



SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

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Recording Form: Recording form 45

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ASSESS AND CLASSIFY THE SICK YOUNG INFANT

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SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

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Recording Form: Young infant recording form 47

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ASSESS CLASSIFY IDENTIFY TREATMENT

ASK THE CARE GIVER 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 following the chart on page 2.

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

Ask: <ul style="list-style-type: none">● Is the child able to drink or breastfeed?● Are the Child's vital signs good?● Does the child vomit everything?● Has the child had convulsions?	Look: <ul style="list-style-type: none">● See if the child is lethargic or unconscious.● Is the child convulsing now?
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- If the child is 2 months up to 12 months, 50 breaths per minute or more is considered fast breathing
- If the child is 12 months up to 5 years, 40 breaths per minute or more is considered fast breathing

Child must
be calm

If wheezing with either fast breathing or chest indrawing:
Give a trial to rapid acting inhaled bronchodilator for up to three times 15 20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.

**CLASSIFY
COUGH OR
DIFFICULTY
IN
BREATHING**

- If convulsion:
 - Give rectal diazepam of 0.5 mg/Kg if possible (only for children above 1 month). For children below 1 month give phenobarbiton 20 mg/ KG.
 - Refer urgently to a hospital.
- Quickly complete the assessment.
- Give any pre-referral treatment immediately.
- Treat to prevent low blood sugar.
- Keep the child warm.
- Refer URGENTLY.

- Give first dose of antibiotic** (Prescribed by a physician).
- Refer urgently to the hospital.

- Give oral amoxicillin for 5 days ***.
 - If wheezing disappeared after the administration of rapid acting bronchodilator, give an inhaled bronchodilator for 5 days ****.
 - Soothe the throat and relieve the cough with a safe remedy.
 - If coughing for more than 30 days or recurrent wheezing, refer to hospital for possible TB or asthma assessment.
- Note:**
- Advise care giver when to return immediately.
 - Follow up in 3 days.

- If wheezing only, or disappeared wheezing after the use of rapid bronchodilator, give an inhaled bronchodilator for 5 days**
 - Soothe the throat and relieve the cough with a safe remedy (prescribed by the health care provider) ****.
 - If coughing for more than 30 days or recurrent wheezing, refer to hospital for possible TB or Asthma assessment.
- Note:
- Advise care giver when to return immediately.
 - Follow up in 3 days.

- * If pulse oximeter is available, determine oxygen saturation (refer to hospital if <90%).
- ** Amoxycillin is the first line antibiotic for PNEUMONIA cases.
- *** Oral amoxicillin for 3 days could be used in patients with fast breathing but no chest indrawing (it is recommended that PNEUMONIA cases be classified by physicians).
- **** In settings where inhaled bronchodilator is not available, oral salbutamol may be tried but not recommended for treatment of severe acute wheezing.
- ***** It is highly not recommended to use any medical cough smoothing remedies.

- 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?
- Normal weight?

for DEHYDRATION

- Lethargic or unconscious.
- Sunken eyes.
- Not able to drink or drinking poorly.
- Skin pinch goes back very slowly.

- 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 care giver providing frequent sips of ORS on the way.
- Advise the care giver to continue breastfeeding, if the child is less than 2 months old, the child should be exclusively breastfed.
- If child is 2 years or older and there is cholera in the area, give antibiotic for cholera.

- Restless, irritable.
- Sunken eyes.
- Drinks eagerly, thirsty.
- Skin pinch goes back slowly.

- Give fluid, zinc supplements, and food for some dehydration (Plan B).
- If child also has a **severe classification**:
 - Refer **URGENTLY** to hospital with care **giver providing frequent sips of ORS on the way.**
 - Advise the mother to **continue breastfeeding.**
- Advise care giver when to return immediately.
- Follow-up in 5 days if not improving.

- If child in good shape, with no vomiting and good vital signs.

- Give fluid, zinc supplements, ORS and food to treat diarrhoea at home (Plan A).
- Animal milk should be stopped for 24 hours.
- Advise care giver when to return immediately.
- Follow-up in 5 days if not improving.

- Treat dehydration before referral to hospital unless the child has another severe classification.
- Refer to hospital.

- Advise the care giver on feeding the child who has PERSISTENT DIARRHOEA.
- Give multivitamins and minerals (including zinc) for 14 days.
- Follow-up in 5 days.

- Give ciprofloxacin for 3 days**.
 - Follow-up in 3 days.
- Note:
- If after three days no substantial improvement occurred, the second line antibiotic must be used. In parallel, a stool culture must be conducted along with a microscopic examination.

- * If the child's body did not tolerate oral dehydration, the child should be referred to the hospital .
- ** In case of suspicion of shigella case give AMPICILIN, and in case of SALMONELLA suspicion give CEFTRIAXONE.

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

- For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?
- Look or feel for stiff neck.
- Look for runny nose.
- Look for any bacterial cause of fever**.
- Look for signs of MEASLES.

- 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.

- Conduct malaria test, if no obvious cause of fever present.

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

**Classify
FEVER** no Malaria Risk
and No Travel to
Malaria Risk
Area

**if MEASLES now or within
last 3 months, Classify**

- Any general danger sign
- Stiff neck.
- Relapsing fever.

Pink:
VERY SEVERE
FEBRILE DISEASE

- Give first dose of an appropriate antibiotic.
- Treat the child to prevent low blood sugar.
- Give one dose of Paracetamol in clinic for high fever (axillary temperature of 38°C or rectal of 38.5°C or above) .
- Refer URGENTLY to hospital.

Note: If child coming from Africa, check for malaria.

- No general danger signs.
- No stiff neck.

Green:
FEVER

- Give one dose of paracetamol in clinic for high fever (axillary temperature of 38°C or rectal of 38.5°C or above) .
- Give appropriate antibiotic treatment for any identified bacterial cause of fever.
- Advise care giver when to return immediately.
- Follow-up in 2 days if fever persists.
- If fever is present every day for more than 7 days, refer to physician for assessment.

- Any general danger sign or
- Clouding of cornea or
- Deep or extensive mouth ulcers.

Pink:

**SEVERE
COMPLICATED
MEASLES*****

- Give Vitamin A treatment.
- Give first dose of an appropriate antibiotic.
- Refer URGENTLY to hospital.

- Pus draining from the eye or
- Mouth ulcers.

Yellow:
MEASLES WITH EY
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.

Green:
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.
- *** *Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and acute malnutrition - are classified in other tables.*

If yes, ask:

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

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.
- Positive otoscopy examination.

Pink:
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.

Yellow:	ACUTE EAR INFECTION
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- Give an antibiotic for 5 days.
- Give paracetamol for pain.
- Dry the ear by wicking.
- Follow-up in 5 days.

- Pus is seen draining from the ear and discharge is reported for 14 days or more.

Yellow:
**CHRONIC EAR
INFECTION**

- Dry the ear by wicking.
- Treat with topical quinolone eardrops for 14 days.
- Follow-up in 5 days.

- No ear pain and
No pus seen draining from
the ear.

Green:
NO EAR INFECTIONS

- No treatment.



THEN CHECK FOR ACUTE MALNUTRITION

CHECK FOR ACUTE MALNUTRITION

LOOK AND FEEL:

Look for signs of acute malnutrition

- **For all children:** Look for oedema of both feet*.
- **For all children:**Determine WFH/L** ____ z-score.
- **For children 6 months and/ or older:** Measure MUAC*** ____ mm.
- Look at weight for height ratio.
- Check if the child is breastfed.

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

- **For all children check for any medical complication present:**
 - Any general danger signs.
 - Any severe classification.
 - Pneumonia with chest indrawing.
 - Vitamin A deficiency (check for clouding of cornea).
- **If no medical complications present:**
 - **For children up to 6 months, offer RUTF*** to eat. Is the child:**
 - Not able to finish RUTF portion?
 - Able to finish RUTF portion?
 - **For children less than 6 months, assess breastfeeding:**
 - Does the child have a breastfeeding problem?

If child is classified as SAM and is over 6 months old conduct appetite test.

- Observe the child taking the RUTF formula before putting your final case classification.
- To pass the test the child must eat the below quantity of food:

Minimum RUTF amount child should eat within 30 minutes to pass the appetite test		
Weight of the child	Number of sachets the child should consume willingly during the test (sachets= 500kcal, or 92g)	
	Minimum	Maximum
< 4 Kg	1/8	1/4
4 up to 6.9 Kg	1/4	1/3
7 up to 9.9 Kg	1/3	1/2
10 up to 14.9 Kg	1/2	3/4
15 Kg and above	3/4	1 or above

- * Using your thumb , press the top side of both feet simultaneously for 3 seconds on the top side of each foot; the child has oedema if a dent remains in the child's foot.
- ** WFH/L is VWeight-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 malnutrition.

Classify
NUTRITIONAL
STATUS

<ul style="list-style-type: none">◦ Oedema of both feet OR <ul style="list-style-type: none">◦ WFH/L less than -3 z-scores OR MUAC less than 115 mm (6 months or older) AND any one of the following:<ul style="list-style-type: none">■ Medical complication present or■ Not able to finish RUTF or■ Feeding problem, no appetite or■ Breastfeeding problem.	Pink: COMPLICATED SEVERE ACUTE MALNUTRITION	<ul style="list-style-type: none">■ Give first dose appropriate antibiotic.■ Treat the child to prevent low blood sugar.■ Keep the child warm.■ Refer URGENTLY to the recognized trained hospitals for treatment of acute malnutrition.
<ul style="list-style-type: none">• WFH/L less than -3 z-scores OR <ul style="list-style-type: none">• MUAC less than 115 mm and eodema 3+ AND <ul style="list-style-type: none">• No medical complication• No breastfeeding problems (<6 months)• Able to finish noted amount of RUTF (> 6 months).	Yellow: UNCOMPLICATED SEVERE ACUTE MALNUTRITION	<ul style="list-style-type: none">■ Give oral antibiotics for 5 days.■ Give ready-to-use therapeutic food for a child aged 6 months or more.■ Re- establish effective breastfeeding for a child aged less than 6 months.■ Counsel the care giver on how to feed the child.■ Assess for possible TB infection.■ Advise care giver when to return immediately.■ Follow up in 7 days and provide RUTF when available in the recognized trained primary health care centers.
<ul style="list-style-type: none">• WFH/L between -3 and -2 z-scores and no oedema of both feet OR <ul style="list-style-type: none">• MUAC 115 up to 125 mm.	Yellow: MODERATE ACUTE MALNUTRITION	<ul style="list-style-type: none">■ Assess the child's feeding and counsel the care giver on the feeding recommendations.■ If feeding problem, follow up in 7 days.■ Assess for possible TB infection.■ Advise care giver when to return immediately.■ Follow-up in 14 days.
<ul style="list-style-type: none">• MUAC over 125 mm OR <ul style="list-style-type: none">• WFH/L ~ 2 z-scores or more and no oedema of both feet.	Green: NO ACUTE MALNUTRITION	<ul style="list-style-type: none">■ If child is less than 2 years old, assess the child's feeding and counsel the care giver on feeding according to the feeding recommendations, measure weight for height -1 to -2.■ If feeding problem, follow-up in 7 days.

THEN CHECK FOR ANAEMIA

- Look for palmar pallor. Is it:
 - Severe palmar pallor*?
 - Some palmar pallor?
 - Test haemoglobine level.
- Look for talasemia
 - Screen hemoglobin if < 11 mg/dL and if MCV < 80.
 - Check for internal bleeding (abdominal tenderness/ blood in stool.).
 - Check the child's nutrition status (example: milk type).

Note:

- In case of any suspicion of internal bleeding the child must be referred urgently to the hospital.

Classify
ANAEMIA

<ul style="list-style-type: none">• Severe palmar pallor for two months (determine haemoglobin level).	Pink: SEVERE ANAEMIA	<ul style="list-style-type: none">■ Refer URGENTLY to hospital (investigate for talasemia).
<ul style="list-style-type: none">• Some pallor.	Yellow: ANAEMIA	<ul style="list-style-type: none">■ Give iron**/ *** (refer to page 10 for iron dosage).■ Give mebendazole if child is 1 year or older and has not had a dose in the previous 6 months, and is suspected to have bacterial infection.■ Advise care giver when to return immediately.■ Follow-up in 14 days.
<ul style="list-style-type: none">• No palmar pallor.	Green: NO ANAEMIA	<ul style="list-style-type: none">■ If child is less than 2 years old, assess the child's feeding and counsel the care giver according to the feeding recommendations■ If feeding problem, follow-up in 5 days

- * Assess for sickle cell anaemia if common in your area.
- ** If child has severe acute malnutrition and is receiving RUTF, DO NOT give iron because there is already adequate amount of iron in RUTF. Also do not give iron if the child is known to have sickle cell anaemia or talasemia.
- *** If the child is taking immunosupressors and/ or chemotherapy, do not give iron supplement containing folic acid.

THEN CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A

Immunization Schedule:

Age/ vaccine	Birth	2 m	4 m	6 m	9 m	12-15 m	18 m	2-3 y	4-6 y
HepB* (3 doses)	X	X		X					
DTP		X	X	X			X		dTaP, Polio
Hib		X	X	X			X		
IPV		X	X						
OPV			X	X			X		X
Measles					X				
MMR**						X			X
PCV*** (3 doses)		X	X	X		X			
Rotavirus		2	or	3					
Influenza				Yearly					
HepA						X	X		
MCV****								X	X

VITAMIN A SUPPLEMENTATION:

Give every child a dose of Vitamin A every six months from the age of 6 months with 100 mg and 200 mg on the age of 18 months. Record the dose on the child's chart. If child has measles follow up in 14 days.

