<table>
<thead>
<tr>
<th>CONTENTS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESSENTIAL NEWBORN CARE: IMMEDIATE ACTIONS</strong></td>
<td>4</td>
<td>Feeding problem</td>
</tr>
<tr>
<td><strong>NEWBORN: IMMEDIATE ASSESSMENT AND CARE</strong></td>
<td>5</td>
<td>Thrush</td>
</tr>
<tr>
<td>Assess for breathing problem</td>
<td>5</td>
<td>Diarrhoea</td>
</tr>
<tr>
<td>Assess and classify for weight and gestational age</td>
<td>6</td>
<td>Newborn danger signs</td>
</tr>
<tr>
<td><strong>SICK YOUNG INFANT FROM BIRTH TO 2 MONTHS</strong></td>
<td>7</td>
<td>Maternal danger signs</td>
</tr>
<tr>
<td>Check for very severe disease, local bacterial infection and jaundice</td>
<td>7</td>
<td>Give 4 follow care to all newborns and mothers after delivery: 6-24 hours visit, 3rd and 6th days visit, 6th weeks visit</td>
</tr>
<tr>
<td>Does the young infant have diarrhea?</td>
<td>8</td>
<td>Record form of the sick young infant</td>
</tr>
<tr>
<td>Check for HIV infection</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Then check for feeding problem or under weight</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Then check the young infant’s immunization status</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td><strong>TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER</strong></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Newborn resuscitation</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Tips to help mother breastfeed her low birth weight baby</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Expressing breastmilk</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Tips for storing and using stored breastmilk</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Show families how to cup feed</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Counsel mother on infection prevention actions</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Treat diarrhoea,</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Immunize every sick young infant</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Teach mother to treat local infections at home</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Teach Correct positioning and attachment for breastfeeding</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Home care for young infant: Feeding, When to return for follow up, and when to return immediately</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td><strong>GIVE FOLLOW UP CARE FOR THE SICK YOUNG INFANT</strong></td>
<td>17</td>
<td>Jaundice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## CONTENTS

### SICK CHILD 2 MONTHS UP TO 5 YEARS

<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Check for General Danger Signs</td>
<td>34</td>
</tr>
<tr>
<td>21</td>
<td>Then Ask About Main Symptoms:</td>
<td>34</td>
</tr>
<tr>
<td>21</td>
<td>Does the child have cough or difficult breathing?</td>
<td>35</td>
</tr>
<tr>
<td>22</td>
<td>Does the child have diarrhoea?</td>
<td>35</td>
</tr>
<tr>
<td>23</td>
<td>Does the child have fever?</td>
<td>35</td>
</tr>
<tr>
<td>24</td>
<td>Does the child have an ear problem?</td>
<td>35</td>
</tr>
<tr>
<td>25</td>
<td>Then Check for Malnutrition</td>
<td>35</td>
</tr>
<tr>
<td>26</td>
<td>Check for Anaemia</td>
<td>35</td>
</tr>
<tr>
<td>27</td>
<td>Check for HIV infection</td>
<td>35</td>
</tr>
<tr>
<td>28</td>
<td>Then Check the Child's Immunization, Vitamin A Status</td>
<td>36</td>
</tr>
<tr>
<td>28</td>
<td>Assess Other Problems</td>
<td>36</td>
</tr>
<tr>
<td>28</td>
<td>Ask the mother about her own health</td>
<td>36</td>
</tr>
<tr>
<td>28</td>
<td>How to do Rapid Diagnostic Test (RDT) for malaria</td>
<td>36</td>
</tr>
<tr>
<td>29-31</td>
<td>Give treatments in the table</td>
<td>37</td>
</tr>
</tbody>
</table>

### TREAT THE CHILD

<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Teach the Mother to Give Oral Drugs at Home</td>
<td>37</td>
</tr>
<tr>
<td>32</td>
<td>Oral Antibiotic (Cotrimoxazole)</td>
<td>37</td>
</tr>
<tr>
<td>33</td>
<td>Zinc for children with diarrhoea</td>
<td>38</td>
</tr>
<tr>
<td>33</td>
<td>Paracetamol</td>
<td>39</td>
</tr>
<tr>
<td>33</td>
<td>Vitamin A</td>
<td>40</td>
</tr>
<tr>
<td>33</td>
<td>Mebendazole/Albendazole</td>
<td>40</td>
</tr>
<tr>
<td>34</td>
<td>Oral Antimalarial</td>
<td>41</td>
</tr>
<tr>
<td>34</td>
<td>Coartem</td>
<td>42</td>
</tr>
</tbody>
</table>

### COUNSEL THE MOTHER

<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Teach the mother/caretaker of a child admitted to OTP</td>
<td></td>
</tr>
</tbody>
</table>

### Food

<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Assess the Child's Feeding</td>
<td></td>
</tr>
<tr>
<td>CONTENTS</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Feeding Recommendations during sickness and health</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Counsel About Feeding Problems</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td><strong>Fluid</strong></td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Increase Fluid During Illness</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td><strong>When to Return</strong></td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Advise the Mother When to Return to Health worker</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>When to return for follow up</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>When to return immediately</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>For next well-child visit</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Counsel the Mother About Her Own Health</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td><strong>GIVE FOLLOW UP CARE</strong></td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Fever-Malaria Unlikely (Low Malaria Risk)</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Fever No malaria (No Malaria Risk)</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Feeding Problem</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Moderate Acute malnutrition</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Follow up of the child with severe uncomplicated severe malnutrition</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Discharging the child who has been admitted to OTP</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Target weight for discharge from OTP</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Recording form of the sick child</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Referral Form</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>
Immediate Newborn Care After Birth

**Step 1**
Deliver baby on to mother’s abdomen or into her arms

**Step 2**
Dry baby’s body with dry towel. Wipe eyes. Wrap with another dry one and cover head.

**Step 3:**
Assess breathing, if not breathing or gasping or if breathing is <30 breaths per minute, then resuscitate.

**Step 4:**
Tie the cord two finger from abdomen and another tie two fingers from the 1st one. Cut between the two ties and separate the baby from the placenta.

**Step 5**
Place the baby in skin-to-skin contact with his mother and on the breast to initiate breastfeeding, keep in skin to skin for 1 hour.

**Step 6**
Apply Tetracycline eye ointment once to the newborn’s eyes.

**Step 7:**
Give Vitamin K,1mg IM on the baby’s anterior mid

**Step 8:**
Weigh the baby

- Delay bathing of the baby for 24 hours after birth
- Provide four postnatal visits at 6 - 24 hours, 3 days, 7 days and 6 weeks
### Assess

**NEWBORN - IMMEDIATE ASSESSMENT AND CARE**

**ASSESS**

- Dry, wrap with dry cloth and cover head

**CLASSIFY**

- Assess, Look:
  - Is baby not breathing?
  - Is baby gasping?
  - If one of the above is not there, count breaths in one minute

**IDENTIFY TREATMENT & CARE**

- Use all boxes that match infant's symptoms and problems to classify the illness

#### Assess for breathing problem

<table>
<thead>
<tr>
<th>Signs</th>
<th>Classify</th>
<th>Identify Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>If any of the following sign is present</td>
<td>BIRTH ASPHYXIA</td>
<td>Start Resuscitation</td>
</tr>
<tr>
<td>▶ Not breathing OR</td>
<td></td>
<td>▶ Position baby supine &amp; neck slightly extended</td>
</tr>
<tr>
<td>▶ Gasping OR</td>
<td></td>
<td>▶ Clear the airway with gauze or clean cloth</td>
</tr>
<tr>
<td>▶ Breathing poorly (less than 30 breaths per minute)</td>
<td></td>
<td>▶ Ventilate with appropriate size mask and self-inflating bag</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ If baby remain weak or has irregular breathing after 20 minutes refer urgently to health center/hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ If successful within 20 minutes continue to give essential newborn care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Follow after 6hrs, 12hrs, 24hrs, 3rd day, 7th day and 6th week</td>
</tr>
<tr>
<td>▶ Strong cry OR</td>
<td>NO BIRTH ASPHYXIA</td>
<td>Continue with the essential newborn Care</td>
</tr>
<tr>
<td>▶ More than 30 breaths per minute</td>
<td></td>
<td>▶ Skin-to-skin contact with mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Initiate immediate breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Apply Tetracycline to the newborn’s eyes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Give Vitamin K</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Delay bathing for 24 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Provide 4 follow-up visits at age 6-24 hrs, 3 days 7 days and 6 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▶ Advise mother when to return back immediately</td>
</tr>
</tbody>
</table>
NEWBORN - IMMEDIATE ASSESSMENT AND CARE

ASSESS

ASSESS AND CLASSIFY BIRTH WEIGHT & GESTATIONAL AGE (within 7 days of life)*

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| Weight < 1500gm OR gestational Age < 32 weeks | VERY PRETERM AND/OR VERY LOW BIRTH WEIGHT | ➤ Continue feeding with expressed breastmilk  
➤ Cover the baby well including head with blanket/Gabi and hold close to mother’s body  
➤ Refer URGENTLY with mother to health center/hospital |
| Weight 1500 to < 2500 grams OR gestational age 32-<37 weeks | PRETERM AND/OR LOW BIRTH WEIGHT | ➤ Cover the baby well, including head with blanket/Gabi and hold close to mother’s body  
➤ Counsel on optimal breastfeeding  
➤ Counsel mother/family on prevention of infection  
➤ Give Vitamin K 1mg IM on anterior mid thigh  
➤ Provide 4 follow-up visits at age 6-24 hrs, 3 days, 7 days and then every week until baby is 1 month  
➤ Advise mother when to return back immediately |
| Weight ≥ 2500gm AND gestational age ≥ 37 weeks | TERM AND NORMAL WEIGHT | ➤ Counsel on optimal breastfeeding  
➤ Continue skin-to-skin contact  
➤ Counsel mother/family on prevention of infection  
➤ Give Vitamin K 1mg IM on anterior mid thigh  
➤ Provide three follow up visits at age 6-24 hrs, 3 days 7 days and 6 weeks  
➤ Advise mother when to return back immediately |

This definition of birth weight is an operational definition to include newborns up to 7 days
**CHECK FOR VERY POSSIBLE BACTERIAL/SEVERE DISEASE, AND JAUNDICE**

**ASK:**
- Has the infant had convulsions?
- Has the infant stopped feeding well?

**LOOK, LISTEN, FEEL:**
- Count the breaths in one minute
  - Repeat the count if 60 or more
- Look for severe chest indrawing
- Look and listen for grunting
- Look at the umbilicus. Is it red or draining pus
- Measure temperature (if axillary temperature 37.5°C or above (or feels hot to touch) or temperature less than 35.5°C (or feels cold to touch)
- Look for the young infant’s movement.
  - Does the infant move only when stimulated?
  - Does the infant not move even when stimulated?
- Look for skin pustules
- Look for jaundice
  - Only the skin and eyes yellow
  - Are the palms and soles yellow?
  - Is the age less than 24 hours or more than 14 days?

