTRITION

• **Visible severe wasting** • **Edema of both feet** **OR** ➢ **WFH/L less than -3 zscores OR MUAC less than 115 mm AND any one of the following:** ➢ **Medical complication present or** ➢ **Not able to finish RUTF**	**COMPLICATED SEVERE ACUTE MALNUTRITION**	➢ Give vitamin A ➢ Give first dose appropriate antibiotic ➢ Treat the child to prevent low blood sugar ➢ Advise the mother to keep the child warm. ➢ Refer URGENTLY to hospital.
➢ **WFH/L less than -3 zscores OR** ➢ **MUAC less than 115 mm AND** ➢ **Able to finish RUTF.**	**UNCOMPLICATED SEVERE ACUTE MALNUTRITION**	➢ **Admit to community based therapeutic feeding program (CBTF). But if CBTF is not available refer to hospital.** ➢ **Give oral antibiotics for 5 days** ➢ **Give ready-to-use therapeutic food for a child aged 6 months or more** ➢ **Counsel the mother on how to feed the child.** ➢ **Advise mother when to return immediately**
WFH/L ≥ -3 and –2 z-scores OR ➢ **MUAC 115 up to 125 mm.**	**MODERATE ACUTE MALNUTRITION**	➢ Assess the child's feeding and counsel the mother on the feeding recommendations ➢ If feeding problem, follow up in 7 days ➢ Advise mother when to return immediately ➢ Follow-up in 30 days
➢ WFH/L - 2 z-scores or more **OR** ➢ MUAC 125 mm or more.	**NO ACUTE MALNUTRITION**	➢ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the feeding recommendations ➢ If feeding problem, follow-up in 7 days

ANAEMIA

• Severe palmar pallor	**SEVERE ANAEMIA**	➢ Refer URGENTLY to hospital.
• Some palmar pallor	**ANAEMIA**	➢ Give iron ➢ **Give oral antimalarial if high malaria risk** ➢ Assess the child's feeding and counsel the mother on feeding according to the FOOD BOX on the COUNSEL THE
• No palmar pallor	**NO ANAEMIA**	➢ If the child is less than 2 years old, assess the child's feeding according the FOOD BOX on the COUNSEL THE MOTHER chart. - If feeding problem follow-up in 5 days.. ➢ Advise mother when to return immediately.

*WFH/L is Weight-for-Height or Weight-for-Length determined by using the WHO growth standards charts.
** MUAC is Mid-Upper Arm Circumference measured using MUAC tape in all children 6 months or older.
***RUTF is Ready-to-Use Therapeutic Food for conducting the appetite test and feeding children with severe acute malanutrition.

THEN CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS

IMMUNIZATION SCHEDULE:

AGE		VACCINE		
Birth	BCG	OPV-0		
6 weeks	DPT-HBV-Hib - 1	OPV-1	**RTV1**	**PCV1**
10 weeks	DPT-HBV-Hib - 2	**OPV-2**	**RTV2**	**PCV2**
14 weeks	DPT-HBV-Hib - 3	**OPV-3**		**PCV3**
9 months	**Measles 1 (Mcv1)**			
18 months	**Measles 2 (Mcv2)**			

VITAMIN A SUPPLEMENTATION STATUS:

- Is child age 6 months or older?
- Has child received a dose of vitamin A in the previous 6 months?

ASSESS OTHER PROBLEMS
ASSESS MOTHER'S HEALTH PROBLEMS

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED after first dose of an appropriate antibiotic and other urgent treatments.

Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.

Ministry Of Health
Eritrea

WHO

TREAT THE CHILD

CARRY OUT THE TREATMENT STEPS IDENTIFIED ON THE *ASSESS AND CLASSIFY* CHART

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TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home.
Also follow the instructions listed with each drug's dosage table.

- Determine the appropriate drugs and dosage for the child's age or weight.
- Tell the mother the reason for giving the drug to the child.
- Demonstrate how to measure a dose.
- Watch the mother practice measuring a dose by herself.
- Ask the mother to give the first dose to her child.
- Explain carefully how to give the drug, then label and package the drug.
- If more than one drug will be given, collect, count and package each drug separately.
- Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the child gets better.
- Check the mother's understanding before she leaves the clinic.

➢ *Give an Appropriate Oral Antibiotic*

➢ **FOR PNEUMONIA, or ACUTE EAR INFECTION**
FIRST-LINE ANTIBIOTIC: AMOXICILLIN

AGE or WEIGHT	AMOXYCILLIN* ➢ Give three times daily for 5 days		
	TABLET 250 mg	SYRUP 125 mg per 5 ml	SYRUP 250 mg per 5 ml
2 months up to 12 months (4 - <10 kg)		5 ml	2.5 ml
12 months up to 3 years (10 - <14 kg)	1	7.5 ml	5 ml
3 years up to 5 years (14-19 kg)	1	10ml	5 ml

Amoxicillin is the recommended first-line drug of choice in the treatment of pneumonia due to its efficacy and increasing high resistance to cotrimoxazole.

➢ **FOR DYSENTERY:**
Give antibiotic recommended for Shigella in your area for 5 days.
FIRST-LINE ANTIBIOTIC FOR SHIGELLA: CIPROFLOXACIN

AGE or WEIGHT	CIPROFLOXACIN 15mg/kg two times daily for 5 days	
	TABLET 250 mg	TABLET 500 mg
Less than 6 months	1/2	1/4
6 months up to 5 years	1	1/2

➢ **FOR CHOLERA:**
Give antibiotic recommended for Cholera in your area for 3 days.
FIRST-LINE ANTIBIOTIC FOR CHOLERA: **ERYTHROMYCIN**

	ERYTHROMYCIN ➢Give four times daily for 3 days
AGE or WEIGHT	TABLET 250 mg
2 months up to 4 months (4 - <6 kg)	1/4
4 months up to 12 months (6 - <10 kg)	1/2
12 months up to 5 years (10 - 19 kg)	1

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug's dosage table.

➢Give Oral Antimalarial

FIRST-LINE ANTIMALARIAL: ARTESUNATE PLUS AMODIQUINE

[Quinine – for infants < 5 kg body weight OR less than 5 months]

SECOND-LINE ANTIMALARIAL: QUININE TABLETS

Age OR Weight in (kg)	ARTESUNATE (50 mg)			AMODIAQUINE (153 mg)		
	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
5—11 months (7-11 kg)	1/2	1/2	1/2	1/2	1/2	1/2
12 months - 5 years	1	1	1	1	1	1

Age OR Weight in (kg)	ARTESUNATE (100 mg)			AMODIAQUINE (200 mg)		
	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
5—11 months (7-11 kg)	1/4	1/4	1/4	1/2	1/2	1/2
12 months - 5 years	1/2	1/2	1/2	3/4	3/4	3/4

Quinine	
	TABLET 300 mg salt
2 months up to 12 months	1/4
12 months up to 3 years	1/3
3 years up to 5 years	1/2

➢Give Vitamin A

- For measles, give two doses.
  - Give first dose in clinic.
  - Give mother one dose to give at home the next day.
- For vitamin supplements of child age 6 months or older who has not received vitamin A in previous 6 months . Thereafter every 6 months.
  - Give one dose in clinic.
- For severe malnutrition, give one dose before referral to hospital .

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

➢Give Iron

- Give one dose daily for 14 days.

AGE or WEIGHT	IRON/FOLATE TABLET Ferrous sulfate 200 mg + 250 mcg Folate	IRON SYRUP Ferrous fumarate 100 mg per 5 ml
2 months up to 4 months (4 - <6 kg)		1.00 ml (< 1/4 tsp.)
4 months up to 12 months (6 - <10 kg)		1.25 ml (1/4 tsp.)
12 months up to 3 years (10 - <14 kg)	1/2 tablet	2.00 ml (<1/2 tsp.)
3 years up to 5 years (14 - 19 kg)	1/2 tablet	2.5 ml (1/2 tsp.)

➢Give Zinc supplementation for all children with diarrhea

- Give once daily for 14 days..

ZINC	
AGE or WEIGHT	**TABLET (20 mg)**
Below 6 months	**1/2**
6 months and above	**1**

➢*Give Paracetamol for High Fever (38.5°C or above) or Ear Pain*

- **Give paracetamol every 6 hours until 24 hrs.**

PARACETAMOL		
AGE or WEIGHT	**TABLET (100 mg)**	**TABLET (500 mg)**
2 months up to 3 years (4 - <14	**1**	**1/4**
3 years up to 5 years (14 - <19	**1 1/2**	**1/2**

➢Give Multivitamin/mineral supplement

- For persistent diarrhea, give one dose daily of _____for 14 days.

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- Explain to the mother what the treatment is and why it should be given.
- Describe the treatment steps listed in the appropriate box.
- Watch the mother as she does the first treatment in the clinic (except remedy for cough or sore throat).
- Tell her how often to do the treatment at home.
- If needed for treatment at home, give mother the tube of tetracycline ointment or a small bottle of gentian violet.
- Check the mother's understanding before she leaves the clinic.

➢ Dry the Ear by dry Wicking for all ear infections, and apply Ciprofloxacin Eardrops for chronic ear infections.

- Dry the ear at least 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.
  - Apply Ciprofloxacin eardrops 2-3 drops after dry wicking three times daily for two weeks.

➢ Treat Mouth Ulcers with Gentian Violet

- Treat the mouth ulcers twice daily for 5 days
  - Wash hands.
  - Wash the child's mouth with clean soft cloth wrapped around the finger and wet with salt water.
  - Paint the mouth with half-strength gentian violet.
  - Wash hands again.

➢ Treat Eye Infection with Tetracycline Eye Ointment

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

➢ *Soothe the Throat, Relieve the Cough with a Safe Remedy*

- **Safe remedies to recommend:**
  - **Breastmilk for exclusively breastfed infant.**
  - **Milk, honey in milk ,sebko, tea with lemon, water with lemon.**
- **Harmful remedies to discourage:**
  - **cough syrups containing antihistamines and/or codeine (Codeine, Benyllin, Berantin).**

GIVE THESE TREATMENTS IN CLINIC ONLY

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the child's weight (or age).
- Use a sterile needle and sterile syringe. Measure the dose accurately.
- Give the drug as an intramuscular injection.
- If child cannot be referred, follow the instructions provided.

➢ *Give An Intramuscular Antibiotic*

FOR CHILDREN BEING REFERRED URGENTLY

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

IF REFERRAL IS NOT POSSIBLE:

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

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

➢ *Give Quinine for Severe Malaria*

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Check which quinine formulation is available in your clinic.
- Give first dose of intramuscular quinine and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:

- Give first dose of intramuscular quinine.
- The child should remain lying down for one hour.
- Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week.
- **<u>If low risk of malaria</u>, do not give quinine to a child less than 4 months of age.**.

AGE or WEIGHT	INTRAMUSCULAR QUININE		
	Draw up this dose of undiluted quinine in syringe (300mg/ml)	Add this amount of normal saline :	Total diluted solution to administer (60 mg/ml):
2 months up to 4 months (4 - < 6 kg)	0.2 ml	0.8 ml	1.0 ml
4 months up to 12 months (6 - < 10 kg)	0.3 ml	1.2 ml	1.5 ml
12 months up to 2 years (10 - < 12 kg)	0.4 ml	1.6 ml	2.0 ml
2 years up to 3 years (12 - < 14 kg)	0.5 ml	2.0 ml	2.5 ml
3 years up to 5 years (14 - 19 kg)	0.6 ml	2.4 ml	3.0 ml

Treat a Convulsing Child with Diazepam

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 the tongue are blue, open the mouth and make sure the air way is clear.
- If necessary, remove secretions from the throat through a catheter though the nose.