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED to hospital after first dose of an appropriate antibiotic and other urgent treatments. Treat all children with a general danger sign to prevent low blood sugar.

- * Hep B: three doses, 0, 2 and 6 or 0 1 and 6. If 4 doses are decided, 0, 2, 4, and 6 months.
- ** MMR to be given at 12 and 18 months with a check at 4-6 years or at 12months and at 4-6 years.
- *** PCV in the public will be used in the form of 2+1.
- **** Influenza vaccine yearly.

TREAT THE CHILD

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

TREAT THE CARE GIVER 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 care giver the reason for giving the drug to the child.
- Demonstrate how to measure a dose.
- Watch the care giver practice measuring a dose by herself.
- Ask the care giver to give the first dose to his/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 care giver's understanding before she/ he leaves the clinic.

Give an Appropriate Oral Antibiotic

- FOR PNEUMONIA, ACUTE EAR INFECTION:
FIRST-LINE ANTIBIOTIC: Oral Amoxicillin

AGE or WEIGHT	AMOXICILLIN* Give two times daily for 5 days	
	TABLET 250 mg	SYRUP 250mg/5 ml
2 months up to 12 months (4 - <10 kg)	1	5 ml
12 months up to 3 years (10 - <14 kg)	2	10 ml
3 years up to 5 years (14-19 kg)	3	15 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 Ciprofloxacin
FIRST-LINE ANTIBIOTIC: Oral Ciprofloxacin

AGE	CIPROFLOXACIN Give 15mg/kg two times daily for 3 days	
	250 mg tablet	500 mg tablet
Less than 6 months	1/2	1/4
6 months up to 5 years	1	1/2

- FOR CHOLERA:

AGE or WEIGHT	ERYTHROMYCIN Give four times daily for 3 days	TETRACYCLINE Give four times daily for 3 days
	TABLET 250 mg	TABLET 250 mg
2 years up to 5 years (10 - 19 kg)	1	1



TEACH THE CARE GIVER TO GIVE ORAL DRUGS AT HOME

Give Inhaled Salbutamol for Wheezing

USE OF A SPACER*

A spacer is a way of delivering the bronchodilator drugs effectively into the lungs. All children under 5 years should be given an inhaler without a spacer. A spacer works as well as a nebuliser if correctly used.

- From salbutamol metered dose inhaler (100 µg/puff) give 2 puffs.
- Repeat up to 3 times every 15 minutes before classifying pneumonia.

Spacers can be made in the following way:

- Use a 500ml drinking bottle or similar.
- Cut a hole in the bottle base in the same shape as the mouthpiece of the inhaler, this can be done using a sharp knife.
- Cut the bottle between the upper quarter and the lower 3/4 and disregard the upper quarter of the bottle.
- Cut a small V in the border of the large open part of the bottle to fit to the child's nose and be used as a mask.
- Flame the edge of the cut bottle with a candle or a lighter to soften it.
- For small babies, a mask can be made by making a similar hole in a plastic (not polystyrene) cup.
- Alternatively commercial spacers can be used if available.

To use an inhaler with a spacer:

- Remove the inhaler cap. Shake the inhaler well.
- Insert mouthpiece of the inhaler through the hole in the bottle or plastic cup.
- The child should put the opening of the bottle into his/her mouth and breath in and out through the mouth.
- A carer then presses down the inhaler and sprays into the bottle while the child continues to breath normally.
- Wait for three to four breaths and repeat.
- For younger children place the cup over the child's mouth and use as a spacer in the same way.

* If a spacer is being used for the first time, it should be primed by 4-5 extra puffs from the inhaler.

Give Paracetamol for High Fever (> 37.5°C) or Ear Pain

- Give paracetamol every 6 hours until high fever or ear pain is gone.

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

Give RUTF for Uncomplicated Severe Acute Malnutrition

Weight of the child (kg)	RUTF paste		RUTF Sachetsa (500 Kcal sachets, or 92 g)	
	grams per day	grams per week	sachets per day	sachets per week
4.0–4.9	190	1300	2	14
5.0–6.9	230	1600	2½	18
7.0–8.4	280	1900	3	21
8.5–9.4	320	2300	3 ½	25
9.5–10.4	370	2600	4	28
10.5–14.9	400	2800	4½	32
15.0–19.9	450	3200	5	35
20.0–29.9	550	3900	6	40

Note:

- Quantities should be adjusted if available in containers or in packaging with different weights.

Give Iron

- Give one dose daily for 14 days.

AGE or WEIGHT	IRON/FOLATE TABLET	IRON SYRUP
	Ferrous sulfate 200 mg + 250 µg Folate (60 mg elemental iron)	Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per 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.)

Note: Children with severe acute malnutrition who are receiving ready-to-use therapeutic food (RUTF) should not be given iron.

TEACH THE CARE GIVER TO TREAT LOCAL INFECTIONS AT HOME

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

Soothe the Throat, Relieve the Cough with a Safe Remedy

- Safe remedies to recommend:
 - Breast milk for a breastfed infant.
- Harmful remedies to discourage:
 - Medical cough soothing remedies.

Treat Eye Infection with Tetracycline Eye Ointment

- Clean both eyes 4 times daily.
 - Wash hands.
 - Use clean cloth and water to gently wipe away pus.
- Then apply tetracycline eye ointment in both eyes 4 times daily.
 - Squirt a small amount of ointment on the inside of the lower lid.
 - Wash hands again.
- Treat until there is no pus discharge.
- Do not put anything else in the eye.

Clear the Ear by Dry Wicking and Give Eardrops*

- 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.
 - Instill quinolone eardrops after dry wicking three times daily for two weeks.

* Quinolone eardrops may include ciprofloxacin, norfloxacin, or ofloxacin.

Treat for Mouth Ulcers with Gentian Violet (GV)

- Treat for mouth ulcers twice daily.
 - 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 (0.25% dilution).
 - Wash hands again.
 - Continue using GV for 48 hours after the ulcers have been cured.
 - Give paracetamol for pain relief.

Treat Thrush with Nystatin

Treat thrush four times daily for 7 days.

- Wash hands.
- Wet a clean soft cloth with salt water and use it to wash the child's mouth.
- Instill nystatin 1ml four times a day.
- Avoid feeding for 20 minutes after medication.
- If breastfed check mother's breasts for thrush. If present treat with nystatin.
- Advise mother to wash breasts after feeds. If bottle fed advise change to cup and spoon.
- Give paracetamol if needed for pain.

GIVE VITAMIN A AND MEBENDAZOLE IN CLINIC

- Explain to the care giver why the drug is given.
- Determine the dose appropriate for the child's weight (or age).
- Measure the dose accurately.

Give Vitamin A Treatment

VITAMIN A TREATMENT:

- Give an extra dose of Vitamin A (same dose as for supplementation) for **treatment** if the child has MEASLES or PERSISTENT DIARRHOEA. If the child has had a dose of vitamin A within the past month or is on RUTF for treatment of severe acute malnutrition, DO NOT GIVE VITAMIN A.
- Always record the dose of Vitamin A given on the child's card.

AGE	VITAMIN A DOSE
9 up to 12 months	100 000 IU
1.5 year and older	200 000 IU

Give Mebendazole

- Give 500 mg mebendazole as a single dose in clinic if:
 - hookworm/whipworm are a problem in children in your area, and
 - the child is 1 years of age or older, and
 - the child has not had a dose in the previous 6 months.

GIVE THESE TREATMENTS IN CLINIC ONLY

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

Give Intramuscular Antibiotics

GIVE TO CHILDREN BEING REFERRED URGENTLY

- Give Ampicillin (50 mg/kg) and Gentamicin (7.5 mg/kg).

AMPICILLIN

- Dilute 500mg vial with 2.1ml of sterile water (500mg/2.5ml).
- IF REFERRAL IS NOT POSSIBLE OR DELAYED, repeat the ampicillin injection every 6 hours.
- Where there is a strong suspicion of meningitis, the dose of ampicillin can be increased 4 times.

GENTAMICIN

- 7.5 mg/kg/day once daily.

AGE or WEIGHT	AMPICILLIN 500 mg vial	GENTAMICIN 2ml/40 mg/ml vial
2 up to 4 months (4 - <6 kg)	1 ml	0.5-1.0 ml
4 up to 12 months (6 - <10 kg)	2 ml	1.1-1.8 ml
12 months up to 3 years (10 - <14 kg)	3 ml	1.9-2.7 ml
3 years up to 5 years (14 - 19 kg)	5 ml	2.8-3.5 ml

In case of Convulsions

- Turn the child to his/her side and clear the airway. Avoid putting things in the mouth.
- Check for low blood sugar, then treat or prevent.
- Give oxygen and REFER to hospital immediately.

Treat the Child to Prevent Low Blood Sugar

- If the child is able to be breastfed:
 - Ask the mother to breastfeed the child.
- If the child is not able to be breastfed but is able to swallow:
 - Give expressed breast milk or a breast milk substitute.
 - If neither of these is available, give sugar water*.
 - Give 30 - 50 ml of milk or sugar water* before departure.
- If the child is not able to swallow:
 - Give 50 ml of milk or sugar water* by nasogastric tube.
 - If no nasogastric tube available, give 1 teaspoon of sugar moistened with 1-2 drops of water sublingually and repeat doses every 20 minutes to prevent relapse.

* *To make sugar water:* Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.



GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See *FOOD* advice on *COUNSEL THE CARE GIVER* chart)

PLAN A: TREAT DIARRHOEA AT HOME

Counsel the care giver on the 4 Rules of Home Treatment:

- 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 more frequently breast milk.
 - IT IS ESPECIALLY IMPORTANT T 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 CARE GIVER HOW TO MIX AND GIVE ORS. PROVIDE THE CARE GIVER WITH 2 PACKETS OF ORS TO USE AT HOME.**
 - SHOW THE CARE GIVER 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 CARE GIVER 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.
- GIVE ZINC** (age 2 months up to 5 years)
 - TELL THE CARE GIVER HOW MUCH ZINC TO GIVE (20 mg tab):**

2 months up to 6 months	1/2 tablet daily for 14 days
6 months or more	1 tablet daily for 14 days
 - SHOW THE CARE GIVER HOW TO GIVE ZINC SUPPLEMENTS:**
 - Infants - dissolve tablet in a small amount of expressed breast milk, ORS or clean water in a cup.
 - Older children - tablets can be chewed or dissolved in a small amount of water.
- CONTINUE FEEDING** (exclusive breastfeeding if age less than 6 months).
- WHEN TO RETURN.**

PLAN B: TREAT SOME DEHYDRATION WITH ORS

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

- DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS**

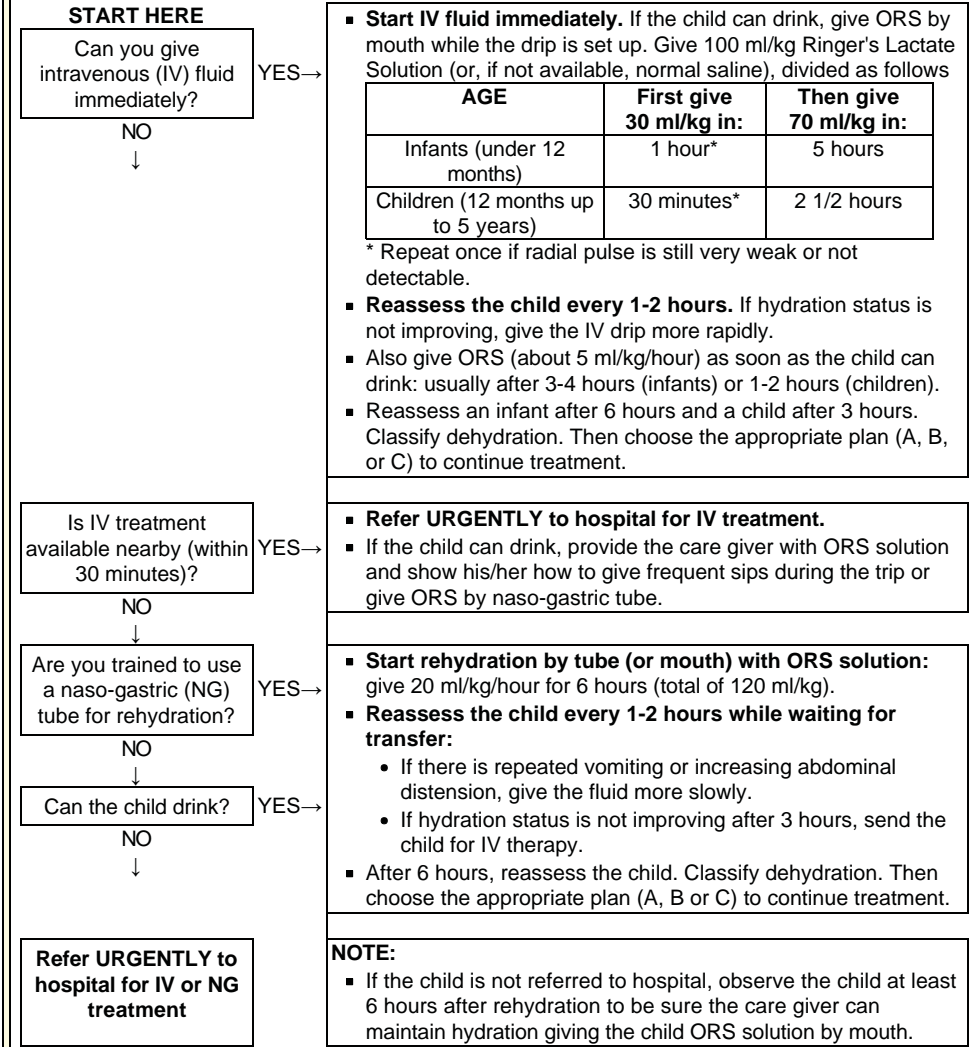
WEIGHT	< 6 kg	6 - <10 kg	10 - <12 kg	12 - 19 kg
AGE**	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
In ml	200 - 450	450 - 800	800 - 960	960 - 1600