**ASSSESS**
ASK THE MOTHER WHAT THE YOUNG INFANT’S PROBLEMS ARE
- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions
  - if initial visit, assess the young infant as follows:

**CHECK FOR VERY POSSIBLE BACTERIAL/SEVERE DISEASE, AND JAUNDICE**

**ASK:**
- Has the infant had convulsions?
- Has the infant stopped feeding well?

**LOOK, LISTEN, FEEL:**
- Count the breaths in one minute
  - Repeat the count if 60 or more
- Look for severe chest indrawing
- Look and listen for grunting
- Look at the umbilicus. Is it red or draining pus
- Measure temperature (if axillary temperature 37.5°C or above (or feels hot to touch) or temperature less than 35.5°C (or feels cold to touch)
- Look for the young infant’s movement.
  - Does the infant move only when stimulated?
  - Does the infant not move even when stimulated?
- Look for skin pustules
- Look for jaundice
  - Only the skin and eyes yellow
  - Are the palms and soles yellow?
  - Is the age less than 24 hours or more than 14 days?

**ASSSESS**
ASK THE MOTHER WHAT THE YOUNG INFANT’S PROBLEMS ARE
- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions
  - if initial visit, assess the young infant as follows:

**CLASSIFY**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convulsions OR</td>
<td>Not feeding well OR</td>
<td>Breastfeed more frequently (or expressed breastmilk if unable to suck but is conscious)</td>
</tr>
<tr>
<td>Fast breathing (60 breaths per minute or more) OR</td>
<td>Severe chest indrawing OR</td>
<td>Advise mother on the need for referral</td>
</tr>
<tr>
<td>Grunting OR</td>
<td>Fever (37.5°C or above or feels hot) OR Low body temperature (less than 35.5°C or feels cold) OR</td>
<td>Refer URGENTLY to health center/hospital.</td>
</tr>
<tr>
<td>Movement only when stimulated OR</td>
<td>No movement even when stimulated</td>
<td>Advise mother to cover the baby well, including head with blanket/Gabi and hold close to her body on the way to hospital/health center</td>
</tr>
<tr>
<td>Umbilicus red or draining pus OR Skin pustules</td>
<td>None of the signs of severe disease or local bacterial infection</td>
<td>Breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother on the need for referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to health center/hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother to keep the young infant warm on the way to health center/hospital</td>
</tr>
<tr>
<td>Palms and soles yellow OR Age less than 24 hours OR Age 14 days or more</td>
<td>None of the signs of severe disease or local bacterial infection</td>
<td>Breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise the mother to give home care for the young infant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother when to return back immediately</td>
</tr>
<tr>
<td>Only the skin and eyes yellow</td>
<td>Local bacterial infection</td>
<td>Breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother on the need for referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to health center/hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother to cover the baby well, including head with blanket/Gabi and hold close to her body on the way to hospital/health center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Only the skin and eyes yellow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JAUNDICE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother to keep the young infant warm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expose to sunshine 20 to 30 minutes every day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise mother when to return back immediately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up in 2 days</td>
</tr>
</tbody>
</table>

**IDENTIFY**

**TREATMENT**
- Breastfeed more frequently
- Refer URGENTLY to health center/hospital
- Advise mother to cover the baby well, including head with blanket/Gabi and hold close to her body on the way to hospital/health center
- Advice mother to keep the young infant warm on the way to health center/hospital
- Breastfeed more frequently
- Advise mother to give home care for the young infant
- Advise mother when to return back immediately
- Follow-up in 2 days

**LOCAL BACTERIAL INFECTION**

- Umbilicus red or draining pus
- Skin pustules

**SEVERE JAUNDICE**

- Palms and soles yellow
- Age less than 24 hours
- Age 14 days or more

**JAUNDICE**

- Only the skin and eyes yellow
**THEN ASK:** Does the young infant have diarrhoea?

### IF YES, ASK:

**LOOK AND FEEL:**
- Look at the young infant’s general condition.
  - Does the infant move only when stimulated?
  - Does the infant not move even when stimulated?
- Is the infant restless and irritable?
- Pinch the skin of the abdomen.
  - Does it go back: Very slowly (longer than 2 seconds)?
  - Slowly (less than 2 seconds)?

**LOOK AND FEEL:**
- Look at the young infant’s general condition.
- Does the infant move only when stimulated?
- Does the infant not move even when stimulated?
- Is the infant restless and irritable?
- Pinch the skin of the abdomen.
  - Does it go back: Very slowly (longer than 2 seconds)?
  - Slowly (less than 2 seconds)?

**LOOK AND FEEL:**
- Look at the young infant’s general condition.
- Does the infant move only when stimulated?
- Does the infant not move even when stimulated?
- Is the infant restless and irritable?
- Pinch the skin of the abdomen.
  - Does it go back: Very slowly (longer than 2 seconds)?
  - Slowly (less than 2 seconds)?

### Classify all children with diarrhoea for dehydration

**SIGNS**
- Two of the following signs:
  - movement only when stimulated
  - No movement even when stimulated
  - Sunken eyes
  - Skin pinch goes back very slowly.

**CLASSIFY AS**
- SEVERE DEHYDRATION
  - Refer URGENTLY to health center/hospital with mother giving frequent sips of ORS on the way.
  - Advise mother to breastfeed more frequently & longer
  - Advise mother to keep young infant warm
  - Advise her on the need for referral

**TREATMENT**
- Give fluid and breastmilk for some dehydration (Plan B).
- Give Zinc treatment for 10 days
- Advise mother to breastfeed more frequently & longer
- Advise mother when to return immediately
- Follow up in 2 days

**SIGNS**
- Two of the following signs:
  - Restless and irritable
  - Sunken eyes
  - Skin pinch goes back slowly

**CLASSIFY AS**
- SOME DEHYDRATION
  - Give fluid and breastmilk for some dehydration (Plan B).
  - Give Zinc treatment for 10 days
  - Advise mother to breastfeed more frequently & longer
  - Advise mother when to return immediately
  - Follow up in 2 days

**SIGNS**
- Not enough signs to classify as some or severe dehydration.

**CLASSIFY AS**
- NO DEHYDRATION
  - Give fluids/breastmilk to treat diarrhoea at home (Plan A).
  - Give Zinc treatment for 10 days
  - Advise mother to breastfeed more frequently
  - Advise mother when to return immediately
  - Follow up in 2 days if not improving

### Classify DIARRHOEA

**SIGNS**
- Diarrhoea lasting 14 days or more

**CLASSIFY AS**
- SEVERE PERSISTENT DIARRHOEA
  - Refer URGENTLY to health center/hospital with mother giving frequent sips of ORS on the way.
  - Advise mother to breastfeed more frequently & longer
  - Advise mother to keep young infant warm
  - Advise her on the need for referral

**TREATMENT**
- Refer URGENTLY to health center/hospital with mother giving frequent sips of ORS on the way.
- Advise mother to breastfeed more frequently & longer
- Advise mother to keep young infant warm
- Advise her on the need for referral

**SIGNS**
- Blood in the stool

**CLASSIFY AS**
- DYSENTERY
  - Refer URGENTLY to health center/hospital with mother giving frequent sips of ORS on the way.
  - Advise mother to breastfeed more frequently & longer
  - Advise mother to keep young infant warm
  - Advise her on the need for referral

### What is diarrhoea in a young infant?

If the stool has changed from the usual pattern and many and watery (more water than fecal matter.) The normally frequent or loose stools of a breastfed baby are not diarrhoea.
## CHECK FOR HIV INFECTION

**ASK:**
- Has the mother had a positive HIV test?
- Has the child had any positive HIV test?

**Classify by test result**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| Both mother and child have HIV test positive OR Only the mother or Child has HIV test positive | POSSIBLE HIV INFECTION (HIV EXPOSED) | ➤ If only the mother or the child is tested advise the mother on the need for testing both  
➤ If mother and child are already on follow up at health center/hospital advise on the need to continue  
➤ If follow up is not started refer to health center/hospital |
| Mother AND infant have never been tested for HIV | UNKNOWN HIV STATUS | Counsel the mother on voluntary testing |
| Mother only tested and HIV Negative OR Mother and infant HIV negative | HIV INFECTION UNLIKELY | ➤ Praise the mother for being tested  
➤ Advise mother on how to keep herself free of HIV  
➤ Advise the mother to give home care for the young infant |
THEN CHECK FOR FEEDING PROBLEM OR UNDER WEIGHT

### Ask
- Is there any difficulty of feeding?
- Is the infant breastfed? If yes?
  - How many times in 24 hours?
- Do you empty one breast before switching to the other?
- Do you increase frequency length of breastfeeding during illness?
- Does the infant receive any other foods or drinks other than breastmilk, even water?
  - If yes, ask the reason and how often
- What do you use to feed the infant?

### Look, Listen, Feel:
- Determine weight for age

### Classify

#### FEEDING PROBLEM OR UNDER WEIGHT
- Not well attached to breast or
- Not suckling effectively or
- Less than 8 breastfeeds in 24 hours or
- Switching to another breast before one is emptied or
- Not breastfeeding more frequently and for longer during sickness or
- Receives other foods or drinks (even water) or
- under weight for age or
- Thrush (ulcers or white patches in mouth)

#### FEEDING 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 breastfeeding 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 positioned?
  - Is the infant well attached?
  - No attachment at all
  - Not well attached
  - Good attachment

#### To check the positioning, look for:
- Infant's head and body straight
- Facing her breast with nose opposite to nipple
- Infant's body close to her mother's body
- Mother supporting the infant's whole body
  (all of these signs should be present if the positioning is good)

#### To check the attachment, look for:
- Chin touching the breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth
  (all of these signs should be present if the attachment is good)

- Is the infant suckling effectively (that is slow deep sucks, sometimes pausing)?
- Clear blocked nose if it interferes with breastfeeding
- Look for ulcers or white patches in the mouth (thrush)

#### NO FEEDING PROBLEM OR UNDER WEIGHT
- Not underweight for age and no other signs of inadequate feeding.

#### Advise the mother to breastfeed as often and for as long as the infant wants, day and night.
- If not well attached or not suckling effectively, teach correct positioning and attachment.
- If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding.
- If receiving other foods or drinks, counsel mother about exclusive breastfeeding and gradually stop other foods or drinks
- If not breastfeeding at all: Counsel mother on starting breastfeeding and possible re-lactation.
- If thrush, teach the mother to treat thrush at home.
- Advise mother to give home care for the young infant.
- Follow-up any feeding problem or thrush in 2 days.
- Follow-up under weight for age in 14 days.

#### Advise mother to give home care for the young infant.
- Praise the mother for feeding the infant well.
THEN CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS:

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth 0-14 days*</td>
<td>BCG</td>
</tr>
<tr>
<td>6 weeks</td>
<td>OPV-0</td>
</tr>
<tr>
<td>Neumococcal-1</td>
<td>OPV-1</td>
</tr>
</tbody>
</table>

* Do not give OPV-0 to an infant who is more than 14 days old. Keep an interval of at least 4 weeks between OPV-0 and OPV-1.