Give Diazepam Rectally

- Draw up the dose from an ampoule of diazepam into a tuberculin syringe. Then remove the needle.
- Insert the syringe 4 to 5 cm into the rectum and inject the diazepam solution.
- Hold buttocks together for a few minutes.

AGE or WEIGHT	DIAZEPAM GIVEN RECTALLY
1 month up to 4 months (3 - < 6	0.5 ml
4 months up to 12 months (6 - <	1.0 ml
12 months up to 3 years (10 - <	1.25 ml
3 years up to 5 years (14 - 19 kg)	1.5 ml

If High fever, lower the fever

- Sponge the child with room-temperature water.

Treat the Child to Prevent Low Blood Sugar.

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 or a breastmilk substitute.
  If neither of these is available, give sugar water.
  Give 30-50 ml of milk 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 milk or sugar water by nasogastric tube or give a 10% glucose 5ml/kg IV or 50% glucose 1ml/kg IV slowly.

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart.)

➢*Plan A: Treat Diarrhoea at Home*

Counsel the mother on the 4 Rules of Home Treatment:
Give Extra Fluid, Continue Feeding, When to Return

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

➢ **TELL THE MOTHER:**
- Breastfeed frequently and for longer at each feed.
- If the child is exclusively breastfed, give ORS or clean water in addition to breastmilk.
- If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as soup, rice water, and yoghurt drinks), 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 2 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 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

2. Give Zinc supplement .
- *Tell the mother how much to give*
  - *Up to 6 months 1/2 tablet*
  - *6 months or more 1 tablet for 14 days*
- *Show the mother how to give Zinc supplements*
  - *Infants— dissolve tablet in a small amount of expressed breastmilk, ORS or clear water in a cup*
  - Older children—tablets can be chewed or dissolved in a small amount of clean water

3. CONTINUE FEEDING
4. WHEN TO RETURN

} **See *COUNSEL THE MOTHER* chart**

➢*Plan B: Treat Some Dehydration with ORS*

Give in clinic recommended amount of ORS over 4-hour period

➢**DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.**

** 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.*

AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
WEIGHT	< 6 kg	6 - < 10 kg	10 - < 12 kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400

If the child wants more ORS than shown, give more.
- For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.

➢**SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**
- Give frequent small sips from a cup.
- If the child vomits, wait 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 packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

1. GIVE EXTRA FLUID
2. GIVE ZINC SUPPLEMENT.
3. CONTINUE FEEDING
4. WHEN TO RETURN

} **See Plan A for recommended fluids and See *COUNSEL THE MOTHER* chart**

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

➢ Plan C: Treat Severe Dehydration Quickly

➢ FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.

Can you give intravenous (IV) fluid immediately? — YES →

- Start IV fluid immediately. If the child can drink, give ORS by mouth while the drip is set up. Give 100 ml/kg Ringer's Lactate Solution (or, if not available, normal saline), divided as follows:

AGE	First give 30 ml/kg in:	Then give 70 ml/kg in:
Infants (under 12 months)	1 hour*	5 hours
Children (12 months up to 5 years)	30 minutes*	2 1/2 hours

** Repeat once if radial pulse is still very weak or not detectable.*

- Reassess the child every 1- 2 hours. If hydration status is not improving, give the IV drip more rapidly.
- Also give ORS (about 5 ml/kg/hour) as soon as the child can drink: usually after 3-4 hours (infants) or 1-2 hours (children).
- Reassess an infant after 6 hours and a child after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

NO ↓

Is IV treatment available nearby (within 30 minutes)? — YES →

- Refer URGENTLY to hospital for IV treatment.
- If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip.

NO ↓

Are you trained to use a naso-gastric (NG) tube for rehydration? — YES →

- Start rehydration by tube (or mouth) with ORS solution: give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).
- Reassess the child every 1-2 hours:
  - If there is repeated vomiting or increasing abdominal distension, give the fluid more slowly.
  - If hydration status is not improving after 3 hours, send the child for IV therapy.
- After 6 hours, reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

NO ↓

Can the child drink? — YES →

NO ↓

Refer URGENTLY to hospital for IV or NG treatment

NOTE:
- If possible, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration giving the child ORS solution by mouth.

IMMUNIZE AND GIVE VITAMIN A TO EVERY SICK CHILD, AS NEEDED.

GIVE READY-TO-USE THERAPEUTIC FOOD

Give Ready-to-Use Therapeutic Food for SEVERE ACUTE MALNUTRITION

- **Wash hands before giving the ready-to-use therapeutic food (RUTF).**
- **Sit with the child on the lap and gently offer the ready-to-use therapeutic food.**
- **Encourage the child to eat the RUTF without forced feeding.**
- **If still breastfeeding, continue by offering breast milk first before every RUTF feed.**
- **Give only the RUTF for at least two weeks, if breastfeeding continue to breast and gradually introduce foods recommended for the age (See Feeding recommendations in COUNSEL THE MOTHER chart).**
- **When introducing recommended foods, ensure that the child completes his daily ration of RUTF before giving other foods.**
- **Offer plenty of clean water, to drink from a cup, when the child is eating the ready-to-use therapeutic food.**

Recommended Amounts of Ready-to-Use Therapeutic Food

CHILD'S WEIGHT (kg)	Packets per day	Packets per Week Supply
4-4 . 9kg	2.0	14
5-5 . 9kg	2.5	18
7.0—8.4 kg	30	21
8.5 - 9.4kg	3.5	25
9.5 - 10.4kg	4.0	28
10.5 -11.9kg	4.5	32
>12.0kg	5.0	35

GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the *ASSESS AND CLASSIFY* chart.**

➢ PNEUMONIA

After 3 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing. } See ASSESS & CLASSIFY
Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

- If ***chest indrawing, stridor or a general danger sign give a dose of Intramascular chloramphenicol. Then refer URGENTLY to hospital.***
- If ***breathing rate, fever and eating are the same***, advise the mother to return in 3 days or refer. (If the child has measles within the last 3 months, refer).
- If ***breathing slower, less fever, or eating better***, complete the 5 days of antibiotic.

PLAN C

➢ PERSISTENT DIARRHOEA

After 5 days:

Ask:
- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Treatment:
- If ***the diarrhoea has not stopped (child is still having 3 or more loose stools per day)***, do a full reassessment of the child. Give any treatment needed. Then refer to hospital.
- If ***the diarrhoea has stopped (child having less than 3 loose stools per day)***, tell the mother to follow the usual feeding recommendations for the child's age.

  Continue to give multivitamin/mineral supplement.

➢ DYSENTERY

After 3 days:

Assess the child for diarrhoea. *> See ASSESS & CLASSIFY chart.*
Ask:
- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:

- If the child is ***dehydrated***, treat dehydration.
- If ***number of stools, amount of blood in stools, fever, abdominal pain, or eating is the***

  same or worse: Refer

  Exceptions - if the child: - is less than 12 months old, or
  - was dehydrated on the first visit, or
  - had measles within the last 3 months

  } Refer to
- If ***fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better,*** continue giving the same antibiotic until finished.

Ensure that mother understands the oral rehydration method fully and that she also understands the need for an extra meal each day for a week.

GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the *ASSESS AND CLASSIFY* chart.**

➢ MALARIA (Low or High Malaria Risk)

If fever persists after 3 days, or returns within 14 days:
Do a full reassessment of the child. > *See ASSESS & CLASSIFY chart.*
Assess for other causes of fever.

Treatment:

- If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any ***cause of fever other than malaria***, provide treatment.
- If ***malaria is the only apparent cause of fever:***
- Do microscopy to look for malaria parasites. If parasites are present and the child has finished a full course of the first line antimalarial, give the second-line antimalarial, if available, or refer the child to a hospital.
- If fever has been present every day for 7 days, refer for assessment.
- If there is no other apparent cause of fever and you do not have a microscopy to check for

➢ FEVER -NO MALARIA

If fever persists after 3 days:
Do a full reassessment of the child. > See ASSESS & CLASSIFY chart.
Repeat the malaria test.

Treatment:

- If the child has any general danger sign or stiff neck, treat as VERY SEVERE FEBRILE DISEASE.
- If a child has a positive malaria test, give first-line oral antimalarial. Advise the mother to return in 3 days if the fever persists.
- If the child has any other cause of fever other than malaria, provide treatment.
- If there is no other apparent cause of fever:
  - If the fever has been present for 7 days, refer for assessment.

➢ MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 3 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Smell the mouth.

Treatment for Eye Infection:

- If *pus is draining from the eye*, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.
- If *the pus is gone but redness remains*, continue the treatment.
- If *no pus or redness*, stop the treatment.

Treatment for Mouth Ulcers:

- If *mouth ulcers are worse, or there is a very foul smell from the mouth*, refer to hospital.
- If *mouth ulcers are the same or better*, continue using half-strength gentian violet for a total of 5 days.

GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the *ASSESS AND CLASSIFY* chart.**

EAR INFECTION

After 5 days:

Reassess for ear problem. > *See ASSESS & CLASSIFY chart.*
Measure the child's temperature.

Treatment:

- If there is ***tender swelling behind the ear or high fever (38.5°C or above)***, refer URGENTLY to hospital.
- If ***ear pain or discharge*** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days..
- ***Chronic ear infection:***
  - Check that the mother is wicking the ear and giving local antibiotic correctly. If the mother is wicking and giving local antibiotic correctly, encourage the mother to continue.
  - But if no response in 10 days, refer to hospital

FEEDING PROBLEM

After 5 days:

Reassess feeding. > *See questions at the top of the COUNSEL chart.*
Ask about any feeding problems found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- If the child is classified as MODERATE ACUTE MALNUTRITION, ask the mother to return 30 days after the initial visit to measure the child's WFH/L, MUAC.

ANEMIA

After 14 days:

Do reassessment of the child for pallor see ASSESS and CLASSIFY CHART.

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has severe palmar pallor, at any visit refer URGENTLY to hospital.
- If the child has palmar pallor after 2 months, refer for assessment.

MODERATE ACUTE MALNUTRITION

After 30 days:

- Assess the child using the same measurement (WFH/L or MUAC) used on the initial visit:
  - If WFH/L, weigh the child, measure height or length and determine if WFH/L.
  - If MUAC, measure using MUAC tape.
  - Check the child for oedema of both feet.
- *Reassess feeding. See questions in the COUNSEL THE MOTHER chart.*

Treatment:

- If the child is no longer classified as **MODERATE ACUTE MALNUTRITION**, praise the mother and encourage her to continue.
- If the child is still classified as **MODERATE ACUTE MALNUTRITION**, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or his or her WFH/L is -2 z-scores or more or MUAC is 125 mm. or more.

Exception:

If you do not think that feeding will improve, or if the child has lost weight or his or her MUAC has diminished, refer the child.