 - 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 if you use standard ORS. This is not needed if you use new low osmolality ORS.
- SHOW THE CARE GIVER 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 CARE GIVER MUST LEAVE BEFORE COMPLETING TREATMENT:**
 - Show him/ her how to prepare ORS solution at home.
 - Show him/ her how much ORS to give to finish 4-hour treatment at home.
 - Give him/ her enough ORS packets to complete rehydration. Also give him/ her 2 packets as recommended in **Plan A**.
- Explain the 4 Rules of Home Treatment:
 - GIVE EXTRA FLUID.**
 - GIVE ZINC** (age 2 months up to 5 years).
 - CONTINUE FEEDING** (exclusive breastfeeding if age less than 6 months).
 - WHEN TO RETURN.**
- * If the child has malnutrition and is dehydrated, give half strength ORS, or give resomal treatment (5ml/ kg every 30 minutes, and 5- 10 ml/kg per hour for the next 4- 10 hours on alternate hours with RUTF .**
- ** 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.**

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

PLAN C: TREAT SEVERE DEHYDRATION QUICKLY

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



GIVE READY-TO-USE THERAPEUTIC FOOD

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

- Wash hands (care giver and the child) 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, **in a quiet area**.
- Encourage the child to eat the RUTF without forced feeding.
- Give small, regular meals of RUTF and encourage the child to eat often 5–6 meals per day.
- 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 breastfeed and gradually introduce foods recommended for the age (See Feeding recommendations in *COUNSEL THE CARE GIVER* chart).
- When introducing recommended foods, ensure that the child completes his/her 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 (92 g Packets Containing 500 kcal)	Packets per Week Supply
4.0-4.9 kg	2.0	14
5.0-6.9 kg	2.5	18
7.0-8.4 kg	3.0	21
8.5-9.4 kg	3.5	25
9.5-10.4 kg	4.0	28
10.5-11.9 kg	4.5	32
>12.0 kg	5.0	35

FOLLOW UP

GIVE FOLLOW-UP CARE FOR ACUTE CONDITIONS

- 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.
Ask:

- Is the child breathing slower?
- Is there a chest indrawing?
- Is there less fever?
- Is the child eating better?
- Is the child more active?

See **ASSESS & CLASSIFY** chart.

Treatment:

- If any general danger sign or stridor, refer **URGENTLY** to hospital.
- If chest indrawing and/or breathing rate, fever and eating are the same or worse, refer **URGENTLY** to hospital.
- If breathing slower, no chest indrawing, less fever, and eating better, complete the 5 days of antibiotic.

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. Treat for dehydration if present. Then refer to hospital.
- If the diarrhoea has stopped (child having less than 3 loose stools per day), tell the care giver to follow the usual feeding recommendations for the child's age.

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 are worse or the same:
 - Change to second-line oral antibiotic (Flagile) recommended for dysentery in your area. Give it for 5 days. Advise the care giver to return in 3 days. If you do not have the second line antibiotic, REFER to hospital.

Exceptions - if the child:

- is less than 12 months old, or
- was dehydrated on the first visit, or
- if he/she had measles within the last 3 months

REFER to hospital.

- If fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better, continue giving ciprofloxacin until finished.

Note:

- Ensure that the care giver understands the oral rehydration method fully and that she/he also understands the need for an extra meal each day for a week.

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 care giver 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 to hospital for assessment.



MEASLES WITH EYE OR MOUTH COMPLICATIONS, GUM OR MOUTH ULCERS, OR THRUSH

After 3 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers or white patches in the mouth (thrush).
Smell the mouth.

Treatment for eye infection:

- If pus is draining from the eye, ask the care giver to describe how she/he has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach care giver 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.

Treatment for thrush:

- If thrush is worse check that treatment is being given correctly.
- If the child has problems with swallowing, refer to hospital.
- If thrush is the same or better, and the child is feeding well, continue nystatine for a total of 7 days.

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**.
- **Acute ear infection:**
 - 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.
 - If no ear pain or discharge, praise the care giver for her/his careful treatment. If he/ she has not yet finished the 5 days of antibiotic, tell him/ her to use all of it before stopping.
- **Chronic ear infection:**
 - Check that the care giver is wicking the ear correctly and giving quinolone drops tree times a day. Encourage him/ her to continue.

FEEDING PROBLEM

After 7 days:

Reassess feeding. See questions in the *COUNSEL THE CARE GIVER* chart.
Ask about any feeding problems found on the initial visit.

- Counsel the care giver about any new or continuing feeding problems. If you counsel the care giver to make significant changes in feeding, ask him/ her to bring the child back again.
- If the child is classified as **MODERATE ACUTE MALNUTRITION**, ask the care giver to return **14 days** after the initial visit to measure the child's WFH/L, MUAC.
- If the child is classified as **SEVER ACUTE MALNUTRITION** case the care giver must be advised to conduct a follow up visit after 7 days.

ANAEMIA

After 14 days:

- Give iron. Advise care giver to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmar pallor after 1 months, refer to hospital for assessment.

UNCOMPLICATED SEVERE ACUTE MALNUTRITION

After 7 days or during regular follow up:

Do a full reassessment of the child. See *ASSESS & CLASSIFY* chart.
Assess child with the same measurements (WFH/L, MUAC) as on the initial visit.
Check for oedema of both feet.
Check the child's appetite by offering ready-to use therapeutic food if the child is 6 months or older.

Treatment:

- If the child has **COMPLICATED SEVERE ACUTE MALNUTRITION (WFH/L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet AND has developed a medical complication or oedema, or oedema +3, or fails the appetite test)**, refer **URGENTLY to hospital**.
- If the child has **UNCOMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet but NO medical complication and passes appetite test), counsel the care giver and encourage him/ her to continue with appropriate RUTF feeding. Ask care giver to return again in 7 days.
- If the child has **MODERATE ACUTE MALNUTRITION** (WFH/L between -3 and -2 z-scores or MUAC between 115 and 125 mm), advise the care giver to continue RUTF. Counsel him/ her to start other foods according to the age appropriate feeding recommendations (see *COUNSEL THE CARE GIVER* chart). Tell him/ her to return again in 14 days. Continue to see the child every 14 days until the child's WFH/L is -2 z-scores or more, and/or MUAC is 125 mm or more.
- If the child has **NO ACUTE MALNUTRITION over 2 consecutive visits** (WFH/L is -2 z-scores or more, or MUAC is between 125 mm and 135 mm), praise the care giver, STOP RUTF and counsel him/ her about the age appropriate feeding recommendations, and ask him/ her to come back in 3 days (see *COUNSEL THE CARE GIVER* chart).

MODERATE ACUTE MALNUTRITION

After 14 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 CARE GIVER* chart.

Treatment:

- If the child is no longer classified as **MODERATE ACUTE MALNUTRITION**, praise the care giver and encourage him/ her to continue.
- If the child is still classified as **MODERATE ACUTE MALNUTRITION**, counsel the care giver about any feeding problem found. Ask the care giver to return again in 14 days. Continue to see the child monthly until the child is feeding well and gaining weight regularly or his/ her WFH/L is -2 z-scores or more or MUAC is 125 mm. or more over two consecutive visits and there is 15% weight gain. The child should be well and alert.
- If the child presents with oedema, he/ she will lose weight as the swelling goes down and he/ she begins to improve. RUTF should not be stopped until the child has achieved weight gain and the oedema has disappeared and been gone for at least two weeks.

Exception:

- If you do not think that feeding will improve, or if the child has lost weight or his/ her MUAC has diminished, refer the child to trained hospitals for acute malnutrition.



COUNSEL THE CARE GIVER

FEEDING COUNSELLING

Assess Child's Appetite

All children aged 6 months or more with SEVERE ACUTE MALNUTRITION (oedema of both feet or WFH/L less than -3 z-scores or MUAC less than 115 mm, only in case of emergency and in trained primary health care centers) 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 care giver can take their time to get accustomed to eating the RUTF. Usually the child eats the RUTF portion in 30 minutes.

Appetite Test:

Minimum RUTF amount child should eat within 30 minutes to pass the appetite test		
Weight of the child	Number f sachets the child should consume willingly during the test (sachets= 500 Kcal, or 92 g)	
	Minimum	Maximum
< 4Kg	1/8	1/4
4 up to 6.9 Kg	1/4	1/3
7 up to 9.9 Kg	1/3	1/2
10 up to 14.9 Kg	1/2	3/4
15 Kg and above	3/4	1 or above

Explain to the care giver:

- 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.

Assess Child's Feeding

Assess feeding if child is more than 6 months and less than 2 Years Old, Has MODERATE ACUTE MALNUTRITION, OR ANAEMIA. Ask questions about the child's usual feeding and feeding during this illness. Compare the care giver's answers to the *Feeding Recommendations* for the child's age.

ASK - How are you feeding your child?

- If the child is receiving *any* breast milk, ASK:
 - How many times during the day?
 - Do you also breastfeed during the night?
 - Does the child have oedema, is not eating well and is losing weight? (if yes refer to trained hospital on malnutrition).

- 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?
- If MODERATE ACUTE MALNUTRITION or if a child with CONFIRMED HIV INFECTION fails to gain weight or loses weight between monthly measurements, ASK:
 - How large are servings?
 - Does the child receive his/ her own serving?
 - Who feeds the child and how?
 - What foods are available at home?
- During this illness, has the child's feeding changed?
 - If yes, how?

Feeding Recommendations During Sickness and Health

Feeding recommendations FOR ALL CHILDREN during sickness and health.

Newborn, birth up to 1 week	1 week up to 6 months	6 up to 9 months	9 up to 12 months	12 months up to 2 years	2 years and older
<ul style="list-style-type: none"> Immediately after birth (C section or NVD), put your baby in skin to skin contact with you for the first hour. Allow your baby to take the breast within the first hour. Give your baby colostrum, the first yellowish, thick milk. It protects the baby from many illnesses. Breastfeed day and night, as often as your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk. If your baby is small (low birth weight), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if baby does not wake alone. DO NOT give other foods or fluids. Breast milk is all your baby needs. 	<ul style="list-style-type: none"> Breastfeed on demand as your child wants. Look for feeding behaviors, 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 for two weeks. Breast milk is all your baby needs. 	<ul style="list-style-type: none"> Breastfeed as often as your child wants. Also give thick porridge or hand mashed family foods, including animal-source foods and vitamin A-rich fruits and vegetables. Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cups (1 cup = 250 ml). Give 2 to 3 meals each day. Offer 1 or 2 snacks each day between meals when the child seems hungry. If your child refuses a new food, offer "tastes" several times. Show that you like the food. Be patient. Talk with your child during a meal, and keep eye contact. 	<ul style="list-style-type: none"> Breastfeed as often as your child wants. Also give a variety of mashed or finely chopped family food, including animal-source foods and vitamin A-rich fruits and vegetables. Give 1/2 cup at each meal(1 cup = 250 ml). Give 3 to 4 meals each day. Offer 1 or 2 snacks between meals. The child will eat if hungry. For snacks, give small chewable items that the child can hold. Let your child try to eat the snack, but provide help if needed. 	<ul style="list-style-type: none"> Breastfeed as often as your child wants. Also give a variety of chopped family food, including animal-source foods and vitamin A-rich fruits and vegetables. Give 3/4 cup at each meal (1 cup = 250 ml). Give 3 to 4 meals each day. Offer 1 to 2 snacks between meals. Continue to feed your child slowly, patiently. Encourage—but do not force—your child to eat. Start responsive feeding. 	<ul style="list-style-type: none"> Give a variety of family foods to your child, including animal-source foods and vitamin A-rich fruits and vegetables. Give at least 1 full cup (250 ml) at each meal. Give 3 to 4 meals each day. Offer 1 or 2 snacks between meals.

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).

Stopping Breastfeeding

STOPPING BREASTFEEDING means changing from all breast milk to no breast milk.

This should happen gradually over one month. Plan in advance for a safe transition if the child is less than 1 year.

1. HELP CARE GIVER PREPARE:

- Mother should discuss and plan in advance with her family, if possible.
- Mother should express milk and give by cup.
- Care giver should find a regular supply or formula or other milk (e.g. full cream cow's milk if child more than 1 year, in specific skimmed milk for children between the age of 1 year to 2 years). Physician can be consulted on this matter.
- Care giver should learn how to prepare a store milk safely at home.

2. HELP CARE GIVER MAKE TRANSITION:

- Teach care giver to cup feed (See chart booklet Counsel part in Assess, classify and treat the sick young infant aged up to 2 months).
- Teach care giver on how to clean all utensils with soap and water.
- Teach care giver on how to start giving only formula of age appropriate milk once baby takes all feeds by cup.

3. STOP BREASTFEEDING COMPLETELY:

- Express and give by cup to the baby enough breast milk to keep comfortable until lactation stops.