COUNSEL THE MOTHER ABOUT HER OWN HEALTH

ASSESS OTHER PROBLEMS
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

ESSENTIAL NEWBORN CARE: NEWBORN RESUSCITATION

<table>
<thead>
<tr>
<th>Position</th>
<th>Incorrect Position</th>
<th>Incorrect Position</th>
<th>Correct Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place the baby on his back with the neck slightly extended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put a towel or cloth behind the shoulder to facilitate positioning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clear airway</th>
<th>Incorrect: Bigger Mask</th>
<th>Incorrect: Smaller Mask</th>
<th>Correct: Proper Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear the airway by wiping out the mouth with gauze</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction the baby's nose and mouth gently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassess the baby's breathing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ventilate</th>
<th>Incorrect Position</th>
<th>Incorrect Position</th>
<th>Correct Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use baby bag and mask to ventilate at 40 breaths per minute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to ventilate until the baby breathes independently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop after 30 minutes if the baby has not responded</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Bag &amp; Mask Resuscitation</th>
<th>How to Ventilate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep the baby warm (skin-to-skin)</td>
<td>Squeeze bag with 2 fingers or whole hand, 2-3 times</td>
<td></td>
</tr>
<tr>
<td>Defer bathing for 24 hours after the baby is stable</td>
<td>Observe for rise of chest.</td>
<td></td>
</tr>
<tr>
<td>Breastfeed as soon as possible</td>
<td>IF CHEST IS NOT RISING:</td>
<td></td>
</tr>
<tr>
<td>Watch for signs of a breathing problem rapid, labored, or noisy breathing, blue color of the tongue, trunk</td>
<td>• Reposition the head</td>
<td></td>
</tr>
<tr>
<td>If a breathing problem occurs, stimulate, give oxygen [if available], and refer</td>
<td>• Check mask seal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Squeeze bag harder with whole hand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Once good seal and chest rising, ventilate at 40 squeezes per minute</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Observe the chest while ventilating:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is it moving with the ventilation?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is baby breathing spontaneously?</td>
<td></td>
</tr>
</tbody>
</table>
Tips to help a mother breastfeed her low birth weight baby

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

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

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

TIPS for storing and using stored breastmilk

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

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

Show families how to cup feed

- Hold the baby closely sitting a little upright as shown in the picture.
- Hold a small cup half-filled to the babies lower lip.
- When the baby becomes awake and opens mouth, keep the cup at the baby’s lips letting the baby take the milk.
- Give the baby time to swallow and rest between sips.
- When the baby takes enough and refuses put to the shoulder & burp her/him by rubbing the back.
- Measure baby’s intake over 24 hours rather than at each feeding.
1. Wash hands with soap and water before and after touching the newborn and keep fingernail short
2. Keep cord clean and dry, and do not put anything (dressing, herbal, butter, dung, etc...) on the umbilicus
3. Wash and keep clean any thing that touches the newborn, clothing, bedding, and covers
4. Keep sick children and adults away from the newborn
5. Protect the newborn from smoke in the air to avoid respiratory infections
6. Put the newborn to sleep under ITN in malaria risk areas
7. Ensure optimal breastfeeding. Emphasize on proper positioning and attachment
8. Get the baby immunized with all recommended EPI vaccines on time
9. After 24 hours, keep the baby clean by daily cloth bath until the umbilical cord falls then full bathing with warm water and soap every 2-3 days
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► To Treat Diarrhoea, See TREAT THE CHILD Chart

► Immunize Every Sick Young Infant, as Needed

► Teach the Mother to Treat Local Infections at Home (when the baby is referred back to you)
  ► Explain how the treatment is given.
  ► Watch her as she does the first treatment in the clinic.
  ► Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The mother should:
  ► Wash hands
  ► Gently wash off pus and crusts with soap and water
  ► Dry the area
  ► Paint with gentian violet
  ► Wash hands

To Treat Thrush (ulcers or white patches in mouth)

The mother should:
  ► Wash hands
  ► Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
  ► Paint the mouth with half-strength gentian violet (0.25%)
  ► Wash hands
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

**Teach Correct Positioning and Attachment for Breastfeeding**

- Show the mother how to hold her infant:
  - With the infant’s head and body straight
  - Newborn facing to the breast
  - Infant body close to the mother
  - Supporting infant’s whole body, not just neck and shoulders.

- Show her how to help the infant to attach. She should:
  - Touch her infant’s lips with her nipple
  - Wait until her infant’s mouth is opening wide
  - Move her infant quickly onto her breast, aiming the infant’s lower lip well below the nipple.

- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.
  - Chin touching the breast
  - Mouth wide open
  - Lower lip turned outward
  - More areola visible above than below the mouth (all of these signs should be present if the attachment is good)

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

- **FEEDING**
  Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness

- **When to return**
  Follow up visit

<table>
<thead>
<tr>
<th>If the child has:</th>
<th>Return for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaundice</td>
<td>2 days</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>2 days</td>
</tr>
<tr>
<td>Feeding problem</td>
<td>2 days</td>
</tr>
<tr>
<td>Underweight</td>
<td>14 days</td>
</tr>
</tbody>
</table>

**When to Return Immediately:**

- Advise the mother to return immediately if the young infant has any of these signs:
  - Breastfeeding or drinking poorly
  - Becomes sicker
  - Develops a fever
  - Fast breathing
  - Difficult breathing
  - Blood in stool

- **MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.**
  - In cool weather, cover the infant’s head and feet and dress the infant with extra clothing.
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

▶ JAUNDICE

After 2 days
- Reassess infant for jaundice
- If soles and palms are yellow or age is 14 days and above refer urgently to health center/hospital
- If soles and palms are NOT yellow and age is less than 14 days continue to see after 2 days
- If jaundice is absent reassure mother and reinforce optimal breastfeeding

▶ FEEDING PROBLEM

After 2 days:
- Reassess feeding recommended feeding options. See “Then Check for Feeding Problem or " above.
- Ask about any feeding problems found on the initial visit.
- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again.
- If the young infant is underweight, ask the mother to return 14 days after the initial visit to measure the young infant’s weight gain.

Exception:
If you do not think that feeding will improve, or if the young infant has lost weight, refer the child.
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

**Underweight**

After 14 days:

Weigh the young infant and determine if the infant is still underweight. Reassess feeding. See “Then Check for Feeding Problem.”

- If the infant is **no longer underweight**, praise the mother and encourage her to continue.

- If the infant is **still underweight**, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.

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

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

**DIARRHOEA**

After 2 days

Ask:

- Has the diarrhoea stopped?

- If the diarrhoea persists, assess the young infant for diarrhoea (see Assess and Classify chart) and manage as per initial visit.

- If diarrhoea stopped reinforce optimal breastfeeding.

**THRUSH**

After 2 days:

Look for ulcers or white patches in the mouth (thrush). Reassess feeding. See “Then Check for Feeding Problem or” above.

- If **thrush is worse**, or the infant has **problems with attachment or suckling**, refer to hospital.

- If **thrush is the same or better**, and if the infant is **feeding well**, continue half-strength gentian violet for a total of 5 days.
Newborn danger signs
(refer baby urgently if any of these is present)
1. Breathing ≤ 30 or ≥ 60 breaths per minute, grunting, severe chest indrawing, blue tongue & lips, or gasping
2. Unable to suck or sucking poorly
3. Feels cold to touch or axillary temperature < 35.5°C
4. Feels hot to touch or axillary temperature ≥ 37.5°C
5. Red swollen eyelids and pus discharge from the eyes
6. Redness, pus or foul odor around the cord or umbilicus
7. History of Convulsion (abnormal/unusual movement) or convulsing now
8. Jaundice/yellow skin — at age < 24 hours or > 2 weeks — involving soles and palms

6 to 24 hours visit
1. Check for danger signs in the newborn and in the mother
2. Counsel mother/family to keep the baby warm
3. Counsel mother/family on optimal breastfeeding
4. Check umbilicus for bleeding
5. Counsel mother to keep umbilicus clean and dry. Do infection prevention actions-hand washing etc.
6. Weigh newborn, if not weighed at birth
7. Immunize newborn with OPV& BCG
8. Give Vitamin K, 1mg IM if not given before
9. Give 200,000 IU Vitamin A to the mother
10. Counsel the lactating mother to take at least 2 more varied meals than usual

3rd day and 7th day visit
1. Check for danger signs in the newborn
2. Counsel and support optimal breastfeeding
3. Follow-up of counseling given during previous visits
4. Counsel mother/family to protect baby from infection (hand washing etc)
5. Give one capsule of 200,000IU Vitamin A to the mother if not given before
6. Immunize baby with OPV& BCG if not given before
7. Advice mother and father on family planning

6 weeks visit
1. Check for danger signs in the young infant
2. Counsel and support optimal breastfeeding
3. Follow-up of counseling given during previous visits
4. Counsel mother/family to protect baby from infection
5. Give one capsule of 200,000IU Vitamin A to the mother if not given before
6. Immunization, Pentavalent-1, Pneumococcal-1, OPV-1
7. Counsel mother/father on the need of family planning

Maternal danger signs
1. Fever
2. Vaginal bleeding
3. Foul smelling or greenish Vaginal discharge
4. Headache/blurred vision
5. Convulsion/coma
6. Swelling of the hand and face
7. unusually severe abdominal pain

ESSENTIAL NEWBORN CARE – GIVE 4 FOLLOW UP CARE FOR ALL NEWBORNS and MOTHERS
### MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS

**Name:** __________________________________    **Age:** _____    **Sex:** ______    **Weight:** _______ kg    **Temperature:** ____°C

**ASK:** What are the infant’s problems? __________________________________    **Initial visit?** ___    **Follow-up Visit?** ___

**ASSESS (Circle all signs present)**

#### ASSESS FOR BIRTH ASPHYXIA (immediately after birth)
- Not: breathing
- Is breathing poorly (less than 30 per minute)
- Gasping

#### ASSESS FOR BIRTH WEIGHT AND GESTATIONAL AGE (the first 7 days of life)
- Ask gestational age: <32 wks, 32-<37 wks, ≥37 wks
- Weigh the baby: <1500g, 1500-<2500g, ≥2500g

#### CHECK FOR POSSIBLE BACTERIAL INFECTION /SEVERE DISEASE and JAUNDICE
- Has the infant had convulsions?
- Does the infant move only when stimulated?
- Does the infant not move even when stimulated?
- Is the infant restless or irritable?
- Is age less than 24 hours or more than 14 days

#### DOES THE YOUNG INFANT HAVE DIARRHOEA?
- Yes ____  No ___
- For how long? _______ Days
- Is there blood in the stools?

#### THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT
- Is the infant breastfed? Yes _____  No _____
- If Yes, how many times in 24 hours? _____ times
- Do you empty one breast before switching to the other? Yes ___  No __
- Do you increase frequency and length of breastfeeding during illness? Yes ___  No __
- Does the infant receive any other foods or drinks, even water? Yes ___  No ____
- If Yes, ask for any reason and how often?
- If yes what do you use to feed the child?