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER OF THE
NEXT FOLLOW-UP VISIT
•
ALSO, ADVISE THE MOTHER
WHEN TO RETURN IMMEDIATELY.
(SEE *COUNSEL* CHART.)

COUNSEL THE MOTHER

FEEDING COUNSELLING

Assess Child's Appetite

All children aged 6 months or more with SEVERE ACUTE MALNUTRITION (WFH/L less than -3 z-scores or MUAC less than 115 mm) and no medical complication should be assessed for appetite.

Appetite is assessed on the initial visit and at each follow-up visit to the health facility. Arrange a quiet corner where the child and mother can take their time to get accustomed to eating the
RUTF. Usually the child eats the RUTF portion in 30 minutes.

Explain to the mother:

- The purpose of assessing the child's appetite.
- What is ready-to-use-therapeutic food (RUTF).
- How to give RUTF:
  - Wash hands before giving the RUTF.
  - Sit with the child on the lap and gently offer the child RUTF to eat.
  - Encourage the child to eat the RUTF without feeding by force.
  - Offer plenty of clean water to drink from a cup when the child is eating the RUTF.

Offer appropriate amount of RUTF to the child to eat:

- After 30 minutes check if the child was able to finish or not able to finish the amount of RUTF given and decide:
  - Child ABLE to finish at least one-third of a packet of RUTF portion (92 g) or 3 teaspoons from a pot within 30 minutes.
  - Child NOT ABLE to eat one-third of a packet of RUTF portion (92 g) or 3 teaspoons from a pot within 30 minutes.

Ministry Of Health
Eritrea

WHO

COUNSEL THE MOTHER

Unicef

FOOD

➢ *Assess the Child's Feeding*

Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the ***Feeding Recommendations*** for the child's age in the box below.

ASK -

- Do you breastfeed your child?
  - How many times during the day?
  - Do you also breastfeed during the night?
- Does the child take any other food or fluids?
  - What food or fluids?
  - How many times per day?
  - What do you use to feed the child?
  - How large are servings? Does the child receive his own serving? Who feeds the child and how?
- During this illness, has the child's feeding changed? If yes, how?

➢ *Feeding Recommendations During Sickness and Health*

Newborn up to 6 Months

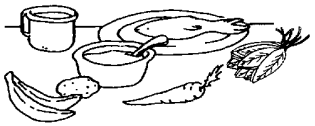
- Breastfeed as often as your child wants.
- Look for signs of hunger, such as
- beginning to fuss, sucking fingers, or moving lips.
- Breastfeed day and night whenever
- your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk.
- Do not give other foods or fluids. Breast milk is all your baby needs.
- Expose infant to direct sunshine daily

6 Months up to 12 Months

- Breastfeed as often as the child wants. 8 times or more day and night .
- Give adequate servings of:
  - Thick *Sebko*, *Tihni* or *Medida*, enriched with oil, milk, or pulses.
  - *Fitfit shiro* ,*merek*, milk ,
  - *Ga'at* or *tukusha* with milk, butter or oil.
  - rice or mashed potato with carrot ,*hamli* , pumpkin, eggs, or fish
  - fruits whenever possible.
- 3 times per day if breastfed;
- 5 times per day if not breastfed.
- Enrich foods with butter, oil milk or pulses.
- Expose infant to direct sunshine daily

12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Give adequate servings of:
  - *Fitfit shiro Merek*,*Ades* or milk
  - *Ga'at* or *tikusha* with butter, milk or oil
  - rice or potato cooked with carrot ,*hamli*, or pumpkin,
  - egg and fish
  - fruits whenever possible.
  - or family foods 5 times per day.
- Feed or supervise child's feeding.



2 Years and Older

- Give family foods at 3 meals a day. Also, twice daily, give nutritious food between meals, such as:
  - Any bread with milk, egg or butter, Milk, Fish, ,*Titko*,, Fruits, whenever possible .

** A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.*

If the child is NOT FEEDING WELL DURING ILLNESS, counsel the mother to

- Breastfeed more frequently and longer, if possible.
- Feed soft, varied, appetizing ,favorite food to encourage the child to eat as much as possible, and offer frequent small feedings.
- Clear a blocked nose if interferes with feeding
- Expect that the appetite will improve as child gets better.
- Give at least one extra meal a day after the child is better.

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yogurt OR
  - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child's age.

➢ *Counsel the Mother About Feeding Problems*

If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:

➢ **If the mother reports difficulty with breastfeeding, assess breastfeeding. (See *YOUNG INFANT* chart.)**
Show the mother correct positioning and attachment for breastfeeding.

➢**If the child is less than 6 months old and is taking water, milk, butter or ghee, *abake*, tea or other liquids or foods:**

- Build mother's confidence that she can produce all the breast milk that the child needs.
- Suggest giving more frequent, longer breastfeeds day and night, and gradually reducing other milk or foods.

➢ **If the child is older than 6 months and is not taking complementary foods counsel the mother to:**
- Breast feed as much as possible, including at night.
- And show her how to prepare complementary foods hygienically from locally available mixed foods.
- Make sure the child is given adequate in amount.

➢ **If the baby receives only diluted complementary food (t*ea*, *abake,* thin *tihni* or *sebko*).**
- Advise the mother to thicken the food and enrich with butter, oil, mashed pulses, pounded peanuts or grounded fish and start solid family foods and stop giving tea and *abake*.

➢ **If the mother is using a bottle to feed the child:**
- Recommend substituting a cup for bottle.
- Show the mother how to feed the child with a cup.

➢ **If the child is not being fed actively, counsel the mother to:**
- Sit with the child and encourage eating.
- Give the child an adequate serving in a separate plate or bowl.

➢ **Mother complains of inadequate breast milk :**
-Build mother's confidence that she can produce all the breast milk that the child needs.
-suggest giving more frequent at least, 10 times a day, and longer breast feeds day and night.

➢ **If the child is not feeding well during illness, counsel the mother to:**
- Breastfeed more frequently and for longer if possible.
- Clear a blocked nose if it interferes with feeding.
- Use soft, varied, appetizing, favorite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
- Expect that appetite will improve as child gets better.
- Give at least one extra meal a day after the child is better.

➢ **If child is not exposed to direct sunlight regularly:**
Counsel the mother to expose the child to sunlight daily.

➢ **If the child is born to HIV positive mother:**
Counsel the mother on infant feeding options, (refer to HIV complementary modules).

➢ Follow-up any feeding problem in 5 days.

FLUID

➢ *Advise the Mother to Increase Fluid During Illness*

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed.
- Increase fluid. For example, give soup, rice water, yogurt drinks, clean water or fruit juices without sugar if child is above 6 months of age.

FOR CHILD WITH DIARRHOEA:

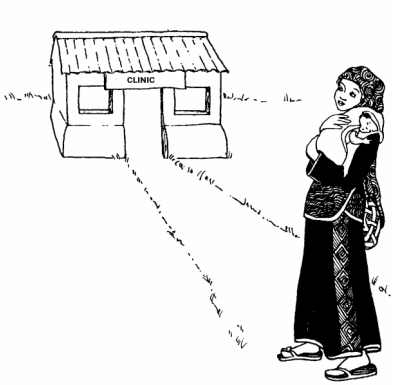
- Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on *TREAT THE CHILD chart.*

➢*Advise the Mother When to Return to Health Worker*

FOLLOW-UP VISIT

Advise the mother to come for follow-up at the earliest time listed for the child's problems.

If the child has:	Return for follow up in: up in:
PNEUMONIA **DYSENTERY** **MALARIA, if fever persists** **FEVER-MALARIA UNLIKELY, if fever persists** **FEVER-NO MALARIA, If fever persists** **MEASLES WITH EYE OR MOUTH COMPLICATIONS**	**3 days**
PERSISTENT DIARRHOEA **ACUTE EAR INFECTION** **CHRONIC EAR INFECTION** **FEEDING PROBLEM**	**5 days**
PALLOR	**14 days**
MODERATE MALNTRTION	**30 days**



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 • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	• Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	• Blood in stool • Drinking poorly

➢ *Counsel the Mother About Her Own Health*

- ➢ **If the mother is sick, provide care for her, or refer her for help.**
- ➢ **If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.**
- ➢ **Advise her to eat well to keep up her own strength and health.**
- ➢ **Check the mother's immunization status and give her tetanus toxoid if needed.**
- ➢ **Make sure she has access to:**
  - **Reproductive health (ANC, FP)**
  - **Counseling on STD and AIDS prevention**

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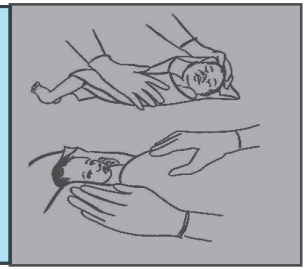
IMMEDIATEAND FOLLOW UP ACTIONS FOR ESSENTIAL NEWBORN CARE

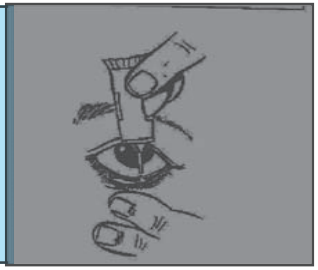
Step 1: dry baby's body with dry towel. Wrap with another dry one and cover head:



Step 2:
Assess breathing and color if
- Breaths are<30/min. or
- Tongue, lips or trunk are blue or
- Gasping, then Resuscitate:

Step 3: Tie the cord two finger from abdomen and another tie two fingers from the 1st one. Cut the cord between the 1st and 2nd tie

Step 4: Apply tetracycline eye ointment once



Step 5: Give vitamin K,1mg IM on anterior mid thigh for babies ≥ 1.5kg and /or ≥32 weeks and 0.5mg for babies <1.5kg and / or 32 weeks.

Step 6: Weigh baby (if <1500 gm or gestational age <32wks refer urgently)

Step8: Give the first immunization (BCG, OPVo)

Step 7: Place the baby in Skin to skin Contact and on the breast to initiate breast feeding immediately:

Delay bathing of the baby for 24 hours after birth.
Provide three postnatal visits at 6hours, 6days and 6 weeks

NEWBORN DANGER SIGNS

(*refer baby urgently if any of these is present)*

- Breathing ≤30 or ≥ 60 breaths per minute, grunting, severe chest indrawing, blue tongue & lips, or gasping) .
- Unable to suck or sucking poorly
- feels cold to touch or axillary temperature < 35.5°C
- feels hot to touch or axillary temperature = 37.5°C or above
- Red swollen eyelids and pus discharge from the eyes
- Umbilical pus discharge and redness extending to the skin.
- Convulsion
- Jaundice /Yellow skin at age < 24 hours or > 2 weeks OR Involving soles and palms
- Pale, bleeding
- Persistent vomiting, absent first stool in 24 hrs of life, Swollen abdomen.