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 yoghurt (if child more than 1 year) OR
 - replace half the milk with nutrient-rich semisolid food (if child more than 6 months).
- For other foods, follow feeding recommendations for the child's age.

EXTRA FLUIDS AND MOTHER'S HEALTH

Advise the care giver to increase fluid during illness

- **FOR ANY SICK CHILD:**
 - Breastfeed more frequently and for longer at each feed. If child is taking breast milk substitutes, increase the amount of milk given.
 - Increase other fluids. For example, give soup, rice water, skimmed low fat milk or clean water (for children more than 6 months).
- **FOR CHILD WITH DIARRHOEA:**
 - Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on *TREAT THE CHILD* chart.

Counsel the care giver about his/ her own health

- If the care giver is sick, provide care for him/ her, or refer him/ her for help.
- If mother has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.
- Advise the care giver to eat well to keep up his/ her own strength and health.
- Give the mother iron and calcium supplementation.
- Check the mother's immunization status and give her tetanus toxoid if needed.
- Check if the mother is suffering from aenemia.
- Make sure the mother has access to:
 - Family planning.
 - Counseling on STD and AIDS prevention.

WHEN TO RETURN

Advise the care giver when to return

FOLLOW-UP VISIT: Advise the care giver to come for follow-up at the earliest time listed for the child's problems.

If the child has:	Return for follow-up in:
<ul style="list-style-type: none">■ PNEUMONIA■ DYSENTERY● FEVER: NO MALARIA, if fever persists■ MEASLES WITH EYE OR MOUTH COMPLICATIONS■ MOUTH OR GUM ULCERS OR THRUSH	3 days
<ul style="list-style-type: none">■ PERSISTENT DIARRHOEA■ ACUTE EAR INFECTION■ CHRONIC EAR INFECTION■ COUGH OR COLD, if not improving	5 days
<ul style="list-style-type: none">■ UNCOMPLICATED SEVERE ACUTE MALNUTRITION■ FEEDING PROBLEM	14 days
<ul style="list-style-type: none">■ ANAEMIA	14 days
<ul style="list-style-type: none">■ MODERATE ACUTE MALNUTRITION	30 days

NEXT WELL-CHILD VISIT: Advise the care giver to return for next immunization according to immunization schedule.



WHEN TO RETURN IMMEDIATELY

Advise care giver to return immediately if the child has any of these signs:	
Any sick child	<ul style="list-style-type: none">■ Not able to drink or to be breastfed■ Becomes sicker■ Develops a fever
If child has COUGH OR COLD, also return if:	<ul style="list-style-type: none">■ Fast breathing■ Difficult breathing
If child has diarrhoea, also return if:	<ul style="list-style-type: none">■ Blood in stool■ Drinking poorly



SICK YOUNG INFANT AGE UP TO 2 MONTHS

ASSESS AND CLASSIFY THE SICK YOUNG INFANT

ASSESS

CLASSIFY

IDENTIFY TREATMENT

DO A RAPID APRAISAL OF ALL WAITING INFANTS
ASK THE CARE GIVER 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.
 - if initial visit, assess the child refer to page 37:

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

CHECK FOR VERY SEVERE DISEASE AND LOCAL BACTERIAL INFECTION

ASK:

- Is the infant having difficulty in feeding?
- Has the infant had convulsions (fits)?

LOOK, LISTEN, FEEL:

- Count the breaths in one minute. Repeat the count if more than 60 breaths per minute.
- Look for severe chest indrawing.
- Measure axillary temperature.
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules; example: chicken pox.
- Look at the young infant's movements.
If infant is sleeping, ask the care giver to wake him/her.
 - Does the infant move on his/her own?*If the young infant is not moving, gently stimulate him/her.*
 - Does the infant not move at all?

YOUNG INFANT MUST BE CALM

Classify ALL YOUNG INFANTS

Any one of the following signs

- Not feeding well or
- Convulsions or
- Fast breathing (60 breaths per minute or more) or
- Severe chest indrawing or
- Fever (37.5°C* or above) or
- Low body temperature (less than 35.5°C*) or
- Movement only when stimulated or no movement at all.

- Umbilicus red or draining pus.
- Skin pustules.

- None of the signs of very severe disease or local bacterial infection.

Pink:
VERY SEVERE DISEASE

Yellow:
LOCAL BACTERIAL INFECTION

Green:
SEVERE DISEASE OR LOCAL INFECTION UNLIKELY

- Give first dose of intramuscular antibiotics.
- Treat to prevent low blood sugar and conduct a blood test.
- Refer **URGENTLY** to hospital **.
- Advise care giver how to keep the infant warm on the way to the hospital.

- Give an appropriate oral antibiotic by physician after taking a swab and conducting blood test.
- Teach the care giver to treat local infections at home.
- Advise care giver to give home care for the young infant.
- Follow up in 2 days.

- Advise care giver to give home care.

* These thresholds are based on axillary temperature. The thresholds for rectal temperature readings are approximately 0.5°C higher.

** If referral is not possible, manage the sick young infant as described in the national referral care guidelines or WHO Pocket Book for hospital care for children.

CHECK FOR JAUNDICE

If jaundice present, ASK:

- When did the jaundice appear first?

LOOK AND FEEL:

- Look for jaundice (yellow eyes or skin, sclerae, gums).
- Blanch the child's skin with a finger to observe the underlying skin colour.
- Look at the young infant's palms and soles. Are they yellow?

Note:

- Always assess the child in a bright and preferably natural light (example: day light by a window).
- Jaundice appears first in the face and progresses caudally to the trunk and extremities.

CLASSIFY JAUNDICE

- Any jaundice if age less than 24 hours or
- Yellow palms and soles (pathology) at any age.

- Jaundice appearing after 24 hours of age (physiological jaundice).
- Palms and soles not yellow.

- No jaundice.

Pink:
SEVERE JAUNDICE

Yellow:
JAUNDICE

Green:
NO JAUNDICE

- Treat to prevent low blood sugar.
- Refer **URGENTLY** to hospital within the next 6 hours.
- Advise care giver how to keep the infant warm on the way to the hospital.

- Advise the care giver to give home care for the young infant
- Advise care giver to return immediately if palms and soles appear yellow.
- If the young infant is older than 14 days, refer to a hospital for assessment.
- Follow-up in 1 day and advise the care giver to continue breastfeeding.

- Advise the care giver to give home care for the young infant.



THEN ASK: Does the young infant have diarrhoea*?

IF YES, LOOK AND FEEL:

- Look at the young infant's general condition: Infant's movements:
 - Does the infant move on his/her own?
 - Does the infant not move even when stimulated but then stops?
 - Does the infant not move at all?
 - Is the infant restless and irritable?
 - Is his/ her urine output less than usual?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
 - Very slowly (longer than 2 seconds)?
 - Or slowly?
 - If child less than 18 months, does he/ she have depressed fontanel?

Classify
DIARRHOEA for
DEHYDRATION

Two of the following signs:

- Movement only when stimulated or no movement at all.
- Sunken eyes.
- Skin pinch goes back very slowly.

Pink:
SEVERE
DEHYDRATION

■ If infant also has another severe classification:

- Refer **URGENTLY** to hospital with care giver giving frequent sips of ORS on the way.
- Advise the care giver to continue breastfeeding.

OR

■ If infant has no other severe classification:

- Give fluid for severe dehydration (Plan C).

Two of the following signs:

- Restless and irritable.
- Sunken eyes.
- Skin pinch goes back slowly.

Yellow:
SOME
DEHYDRATION

■ Give fluid and breast milk for some dehydration (Plan B).

■ If infant has any severe classification:

- Refer **URGENTLY** to hospital with care giver providing frequent sips of ORS on the way.
- Advise the mother to continue exclusive breastfeeding,
- Advise care giver when to return immediately.
- Follow-up in 2 days if not improving.

Not enough signs to classify as some or severe dehydration.

Green:
NO DEHYDRATION

- Give fluids to treat diarrhoea at home and continue breastfeeding (Plan A).
- Advise care giver when to return immediately.
- Follow-up in 2 days if not improving.

* What is diarrhoea in a young infant?

A young infant has diarrhoea if the stools have changed from usual pattern and are many and watery (more water than faecal matter). The normally frequent or semi-solid stools of a breastfed baby are not diarrhoea.

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE

If an infant has no indications to refer **URGENTLY** to hospital.

Ask:

- 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?
- If yes, what do you use to feed the infant?

LOOK, LISTEN, FEEL:

- Determine weight for age.
- Look for ulcers or white patches in the mouth (thrush).

Classify **FEEDING**

- 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).

Yellow:
FEEDING PROBLEM
OR
LOW WEIGHT

- If not well attached or not suckling effectively, teach correct positioning and attachment.
 - If not able to attach well immediately, teach the mother to express breast milk and feed by a cup.
- If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. Advise the mother to breastfeed as often and as long as the infant wants, day and night.
- If receiving other foods or drinks, counsel the mother about breastfeeding more, reducing other foods or drinks, and using a cup.
- If not breastfeeding at all:
 - Refer for breastfeeding counseling and possible relactation.
 - Advise about correctly preparing breast-milk substitutes and using a cup.
- Advise the care giver how to feed and keep the low weight infant warm at home.
- If thrush, teach the care giver to treat thrush at home.
- Advise care giver to give home care for the young infant.
- Follow-up any feeding problem or thrush in 2 days.
- Follow-up low weight for age in 14 days.

- Not low weight for age and no other signs of inadequate feeding.

Green:
NO FEEDING
PROBLEM

- Advise care giver to give home care for the young infant.
- Praise the care giver for feeding the infant well.

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 well attached?

not well attached *good attachment*

TO CHECK FOR ATTACHMENT, LOOK FOR:

- Chin touching breast.
- Mouth wide open.
- Lower lip turned outwards.
- 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 effectively *suckling effectively*

Clear a blocked nose if it interferes with breastfeeding.

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN NON-BREASTFED INFANTS

Use this chart for the infant who has no indications to refer URGENTLY to hospital:

Ask:

- What milk are you giving?
- How many times during the day and night?
- How much is given at each feed?
- How are you preparing the milk?
- Let care giver demonstrate or explain how a feed is prepared, and how it is given to the infant.
- Are you giving any breast milk at all?
- What foods and fluids in addition to replacement feeds is given?
- How is the milk being given?
- Cup or bottle?
- How are you cleaning the feeding utensils?

LOOK, LISTEN, FEEL:

- Determine weight for age.
- Look for ulcers or white patches in the mouth (thrush).

Classify FEEDING

<ul style="list-style-type: none">• Milk incorrectly or unhygienically prepared <u>or</u> Giving inappropriate replacement feeds <u>or</u> Giving insufficient replacement feeds <u>or</u>• Using a feeding bottle <u>or</u>• Low weight for age <u>or</u>• Thrush (ulcers or white patches in mouth).	Yellow: FEEDING PROBLEM OR LOW WEIGHT	<ul style="list-style-type: none">■ Counsel about feeding.■ Explain the guidelines for safe replacement feeding.■ Identify concerns of mother and family about feeding.■ If care giver is using a bottle, teach cup feeding.■ Advise the care giver how to feed and keep the low weight infant warm at home.■ If thrush, teach the care giver to treat thrush at home.■ Advise care giver to give home care for the young infant.■ Follow-up any feeding problem or thrush in 2 days.■ Follow-up low weight for age in 14 days.
<ul style="list-style-type: none">• Not low weight for age and no other signs of inadequate feeding.	Green: NO FEEDING PROBLEM	<ul style="list-style-type: none">■ Advise care giver to give home care for the young infant.■ Praise the care giver for feeding the infant well.

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION AND VITAMIN A STATUS

INFANT'S IMMUNIZATION

- Give all missed doses on this visit.
- Include sick infants unless being referred to hospital.
- Advise the care giver when to return for the next dose.
- Review the IMUNIZATION PLAN PART on page 8.

ASSESS THE MOTHER'S/ CARE GIVER'S HEALTH NEEDS

- Nutritional status and anaemia, contraception. Check hygienic practices.

TREAT AND COUNSEL

TREAT THE YOUNG INFANT

GIVE FIRST DOSE OF INTRAMUSCULAR ANTIBIOTICS

- Give first dose of both ampicillin and gentamicin intramuscularly.

WEIGHT	AMPICILLIN Dose: 50 mg per kg To a vial of 250 mg	GENTAMICIN	
	Add 1.3 ml sterile water = 250 mg/1.5ml	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	
		AGE <7 days Dose: 5 mg per kg	AGE >= 7 days Dose: 7.5 mg per kg
1-<1.5 kg	0.4 ml	0.6 ml*	0.9 ml*
1.5-<2 kg	0.5 ml	0.9 ml*	1.3 ml*
2-<2.5 kg	0.7 ml	1.1 ml*	1.7 ml*
2.5-<3 kg	0.8 ml	1.4 ml*	2.0 ml*
3-<3.5 kg	1.0 ml	1.6 ml*	2.4 ml*
3.5-<4 kg	1.1 ml	1.9 ml*	2.8 ml*
4-<4.5 kg	1.3 ml	2.1 ml*	3.2 ml*

* Avoid using undiluted 40 mg/ml gentamicin.

- Referral to hospital is the best option for a young infant classified with VERY SEVERE DISEASE. If referral is not possible, continue to give ampicillin and gentamicin for at least 5 days. Give ampicillin two times daily to infants less than one week of age and 3 times daily to infants one week or older. Give gentamicin once daily.