#### ASSESS FOR HIV INFECTION
- Has the mother had positive HIV test
- Has the child had positive HIV test?

#### CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS
- Circle immunizations needed today.

#### ASSESS OTHER PROBLEMS:
- COUNSEL THE MOTHER ABOUT HER OWN HEALTH
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ASK THE MOTHER NAME, AGE AND WHAT THE CHILD’S PROBLEMS ARE
- Take temperature and weight
- Determine if this is an initial or follow-up visit for this problem
  - if follow-up visit, use the follow-up instructions in the appropriate section of this chart booklet
  - if initial visit, assess the child as follows

CHECK FOR GENERAL DANGER SIGNS

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

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

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

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

IF YES, ASK:
- For how long?
- Count the breaths in one minute
- Look for chest indrawing.
- Look and listen for Stridor

LOOK, LISTEN, FEEL:
- CHILD MUST BE CALM

Classify COUGH or DIFFICULT BREATHING

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

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any general danger sign or chest indrawing or Stridor in a calm child</td>
<td>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</td>
<td>➤ Give first dose of Cotrimoxazole ➤ Advise mother on the need of referral ➤ Refer URGENTLY to a health center/ hospital</td>
</tr>
<tr>
<td>• Fast breathing</td>
<td>PNEUMONIA</td>
<td>➤ Give Cotrimoxazole for 5 days. ➤ Advise mother to soothe the throat and relieve the cough with a safe remedy and how to clean the nose ➤ Advise mother on food and fluid ➤ Advise mother when to return immediately. ➤ Follow-up in 2 days.</td>
</tr>
<tr>
<td>• No signs of pneumonia or very severe disease</td>
<td>NO PNEUMONIA: COUGH OR COLD</td>
<td>➤ If coughing more than 14 days, refer for assessment. ➤ Soothe the throat and relieve the cough with a safe remedy and how to clean the nose ➤ Advise mother on food and fluid ➤ Advise mother when to return immediately. ➤ Follow-up after 5 days if no improvement</td>
</tr>
</tbody>
</table>

If the child is: Fast breathing is:
- 2 months up to 12 months: 50 breaths per minute or more
- 12 months up to 5 years: 40 breaths per minute or more
Does the child have diarrhoea?

IF YES, ASK:
- For how long?
- Is there blood in the stool?

LOOK AND FEEL:
- 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)?
  - Or Slowly (less than 2 seconds)?

Classify DIARRHOEA
- All children for Dehydration
  - Two of the following signs:
    - Lethargic or unconscious
    - Sunken eyes
    - Not able to drink or drinking poorly
    - Skin pinch goes back very slowly.
  - SEVERE DEHYDRATION
    - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.
    - Advise the mother to continue breastfeeding
    - Advise mother on the need of referral

- Not enough signs to classify as some or severe dehydration.
  - NO DEHYDRATION
    - Give fluid and food to treat diarrhoea at home (Plan A).
    - Give zinc treatment for 10 days
    - Advise mother when to return immediately.
    - Follow-up in 5 days if not improving.

- Dehydration present
  - SEVERE PERSISTENT DIARRHOEA
    - Give Vitamin A
    - Refer URGENTLY to health/hospital with mother giving frequent sips of ORS on the way.
    - Advise the mother to continue breastfeeding
    - Advise mother on the need of referral

- No dehydration
  - PERSISTENT DIARRHOEA
    - Give Vitamin A
    - Advise mother on the need of referral
    - Advise the mother to continue breastfeeding
    - Refer to health/hospital.

- And if blood in stool
  - DYSENTERY
    - Advise the mother to continue breastfeeding
    - Advise mother on the need of referral
    - Refer URGENTLY to health/hospital.

And if diarrhea for 14 days or more
- Dehydration present
  - SEVERE PERSISTENT DIARRHOEA
    - Give Vitamin A
    - Refer URGENTLY to health/hospital with mother giving frequent sips of ORS on the way.
    - Advise the mother to continue breastfeeding
    - Advise mother on the need of referral

And if blood in stool
- Blood in the stool
  - DYSENTERY
    - Advise the mother to continue breastfeeding
    - Advise mother on the need of referral
    - Refer URGENTLY to health/hospital.
Does the child have fever?
(by history or feels hot or axillary temperature of 37.5°C or above)
Malaria risk is decided depending on Altitude and season

IF YES:
Malaria Risk: High, Low or No
If "low or no" malaria risk, then ask:
- Has the child traveled outside this area 2 weeks before the start of the illness?
- If yes, has s/he been to a malarious area?

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

LOOK AND FEEL:
- Look or feel for stiff neck
- Look or feel for signs of MEASLES
- Generalized rash and
- One of these: cough, runny nose, or red eyes.

IF YES:
Do RDT and Decide

High Malaria Risk

IF RDT positive:
- Treat with oral antimalarial. Coartem for P. falciparum and for mixed infections;
  Chloroquine for P. Vivax (as confirmed by multi species RDT)
- Give one dose of Paracetamol in clinic for high fever (38.5°C or above).
- Advise mother to breast feed more frequently
- Advise mother on the need for referral

IF not available:
- Fever (by history or feels hot or temperature 37.5°C or above).
- Advise mother on fluid and food
- Advise mother when to return immediately.
- Follow-up in 2 days if fever persists.
- If fever is present every day for more than 7 days, refer for assessment.

Low Malaria Risk

IF RDT negative:
- Fever unlikely
- Advise mother when to return immediately.
- Follow-up in 2 days if fever persists.
- If fever is present every day for more than 3 days, refer for assessment.

No Malaria Risk

IF RDT negative:
- Fever unlikely
- Advise mother when to return immediately.
- Follow-up in 2 days if fever persists.
- If fever is present every day for more than 3 days, refer for assessment.

**These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.
***Other important complications of measles – pneumonia, stridor, diarrhoea, ear infection, and malnutrition – are classified in other tables.
### Does the child have an ear problem?

**IF YES, ASK:**
- Is there ear pain?
- Is there ear discharge?
- If yes, for how long?

**LOOK AND FEEL:**
- Look for pus draining from the ear.

**Classify EAR PROBLEM**

<table>
<thead>
<tr>
<th>Pus is seen draining from the ear and discharge is reported for less than 14 days, or</th>
<th>Ear pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE EAR INFECTION</td>
<td>Advise mother on the need for referral</td>
</tr>
<tr>
<td></td>
<td>Give Paracetamol for ear pain.</td>
</tr>
<tr>
<td></td>
<td>Advise mother to breastfeed more frequently if on BF</td>
</tr>
<tr>
<td></td>
<td>Refer to a health center/hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pus is seen draining from the ear and discharge is reported for 14 days or more</th>
<th>CHRONIC EAR INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Keep ear dry by wicking</td>
</tr>
<tr>
<td></td>
<td>Advise mother to breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td>Follow up in 5 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No ear pain and No pus seen draining from the ear.</th>
<th>NO EAR INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No additional treatment.</td>
</tr>
</tbody>
</table>
**THEN CHECK FOR MALNUTRITION**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Visible severe wasting OR ➤ Pitting Edema of both feet</td>
<td>SVERE COMPLICATED MALNUTRITION</td>
<td>➤ Give first of Amoxicillin ➤ Give first dose of Vitamin A to all except to those with edema or those who received a dose within the past 6 months. ➤ Treat the child to prevent low blood sugar ➤ Advise the mother on the need of referral ➤ Refer URGENTLY to health facility (where there is a stabilization center)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Weight for age below the underweight line in the growth chart</td>
<td>UNDERWEIGHT</td>
<td>➤ Assess child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart ➤ If feeding problem, follow up in 5 days ➤ if no feeding problem follow up in 30 days</td>
</tr>
<tr>
<td>➤ No visible severe wasting AND ➤ No oedema of both feet</td>
<td>NO ACUTE MALNUTRITION</td>
<td>➤ If child is less than 2 years assess child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart - if feeding problem, follow up in 5 days - if no feeding problem praise the mother</td>
</tr>
<tr>
<td>➤ MUAC less than 11cm OR ➤ Pitting edema of both feet AND Any medical complication: Pneumonia OR Watery diarrhoea OR Dysentery OR Fever/low temperature OR Fail appetite test</td>
<td>SEVERE COMPLICATED MALNUTRITION</td>
<td>➤ Register in OTP and do the following • Give RUTF and counsel the on how to feed a child with RUTF • Give first dose of vitamin A for all except for those with edema or those who received a dose in the past 6 months • Give amoxicillin for 7 doses • Give single dose of 5mg folic acid for those with anemia • Give Mebendazole (If child aged 2 years &amp; above) • Advise the mother when to return immediately • Follow up in 7 days</td>
</tr>
<tr>
<td>- MUAC less than 11cm or - Pitting Oedema of both feet AND - No visible severe wasting - No edema of both feets</td>
<td>SEVERE UNCOMPLICATED MALNUTRITION</td>
<td>➤ Refer to supplementary feeding program if available ➤ Assess the child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. - If feeding problem, follow-up in 5 days - If no feeding problem follow up in 30 days ➤ Advise mother when to return immediately.</td>
</tr>
<tr>
<td>➤ MUAC 11cm to &lt;12 cm AND ➤ No edema of both feet</td>
<td>MODERATE ACUTE MALNUTRITION</td>
<td>➤ If child is less than 2 years assess child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart -if feeding problem, follow up in 5 days -if no feeding problem praise the mother</td>
</tr>
<tr>
<td>➤ MUAC ≥12 cm or more , AND ➤ No edema of both feet</td>
<td>NO ACUTE MALNUTRITION</td>
<td></td>
</tr>
</tbody>
</table>

**LOOK AND FEEL:**

- **For children less than 6 months:**
  - Look for Pitting edema of both feet
  - Look for visible severe wasting

- **For children aged 6 months or more**
  - Determine if MUAC is:
    - less than 11.0 cm OR
    - 11-<12 cm OR
    - >12 cm
  - Look for Pitting edema of both feet
  - Assess appetite if MUAC <11.0 cm or edema of both feet AND No medical complication such as Pneumonia or Watery diarrhoea or Dysentery or Fever/low temperature,

Classify all age >6 month for NUTRITIONAL STATUS

Classify age < 6 month for NUTRITIONAL STATUS
**THEN CHECK FOR ANAEMIA**

**LOOK AND FEEL:**

**ANAEMIA**
- Look for palmar pallor
  - Severe palmar pallor?
  - Some palmar pallor?

**Classify EAR PROBLEM**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Palmar pallor</td>
<td>SEVERE ANAEMIA</td>
<td>Refer Urgently to hospital</td>
</tr>
<tr>
<td>Some Palmar pallor</td>
<td>ANAEMIA</td>
<td>Refer to a health center or hospital</td>
</tr>
<tr>
<td>No palmar pallor</td>
<td>NO ANAEMIA</td>
<td>If child is less than 2 years assess child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart - if feeding problem, follow up in 5 days - if no feeding problem praise the mother</td>
</tr>
</tbody>
</table>
### CHECK FOR HIV INFECTION

**ASK:**
- Has the mother had a positive HIV test?
- Has the child had any positive HIV test?

**Classify by test result**

<table>
<thead>
<tr>
<th>Signs</th>
<th>Classify as</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| Positive Blood test in a child age >18 month OR Positive PCR test in a child <18 months | **Confirmed HIV Infection** | - If only the mother or the child is tested advise the mother on the need for testing both  
- If mother and child are already on follow up at health center/hospital advise on the need to continue  
- If follow up is not started refer to health center/hospital |
| Antibody test positive in a child <18 month AND/OR mother positive | **Possible HIV Infection (HIV Exposed)** | - If only the mother or the child is tested advise the mother on the need for testing both  
- If mother and child are already on follow up at health center/hospital advise on the need to continue  
- If follow up is not started refer to health center/hospital |
| Mother and child have never been tested for HIV | **Unknown HIV Status** | - Counsel the mother on voluntary testing |
| Mother only tested and HIV negative OR Mother and child HIV negative | **HIV Infection Unlikely** | - Praise the mother for being tested  
- Advise mother to keep her self free of HIV |
THEN CHECK THE CHILD’S IMMUNIZATION AND VITAMIN A STATUS

IMMUNIZATION SCHEDULE

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>BCG</td>
</tr>
<tr>
<td>6 weeks</td>
<td>Pentavalent-1, Pneumococcal-1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>Pentavalent-2, Pneumococcal-2</td>
</tr>
<tr>
<td>14 weeks</td>
<td>Pentavalent-3, Pneumococcal-3</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles</td>
</tr>
</tbody>
</table>

VITAMIN A SUPPLEMENTATION STATUS:
• If 6 months or older
  Check if child has received a dose of Vitamin A during the previous 6 months. If not, give Vitamin A supplementation.

