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## 16.0 Respiratory Conditions

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### 16.1 Acute respiratory infections (ARI) in children

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- Most ARI are mild, self-limiting viral infections
- The Malawi ARI Control Programme emphasizes standard case management as its main strategy. This includes:
  - Early diagnosis
  - Appropriate drug use
  - Timely referral
  - Advice on suitable home care
- Refer to **ARI Control Programme Guidelines, MOHP 1998** for more information
- Refer to the **WHO's Management of the Child with Cough or Difficult Breathing** for a summary of patient assessment, classification of illness and treatment instructions

**ARI Case Management**

1. Refer all cases for severe disease/pneumonia to hospital for admission after initial i/m doses of recommended antibiotics
2. Treat all pneumonia cases as out-patients with cotrimoxazole or amoxycilin
3. Do not use cough mixtures – they have no role to play in ARI management

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#### 16.1.1 Home care of children with ARI

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##### 16.1.1.1 Home care of child with ARI (2 mths – 5 yrs)

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Advise mother to:

- Watch out for these danger signs (which may indicate pneumonia) and return quickly to the health facility if any occur:
  - Breathing becomes difficult
  - Breathing becomes fast
  - Child cannot drink
  - Child becomes more ill
- Feed the child
  - Continue feeding the child during illness
  - Increase feeding after illness
  - Clear blocked nose if interfering with feeding
- Increase fluids
  - If > 6 months old, offer the child extra fluids to drink

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- Increase breast-feeding
- Soothe throat and relieve cough
  - Give sips of water or other (preferably warm) fluids
- Treat fever
  - Give paracetamol in the recommended dose every 6 hours until the high fever stops (see *Section 10.1 page 91*)
  - Increase fluids (see above)
  - Do not overdress or overwrap the child, i.e. keep the child lightly dressed
- Complete prescribed treatment
  - Complete this even if the child becomes better
- Return for follow-up assessment after 2 days if child is being treated for pneumonia.

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### 16.1.1.2 Home care of child with ARI (young infant)

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Advise mother to:

- Watch out for these danger signs and return quickly to the health facility if any occur
  - Breathing becomes difficult
  - Breathing becomes fast
  - Young infant not able to feed properly
  - Young infant becomes more ill
- Keep the young infant warm
- Breast-feed often
- Clear blocked nose if interfering with feeding

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### 16.1.2 Common cold (nasopharyngitis)

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- Coughs are commonly associated with colds
- Antibiotics should not be given
- Often causes fever in young children which may last up to 72 hours
- In infants, nasal discharge may interfere with breast-feeding and cause difficult in breathing
- Rule out pneumonia, otitis media, and streptococcal pharyngitis
  - Advise mother on how to correctly provide suitable home care (see *Section 16.1.1 page 132*)

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### 16.1.3 Sinusitis

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- Most sinusitis is viral and self-limiting, requiring no antibiotics