TREAT THE YOUNG INFANT TO PREVENT LOW BLOOD SUGAR

- If the young infant is able to be breastfed:**
Ask the mother to breastfeed the young infant.
- If the young infant is not able to be breastfed but is able to swallow:**
Give 20-50 ml (10 ml/kg) expressed breast milk before departure. If not possible to give expressed breast milk, give 20-50 ml (10 ml/kg) sugar water. *(To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water).*
- If the young infant is not able to swallow:**
Give 20-50 ml (10 ml/kg) of expressed breast milk or sugar water by nasogastric tube.

TEACH THE CARE GIVER HOW TO KEEP THE YOUNG INFANT WARM ON THE WAY TO THE HOSPITAL

- Provide skin to skin contact
OR
- Keep the young infant clothed or covered as much as possible all the time. Dress the young infant with extra clothing including hat, gloves, socks and wrap the infant in a soft dry cloth and cover with a blanket.

GIVE AN APPROPRIATE ORAL ANTIBIOTIC FOR LOCAL BACTERIAL INFECTION

- First-line antibiotic: Amoxicilin

AGE or WEIGHT	AMOXICILLIN Give 2 times daily for 5 days	
	Tablet 250 mg	Syrup 125 mg in 5 ml
Birth up to 1 month (<4 kg)	1/4	2.5 ml
1 month up to 2 months (4-<6 kg)	1/2	5 ml

TEACH THE CARE GIVER TO TREAT LOCAL INFECTIONS AT HOME

- Explain how the treatment is given.
- Watch him/ her as he/ she does the first treatment in the clinic.
- Tell him/ her to return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The care giver should do the treatment twice daily for 5 days:

- Wash hands.
- Gently wash off pus and crusts with soap and water.
- Dry the area.
- Paint the skin or umbilicus/cord with full strength gentian violet (0.5%).
- Wash hands.

To Treat Thrush (ulcers or white patches in mouth)

The care giver should do the treatment four times daily for 7 days:

- Wash hands.
- Paint the mouth with half-strength gentian violet (0.25%) using a soft cloth wrapped around the finger.
- Wash hands.

To Treat Diarrhoea, See TREAT THE CHILD Chart.

COUNSEL THE MOTHER / CARE GIVER

TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING

- Show the mother how to hold her infant:
 - with the infant's head and body in line.
 - with the infant approaching breast with nose opposite to the nipple.
 - with the infant held close to the mother's body.
 - with the infant's whole body supported, 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.

TEACH THE MOTHER HOW TO EXPRESS BREAST MILK

Ask the mother to:

- Wash her hands thoroughly.
- Make herself comfortable.
- Hold a wide necked container under her nipple and areola.
- Place her thumb on top of the breast and the first finger on the under side of the breast so they are opposite each other (at least 4 cm from the tip of the nipple).
- Compress and release the breast tissue between her finger and thumb a few times.
- If the milk does not appear she should re-position her thumb and finger closer to the nipple and compress and release the breast as before.
- Compress and release all the way around the breast, keeping her fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move her thumb or finger on the skin.
- Express one breast until the milk just drips, then express the other breast until the milk just drips.
- Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes.
- Stop expressing when the milk no longer flows but drips from the start.

TEACH THE CARE GIVER HOW TO FEED BY A CUP

- Put a cloth on the infant's front to protect his/ her clothes as some milk can spill.
- Hold the infant semi-upright on the lap.
- Put a measured amount of milk in the cup.
- Hold the cup so that it rests lightly on the infant's lower lip.
- Tip the cup so that the milk just reaches the infant's lips.
- Allow the infant to take the milk himself/ herself. DO NOT pour the milk into the infant's mouth.

TEACH THE CARE GIVER HOW TO KEEP THE LOW WEIGHT INFANT WARM AT HOME

- Keep the young infant in the same bed with the care giver.
- Keep the room warm (at least 25°C) with home heating device and make sure that there is no draught of cold air.
- Avoid bathing the low weight infant. When washing or bathing, do it in a very warm room with warm water, dry immediately and thoroughly after bathing and clothe the young infant immediately.
- Change clothes (e.g. nappies) whenever they are wet.
- Provide skin to skin contact as much as possible, day and night. For skin to skin contact:
 - Dress the infant in a warm shirt open at the front, a nappy, hat and socks.
 - Place the infant in skin to skin contact on the care giver's chest . Keep the infant's head turned to one side.
 - Cover the infant with care giver's clothes (and an additional warm blanket in cold weather).
- When not in skin to skin contact, keep the young infant clothed or covered as much as possible at all times. Dress the young infant with extra clothing including hat and socks, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
- Check frequently if the hands and feet are warm. If cold, re-warm the baby using skin to skin contact.
- Breastfeed the infant frequently (or give expressed breast milk by cup).

ADVISE THE CARE GIVER TO PROVIDE HOME CARE FOR THE YOUNG INFANT

1. **EXCLUSIVELY BREASTFEED THE YOUNG INFANT**
Give only breastfeeds to the young infant. Breastfeed frequently, as often and for as long as the infant wants.
2. **MAKE SURE THAT THE YOUNG INFANT IS KEPT WARM AT ALL TIMES.**
In cool weather cover the infant's head and feet and dress the infant with extra clothing.
3. **WHEN TO RETURN:**

Follow up visit	
If the infant has:	Return for first follow-up in:
■ JAUNDICE	1 day
■ LOCAL BACTERIAL INFECTION ■ FEEDING PROBLEM ■ THRUSH ■ DIARRHOEA	2 days
■ LOW WEIGHT FOR AGE	14 days

WHEN TO RETURN IMMEDIATELY:

Advise the care giver to return immediately if the young infant has any of these signs:

- Breastfeeding poorly
- Reduced activity
- Becomes sicker
- Develops a fever
- Feels unusually cold
- Fast breathing
- Difficult breathing
- Palms and soles appear yellow



FOLLOW UP

GIVE FOLLOW-UP CARE FOR THE YOUNG INFANT

ASSESS EVERY YOUNG INFANT FOR "VERY SEVERE DISEASE" DURING FOLLOW-UP VISIT

LOCAL BACTERIAL INFECTION

After 2 days:

- Look at the umbilicus. Is it red or draining pus?
- Look at the skin pustules.

Treatment:

- If umbilical pus or redness remains same or is worse, refer to hospital. If pus and redness are improved, tell the care giver to continue giving the 5 days of antibiotic and continue treating the local infection at home.
- If skin pustules are same or worse, refer to hospital. If improved, tell the care giver to continue giving the 5 days of antibiotic and continue treating the local infection at home.

DIARRHOEA

After 2 days:

Ask: Has the diarrhoea stopped?

Treatment

- If the diarrhoea has not stopped, assess and treat the young infant for diarrhoea. SEE "Does the Young Infant Have Diarrhoea?"
- If the diarrhoea has stopped, tell the mother to continue exclusive breastfeeding.

JAUNDICE

After 1 day:

- Look for jaundice. Are palms and soles yellow?

Treatment:

- If palms and soles are yellow, refer to hospital.
- If palms and soles are not yellow, but jaundice has not decreased, advise the care giver home care and ask him/ her to return for follow up in 1 day.
- If jaundice has started decreasing, reassure the care giver and ask him/ her to continue home care. Ask him/ her to return for follow up at 2 weeks of age. If jaundice continues beyond two weeks of age, refer the young infant to a hospital for further assessment.

FEEDING PROBLEMS

After 2 days:

Reassess feeding. See "Then Check for Feeding Problem or Low Weight".

Ask about any feeding problems found on the initial visit.

- Counsel the care giver about any new or continuing feeding problems. If you counsel the care giver to make significant changes in feeding, ask him/ her to bring the young infant back again.
- If the young infant is low weight for age, ask the care giver to return 14 days of this follow up visit. Continue follow-up until the infant is gaining weight well.

Exception:

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

LOW WEIGHT FOR AGE

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".

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

- If thrush is worse check that treatment is being given correctly.
- If 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 7 days.




ANNEX

IDENTIFY SKIN PROBLEM

IF SKIN IS ITCHING


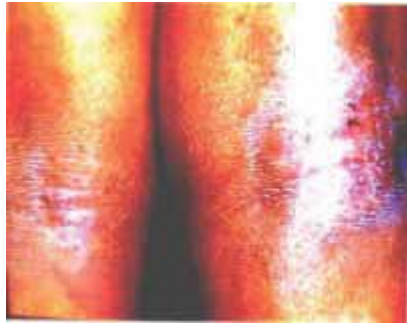

	SIGNS	CLASSIFY AS:	TREATMENT
	Itching rash with small papules and scratch marks. Dark spots with pale centres.	PAPULAR ITCHING RASH (PRURIGO)	Treat itching: <ul style="list-style-type: none">■ Calamine lotion■ Antihistamine oral■ If not improves 1% hydrocortisone Can be early sign of HIV and needs assessment for HIV.
	An itchy circular lesion with a raised edge and fine scaly area in the centre with loss of hair. May also be found on body or web on feet.	RING WORM (TINEA)	Whitfield ointment or other antifungal cream if few patches If extensive refer to hospital. If not give: Ketoconazole <ul style="list-style-type: none">■ for 2 up to 12 months(6-10 kg) 40mg per day■ for 12 months up to 5 years give 60 mg per day or give griseofulvin 10mg/kg/day If in hair, shave hair treat itching as above.
	Rash and excoriations on torso; burrows in web space and wrists. Face spared.	SCABIES	Treat itching as above manage with anti scabies: 25% topical Benzyl Benzoate at night, repeat for 3 days after washing and or 1% lindane cream or lotion once wash off after 12 hours.

IF SKIN HAS BLISTERS/SORES/PUSTULES




	SIGNS	CLASSIFY AS:	TREATMENT
	Vesicles over body. Vesicles appear progressively over days and form scabs after they rupture	CHIKEN POX	Treat itching as above Refer URGENTLY to hospital if pneumonia or jaundice appear.
	Vesicles in one area on one side of body with intense pain or scars plus shooting pain. Herpes zoster is uncommon in children except where they are immuno-compromised, for example.	HERPES ZOSTER	<ul style="list-style-type: none">■ Keep lesions clean and dry. Use local antiseptic.■ If eye involved give acyclovir 20 mg /kg 4 times daily for 5 days.■ Give pain relief.■ Follow-up in 7 days.
	Red, tender, warm crusts or small lesions.	IMPETIGO OR FOLLICULITIS	Clean sores with antiseptic. Drain pus if fluctuant. Start cloxacillin if size >4cm or red streaks or tender nodes or multiple abscesses for 5 days (25-50 mg/kg every 6 hours). Refer URGENTLY to hospital if child has fever and /or if infection extends to the muscle.

CLINICAL REACTION TO DRUGS

DRUG AND ALLERGIC REACTIONS

	SIGNS	CLASSIFY AS:	TREATMENT
	Generalized red, wide spread with small bumps or blisters; or one or more dark skin areas (fixed drug reactions).	FIXED DRUG REACTIONS	Stop medications give oral antihistamines, if peeling rash refer to hospital.
	Wet, oozing sores or excoriated, thick patches.	ECZEMA	Soak sores with clean water to remove crusts(no soap). Dry skin gently. Short time use of topical steroid cream not on face. Treat itching.
	Severe reaction due to cotrimoxazole or NVP involving the skin as well as the eyes and the mouth. Might cause difficulty in breathing.	STEVEN JOHNSON SYNDROME	Stop medication refer urgently to hospital.

NON-ITCHY

	SIGNS	CLASSIFY AS:	TREATMENT
	Skin coloured pearly white papules with a central umblication. It is most commonly seen on the face and trunk in children.	MOLLUSCUM CONTAGIOSUM	Can be treated by various modalities: <ul style="list-style-type: none">■ Leave them alone unless superinfected.■ Use of phenol: Pricking each lesion with a needle or sharpened orange stick and dabbing the lesion with phenol.■ Electrodesiccation.■ Liquid nitrogen application (using orange stick).■ Curettage.
	The common wart appears as papules or nodules with a rough (verrucous) surface.	WARTS	Treatment: <ul style="list-style-type: none">■ Topical salicylic acid preparations (eg. Duofilm).■ Liquid nitrogen cryotherapy.■ Electrocautery.
	Greasy scales and redness on central face, body folds.	SEBBHORREA	Ketoconazole shampoo. If severe, refer to hospital or provide tropical steroids. For seborrheic dermatitis: 1% hydrocortisone cream X 2 daily.

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

Name:Ask: What are the child's problems?

Age:Weight (kg):Initial Visit?

Height/Length (cm):Follow-up Visit?

Temperature (°C):

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGN

- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS

LETHARGIC OR UNCONSCIOUS

- CONVULSING NOW

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

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

DOES THE CHILD HAVE DIARRHOEA?

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

- Look at the child's general condition. Is the child:
 - Lethargic or unconscious?
- Look for sunken eyes.
- Offer the child fluid. Is the child:
 - Not able to drink or drinking poorly?
- 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)

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

Do a malaria test, if NO obvious cause of fever:

Test POSITIVE? P. falciparum P. vivax NEGATIVE?

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

- Look for pus draining from the ear.
- Look for mouth ulcers.
- Look for pus draining from the eye.
- Look for clouding of the cornea.

DOES THE CHILD HAVE AN EAR PROBLEM?