MEBENDAZOLE/ALBENDAZOLE STATUS
• If 24 months or older
  Check if child has received a dose of Mebendazole or Albendazole during the previous 6 months. If not, give a dose of Mebendazole or Albendazole.

ASSESS OTHER PROBLEMS

ASK THE MOTHER ABOUT HER OWN HEALTH
How To Do the Rapid Test for Malaria
the use of the Generic multi species RDT Test for falciparum and Vivax malaria
READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN

1. Check the expiry date on the test packet. See the color it must

2. Put on your gloves

3. Open the packet and remove:
   a) Test
   b) Capillary tube

4. Write patient name on the test

5. Open the alcohol swab. Grasp the 4th finger on the patient’s left hand. Clean the finger with the alcohol swab. Allow the finger to dry before pricking.

6. Open the lancet. Prick patient’s finger to get a drop of blood. Do not allow the tip of the lancet to touch anything

7. Discard the Lancet in the safety box immediately after pricking the finger

8. Use the capillary tube to collect the drop of blood
9. Use the capillary tube to put the Drop of blood into the square hole marked “A.”

10. Discard the capillary tube in the Sharps Box

11. Add buffer into the round hole marked “B.”

12. Wait 15 minutes after adding the buffer

13. Positive result

Pan Pf

P. falciparum

P. falciparum or mixed

14. Negative result

A line near letter “C” followed by no lines near letter “T” means the patient does not have either falciparum malaria or non-falciparum (vivax)

P. vivax
How To Do the Rapid Diagnostic Test for Malaria

15. INVALID RESULT

No line near letter “C” and one or two lines or no line near letter “T” means the test is INVALID.

If no line appears near the letter “C,” repeat the test using a NEW unopened test packet and a NEW unopened lancet.
TREAT THE CHILD
CARRY OUT THE TREATMENT STEPS IDENTIFIED ON THE ASSESS AND CLASSIFY CHART

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

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

Give an Appropriate Oral Antibiotic: COTRIMOXAZOLE

► 2 MONTH TO 5 YEARS: FOR PNEUMONIA, OR PREREFERRAL FOR VERY SEVERE DISEASES

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>PEDIATRIC TABLET</th>
<th>ADULT TABLET</th>
<th>SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20 mg trimethoprim +100 mg sulphamethoxazole</td>
<td>80 mg trimethoprim + 400 mg sulphamethoxazole</td>
<td>40 mg trimethoprim +200 mg sulphamethoxazole per 5 ml</td>
</tr>
<tr>
<td>2 months up to 12 months (4-10 kg)</td>
<td>2</td>
<td>1/2</td>
<td>5.0 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10-19 kg)</td>
<td>3</td>
<td>1</td>
<td>7.5 ml</td>
</tr>
</tbody>
</table>

COTRIMOXAZOLE
Give two times daily for 5 days
Give Paracetamol for High Fever (38.5°C) or Ear Pain

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

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>PARACETAMOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 3 years (4-14 kg)</td>
<td>1</td>
</tr>
<tr>
<td>3 years up to 5 years (14-19 kg)</td>
<td>1 1/2</td>
</tr>
</tbody>
</table>

Give Vitamin A

- For MEASLES give three doses.
  - Give first dose in clinic.
  - Give mother one dose to give at home the next day.
  - Give third dose in clinic in 2 weeks.
- For a child with ACUTE SEVERE MALNUTRITION -WITHOUT OEDEMA OR COMPLICATED MEASLES or SEVERE PERSISTENT DIARRHOEA give one dose in clinic and then refer.
- For PERSISTENT DIARRHOEA give one dose in clinic.

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>VITAMIN A CAPSULES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 6 months (treatment only)</td>
<td>1/2 capsule</td>
</tr>
<tr>
<td>6 months up to 12 months</td>
<td>1/2 capsule</td>
</tr>
<tr>
<td>12 months up to 5 years</td>
<td>1 capsule</td>
</tr>
<tr>
<td>Postnatal mothers within 6 weeks after delivery</td>
<td>1 capsule</td>
</tr>
</tbody>
</table>

Give Mebendazole or Albendazole

Give as a single dose if child has not got within the previous 6 months to these age groups

<table>
<thead>
<tr>
<th>Drug</th>
<th>Give as a single dose if child has not got within the previous 6 months to these age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2-5 years</td>
</tr>
<tr>
<td>Albendazole</td>
<td>400mg tablet</td>
</tr>
<tr>
<td>Mebendazole</td>
<td>500 mg tablet</td>
</tr>
<tr>
<td></td>
<td>100 mg tablets</td>
</tr>
</tbody>
</table>
**Give an Oral Antimalarial**

FIRST-LINE ANTIMALARIAL: For *P. falciparum* and Mixed infections (*falciparum + vivax* malaria)

- Artemether-Lumefentrine (COARTEM)
- Tablet containing 20 mg Artemether and 120 mg Lumefentrine.

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Age</th>
<th>Number of tablets per dose twice daily for 3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-14</td>
<td>3 months—2 years</td>
<td>1</td>
</tr>
<tr>
<td>15-24</td>
<td>3-7 years</td>
<td>2</td>
</tr>
<tr>
<td>25-34</td>
<td>7—10 years</td>
<td>3</td>
</tr>
<tr>
<td>35+</td>
<td>10 + years</td>
<td>4</td>
</tr>
</tbody>
</table>

Artesunate rectal suppository: pre-referral treatment for VERY SEVERE FEBRILE DISEASE. Single dose for children weighing at least 5 kg

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Age</th>
<th>Artesunate dose (mg)</th>
<th>Regimen (single dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5–8</td>
<td>0–12 months</td>
<td>50</td>
<td>One 50-mg suppository</td>
</tr>
<tr>
<td>9–19</td>
<td>13–42 months</td>
<td>100</td>
<td>One 100-mg suppository</td>
</tr>
<tr>
<td>20–29</td>
<td>43–60 months</td>
<td>200</td>
<td>Two 100-mg suppository</td>
</tr>
<tr>
<td>30–39</td>
<td>6–13 years</td>
<td>300</td>
<td>Three 100-mg suppositories</td>
</tr>
<tr>
<td>&gt;40</td>
<td>&gt;14 years</td>
<td>400</td>
<td>One 400-mg suppository</td>
</tr>
</tbody>
</table>

**Chloroquine** 150 mg base syrup 50mg base in 5ml.
A total dose of 25mg base per kg over 3 days
(10mg base per kg on day 1 and 2 and 5mg base per kg on day 3).

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Age (month or year)</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – 6</td>
<td>&lt;4 month</td>
<td>1/4</td>
<td>1/4</td>
<td>1/4</td>
</tr>
<tr>
<td></td>
<td>Tablet Syrup</td>
<td>5 ml</td>
<td>5 ml</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>7 – 10</td>
<td>4-11 month</td>
<td>1/2</td>
<td>1/2</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>Tablet Syrup</td>
<td>7.5 ml</td>
<td>7.5 ml</td>
<td>5 ml</td>
</tr>
<tr>
<td>11 – 14</td>
<td>1-&lt;3 year</td>
<td>1</td>
<td>1</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>Tablet Syrup</td>
<td>12.5 ml</td>
<td>12.5 ml</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>15 – 18</td>
<td>3-&lt;5 year</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tablet Syrup</td>
<td>15 ml</td>
<td>15 ml</td>
<td>15 ml</td>
</tr>
<tr>
<td>19 – 24</td>
<td>5-&lt;8 year</td>
<td>1 1/2</td>
<td>1 1/2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tablet Syrup</td>
<td>20 ml</td>
<td>20 ml</td>
<td>15 ml</td>
</tr>
<tr>
<td>25 – 35</td>
<td>8-&lt;11 year</td>
<td>2 1/2</td>
<td>2 1/2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tablet</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>36 – 50</td>
<td>11-&lt;14 year</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>50+</td>
<td>14+ year</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

**Treat the Child to Prevent Low Blood Sugar**

- If the child is able to breastfeed:
  Ask the mother to breastfeed the child.

- If the child is not able to breastfeed but is able to swallow
  Give expressed breastmilk.
  If neither of these is available, give sugar water.
  Give 30-50 ml of milk or sugar water before departure.

To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.
TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

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

▶ Treat Eye Infection with Tetracycline Eye Ointment

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

▶ Dry the Ear by Wicking

- 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.

▶ Soothe the Throat, Relieve the Cough with a Safe Remedy

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Home fluids such as tea with honey, fruit juices
- Harmful remedies to discourage: Cough syrups containing diphenyl hydramine and/or codeine.
  Examples: Benylin with and without codeine, Berantin

▶ Clearing a blocked nose

- Wash hands
- Roll clean absorbent cloth
- Boil water then cool it to near body temperature
- Add a small amount of salt to make like the test of tears
- Wet the roll cloth with the salt water
- Clean the blocked nose when it interrupts with feeding and breathing

To Treat Thrush (ulcers or white patches in mouth)

The mother should:
- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth with half-strength gentian violet(0. 25%)
- Wash hands
**Plan A: Treat Diarrhea at Home**

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

1. **GIVE EXTRA FLUID** (as much as the child will take)
   - **TELL THE MOTHER:** (give fluid according to the age)
     - Breastfeed frequently and for longer at each feed.
     - If the child is exclusively breastfed, give ORS in addition to breastmilk.
     - If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as soup, rice water, and yoghurt drinks), or clean water.

   *It is especially important to give ORS at home when:*
   - The child has been treated with Plan B or Plan C during this visit.
   - The child cannot return to a clinic if the diarrhoea gets worse.

   **TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.**

   **SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:**
   - Up to 2 years: 50 to 100 ml after each loose stool
   - 2 years or more: 100 to 200 ml after each loose stool

   Tell the mother to:
   - Give frequent small sips from a cup.
   - If the child vomits, wait 10 minutes. Then continue, but more slowly.
   - Continue giving extra fluid until the diarrhea stops.

2. **GIVE ZINC SUPPLEMENTS**
   - **Tell the mother how much zinc to give:**
     - Up to 6 months: 1/2 tablet per day for 10 days
     - 6 months or more: 1 tablet per day for 10 days
   - **Show the mother how to give zinc supplements**
     - Infants: dissolve the tablet in a small amount expressed breastmilk, ORS or clean water in a small cup
     - Older children: Tablet can be chewed or dissolve in a small amount of clean water in a cup

   **Remind the mother to give the zinc supplements for the full 10 days**

3. **CONTINUE FEEDING**

4. **WHEN TO RETURN**
   - See counsel the mother chart

**Plan B: Treat Some Dehydration with ORS**

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

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

* Use the child’s age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child’s weight (in kg) times 75.