Maternal danger signs

Refer baby urgently if any of these is present:
Fever
Vaginal bleeding (heavy)
Vaginal discharge
Headache/blurred vision
Convulsion/coma
Swelling of the head and face

ASSESS, CLASSIFY AND TREAT BIRTH ASPHYXIA

• Determine if this is an initial or follow-up visit for this problem.
  - If follow-up visit, use the follow-up instructions on the bottom of this chart.
  - If initial visit, assess the young infant as follows:

IF YOU ARE ATTENDING DELIVERY or BABY BROUGHT TO YOU IMMEDIATELY AFTER BIRTH
Assess and check for Birth Asphyxia after drying and wrapping with dry cloth

IDENTIFY TREATMENT

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS AND PROBLEMS TO

THEN CHECK FOR BIRTH ASPHYXIA

Assess Look, Listen

Classify ALL Newborns

- Is baby not breathing? or Is baby not crying ?
- Is baby's tongue,lips or trunk blue?
- Is baby gasping ?
- Count breaths in one minute

SIGNS	CLASSIFY AS	TREATMENT: (Urgent pre-treatments are in bold print)
If any of the following sign Not breathing or Blue tongue, lips or trunk or Gasping or Is breathing poorly (less than 30 per minute)	Birth ASPHYIXIA	Start Resuscitation ► Position the newborn supine with neck slightly extended ► Clear the mouth and nose with gauze or clean cloth ► Ventilate with appropriate size mask and self inflating bag ► If the resuscitation is successful continue giving essential newborn care - Monitor continuously for 6 hours. - Give appropriate antibiotics I.M. for 3 days. - Follow after, 12 hrs, 24 hrs, 3 days and 6 weeks ► If the baby remains weak or is having irregular breathing after 20 minutes of resuscitation; Give first dose of IM antibiotics, treat to prevent low blood sugar advise the how to keep warm on the way to hospital, and refer urgently to hospital ► Stop resuscitation after 20 minutes if no response (no spontaneous breathing)
• Strong cry or • Breathing more than 30 per minute or • Pink tongue, lips or trunk	No Birth ASPHYXIA	► Cord care ► Eye care ► Vitamin K ► Initiate skin-to-skin contact ► Initiate exclusive breastfeeding ► Advise mother when to return immediately ► Follow after, 6 hrs, 6 days and 6 weeks

ASSESS AND CLASSIFY THE NEWBORN FOR BIRTH WEIGHT AND GESTATIONAL AGE

ASSESS

Assess, Look

- Ask the gestational age
- Ask for birth weight or
- Weigh the baby (with in 7 days of life)

Classify ALL Newborns

CLASSIFY

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS

IDENTIFY TREATMENT & CARE

SIGNS	CLASSIFY AS	TREATMENT
Weight < 1500gm or Gestational Age < 32 weeks	**VERY LOW BIRTH WEIGHT AND/OR VERY PRETERM**	►Give first dose of intramuscular antibiotics ►Continue feeding with expressed breastmilk ►Continue Kangaroo Mother Care ►Give Vitamin K 0.5mg IM on anterior mid thigh ►Refer URGENTLY with mother to hospital
Weight 1500 to < 2500 grams or Gestational age 32-38 weeks	**LOW BIRTH WEIGHT AND/OR PRETERM**	►Kangaroo Mother Care (KMC) ►Counsel on exclusive breastfeeding ►Counsel mother/family on prevention of infection ►Give Vitamin K 1mg IM on anterior mid thigh ►Provide follow-up visits at age 6 hrs, 3 days & then every week for 6 weeks ►Advise mother when to return immediately
Weight ≥ 2500gm or Gestational age ≥ 38 week	**NORMAL WEIGHT AND/OR TERM**	►Counsel on exclusive breastfeeding ►Counsel mother/family on prevention of infection ►Provide three follow-up visits at age 6hrs, 6 days & 6 weeks ►Give Vitamin K 1mg IM on anterior mid thigh ►Advice mother when to return immediately

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

Unicef

ASSES

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions on the bottom of this chart.
  - if initial visit, assess the young infant as follows:

CLASSIFY

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

IDENTIFY TREATMENT

CHECK FOR VERY SEVERE DISEASE OR POSSIBLE SERIOUS BACTERIAL INFECTION

ASK:

- **Has the infant had convulsions?**

LOOK, LISTEN, FEEL:

- **Count the breaths in one minute. Repeat the count if elevated.**
- **Look for severe chest indrawing.**
- **Look for nasal flaring.**
- **Look and listen for grunting.**
- **Look for apnea**
- **Look for central cyanosis**
- **Look and feel for bulging fontanel.(infant must be calm)**
- **Look for pus draining from the ear.**
- **Look for eye discharge**
  Is it profuse pusy discharge?
- **Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?**
- **Measure axillary temperature (or feel for fever or low body temperature).**
- **Look for skin pustules. Are there many or severe pustules?(>0.5cm or with surrounding redness)?**
- **See if the young infant is lethargic or unconscious.**
- **See if the young infant is convulsing now.**
- **Look at the young infant's movements.**
  Are they less than normal?

} YOUNG INFANT MUST BE CALM

Classify ALL YOUNG INFANTS

FOR VERY SEVERE DISEASE AND LOCAL BACTERIAL

FOR HYPOTHERMIA

SIGNS	CLASSI	TREATMENT (Urgent pre-referral treatents are in bold print)
➢ **Convulsions or** ➢ **Fast breathing (60 breaths per minute or more) or** ➢ **Severe chest indrawing or** ➢ **Nasal flaring or** ➢ **Grunting or** ➢ **Apnoea or** ➢ **Central cyanosis or** ➢ **Bulging fontanel or** ➢ **Pus draining from ear or** ➢ **Profuse eye discharge or** ➢ **Umbilical redness extending to the skin or** ➢ **Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) or** ➢ **Many or severe skin pustules(0.5cm or with surrounding redness or** ➢ **Lethargic or unconscious or** ➢ **Less than normal movement**.	**VERY SEVERE DISEASE OR POSSIBLE SERIOUS BACTERIAL INFECTION**	➢ ***Give first dose of intramuscular antibiotics.*** ➢ ***Treat to prevent low blood sugar.*** ➢ ***Advise mother how to keep the infant warm on the way to the hospital.*** ➢ ***Refer URGENTLY to hospital.***** ➢ ***If apnoea, stimulate or resuscitate using*** ➢ ***Ambu bag if available, if not use mouth to mouth technique and refer URGENTLY*** ➢ ***to hospital. Continue doing so on the way to hospital if the baby is having spells of apnoea.***
• Red umbilicus or draining pus or • Skin pustules (< 0.5cm and no surrounding redness). • Little eye discharge	**LOCAL BACTERIAL INFECTION**	➢ ***Give an appropriate oral*** ➢ **Oral a*ntibiotic except for eye infection.*** ➢ **Teach the mother to treat local infections at home.** ➢ **Advise mother to give home care for the young infant.** ➢ **Follow-up in 2 days**.
• Axilliary temperature 35.5-36.4°C	**MILD HYPOTHERMIA**	➢ **Warm the baby (Skin to skin contact-Kangaroo Mother Care)** ➢ **Reassess after 1 hour. If the temperature remains same or worse, then refer urgently** ➢ **Treat to prevent low blood sugar.** ➢ **Advise the mother when to return immediately** ➢ **Follow-up in 2 days.**

THEN ASK for:
ANY SETUP FOR BACTERIAL INFECTION?

ASK the mother for:

- **Fever before, during and/or soon after the delivery or**
- **Offensive smell of the liquor or**
- **Prolonged rupture of membrane (> 18 hours) or**
- **Early rupture of membrane**

Classify For any setup for infection

SIGNS	CLASSIFY AS	REATMENT (Urgent pre-referral treatments are in bold print)
➢ No sign of Infection (asymptomatic)	HAVING RISK FOR SERIOUS BACTERIAL INFECTION	➢ Give appropriate antibiotics for 3 days I.M. injection. ➢ Advise the mother when to return immediately. ➢ Follow-up in 2 days

THEN CHECK FOR JAUNDICE

ASK:

Does the baby have yellow eyes or skin?

LOOK, LISTEN,FEEL:

- Look for jaundice.
- Look at the young infant's palms and soles. Are they yellow?

CLASSIFY JAUNDICE

• Yellow palms and soles if age 24 hours or more OR • Any jaundice if age less than 24 hours • Any jaundice lasting more than 14 days .	SEVERE (SERIOUS) JAUNDICE	➢ Give first dose appropriate IM anti-biotics ➢ Treat to prevent low blood sugar: ➢ Encourage breast feeding, if breast-feeding poorly, provide extra fluid by cup or spoon. ➢ Advise the mother to keep the in-fant warm on the way to hospital. ➢ Refer URGENTLY to hospital
• No yellow palms and soles and any jaun-dice appearing after 24 hours of age	JAUNDICE	➢ Advise the mother to breastfeed as of-ten and for as long as the baby wants day and night. ➢ Expose the baby to direct sunshine daily. ➢ Follow-up in 1 day. ➢ Advise mother when to return immediately.
• No jaundice	NO JAUNDICE	➢Advise the mother to give home care for the young infant

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

ASK:

- Is there any difficulty feeding?
- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- What do you use to feed the infant?

LOOK, LISTEN, FEEL:

- Determine weight for age.

Classify FEEDING

IF AN INFANT: **Has any difficulty feeding, Is breastfeeding less than 8 times in 24 hours, Is taking any other foods or drinks, or Is low weight for age,**

AND

Has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?

➢ If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.

(If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.).

- Is the infant able to attach?
  no attachment at all *not well attached* *good*

To check positioning, look for:
- **Infant's head & body straight**
- **Facing her breast**
- **Infant's body close to her body**
- **Supporting the infant's whole body**

(all of these signs should be present if the positioning is good

➢ ***TO CHECK ATTACHMENT, LOOK FOR:***
- *Chin touching breast*
- *Mouth wide open*
- *Lower lip turned outward*
- *More areola visible above than below the mouth*

(All of these signs should be present if the attachment is good.)

➢ **Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?**

not suckling at all *not suckling effectively* *suckling effectively*

➢ **Clear a blocked nose if it interferes with breastfeeding.**
➢ **Look for ulcers or white patches in the mouth (THRUSH).**

➢ **Not able to feed or** ➢ **No attachment at all or** ➢ **Not suckling at all.** ➢ **Very low weight for age**	**VERY LOW WEIGHT OR NOT ABLE TO FEED OR VERY SEVERE DISEASE OR POSSIBLE SERIOUS BACTERIAL INFECTION**	➢ ***Give first dose of intramuscular antibiotics.*** ➢ ***Treat to prevent low blood sugar.*** ➢ ***Advise the mother how to keep the young infant warm on the way to the hospital.*** ➢ ***Refer URGENTLY to hospital.***
➢ **Not well attached to breast or** ➢ **Not suckling effectively or** ➢ **Less than 8 breastfeeds in 24 hours or** ➢ **Receives other foods or drinks or** ➢ **Low weight for age or** ➢ **Thrush (ulcers or white patches in mouth)**	**FEEDING PROBLEM OR LOW WEIGHT**	➢ **Advise the mother to breastfeed as often and for as long as the infant wants, day and night.** • **If not well attached or not suckling effectively, teach correct positioning and attachment.** • **If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding.** ➢ **If receiving other foods or drinks, counsel mother about exclusive breastfeeding and tell her to gradually reduce other foods or drinks and finally stop.** • **If not breastfeeding at all:** - **Refer for breastfeeding counseling and possible for possible relactation.** - **Advise about correctly preparing breast milk substitutes and using a cup until breast feeding is established.** ➢ **If thrush, teach the mother to treat thrush at home.**
➢ Not low weight for age and no other signs of inadequate feeding.	**NO FEEDING PROBLEM**	➢ Advise mother to give home care for the young infant. ➢ Praise the mother for feeding the infant well.