- Is there ear pain?
- Is there ear discharge? If Yes, for how long? ____ Days

THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA

- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.
- Look for oedema of both feet.
- Determine WFH/L z-score:
 - Less than -3?
 - Between -3 and -2?
 - -2 or more ?
- Child 6 months or older measure MUAC ____ mm.
- Look for palmar pallor.
 - Severe palmar pallor? Some palmar pallor?
- Is there any medical complication? Pneumonia with chest indrawing?
- Any severe classification?
- Child 6 months or older: Offer RUTF to eat. Is the child:
 - Not able to finish?
 - Able to finish?
- Child less than 6 months: Is there a breastfeeding problem?

if child has MUAC less than 115 mm or WFH/L less than -3 Z scores:

CHECK THE CHILD'S IMMUNIZATION CARD (write on the vaccination card with a pen the vaccines that are already done and with a pencil the dates for the next vaccine doses)

ASSESS FEEDING if the child is less than 2 years old, has MODERATE ACUTE MALNUTRITION or ANAEMIA

- 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 foods or fluids? Yes ____ No ____
 - If Yes, what food or fluids?
 - How many times per day? ____ times. What do you use to feed the child?
 - If MODERATE ACUTE MALNUTRITION: 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? Yes ____ No ____
 - If Yes, how?

ASSESS OTHER PROBLEMS:

Ask about care giver's own health

CLASSIFY

General danger sign present?
Yes ____ No ____
Remember to use Danger sign when selecting classifications

Yes ____ No ____

Yes ____ No ____

Yes ____ No ____

Yes ____ No ____

Yes ____ No ____

FEEDING PROBLEMS

TREAT

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

Return for follow-up in ... days. Advise care giver when to return immediately. Give any immunization and feeding advice needed today.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS - LEBANON

MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

Name:
Ask: What are the infant's problems?:
ASSESS (Circle all signs present)

Age:Weight (kg):Initial Visit?Temperature (°C):
Follow-up Visit?
CLASSIFY

CHECK FOR SEVERE DISEASE AND LOCAL BACTERIAL INFECTION

- Is the infant having difficulty in feeding?
- Has the infant had convulsions?

THEN CHECK FOR JAUNDICE

- When did the jaundice appear first?

DOES THE YOUNG INFANT HAVE DIARRHOEA?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

- If the infant has no indication to refer urgently to hospital
 - Is there any difficulty feeding? Yes ___ No ___
 - Is the infant breastfed? Yes ___ No ___ times
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?
 - What do you use to feed the child?

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.
 - 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 ___
 - Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?

not sucking

sucking effectively

CHECK THE CHILD'S IMMUNIZATION CARD (write on the vaccination card with a pen the vaccines that are already done and with a pencil the dates for the next vaccine doses)

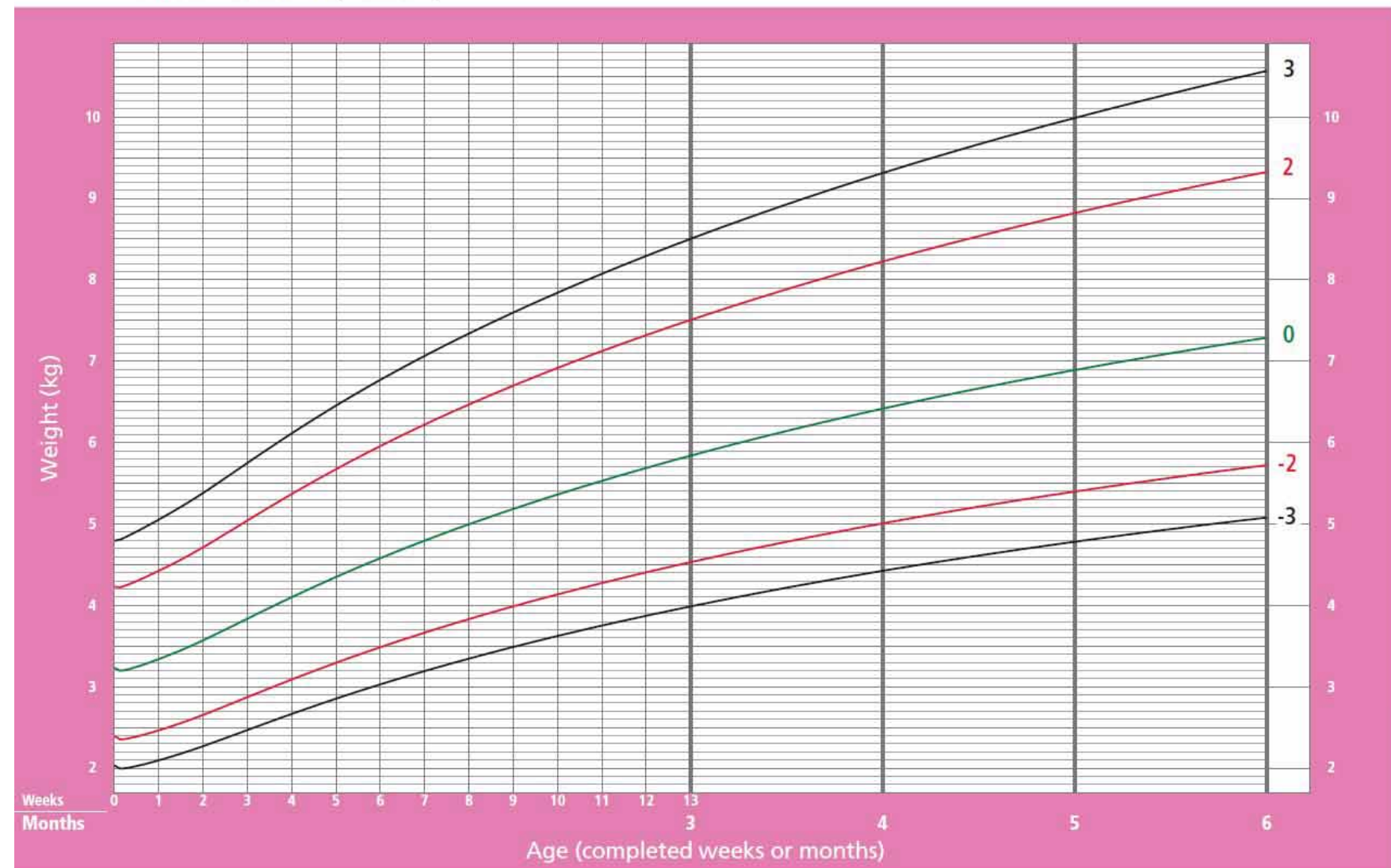
ASSESS OTHER PROBLEMS:

Return for next immunization on: (Date)

Return for follow-up in ... days. Advise care giver when to return immediately. Give any immunization and feeding advice needed today.

Weight-for-age GIRLS

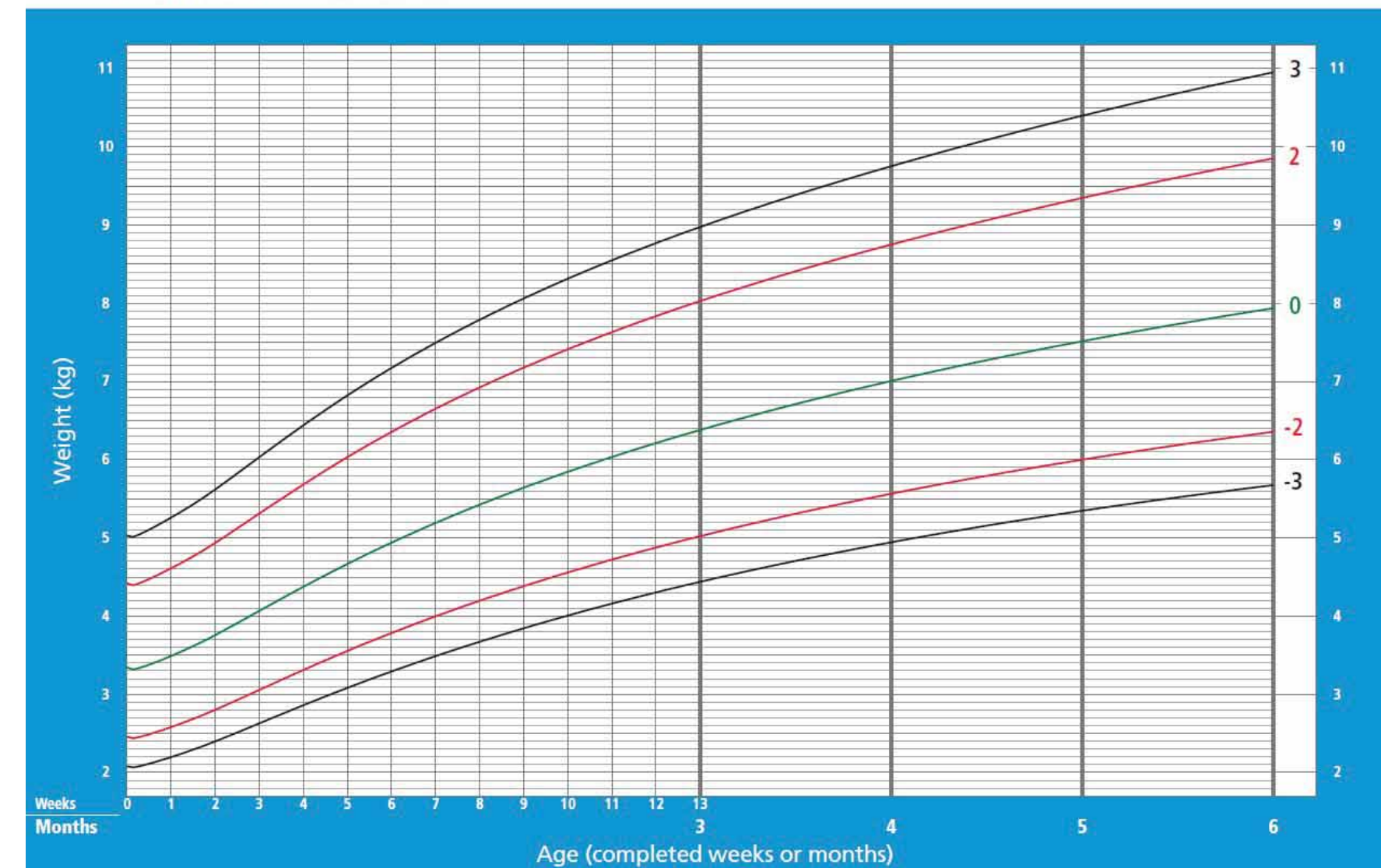
Birth to 6 months (z-scores)



WHO Child Growth Standards

Weight-for-age BOYS

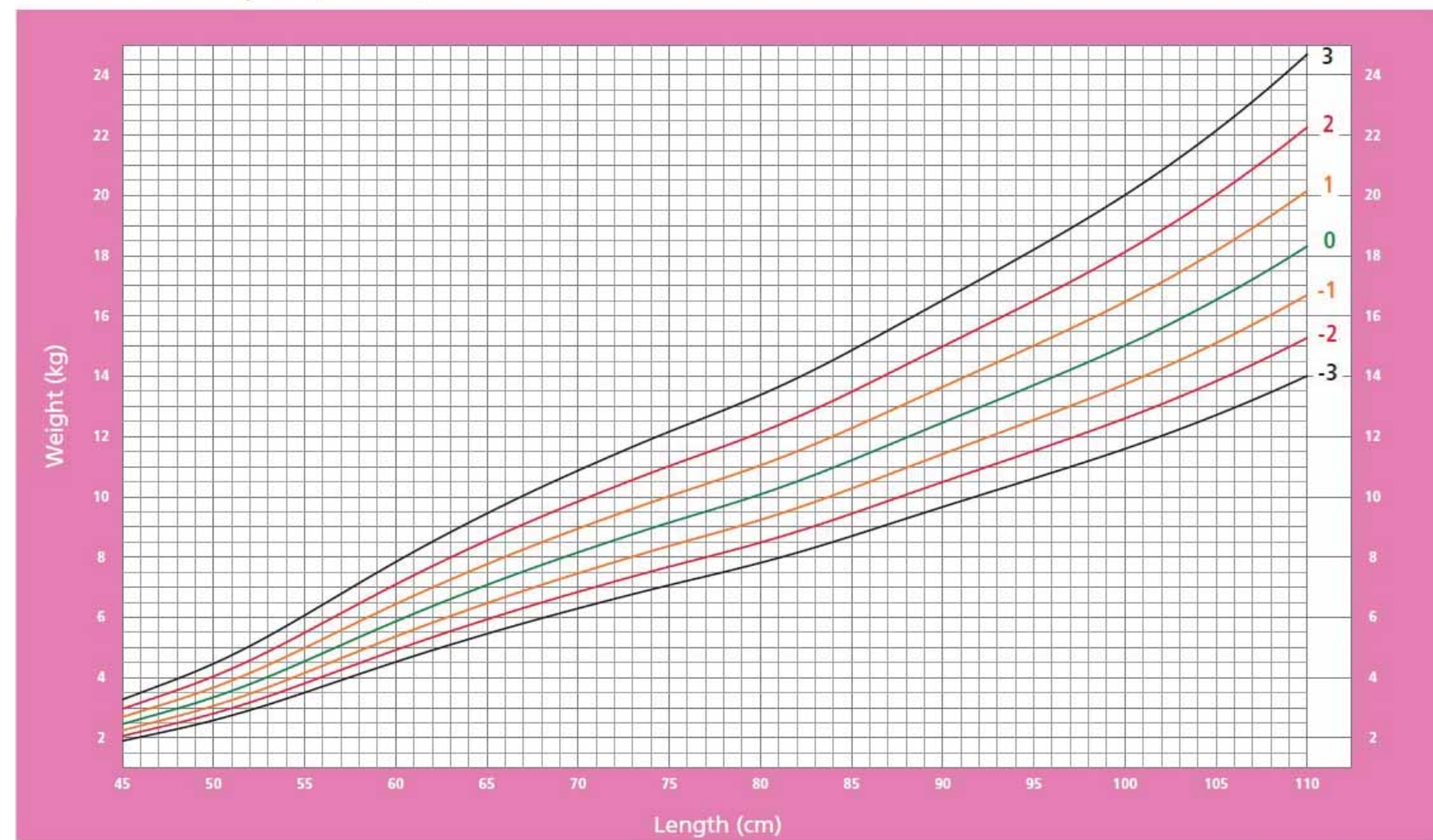
Birth to 6 months (z-scores)