<table>
<thead>
<tr>
<th>AGE</th>
<th>Up to 4 months</th>
<th>4 months up to 12 months</th>
<th>12 months up to 2 years</th>
<th>2 years up to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEIGHT</td>
<td>&lt; 6 kg</td>
<td>6 - 10 kg</td>
<td>10 - 12 kg</td>
<td>12 - 19 kg</td>
</tr>
<tr>
<td>In ml</td>
<td>200 - 400</td>
<td>400 - 700</td>
<td>700 - 800</td>
<td>900 - 1400</td>
</tr>
<tr>
<td>70 ml coffee cup</td>
<td>3–6</td>
<td>6–10</td>
<td>10–12</td>
<td>13–20</td>
</tr>
</tbody>
</table>

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

**SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**
- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

**AFTER 4 HOURS:**
- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

**IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:**
- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her enough ORS packets to complete dehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 4 Rules of Home Treatment:

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

   - See plan A chart for Extra fluid and Zinc supplement
   - See counsel the mother for feeding and when to return
APPETITE TEST FOR CHILDREN WITH ACUTE SEVERE MALNUTRITION

In a child who is 6 months or older, if MUAC is less than 11 cm or if oedema of both feet and has NO MEDICAL COMPLICATION, assess appetite.

How to do the appetite test?

1. The appetite test should be conducted in a separate quiet area.
2. Explain to the care taker the purpose of the appetite test and how it will be carried out.
3. The care taker, where possible, should wash her hands.
4. The care taker should sit comfortably with the child on his lap and either offers the Ready to Use Therapeutic Food (RUTF) from the packet or put a small amount on finger and give it to the child.
5. The care taker should offer the child the RUTF gently, encouraging the child all the time. If the child refuses then the care taker should continue to quietly encourage the child and take time over the test. The test usually takes 15-30 minutes but may take up to one hour. The child must not be forced to take the RUTF.
6. The child needs to be offered plenty of water to drink from a cup as he/she is taking the RUTF.

The result of the appetite test -See the appetite test table on the next page to determine pass or fail depending on the amount of RUTF consumed.

Pass
1. A child who takes at least the amount shown in the appetite test table (see next page) passes the appetite test.
2. Explain to the care taker the choices of treatment option and decide with the care taker whether the child should be treated as an out-patient or in-patient (nearly all care takers will opt for out-patient treatment).
3. Guide the patient to the Outpatient Therapeutic Program (OTP) for registration and initiation of treatment.

Fail
1. A child that does not take at least the amount of RUTF shown in the table below should be referred for in-patient care.
2. Explain to the care taker the choices of treatment options and the reasons for recommending in-patient care; decide with the care taker whether the patient will be treated as an in-patient or out-patient.
3. Refer the patient to the nearest Therapeutic Feeding Unit (TFU) or hospital for Phase 1 management.

The appetite test should always be performed carefully. Patients who fail their appetite tests should always be offered treatment as in-patients. If there is any doubt then the patient should be referred for in-patient treatment until the appetite returns.
**APPETITE TEST TABLE**

APPETITE TEST

This is the minimum amount of RUTF that malnourished patients should take to pass the appetite test

<table>
<thead>
<tr>
<th>RUTF (Plumpy Nut)</th>
<th>BP 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Weight (Kg)</td>
<td>Sachet</td>
</tr>
<tr>
<td>&lt; 4</td>
<td>⅛ - ⅛</td>
</tr>
<tr>
<td>4 up to 10</td>
<td>⅛ - ⅛</td>
</tr>
<tr>
<td>10 up to 15</td>
<td>⅓ - ⅔</td>
</tr>
<tr>
<td>&gt; 15</td>
<td>¾ - 1</td>
</tr>
</tbody>
</table>
TREATMENT OF THE CHILD WITH UNCOMPLICATED ACUTE SEVERE MALNUTRITION IN OTP

Manage the child as described in the tables below

<table>
<thead>
<tr>
<th>Drug</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>1 dose at admission to child with NO oedema and has not taken a dose within the last 6 months</td>
</tr>
<tr>
<td>Folic Acid</td>
<td>1 dose at admission</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>one dose at admission + give treatment for 7 days to take at home the first dose should be given in the presence of the the supervisor</td>
</tr>
<tr>
<td>Deworming</td>
<td>1 dose in the second week (2nd visit)</td>
</tr>
<tr>
<td>Measles vaccine (from 9 months old)</td>
<td>1 vaccine on the 4th week (4th visit) if the child is not vaccinated or has no immunization card</td>
</tr>
</tbody>
</table>

**Treat with Amoxicillin**

<table>
<thead>
<tr>
<th>Weight in Kg</th>
<th>Dosage twice per day</th>
<th>250 mg Capsule/tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 Kg</td>
<td>125 mg</td>
<td>½</td>
</tr>
<tr>
<td>5 – 10</td>
<td>250 mg</td>
<td>1</td>
</tr>
<tr>
<td>10 – 20</td>
<td>500 mg</td>
<td>2</td>
</tr>
<tr>
<td>20 – 35</td>
<td>750 mg</td>
<td>3</td>
</tr>
<tr>
<td>&gt; 35</td>
<td>1000 mg</td>
<td>4</td>
</tr>
</tbody>
</table>

**Give Folic Acid**

<table>
<thead>
<tr>
<th>When</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a child has anemia</td>
<td>5 mg</td>
</tr>
</tbody>
</table>
OUTPATIENT MANAGEMENT OF UNCOMPPLICATED SEVERE MALNUTRITION

Children (> 6 months) with severe acute malnutrition (SAM) WITHOUT medical complications and who PASS the appetite test – are treated with RUTF in the health post which has OTP according to the following table:

<table>
<thead>
<tr>
<th>Weight of child (kg)</th>
<th>RUTF (Plumpy Nut)</th>
<th>BP 100 biscuits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sachet per day</td>
<td>Sachet per week</td>
</tr>
<tr>
<td>3.0 up to 3.5</td>
<td>1¼</td>
<td>9</td>
</tr>
<tr>
<td>3.5 up to 5.0</td>
<td>1 ½</td>
<td>11</td>
</tr>
<tr>
<td>5.0 up to 7.0</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>7.0 up to 10</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>10 up to 15</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>15 up to 20</td>
<td>5</td>
<td>35</td>
</tr>
</tbody>
</table>
TEACH THE MOTHER/CARETAKER OF THE CHILD UNDER OTP

Key education messages for care takers of children on OTP

1. RUTF is a food and medicine for malnourished children only. It should not be shared.
2. Sick children often do not like to eat. Give small regular meals of RUTF and encourage the child to eat often, every 3-4 hours (up to 8 meals per day)
3. RUTF is the only food these children need to recover during their time in OTP.
4. For breast-fed children, always give breast milk before the RUTF and on demand
5. Always offer plenty of clean water to drink while eating RUTF
6. If the child finishes his RUTF meal and wants to take appropriate home made food in addition give him some
7. Use soap for child's hand and face before feeding, if possible
8. Keep food clean and covered
9. Sick children get cold quickly, always keep the child covered and warm
10. With diarrhoea, never stop feeding. Give extra food and clean water (or breast milk)

NB – Check the mother's understanding using appropriate checking questions.

2. Oral antibiotics Amoxicillin – two times per day for 7 days (for dosage see oral drugs table)

3. Give Vitamin A - on day 1 for all children except those with oedema or those who received Vitamin A within the past 6 months.
   - to every patient at the 4th week of the treatment

4. Give Mebendazole/Albendazole at the 2nd outpatient visit (after 7 days)

5. Give Measles vaccine on the 4th week of treatment for all children aged 9 months/more and without a vaccination card (unvaccinated)

6. Children should be brought back to the health facility on a weekly basis until they recover.

7. Children may be discharged from the OTP when they meet certain criteria
COUNSEL THE MOTHER

FOOD

Assess the Child’s Feeding

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

ASK

Do you breastfeed your child? Yes _____ NO____
How many times during the day? ________times
Do you also breastfeed during the night? Yes ____ No ____

Do you empty one breast before you shift to the other one Yes_____ No ____

Does the child take any other food or fluids? (Density and Variety) Yes_____ No ____
What food or fluids?_______________________________________________________________
How many times per day? (Frequency) ________times
What do you use to feed the child? Cup ____ Bottle ____ Other ______

If child is underweight: How large are servings? (Amount) ___________________________
Does the child receive his own serving? Yes_____ No _____
Who feeds the child and how? (Active feeding) ______________________________________

During this illness, has the child’s feeding changed? Yes ____ No ____
If yes how? (Feeding of sick child) ________________________________________________
### Feeding Recommendations During Sickness and Health

<table>
<thead>
<tr>
<th>Up to 6 Months of Age</th>
<th>6 Months up to 12 Months</th>
<th>12 Months up to 2 Years</th>
<th>2 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Breastfeed as often as the child wants, day and night, 10-12 times in 24 hours.</td>
<td>- Breastfeed as often as the child wants.</td>
<td>- Breastfeed as often as the child wants.</td>
<td>- Give adequate servings of freshly prepared enriched family foods, 3-4 meals a day</td>
</tr>
<tr>
<td>- Feed your child only breastmilk for the first 6 months, not even giving water</td>
<td>- Start complementary foods at 6 months– initiate with small soft (semi solid) foods then build up the volume and density with time</td>
<td>- Give adequate servings of enriched family foods: porridge made of cereal and legume mixes, Shiro fitfit, Merek fitfit, mashed potatoes and carrot, gommen, undiluted milk and egg and fruits.</td>
<td>- Also, twice daily, give nutritious food between meals, such as: Egg, milk, fruits, kitta, Dabo, ripe yellow fruits</td>
</tr>
<tr>
<td>- Empty one breast before switching to the other for your baby to get the most nutritious hind milk</td>
<td>- Then give adequate servings of freshly prepared and enriched food: porridge made of cereal and legume mixes, Shiro fitfit, Merek fitfit, mashed potatoes and carrot, mashed gommen, eggs and fruits.</td>
<td>- Give these foods at least 5 times per day (3-4 meals and 2 snacks/mezes).</td>
<td>- Give your baby his/her own servings and actively feed the child</td>
</tr>
<tr>
<td>- During illness and for at least up to 2 weeks after the illness, increase the frequency of breastfeeding to recover faster</td>
<td>- Enrich the food by adding some oil or butter every time: give also animal foods (meat, liver, fish, eggs), legumes, vegetables (green leafy, carrots) and yellow fruits (orange, papaya, mangos)</td>
<td>- Babies who stopped breastfeeding at early age should also get adequate milk replacement besides complementary feeding</td>
<td>- Give freshly prepared food and use clean utensils</td>
</tr>
<tr>
<td>- Do not give other foods or fluids including water</td>
<td>- Give these foods; 3 times per day if breastfed, 5 times per day if not breastfed (3 main meals and 2 snacks).</td>
<td>- Give your baby his/her own servings and actively feed the child</td>
<td>- Increase intake of food and fluids during illness, and give one additional meal of solid food for about 2 weeks after illness for fast recovery</td>
</tr>
<tr>
<td>- Expose child to sunshine for 20 to 30 minutes daily</td>
<td>- Babies who stopped breastfeeding at 6 months should also get adequate milk replacement besides complementary feeding</td>
<td>- Give freshly prepared food and use clean utensils</td>
<td>- Give Vitamin A supplements and Mebendazole every 6 months</td>
</tr>
<tr>
<td>- Breastfeed as often as the child wants day &amp; night.</td>
<td>- Increase frequency of breastfeeding and intake of food and fluids during illness, and give one additional meal of solid food for about 2 weeks after illness for fast recovery</td>
<td>- Increase intake of food and fluids during illness, and give one additional meal of solid food for about 2 weeks after illness for fast recovery</td>
<td></td>
</tr>
<tr>
<td>- Give Vitamin A supplements from the age of 6 months, 2 times per year</td>
<td>- Give Vitamin A supplements from the age of 6 months, 2 times per year</td>
<td>- Give Vitamin A supplements every 6 months</td>
<td></td>
</tr>
<tr>
<td>- Expose child to sunshine</td>
<td>- Give Vitamin A supplements from the age of 6 months, 2 times per year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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 OR
  - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child’s age.
Counsel the Mother About Feeding Problems
If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:

- If the mother reports difficulty with breastfeeding, assess breastfeeding. As needed, show the mother correct positioning and attachment for breastfeeding and encourage her.