THEN ASK:
Does the young infant have diarrhea?

IF YES, ASK:

- For how long?
- Is there blood in the stool?

LOOK AND FEEL:

- Look at the young infant's general condition. Is the infant:
  Lethargic or unconscious?
  Restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  Very slowly (longer than 2 seconds)?
  Slowly?

What is diarrhea in young infant?
If the stool have changed from usual pattern and are many and watery (more water than fecal matter). The normally frequent or semi-solid stools of a breastfed baby are not diarrhea.

Classify DIARRHEA

for DEHYDRATION	**Two of the following signs:** ➢ **Lethargic or unconscious** ➢ **Sunken eyes** ➢ **Skin pinch goes back very slowly.**	**SEVERE DEHYDRATION**	➢ If infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION: - Give fluid for severe dehydration (Plan C). OR ➢ ***If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.***
	Two of the following signs: ➢ **Restless, irritable** ➢ **Sunken eyes** ➢ **Skin pinch goes back slowly**.	**SOME DEHYDRATION**	➢ **Give fluid ; food and Zinc supplement for some dehydration (Plan B).** ➢ ***If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:*** ***- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ➢ ***Advise mother to continue breastfeeding.***
	➢ Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	➢ **Give fluids, food and Zinc supplement to treat diarrhoea at home (Plan A).**
and if diarrhoea 7 days or more	➢ Diarrhoea lasting 7 days or more. .	**SEVERE PERSISTENT DIARRHOEA**	➢ **If the young infant is dehydrated, treat dehydration before referral unless the infant has also POSSIBLE SERIOUS BACTERIAL INFECTION.** ➢ **Refer to hospital.**
and if blood in stool	➢ Blood in the stool..	Blood in stool	➢**Give first dose of intramuscular antibiotics** ➢**Advise mother to keep the infant warm on the way to the hospital.** ➢**Treat to prevent low blood sugar.** ➢**Refer URGENTLY to hospital .**

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS.

Don't give oral polio for a baby who is more than 14 days old. Keep an interval of at least 4 weeks between OPV-0 and OPV-1

IMMUNIZATION SCHEDULE:

AGE	VACCINE		
Birth	BCG	OPV-0	
6 weeks	DPT - HBV - Hib - 1	OPV-1	**RTV1** **PCV1**

ASSESS OTHER PROBLEMS

ASSESS MOTHER'S HEALTH PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

- ***Give an Appropriate Oral Antibiotic***
  - ***For local bacterial infection:***
    - **First-line antibiotic : AMOXYCILLIN**

AGE or WEIGHT	AMOXYCILLIN Give three times daily for 5 days	
	Tablet 250 mg	Syrup 125 mg in 5 ml
Birth up to 1 month (< 3 kg)		2.5ml
1 month up to 2 months (3-4 kg)	1/4	5ml

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

GIVE THESE TREATMENTS IN CLINIC ONLY

➢ **GIVE VITAMIN K TO ALL NEWBORNS IM STAT**

Birth weight/Gestational age	Vitamin K– Dose:
<1.5kg or < 32 weeks	**0.5mg**
≥ 1.5kg or ≥ 32 weeks	**1mg**

➢ ***Give First Dose of Intramuscular Antibiotics***

➢ **Give first dose of both benzylpenicillin and gentamicin intramuscular.**

WEIGHT	GENTAMICIN Dose: 2.5 mg per kg			BENZYLPENICILLIN Dose: 50 000 units per kg		
	Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml	OR	Add 6 ml sterile water to 2 ml vial containing 80 mg* = 8 ml at 10 mg/ml	To a vial of 600 mg (1 000 000 units): Add 2.1 ml sterile water = 2.5 ml at 400 000 units/ml	OR	Add 3.6 ml sterile water = 4.0 ml at 250 000 units/ml
1 kg	0.25 ml*			0.1 ml		0.2 ml
2 kg	0.50 ml*			0.2 ml		0.4 ml
3 kg	0.75 ml*			0.4 ml		0.6 ml
4 kg	1.00 ml*			0.5 ml		0.8 ml
5 kg	1.25 ml*			0.6 ml		1.0 ml

* ***Avoid using undiluted 40 mg/ml gentamicin. The dose is 1/4 of that listed***.

➢ Referral is the best option for a young infant classified with **VERY SEVERE DISEASE OR** POSSIBLE SERIOUS BACTERIAL INFECTION. If referral is not possible, give benzylpenicillin and gentamicin for at least 5 days. Give benzylpenicillin every 6 hours plus gentamicin every 8 hours. For infants in the first week of life, give gentamicin every 12 hours.

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ ***To Treat Diarrhoea, See TREAT THE CHILD Chart.***

➢ ***Immunize Every Sick Young Infant as Needed.***

➢ *Teach the Mother to Treat Local Infections at Home*

- Explain how the treatment is given.
- Watch her as she does the first treatment in the clinic.
- Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The mother should:

- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint with gentian violet
- Wash hands

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth with half-strength gentian violet
- Wash hands

To Treat Eye Infections:
The mother should :

- Wash hands.
- Clean the eyes using clean cloth and water by gently wiping away pus.
- Then apply tetracycline eye ointment in both eyes 2 times daily by squirting a small amount of ointment on the inside of the lower lid
- Wash hands again.
- Treat until redness is gone.
- Do not use other eye ointments or drops, or put anything else in the eye.

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ *Teach Correct Positioning and Attachment for Breastfeeding*

- Show the mother how to hold her infant
  - with the infant's head and body straight
  - facing her breast, with infant's nose opposite her nipple
  - with infant's body close to her body
  - supporting infant's whole body, not just neck and shoulders.

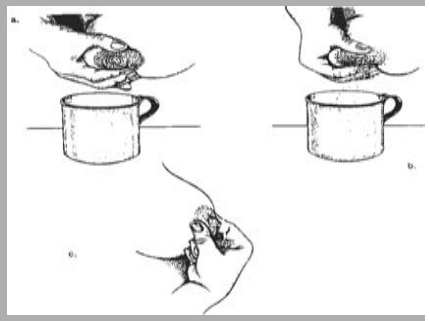
- Show her how to help the infant to attach. She should:
  - touch her infant's lips with her nipple
  - wait until her infant's mouth is opening wide
  - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.

- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

CARE OF THE LOW BIRTH WEIGHT NEWBORN

Tips to help a mother breastfeed her low birth weight baby

- Express a few drops of milk on the bay's lip to help the baby start nursing.
- Give the baby short rests during a breastfeed; feeding is hard work for LBW baby.
- If the baby coughs, gags, or spits up when starting to breastfeed, the milk may be letting down too fast for the little baby. Teach the mother to take the baby off the breast if this happens
- Hold the baby against her chest until the baby can breathe well again then put it back to the breast after the let-down of milk has passed
- If the LBW baby does not have enough energy to suck for long or a strong enough sucking reflex: Teach the mother to express breastmilk and feed it by a cup



Expressing breastmilk (can take 20-30 minutes or longer in the beginning)

- Wash hands with soap and water
- Prepare a cleaned and boiled cup or container with a wide opening
- Sit comfortably and lean slightly toward the container. Hold the breast in a "C-hold"
- Press thumb and fingers toward the chest wall, role thumb forward as if taking a thumb print so that milk is expressed from all areas of the breast
- Express the milk from one breast for at least 3-4 minutes until the flow slows and shift to the other breast

TIPS for storing and using stored breastmilk

Fresh breastmilk has the highest quality. If the breastmilk must be saved, advise the mother and family to:

- Use either a glass or hard plastic container with a large opening and a tight lid to store breastmilk
- Use a container and lid which have been boiled for 10 minutes
- If the mother is literate, teach her to write the time and date the milk was expressed (or morning, afternoon, evening) on the container before storing.
- Empty the breast and store the milk in the coolest place possible

Show families how to cup feed

- Hold the baby closely sitting a little upright as shown in the picture
- Hold a small cup half-filled to the babies lower lip
- When the baby becomes awake and opens mouth, keep the cup at the baby's lips letting the baby take the milk
- Give the baby time to swallow and rest between sips
- When the baby takes enough and refuses put to the shoulder & burp her/him by rubbing the back
- Measure baby's intake over 24 hours rather than at each feeding

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

KEEP THE YOUNG INFANT WARM

Warm the young infant using Skin-to-Skin contact (Kangaroo Mother Care)

Provide privacy to the mother. If mother is not available, Skin-to-skin contact may be provided by the father or any other adult.

Request the mother to sit or recline comfortably.

Undress the baby gently, except for cap, nappy and socks.

Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin-to-skin contact; turn baby's head to one side to keep airways clear. Keep the baby in this position for 24 hrs every day.

Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother together with an added blanket, "Gabi" or shawl.

Breastfeed the baby frequently.

If possible, warm the room

Provide follow-up

REASSESS after 1 hour**:**

- Check for signs of Possible Serious Bacterial Infection and
- Measure axillary temperature by placing the thermometer in the axilla for 5 minutes (or feel for low body temperature).

If any signs of very severe disease or Possible Serious Bacterial Infection OR temperature still below 36.5°C (or feels cold to touch):

- Refer URGENTLY to hospital after giving pre-referral treatments for very severe disease or Possible Serious Bacterial Infection.

-If no sign of Possible Serious Bacterial Infection AND temperature 36.5°C or more (or is not cold to touch):

- Advise how to keep the infant warm at home.
- Advise mother to give home care.
- Advise mother when to return immediately.

If skin-to-skin contact is not possible:

- Dress the baby with extra clothing including hat, gloves and socks and cover the baby with blanket; hold the baby close to caregiver's body, OR
- Place the baby under overhead radiant warmer, if available.

(*Avoid direct heat from a room heater and use of hot water rubber bottle or hot brick to warm the baby because of danger of accidental burns*).

Teach the mother how to keep the baby with low temperature warm at home(re-warming) using:-

- Skin to skin contact (Kangaroo Mother care-KMC) in as much as possible, day and night.
- If skin to skin conact is not possible, dress the baby with extra clothing including hat, gloves and socks and cover the body with a blanket .
- Keep the baby in the same bed with the mother and change the clothes whenever they are wet.
- Avoid full bathing the baby for at least 24 hours

Keep the young infant warm on the way to the hospital

- **By Skin-to-skin contact OR**
- **Dressing the baby with extra clothing including hat, gloves and socks and cover the baby with blanket**

➢ *Advise Mother to Give Home Care for the Young Infant*

➢ FOOD
FLUIDS
} Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health.

➢ WHEN TO RETURN

Follow-up Visit

If the infant has:	Return for follow-up in:
• All newborns	6hrs, 2days, 7days
• Birth asphyxia	12hrs, 24hrs, 3days, 6weeks
• Jaundice	1day
• Low birth weight/preterm, Low body temperature	2days
• LOCAL BACTERIAL INFECTION	2 days
• ANY FEEDING PROBLEM	2days
• THRUSH	2days
LOW WEIGHT FOR AGE	14 days

When to Return Immediately:

Advise the mother to return immediately if the young infant has any of these signs:
Breastfeeding or drinking poorly Becomes sicker Develops a fever or Stomach and axilla feel cold Fast breathing Difficult breathing Jaundice increasing Blood in stool

➢ MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.
- In cool weather, cover the infant's head and feet and dress the infant with extra clothing.