WHO Child Growth Standards

Weight-for-length GIRLS

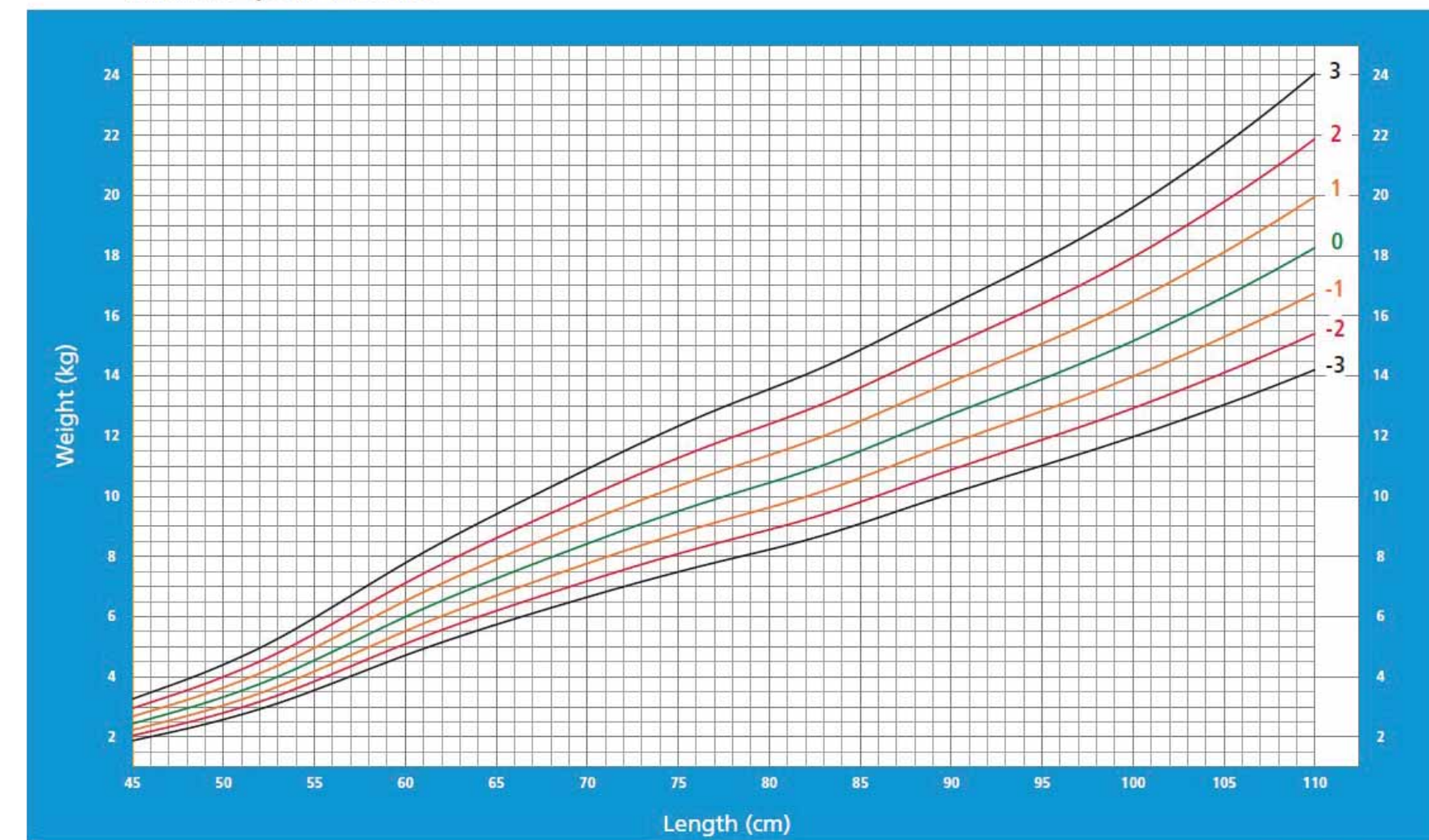
Birth to 2 years (z-scores)



WHO Child Growth Standards

Weight-for-length BOYS

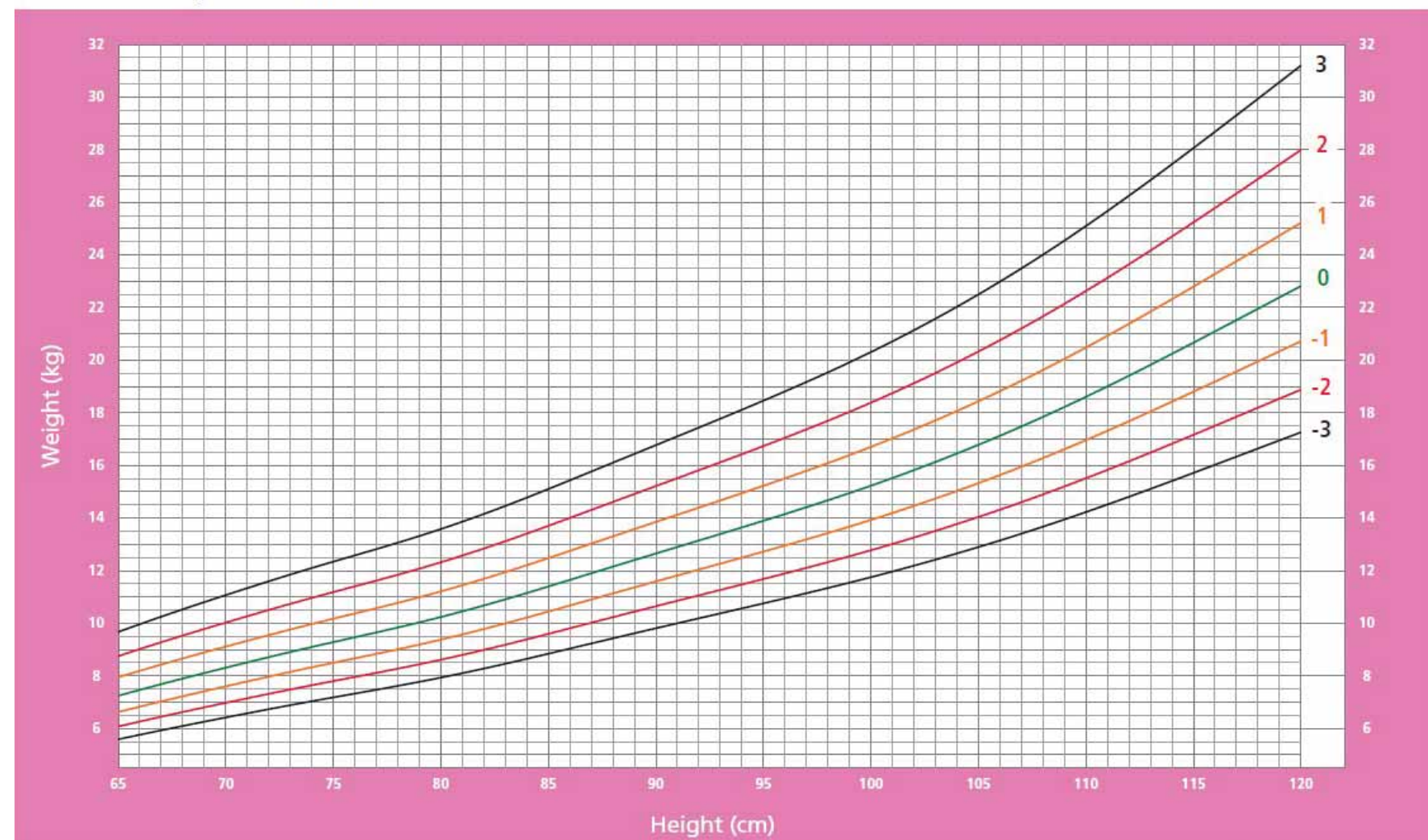
Birth to 2 years (z-scores)



WHO Child Growth Standards

Weight-for-Height GIRLS

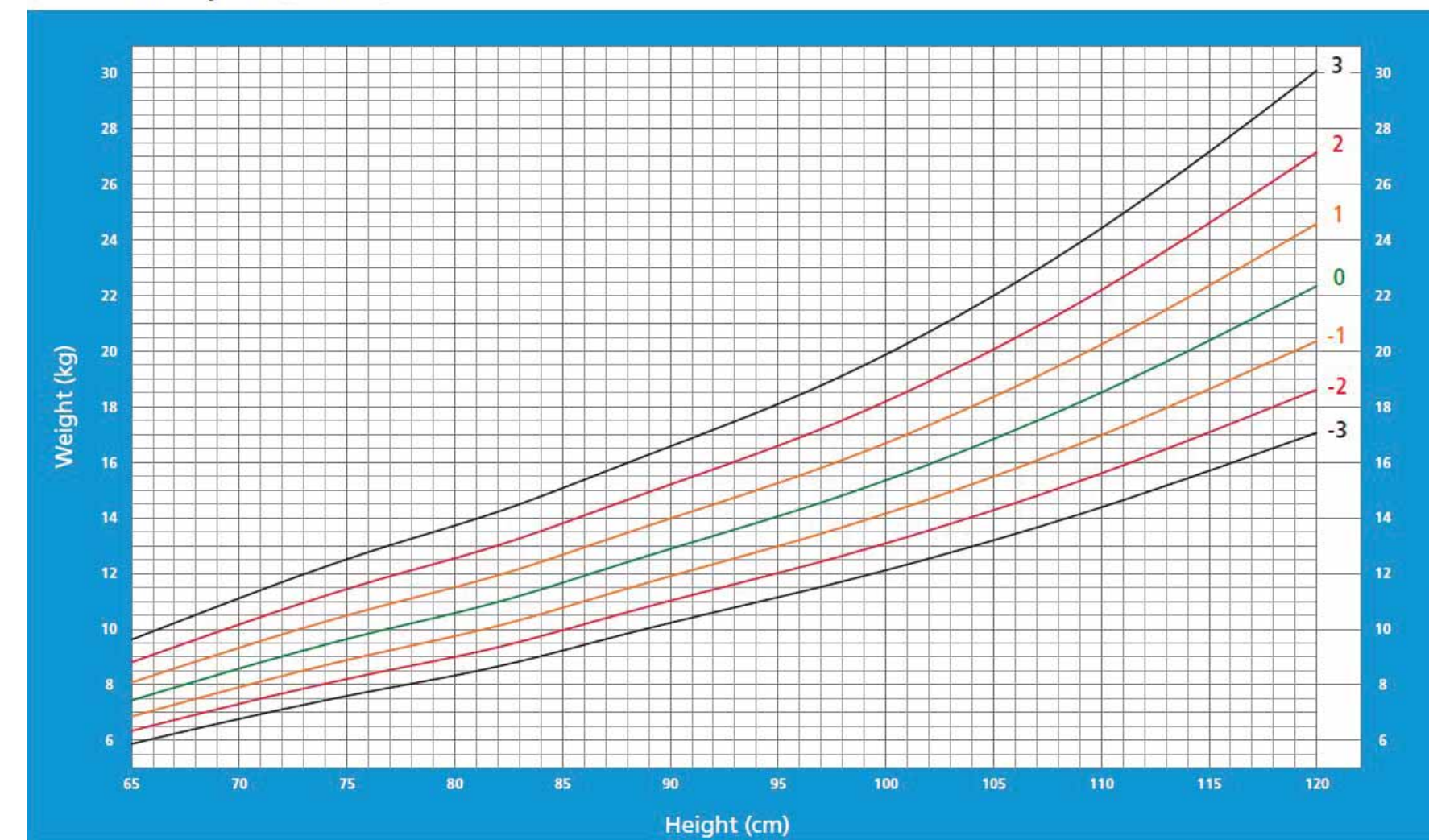
2 to 5 years (z-scores)