- If the child is less than 6 months old and is taking other milk or foods:
  - Build mother’s confidence that she can produce all the breastmilk that the child needs.
  - Suggest giving more frequent, longer breastfeeds, day or night, and gradually reducing other milk or foods. If other milk needs to be continued, counsel the mother to:
    - Breastfeed as much as possible, including at night.
    - Make sure that other milk is a locally appropriate breastmilk substitute.
    - Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
    - Finish prepared milk within an hour.

- If the child is being given diluted milk or muk (gruel):
  - Do not dilute the milk
  - Remind mother that thick foods which are dense in energy and nutrients are needed by infants and young children.

- If the mother is using a bottle to feed the child:
  - Recommend substituting a cup for bottle.
  - Show the mother how to feed the child with a cup (sene or finjal).

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

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

- If the mother is not giving Vitamin A-rich foods:
  - Encourage her to provide vitamin A-rich foods frequently - gommen, liver, carrot, egg

- If the mother is not giving the young child a share of meat, chicken or fish when these are eaten by the family:
  - Explain young child needs them and encourage her to provide whenever they are available in the household.

- Follow-up any feeding problem in 5 days.
**Advising the Mother to Increase Fluid During Illness**

**FOR ANY SICK CHILD:**
- Breastfeed more frequently and for longer at each feed.
- Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water (if the age of the child is above 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.

**WHEN TO RETURN**

**Advising the Mother When to Return to Health Worker**

**FOLLOW-UP VISIT**

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

<table>
<thead>
<tr>
<th>If the child has:</th>
<th>Return for</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMONIA</td>
<td>2 days</td>
</tr>
<tr>
<td>MALARIA, if fever persists</td>
<td></td>
</tr>
<tr>
<td>FEVER NO MALARIA (NO MALARIA RISK), if fever persists</td>
<td></td>
</tr>
<tr>
<td>FEEDING PROBLEM</td>
<td>5 days</td>
</tr>
<tr>
<td>DIARRHEA WITH NO DEHYDRATION IF NOT IMPROVING</td>
<td></td>
</tr>
<tr>
<td>NO PNEUMONIA COUGH OR COLD IF NOT IMPROVING</td>
<td></td>
</tr>
<tr>
<td>Moderate Acute malnutrition</td>
<td>30 days</td>
</tr>
</tbody>
</table>

**NEXT WELL-CHILD VISIT**

Advise mother when to return for:
- next immunization
- next dose of Vitamin A
- next dose of Mebendazole/Albendazole

**WHEN TO RETURN IMMEDIATELY**

Advise mother to return immediately if the child has any of these signs:

<table>
<thead>
<tr>
<th>Any sick child</th>
<th>Not able to drink or breastfeed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Develops a fever</td>
</tr>
</tbody>
</table>

If child has NO PNEUMONIA:

- COUGH OR COLD, also return if:
  - Fast breathing
  - Difficult breathing

If child has Diarrhoea, also return if:

- Blood in stool
- Drinking poorly
Counsel the Mother About Her Own Health

- If the mother is sick, provide care for her, or refer her for help.

- If she has a breast problem (such as engorgement, sore nipples, breast infection), advise her to empty her breast: feed her baby more frequently; improve position and attachment; gentle massage towards nipple; warm compresses, start on the affected breast and vary position. If not improved and there are clear signs of infective mastitis refer to the health center or hospital for treatment.

- Advise her to eat well to keep up her own strength and health.

- If she is breastfeeding, advise her to eat 2 more varied extra meals a day to maintain her health and health of the baby.

- Advise her to take Vitamin A supplementation within 45 days of delivery for the baby’s health and strength.

- Advise her to take Vitamin A supplementation within 45 days of delivery for the baby’s health and strength.

- Advise a mother from malarious area for herself and all under five children to sleep under ITN to prevent malaria.

**USE OF ITN**

1. ITN should be hanging over the sleeping place.
2. During day time the ITN should be rolled up and tied.
3. When sleeping untie the ITN and the bottom ends of the ITN should be completely tucked under the mattress or sleeping pad.
4. Any hole on the ITN caused by fire, rodent or cuts should be repaired and such damage to the ITN should be prevented.
5. Nets that are not long lasting should be treated timely.
6. Long lasting ITNs should not be frequently washed and when washing, excessive use of detergent and ringing should be avoided to avoid weakening of the insecticide.
7. Inform mother not to paint or mud wash the interior of insecticide sprayed house for up to 6 months.

- Advise the mother to ensure that all family food is cooked using **iodized salt** so that family members remain healthy.

- Check the mother’s immunization status and give her tetanus toxoid if needed.

  Make sure she has access to:
  - Family planning
  - Counseling on STD and AIDS prevention
  - Antenatal care if she is pregnant

- Encourage her to seek voluntary HIV counseling and testing.

- Reassure her that with regular follow-up, much can be done to prevent serious illness, and maintain her and the child’s health.

- Emphasize good hygiene, and early treatment of illnesses.
GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child’s previous classifications.

- If the child has any new problem, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart.

### PNEUMONIA

After 2 days:

Check the child for general danger signs. Assess the child for cough or difficult breathing.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:
- If **chest indrawing or a general danger sign**, refer URGENTLY to hospital.
- If **breathing rate, fever, and eating are the same** refer URGENTLY to hospital.
- If **breathing slower, less fever, and eating better**, complete the 5 days of antibiotic.

### MALARIA

- If fever persists after 2 days, refer to health center/ hospital
- Advise the mother on the need for referral

### FEVER-MALARIA UNLIKELY (Low Malaria Risk)

If fever persists after 2 days

- Check again if there is travel history to malarious area within the past 2 weeks
  - If yes, do RDT; if positive for P falciparum treat with Coartem; if positive for vivax treat with Chloroquine. If no RDT treat with Coartem.
- Advise the mother to return again in 2 days
- If malaria is not likely (RDT negative) refer to health center / hospital

### FEVER no malaria (No Malaria Risk)

If fever persists after 2 days :

- Check again if there is travel history to malarious area within the past 2 weeks
  - If yes, do RDT; if positive for P falciparum treat with Coartem; if positive for vivax treat with Chloroquine. If no RDT treat with Coartem.
- Advise the mother to return again in 2 days
- If malaria is not likely (no travel history or RDT negative) refer to health center / hospital
GIVE FOLLOW-UP CARE

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

FEEDING PROBLEM

After 5 days:

- Reassess feeding. *See questions at the top of the COUNSEL chart.* Ask about any feeding problems found on the initial visit.
- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- If the child has moderate acute malnutrition, refer the child to Supplementary Feeding Program available in your area.

MODERATE ACUTE MALNUTRITION (Where there is no CTC program or if the child was not accepted by CTC program)

After 30 days:

- Measure MUAC of the child and determine if the child is still having moderate acute malnutrition.
- Reassess feeding. *See questions at the top of the COUNSEL chart.*
- Treatment:
  - If the child is no longer having moderate acute malnutrition, praise the mother and encourage her to continue.
  - If the child is still having moderate acute malnutrition, refer the child to Supplementary Feeding Program available in your area or health center/hospital.

DIARRHOEA

- If diarrhoea persists (three loose/watery stools per 24 hours) after 2 days
  - If the diarrhoea persists, assess the sick child for diarrhoea (see Assess and Classify chart) and manage as per initial visit
- If there is severe dehydration, refer urgently to health center or hospital
- If some dehydration or no dehydration is there, treat according to plan A or B

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER OF THE NEXT FOLLOW-UP VISIT

ALSO, ADVISE THE MOTHER WHEN TO RETURN IMMEDIATELY. (SEE COUNSEL CHART)
GIVE FOLLOW-UP CARE FOR THE CHILD WITH UNCOMPLICATED SEVER MALNUTRITION

- Give follow up care every 1 week
- Assess progress and check for any complications in every visit

1. Ask for
   - Diarrhoea, vomiting, fever or any other new complaint or problem
   - If the child is finishing the weekly RUTF ration

2. Check:
   - Weight; MUAC; Edema; Temperature
   - For complications (pneumonia, watery or bloody diarrhoea, fever/low body temperature, measles etc)
   - For appetite (do test)

3. Decide on action

   If there is any one of the following, refer to health facility with in-patient care
   - If a Medical Complication exists
   - Increase or development of Oedema
   - Weight lose on 2 consecutive visits
   - Failure to gain weight on 3 consecutive visits
   - Major illness or death of the main Caretaker so that the child can not managed at home

   If there is no indication for referral, give
   - Deworming if this is the second visit
   - Give measles vaccins if this is the 4th visit
   - Weely ration of Plumpy’Nut or BP 100 according to weight
   - Appointment for next follow up
   - Record the information on the OTP card
DISCHARGE THE CHILD WHO MEETS THE CRITERIA FOR DISCHARGE

A child stays in the OTP until s/he meets the discharge criteria or until s/he has been in the program for a maximum of 2 months. The discharge criteria depends on the admission criteria.