➢ MAKE SURE THE YOUNG INFANT IS EXPOSED TO DIRECT SUNSHINE DAILY.

➢ ADVISE MOTHER TO AVOID HARMFUL TRADITIONAL PRACTICES INCLUDING UVULECTOMY, BLOOD LETTING, CAUTERIZATION AND USE OF INJESTANTS.

➢ ADVICE MOTHER TO WASH HANDS BEFORE HANDLING THE BABY:

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

PROVIDE 3 FOLLOW-UP VISITS FOR ALL NEWBORNS:

6 hours visit

- Check for danger signs in the newborn and in the mother.
- Counsel mother/family to keep the baby warm.
- Counsel mother/family on exclusive breastfeeding.
- Check umbilicus for bleeding.
- Counsel mother to keep umbilicus clean and dry and infection prevention actions.
- Weigh newborn, if not weighed at birth .
- Immunize newborn with OPV& BCG.
- Give Vitamin K , if not given before .
- Counsel the lactating mother to take at least 2 more varied meals than usual .

2 days visit

- Check for danger signs in the newborn and in the mother.
- Counsel and support exclusive breastfeeding .
- Follow-up of kangaroo mother care.
- Follow-up of counseling given during previous visits.
- Counsel mother / family to protect baby from infection.
- (e.g.hand washng, keeping cord clean and dry, keeping clean anything
- that will touch the baby ,cloth, bedding, covers, and promote exclusive,
- breastfeeding , avoid harmful traditional practices.)
- Immunize baby with OPV& BCG if not given before.

7 days visit

- Check for danger signs in the baby.
- Counsel and support exclusive breastfeeding
- Immunize baby with OPV & BCG if not given before.
- Counsel mother/father on the need of family planning
- Counsel mother/ family to protect baby from infection (e.g. hand washing, keeping clean anything that will touch the baby cloth, bedding, covers, and promote exclusive breastfeeding , avoid harmful traditional practices.)

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➢Assess every young infant for very severe disease or possible bacterial infection during follow-up visit also, If any new problem do full assessment.

➢ *LOCAL BACTERIAL INFECTION*

After 2 days:
Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?
Look at the skin pustules. Are there many or severe pustules?
Look for eye discharge or redness.
Treatment:

- If ***pus or redness of the umbilicus or skin pustules remains or is worse***, refer to hospital.
- If ***pus and redness of the umbilicus or skin pustules are improved***, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.
- **If pus is draining form the eye,** ask the mother to describe how she had treated the eye l infection.
  If treatment has been correct, refer to the hospital.
  If treatment has not been correct, teach mother correct treatment
  If discharge is gone but redness remains, continue the treatment.
  If no discharge or redness , stop the treatment

➢ *BIRTH ASPHYXIA*

After 12 hrs, 24 hrs, 3 days
Look for breathing problems:

- **If breathing problem deteriorates, stimulate, give oxygen(if available), and refer.**
- **If the baby is breathing well and color is good, keep the baby warm by skin-to-skin contact for continued warmth, stimulation, and start breastfeeding as soon as possible. Defer the first full bath for at least 24 hours.**
- **Continue follow-up as scheduled.**

➢ *JAUNDICE*

After 1 day:

Ask for new problems
Look for jaundice
Are the palms and soles yellow?

- **If the palms and soles are yellow, or age 14 days or more refer to hospital.**
- **If palms and soles are not yellow and age less than 14 days, advise on home care and when to return immediately**

➢ *LOW BIRTH WEIGHT/PRETERM, MILD HYPOTHERMIA*

After 2 days
Weekly follow-up for low birth weight

- **Check for danger signs in the newborn**
- **Counsel and support exclusive breastfeeding**
- **Follow-up of kangaroo mother care**
- **Follow-up of counseling given during previous visits**
- **Counsel mother/ family to protect baby from infection**

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➢ *FEEDING PROBLEM*

After 2 days:
Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.
Ask about any feeding problems found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again.
- If the young infant is low weight for age, ask the mother to return 14 days after the initial visit to measure the young infant's weight gain.

Exception:
If you do not think that feeding will improve, or if the young infant has ***lost weight***, refer the child.

➢ *LOW WEIGHT*

After 14 days:
Weigh the young infant and determine if the infant is still low weight for age.
Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

- If the infant is ***no longer low weight for age***, praise the mother and encourage her to continue.
- If the infant is ***still low weight for age, but is feeding well***, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.
- If the infant is ***still low weight for age and still has a feeding problem***, counsel the mother about the feeding problem. Ask the mother to return again in 14 days (or when she returns for immunization, if this is within 2 weeks). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

  Exception:
  If you do not think that feeding will improve, or if the young infant has ***lost weight***, refer to hospital.

➢ THRUSH

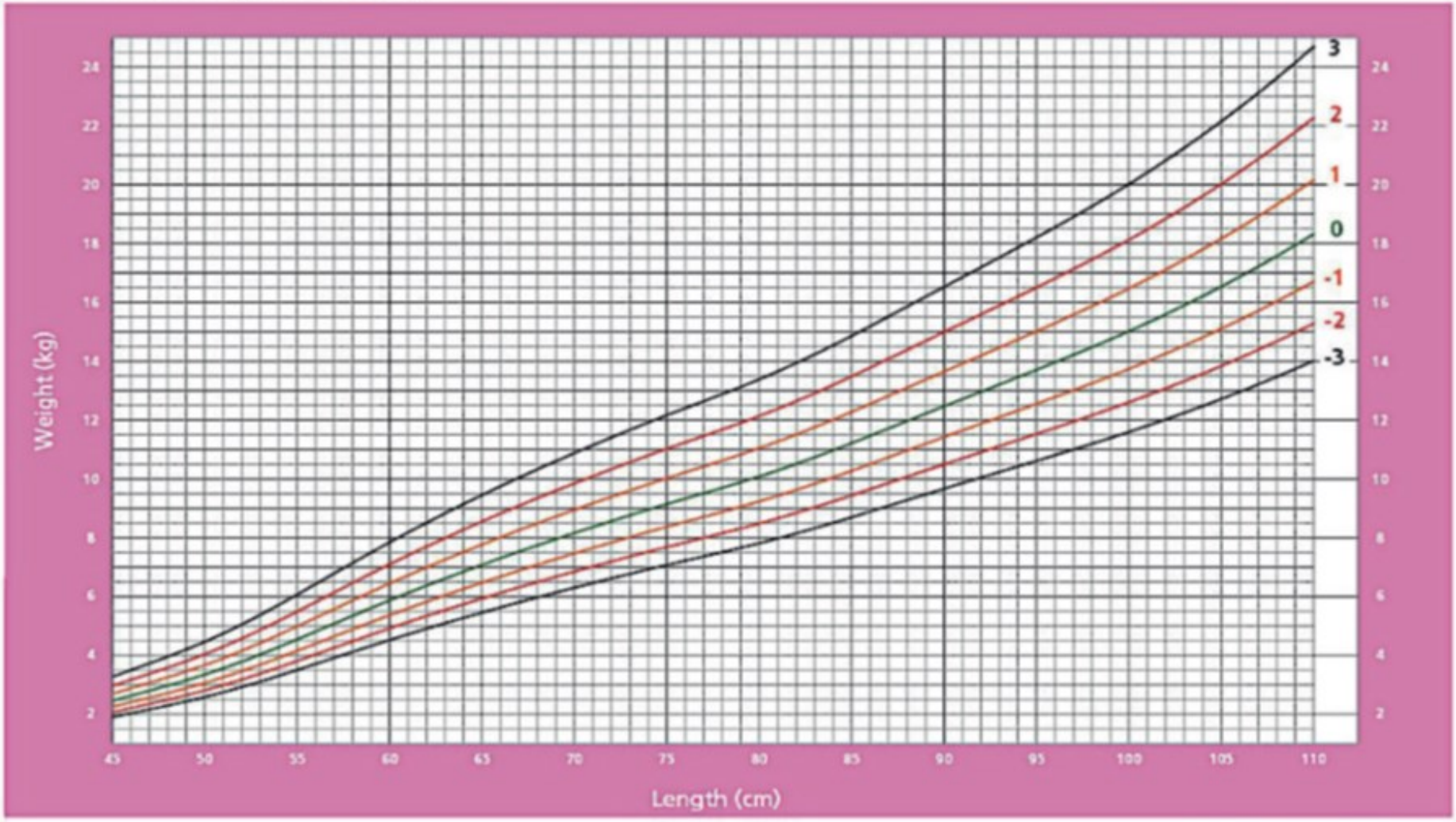
After 2 days:
Look for ulcers or white patches in the mouth (thrush).
Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

- If thrush is worse, or the infant has problems with attachment or suckling, refer to hospital.
- If thrush is the same or better, and if the infant is feeding well, continue half-strength gentian violet for a total of 5 days.

Weight-for-length GIRLS

World Health Organization

Birth to 2 years (z-scores)

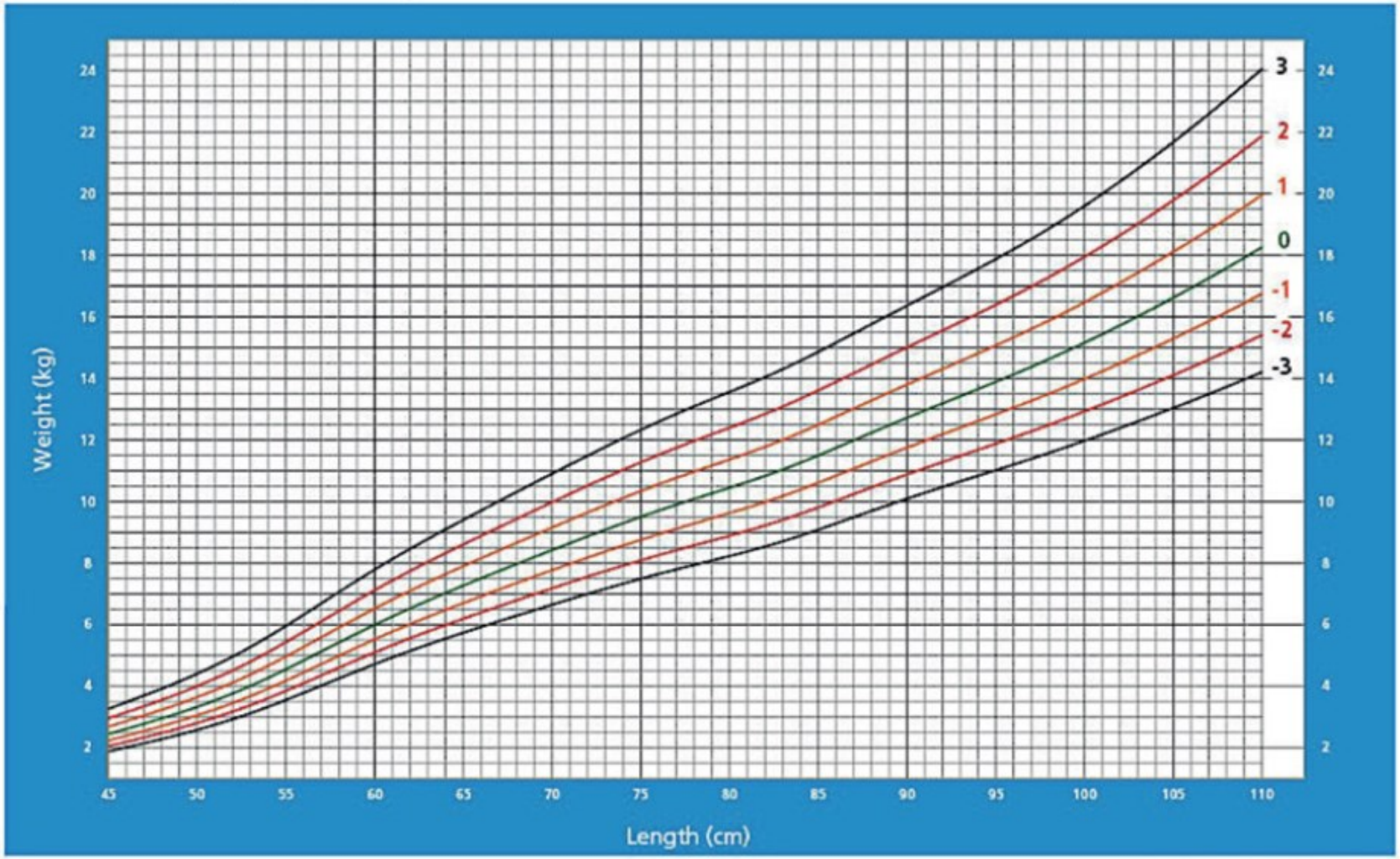


WHO Child Growth Standards

Weight-for-length BOYS

World Health Organization

Birth to 2 years (z-scores)