WHO Child Growth Standards

Weight-for-height BOYS

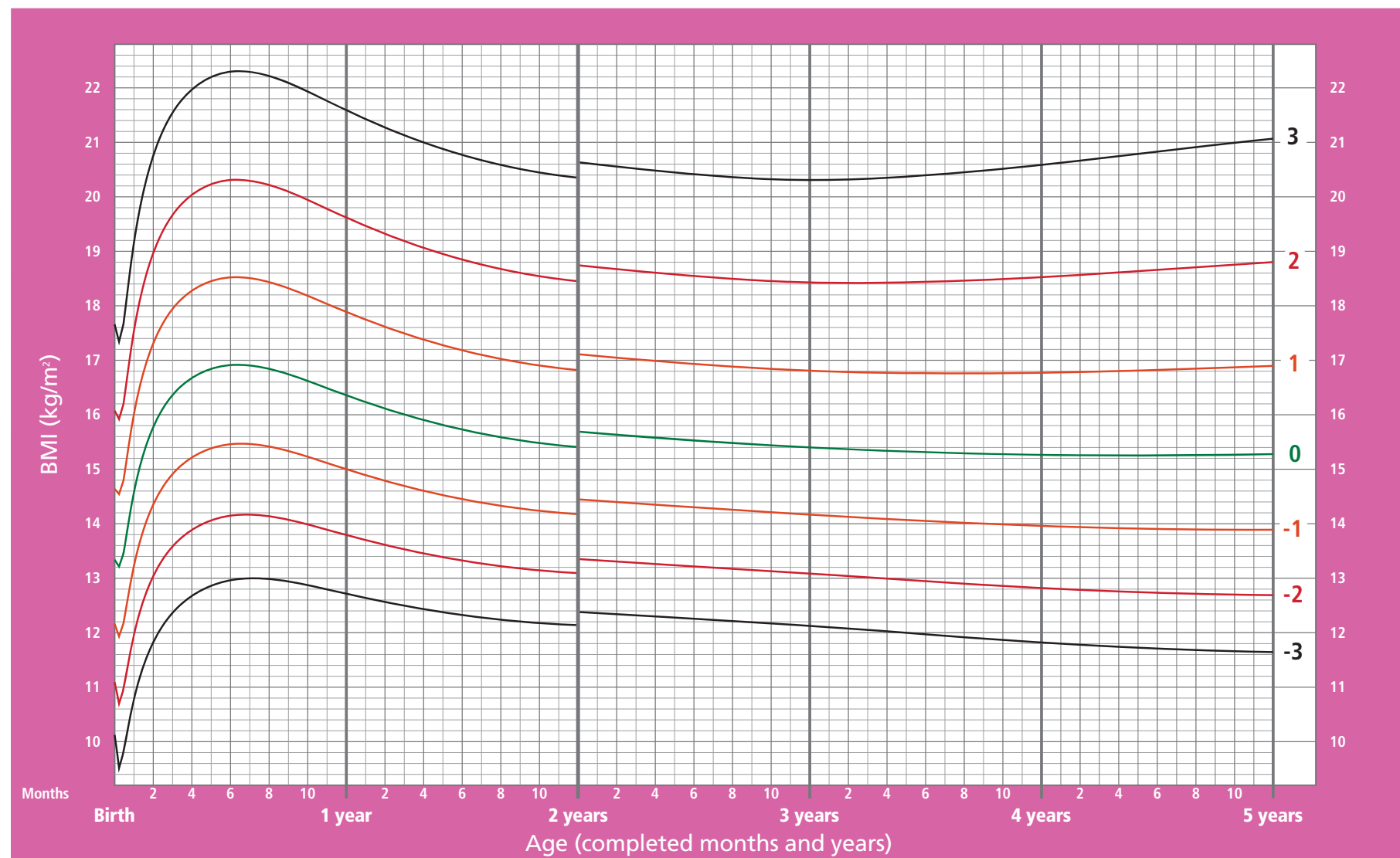
2 to 5 years (z-scores)



WHO Child Growth Standards

BMI-for-age GIRLS

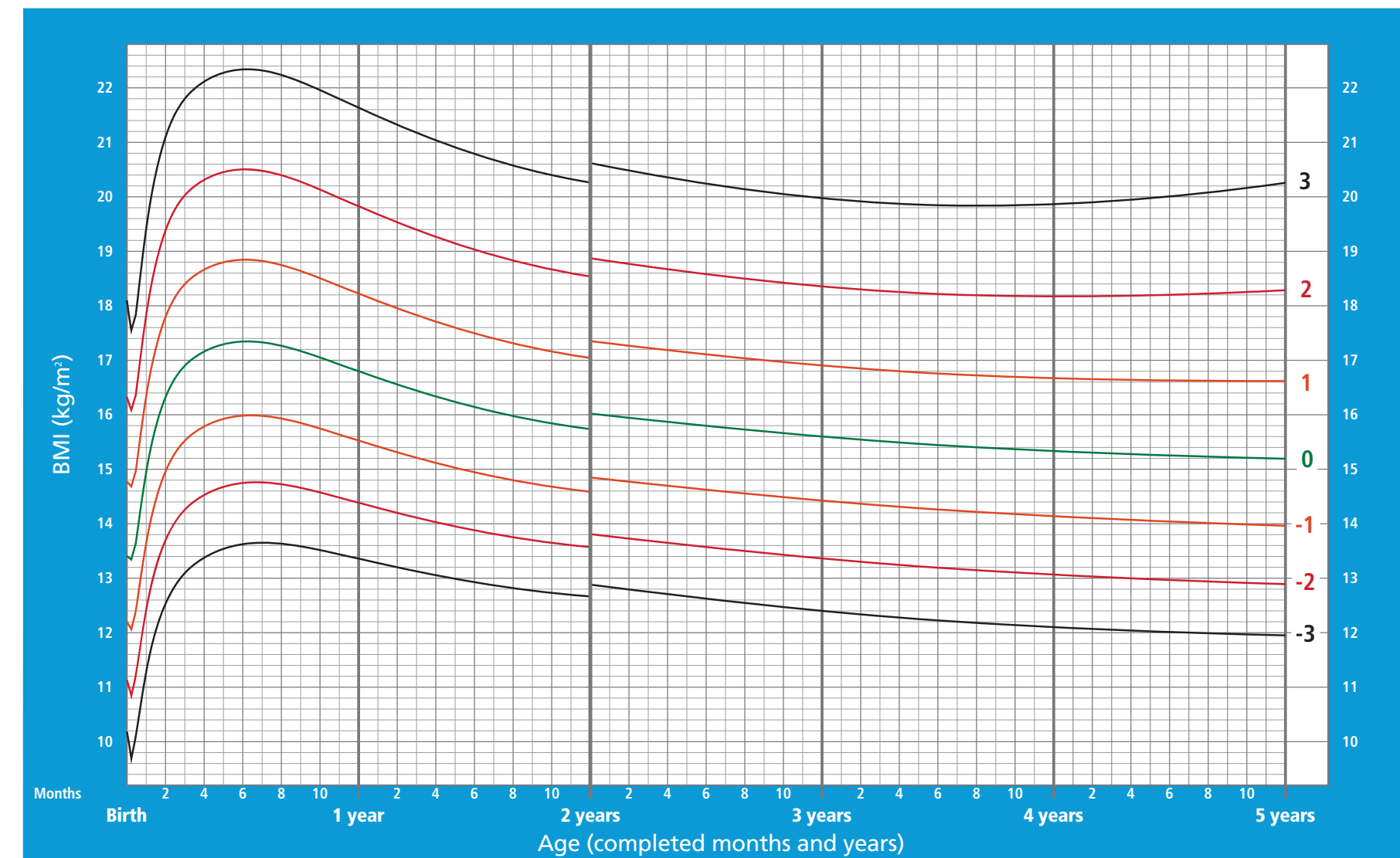
Birth to 5 years (z-scores)



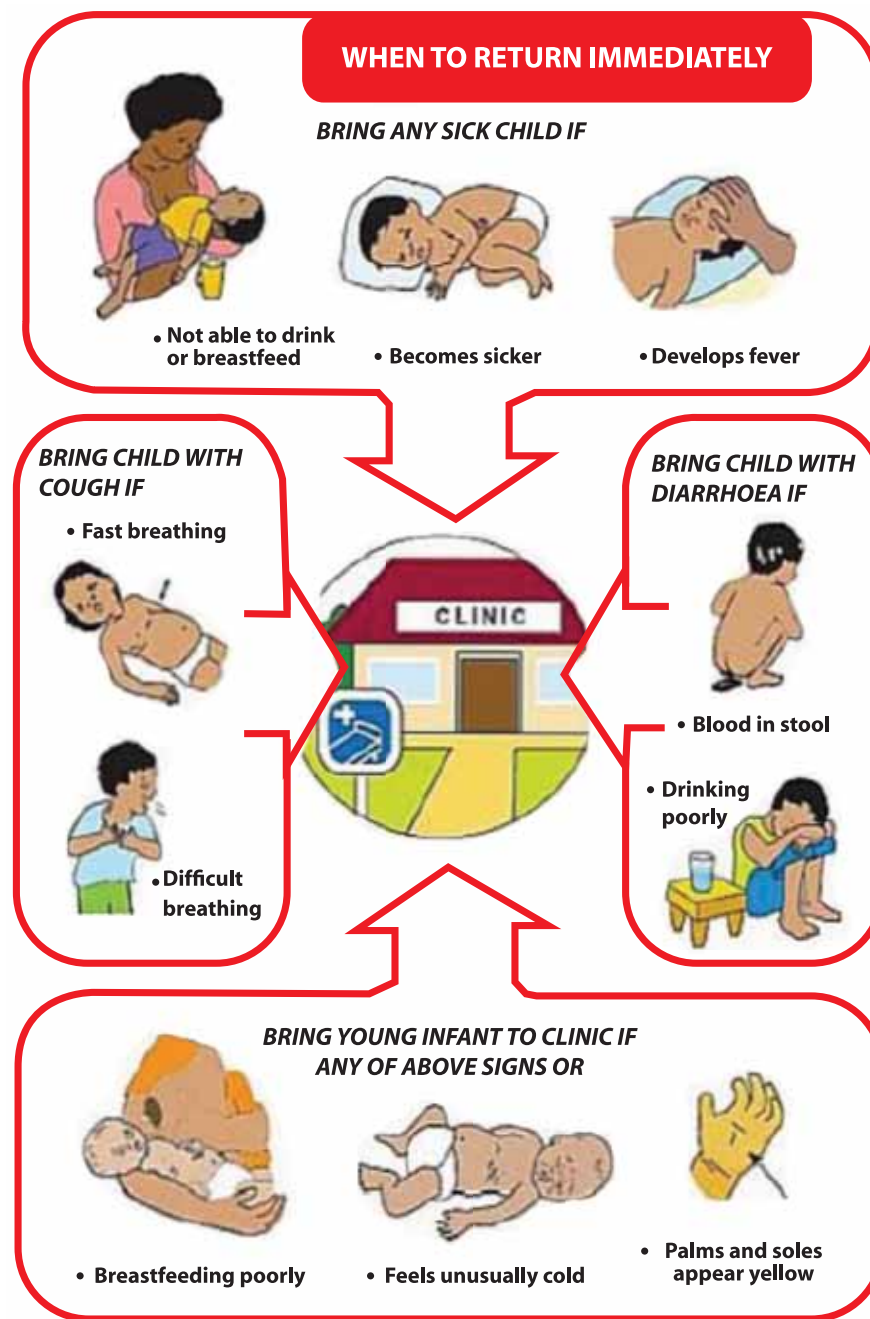
WHO Child Growth Standards

BMI-for-age BOYS

Birth to 5 years (z-scores)



WHO Child Growth Standards



GIVE GOOD HOME CARE FOR YOUR CHILD

FOR ANY SICK CHILD:

- If child is breastfed, breastfeed more frequently and for longer at each feed.
- If child is taking breastmilk substitutes, increase the amount of milk given
- Increase other fluids. You may give soup, rice water, yoghurt drinks or clean water, Give these fluids as much as the child will take. Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes then continue - but more slowly

EXCLUSIVELY BREASTFEED THE YOUNG INFANT

- Give only breastfeeds to the young infant
- Breastfeed frequently, as often and for as long as the infant wants

MAKE SURE THAT THE YOUNG INFANT IS KEPT WARM AT ALL TIMES

- In cool weather cover the infant's head and feet and dress the infant with extra clothing

FOR CHILD WITH DIARRHOEA:

- Breastfeed frequently and for longer at each feed
- Give fluids:
 - ☐ ORS
 - ☐ Food based fluids, such as soup, rice water, yogurt drinks
 - ☐ Clean water
- Give zinc supplement, if the child aged more than 2 months and if zinc is given
- Continue giving extra fluid until the diarrhoea stops

PRINCIPLES OF THE INTEGRATED CLINICAL CASE MANAGEMENT

IMCI clinical guidelines are based on the following principles:

- 1 Examining all sick children aged up to five years of age for general danger signs and all young infants for signs of very severe disease. These signs indicate severe illness and the need for immediate referral or admission to hospital.
- 2 The children and infants are then assessed for main symptoms:
 - ◆ In older children the main symptoms include:
 - Cough or difficulty breathing.
 - Diarrhoea.
 - Fever, and
 - Ear infection.
 - ◆ In young infants, the main symptoms include:
 - Local bacterial infection.
 - Diarrhoea, and
 - Jaundice.
- 3 Then in addition, all sick children are routinely checked for:
 - Nutritional and immunization status.
 - HIV status in high HIV settings, and
 - Other potential problems.
- 4 Only a limited number of clinical signs are used, selected on the basis of their sensitivity and specificity to detect disease through classification.

A combination of individual signs leads to a child's classification within one or more symptom groups rather than a diagnosis. The classification of illness is based on a colour-coded triage system:

 - ◆ "PINK" indicates urgent hospital referral or admission.
 - ◆ "YELLOW" indicates initiation of specific outpatient treatment.
 - ◆ "GREEN" indicates supportive home care.
- 5 IMCI management procedures use a limited number of essential drugs and encourage active participation of caregivers in the treatment of their children.
- 6 An essential component of IMCI is the counselling of caregivers regarding home care:
 - ◆ Appropriate feeding and fluids,
 - ◆ When to return to the clinic immediately, and
 - ◆ When to return for follow-up