Discharge the patients from OTP follow up if the discharge criteria are fulfilled

A. for those who were admitted based on oedema: — discharge if there is no edema for two consecutive visits (14 days)

B. For those admitted without oedema: - discharge when the patient reaches the discharge target weight (see next page for the quick reference table)

C. If the child fails to reach the discharge criteria after 2 months of OTP treatment refer for inpatient care

On discharge make sure:
- Counseling on child feeding and care is given to the caretaker
- Give discharge certificate to the caretaker and referral or transfer to supplementary feeding program when available
- Child is registered appropriately on the registration book on date of discharge
## TARGET WEIGHT FOR DISCHARGE FROM OTP FOLLOW-UP

<table>
<thead>
<tr>
<th>Admission</th>
<th>Discharge</th>
<th>Admission</th>
<th>Discharge</th>
<th>Admission</th>
<th>Discharge</th>
<th>Admission</th>
<th>Discharge</th>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3.5</td>
<td>5.9</td>
<td>6.8</td>
<td>8.8</td>
<td>10.1</td>
<td>13.4</td>
<td>15.4</td>
<td>31</td>
<td>35.7</td>
</tr>
<tr>
<td>3.1</td>
<td>3.6</td>
<td>6</td>
<td>6.9</td>
<td>8.9</td>
<td>10.2</td>
<td>13.6</td>
<td>15.6</td>
<td>32</td>
<td>36.8</td>
</tr>
<tr>
<td>3.2</td>
<td>3.7</td>
<td>6.1</td>
<td>7</td>
<td>9</td>
<td>10.4</td>
<td>13.8</td>
<td>15.9</td>
<td>33</td>
<td>38</td>
</tr>
<tr>
<td>3.3</td>
<td>3.8</td>
<td>6.2</td>
<td>7.1</td>
<td>9.1</td>
<td>10.5</td>
<td>14</td>
<td>16.1</td>
<td>34</td>
<td>39.1</td>
</tr>
<tr>
<td>3.4</td>
<td>3.9</td>
<td>6.3</td>
<td>7.2</td>
<td>9.2</td>
<td>10.6</td>
<td>14.2</td>
<td>16.3</td>
<td>35</td>
<td>40.3</td>
</tr>
<tr>
<td>3.5</td>
<td>4</td>
<td>6.4</td>
<td>7.4</td>
<td>9.3</td>
<td>10.7</td>
<td>14.4</td>
<td>16.6</td>
<td>36</td>
<td>41.4</td>
</tr>
<tr>
<td>3.6</td>
<td>4.1</td>
<td>6.5</td>
<td>7.5</td>
<td>9.4</td>
<td>10.8</td>
<td>14.6</td>
<td>16.8</td>
<td>37</td>
<td>42.6</td>
</tr>
<tr>
<td>3.7</td>
<td>4.3</td>
<td>6.6</td>
<td>7.6</td>
<td>9.5</td>
<td>10.9</td>
<td>14.8</td>
<td>17</td>
<td>38</td>
<td>43.7</td>
</tr>
<tr>
<td>3.8</td>
<td>4.4</td>
<td>6.7</td>
<td>7.7</td>
<td>9.6</td>
<td>11</td>
<td>15</td>
<td>17.3</td>
<td>39</td>
<td>44.9</td>
</tr>
<tr>
<td>3.9</td>
<td>4.5</td>
<td>6.8</td>
<td>7.8</td>
<td>9.7</td>
<td>11.2</td>
<td>15.5</td>
<td>17.8</td>
<td>40</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>4.6</td>
<td>6.9</td>
<td>7.9</td>
<td>9.8</td>
<td>11.3</td>
<td>16</td>
<td>18.4</td>
<td>41</td>
<td>47.2</td>
</tr>
<tr>
<td>4.1</td>
<td>4.7</td>
<td>7</td>
<td>8.1</td>
<td>9.9</td>
<td>11.4</td>
<td>16.5</td>
<td>19</td>
<td>42</td>
<td>48.3</td>
</tr>
<tr>
<td>4.2</td>
<td>4.8</td>
<td>7.1</td>
<td>8.2</td>
<td>10</td>
<td>11.5</td>
<td>17</td>
<td>19.6</td>
<td>43</td>
<td>49.5</td>
</tr>
<tr>
<td>4.3</td>
<td>4.9</td>
<td>7.2</td>
<td>8.3</td>
<td>10.2</td>
<td>11.7</td>
<td>17.5</td>
<td>20.1</td>
<td>44</td>
<td>50.6</td>
</tr>
<tr>
<td>4.4</td>
<td>5.1</td>
<td>7.3</td>
<td>8.4</td>
<td>10.4</td>
<td>12</td>
<td>18</td>
<td>20.7</td>
<td>45</td>
<td>51.8</td>
</tr>
<tr>
<td>4.5</td>
<td>5.2</td>
<td>7.4</td>
<td>8.5</td>
<td>10.6</td>
<td>12.2</td>
<td>18.5</td>
<td>21.3</td>
<td>46</td>
<td>52.9</td>
</tr>
<tr>
<td>4.6</td>
<td>5.3</td>
<td>7.5</td>
<td>8.6</td>
<td>10.8</td>
<td>12.4</td>
<td>19</td>
<td>21.9</td>
<td>47</td>
<td>54.1</td>
</tr>
<tr>
<td>4.7</td>
<td>5.4</td>
<td>7.6</td>
<td>8.7</td>
<td>11</td>
<td>12.7</td>
<td>19.5</td>
<td>22.4</td>
<td>48</td>
<td>55.2</td>
</tr>
<tr>
<td>4.8</td>
<td>5.5</td>
<td>7.7</td>
<td>8.9</td>
<td>11.2</td>
<td>12.9</td>
<td>20</td>
<td>23</td>
<td>49</td>
<td>56.4</td>
</tr>
<tr>
<td>4.9</td>
<td>5.6</td>
<td>7.8</td>
<td>9</td>
<td>11.4</td>
<td>13.1</td>
<td>21</td>
<td>24.2</td>
<td>50</td>
<td>57.5</td>
</tr>
<tr>
<td>5</td>
<td>5.8</td>
<td>7.9</td>
<td>9.1</td>
<td>11.6</td>
<td>13.3</td>
<td>22</td>
<td>25.3</td>
<td>51</td>
<td>58.7</td>
</tr>
<tr>
<td>5.1</td>
<td>5.9</td>
<td>8</td>
<td>9.2</td>
<td>11.8</td>
<td>13.6</td>
<td>23</td>
<td>26.5</td>
<td>52</td>
<td>59.8</td>
</tr>
<tr>
<td>5.2</td>
<td>6</td>
<td>8.1</td>
<td>9.3</td>
<td>12</td>
<td>13.8</td>
<td>24</td>
<td>27.6</td>
<td>53</td>
<td>61</td>
</tr>
<tr>
<td>5.3</td>
<td>6.1</td>
<td>8.2</td>
<td>9.4</td>
<td>12.2</td>
<td>14</td>
<td>25</td>
<td>28.8</td>
<td>54</td>
<td>62.1</td>
</tr>
<tr>
<td>5.4</td>
<td>6.2</td>
<td>8.3</td>
<td>9.5</td>
<td>12.4</td>
<td>14.3</td>
<td>26</td>
<td>29.9</td>
<td>55</td>
<td>63.3</td>
</tr>
<tr>
<td>5.5</td>
<td>6.3</td>
<td>8.4</td>
<td>9.7</td>
<td>12.6</td>
<td>14.5</td>
<td>27</td>
<td>31.1</td>
<td>56</td>
<td>64.6</td>
</tr>
<tr>
<td>5.6</td>
<td>6.4</td>
<td>8.5</td>
<td>9.8</td>
<td>12.8</td>
<td>14.7</td>
<td>28</td>
<td>32.2</td>
<td>57</td>
<td>65.6</td>
</tr>
<tr>
<td>5.7</td>
<td>6.6</td>
<td>8.6</td>
<td>9.9</td>
<td>13</td>
<td>15</td>
<td>29</td>
<td>33.4</td>
<td>58</td>
<td>66.7</td>
</tr>
<tr>
<td>5.8</td>
<td>6.7</td>
<td>8.7</td>
<td>10</td>
<td>13.2</td>
<td>15.2</td>
<td>30</td>
<td>34.5</td>
<td>59</td>
<td>67.9</td>
</tr>
</tbody>
</table>
MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: __________________________ Age: ________ Sex: ________ Weight: ________ Temperature: ______ °C

ASK: What are the child’s problems? __________________________ Initial visit? ______ Follow-up Visit? ______

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETARIFIC OR UNCONSCIOUS
CONVULSING NOW

General danger signs present

Yes___ No___

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes___ No___

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

DOES THE CHILD HAVE DIARRHEA? Yes___ No___

For how long? _____ Days
Is there blood in the stool?

Look at the child’s general condition. Is the child:

lethargic or unconscious?
Restless or 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 less than 2 seconds)

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature > 37.5 °C or above) Yes___ No___

Malaria Risk: High Low No
If low or no malaria risk, then ask:
Has the child traveled outside this area during the last one month?
If yes, has he been to a malarious area?
For how long has the child had fever? _____ Days
If more than 7 days, has fever present every day?
Has child had measles within the last three months?

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

Do RDT: Positive ___ Negative ___ Not done__

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

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

DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___

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

THEN CHECK THE SICK CHILD BELOW 6 MONTHS OF AGE
FOR MALNUTRITION

• Measure MUAC
  MUAC Less than 11 cm
  MUAC 11 cm to <12 cm
  MUAC ≥12 cm and above

THEN CHECK FOR MALNUTRITION THE SICK CHILD AGE 6 MONTHS AND ABOVE

Check for Pitting oedema of both feet
• Complication: Pneumonia, watery diarrhoea/dysentery, fever
• If MUAC <11 cm or oedema of both feet and no medical complication do appetite test: Bil/ pass

THEN CHECK FOR ANEMIA

Look for palmar pallor: Severe pallor? Some pallor?

CHECK FOR POSSIBLE SYMPTOMATIC HIV INFECTION

Ask: what is the HIV status of the mother positive___ negative___ unknown___
What is the HIV status of the child positive___ negative___ unknown___

CHECK THE CHILD’S IMMUNIZATION (age<2 year) AND VITAMIN A STATUS Circle immunizations/vitamin A needed today.

BCG Pentavalent-1 Pentavalent-2 Pentavalent-3
Pneumococcal-1 Pneumococcal-2 Pneumococcal-3
OPV 0 OPV 1 OPV 2 OPV 3 Measles Vitamin A Mebendazole / Albendazole

RETURN FOR NEXT IMMUNIZATION/ VITAMIN A ON:

(______)(______)(______)

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

FEEDING PROBLEMS:

Do you breastfeed your child? Yes___ No___

If Yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes___ No___.
Do you empty one breast before you shift to the other one?
Does the child take any other food or fluids even water? Yes___ No___
If Yes, what food or fluids?

How many times per day? _____ times. What do you use to feed the child?

Does the child receive his own serving? Yes___ No___

Who feeds the child and how?

During this illness, has the child’s feeding changed? Yes___ No___

ASSESS FOR OTHER PROBLEMS

COUNSEL THE MOTHER ABOUT HER OWN HEALTH
REFERRAL FORM

Date: ..............................
Referred to: ..............................
Referring health post: ..............................

Name: ..............................  Age: ..............................

Key Signs identified: ..............................

Classifications: ..............................

Any treatment/care given: ..............................

Name of the HEW: .............................. Kebele: .............. Woreda: ..............

Signature: ..............................
Steps to measure MUAC

1. Ask the mother to remove clothing that may cover the child’s arm. If possible the child should stand erect and sideways to the measurer.
2. Estimate the mid point of the left arm.
3. Straighten the child’s arm and wrap the tape around at the mid point. Make sure that the numbers are right side up. Make sure the tape is flat around the skin (arrow 7 of illustration).
4. Inspect the tension of the tape on the child’s arm. Make sure the tape has the proper tension (arrow 7 of illustration) and is not too tight or too loose. Repeat any step as necessary.
5. When the tape is the correct position and correct tension on the arm, read and call out measurement to the nearest 0.1cm (arrow 10 of illustration).
6. Immediately record the measurement.
Weight-for-age GIRLS
Birth to 6 months (z-scores)

WHO Child Growth Standards
Weight-for-age GIRLS (for Growth Monitoring)

Birth to 5 years (Z-scores)

WHO Child Growth Standards