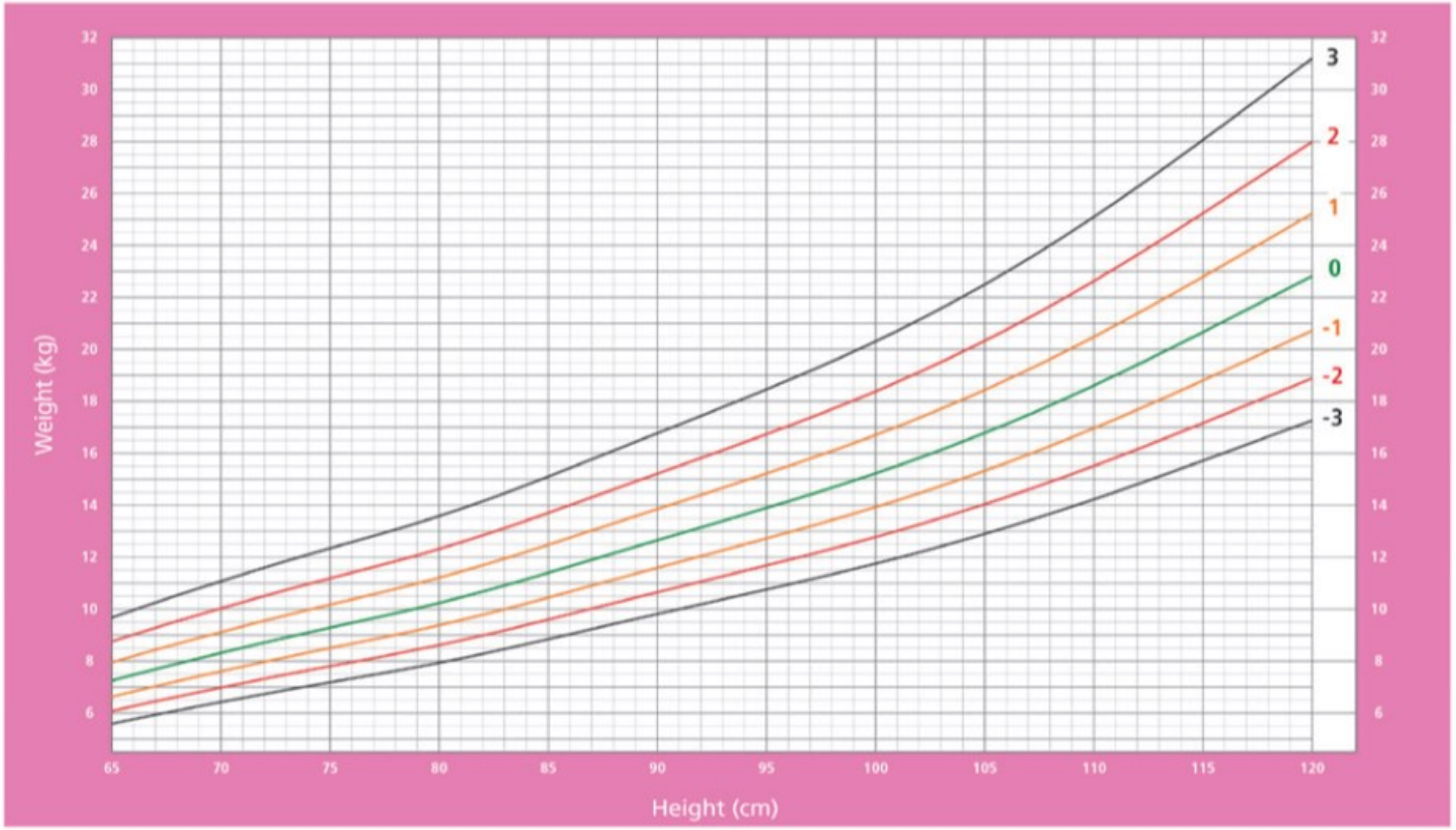


WHO Child Growth Standards

Weight-for-Height GIRLS

2 to 5 years (z-scores)

World Health Organization

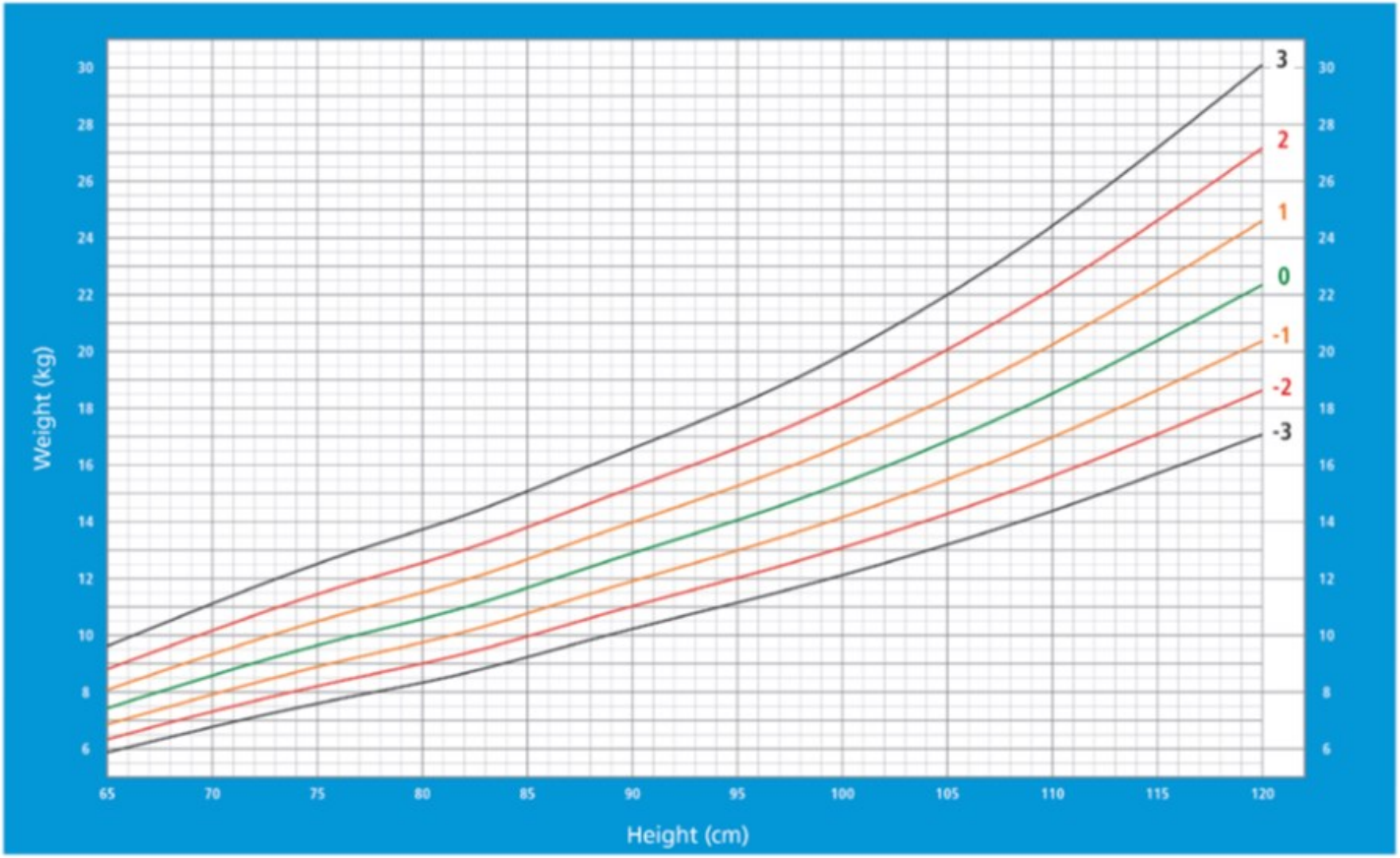


WHO Child Growth Standards

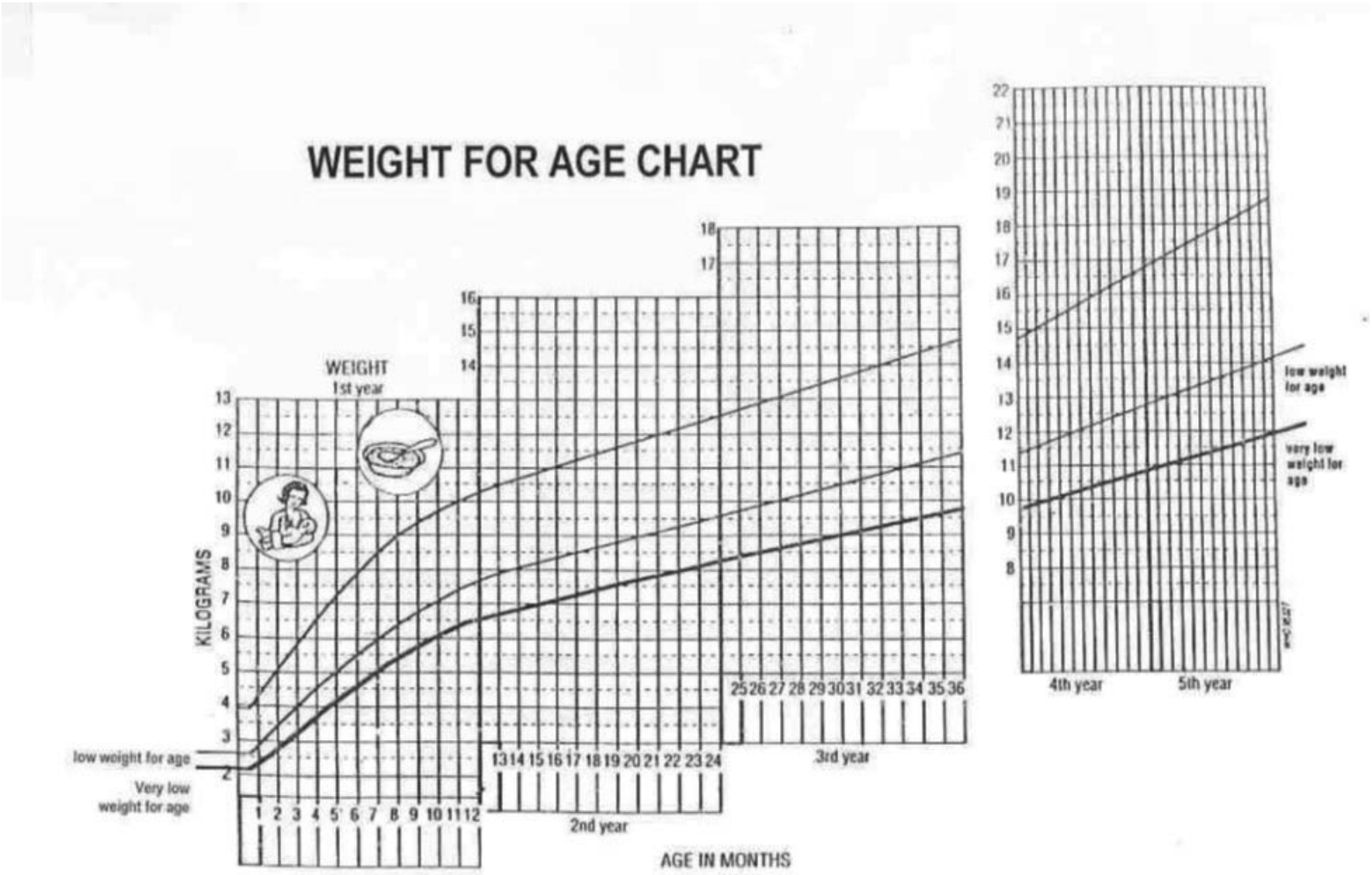
Weight-for-height BOYS

World Health Organization

2 to 5 years (z-scores)



WHO Child Growth Standards


WEIGHT FOR AGE CHART
WEIGHT
1st year
KILOGRAMS
low weight for age
Very low weight for age
1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24
2nd year
25 26 27 28 29 30 31 32 33 34 35 36
3rd year
AGE IN MONTHS
4th year
5th year
low weight for age
very low weight for age

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Date _____

Name: _____ Age: _____ Sex ___ Weight: ___ kg Height : _____cm Temperature: _____°C

ASK: What are the child's problems? _____ Initial visit? ___ Follow-up Visit? ___

ASSESS (Circle all signs present) **CLASSIFY**

CHECK FOR GENERAL DANGER SIGNS

- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS
- LETHARGIC OR UNCONSCIOUS
- SEE IF THE CHILD IS CONVULSING NOW?

General danger signs present?

Yes___ No___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___

- For how long? ____ Days
- Count the breaths in one minute.
  _____ breaths per minute. Fast breathing?
- Look for chest indrawing.
- Look and listen for stridor.

DOES THE CHILD HAVE DIARRHEA? Yes ___ No ___

- For how long? _____ Days
- Is there blood in the stools?
- Look at the child's general condition Is the child:
  Lethargic or unconscious?
  Restless and irritable?
- Look for sunken eyes.
- Offer the child fluid. Is the child:
  Not able to drink or drinking poorly?
  Drinking eagerly, thirsty?
- Pinch the skin of the abdomen. Does it go back:
  Very slowly (longer than 2 seconds)?
  Slowly?

DOES THE CHILD HAVE FEVER? (by history/ feels hot/ temperature 37.5°C or above) Yes___No ___

If yes: Decide Malaria Risk: high or low

Then ask:

- For how long? _____days
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

*Do a malaria test***: If NO severe classification*

- In all fever cases if High malaria risk OR .
- In Low malaria risk if no obvious cause of fever present OR
- travel to a malarious area

Positive _____ Negative___ Not available____

- Look or feel for stiff neck.
- Look for runny nose.
- Look for any bacterial cause of fever

Look for signs of MEASLES:

- Generalized rash and
- One of these: cough, runny nose, or red eyes.

If the child has measles now or within the last 3 months:

- Look for mouth ulcers.
  If Yes, are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___

- Is there ear pain?
- Is there ear discharge?
  If Yes, for how long? ___ Days
- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

THEN CHECK FOR MALNUTRITION AND ANAEMIA

- Look for visible severe wasting.
- Look for oedema of both feet.
- Look for palmar pallor.
  Severe palmar pallor?
  Some palmar pallor?
- Determine WFH/L* ___ z-score.
  WFH/L: less than -3 z-scores ___ Between -3 z-scores and –2 z-scores ____ >-2 z-scores _____
- Measure MUAC ____ mm in a child 6 months or older.
  MUAC: less than 115 mm ___
  Between 115 mm and 125mm ___ >125mm ___

If WFH/L less than -3 z-scores or MUAC less than 115 mm, then:

Check for any medical complication present:

- Any general danger signs
- Any severe classification
- Pneumonia with chest indrawing

If no medical complications present:

Child is 6 months or older, offer RUTF*** to eat

Is the child:

- Not able to finish RUTF portion?
- Able to finish RUTF portion?

Child is less than 6 months, assess breastfeeding.

- Does the child have a breastfeeding problem?

CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS

Circle immunizations needed today.

BCG	DPT1	DPT2	DPT3
OPV 0	OPV 1	OPV 2	OPV 3
	HB 1	HB 2	HB 3
	Hib 1	Hib 2	Hib 3
	RTV 1	RTV 2	RTV 3
	PCV1	PCV2	PCV3

Measles1 Measles 2

VITAMIN A SUPPLEMENTA-

Return for next immunization on:

_____
(Date)

ASSESS CHILD'S FEEDING if child has ANAEMIA OR MODERATE ACUTE MALNUTRITION or is less than 2 years old.

- Do you breastfeed your child? Yes____ No ____
  If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes___ No___
- Does the child take any other food or fluids? Yes___ No ___
  If Yes, what food or fluids? _____
  _____
  How many times per day? ___ times. What do you use to feed the child? _____
  How large are servings? _____
  Does the child receive its own serving? ___ Who feeds the child and how? _____
- During the illness, has the child's feeding changed? Yes ____ No ____.
  If Yes, how?

FEEDING PROBLEMS

ASSESS OTHER PROBLEMS:
ASSESS MOTHER'S HEALTH PROBLEMS

RECORDING FORM

TREAT

Remember to refer any child who has a danger sign and no other severe classification

.

Return for follow-up in:_____

Advise mother when to return immediately.

Give any immunizations or vitamin A supplementation recommended today: _____

_____

Feeding advice: _____

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Date_____

Name: _____ Age: _____ Sex _____ Weight: _____ kg Temperature: _____ °C

ASK: What are the infant's problems? _____ Initial visit? ___ Follow-up Visit? _____

ASSESS (Circle all signs present) **CLASSIFY**

CHECK THE NEWBORN FOR BIRTH ASPHYXIA

- Is the baby not breathing? OR
- Is the baby not crying?
- Is the baby gasping?
- Count breaths in one minute.

Look at the baby's breathings.
Not breathing_____. Not Breathing well or breathing <30/minute_____.
Breathing well.____.
OR Not crying___. Crying weak___. Crying loud__.

* Count the breaths in one minute. _____breaths pre minute.
< 30 / minute_____. Between 30 to 60/ minute____. > 60/ minute____.
Repeat if elevated._____. Fast breathing?

CHECK THE NEWBORN FOR BIRTH WEIGHT AND GESTATIONAL AGE

- Ask for gestational age. ____weeks.
- Ask for birth weight. ___kg.
- Weigh the baby (within 7days

- <32 weeks____. Between 32weeks-and 38 weeks____. ≥38weeks___.
- <1.5kg_____. 1.5kg- 2.5kg_____. ≥ 2.5kg_____
- <1.5kg_____. 1.5kg- 2.5kg_____. ≥ 2.5kg_____.

CHECK FOR VERY SEVERE DISEASE OR POSSIBLE BACTERIAL INFECTION

- Has the infant had convulsions?

- Count the breaths in one minute.
  Repeat the count if elevated.
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look for apnea
- Look for central cyanosis
- Look and feel for bulging fontanel.(infant must be calm)
- Look for pus draining from the ear.
- Look for eye discharge
  Is it profuse pusy discharge?
- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?
- Measure axillary temperature (or feel for fever or low body temperature).
- Look for skin pustules. Are there many or severe pustules?(>0.5cm or with surrounding redness)?
- See if the young infant is lethargic or unconscious.
- See if the young infant is convulsing now.
- Look at the young infant's movements.
  Are they less than normal?

Any setup for bacterial infection?
Premature rupture of membrane, Prolonged rupture of membrane (>18hrs), maternal fever, Offensive liquor Yes____. No___.

Does the infant have yellow eyes or skin? Yes-____. No_____.
Look for jaundice. Jaundice occurring within 24 hours? OR lasting > 2 weeks?
Look at the young infant's palms and soles. Are they yellow?

DOES THE YOUNG INFANT HAVE DIARRHOEA? ***Yes _____ No***

- For how long? _____ Days
- Is there blood in the stools?

Look at the child's general condition Is the child:
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  Very slowly (longer than 2 seconds)?
  Slowly?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

- Is there any difficulty of feeding? Yes ___ No ____
- Is the infant breastfed? Yes _____ No ___
  If Yes, how many times in 24 hours? _____ times
- Does the infant usually receive any other foods or drinks?
  Yes __ No _____
  If Yes, how often?

- Determine weight for age.
  Low ____ Not low _____
- look for ulcer or white patches in the mouth (thrush)

If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital: Assess breast feeding

Has the infant breastfed in the previous hour?

If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.

Is the infant's position good? To check the positioning, look for:
- Infant's head & body straight. Yes_____. No____.
- Facing her breast. Yes____. No_____.
- Infant's body close to her body. Yes____ No_____.
- Supporting the infant's whole body. Yes___ No_____.
  Not well positioned____. Well positioned___

Is the infant able to attach? To check attachment, look for:

Chin touching breast	Yes ___	No ___
Mouth wide open	Yes ___	No ___
Lower lip turned outward	Yes ___	No ___
More areola above than below the mouth	Yes __	No ___

No attachment at all *not well attached* *good attachment*

Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
You may see or hear swallowing
not suckling at all *not suckling effectively* *suckling effectively*

CHECK THE YOUNG INFANT'S IMMUNIZATION AND MOTHER'S VITAMIN A SUPPLEMENTATION STATUS (Circle immunizations needed today).

___ BCG	___ DPT1	___ DPT1	HiB1 ___	___ HiB2	___ HB1	___ HB2	
___ OPV 0	___ OPV1	___ OPV2	PCV1 ___	___ PCV 2	___ RTV1	___ RTV2	MOTHER'S VITAMIN A SUPPLEMENTATION

ASSESS OTHER PROBLEMS
ASSESS MOTHER'S HEALTH PROBLEMS

TREAT

Return for follow-up in _____
Give any immunizations or vitamin A Supplement needed today: _____
_____: