INTEGRATED MANAGEMENT OF NEWBORN AND CHILDHOOD ILLNESS

SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

Assess, Classify and Identify Treatment

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AGE UP TO 2 MONTHS

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

**ASSESS**

**ASK THE MOTHER WHAT THE CHILD’S PROBLEMS ARE**

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

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

  **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

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

**IF YES, ASK:**

**LOOK, LISTEN, FEEL:**
- For how long?
  - Count the breaths in one minute.
  - Look for chest indrawing.
  - Look and listen for stridor wheezing.

**Classify COUGH or DIFFICULT BREATHING**
CHILD MUST BE CALM

**THEN ASK ABOUT MAIN SYMPTOMS:**

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

**Classify COUGH or DIFFICULT BREATHING**

**CLASSIFY**

**IDENTIFY TREATMENT**

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

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| Any general danger sign or Chest indrawing or Stridor in calm child. | SEVERE PNEUMONIA OR VERY SEVERE DISEASE | > Give first dose of an appropriate antibiotic I.M.  
> If wheezing give a trial of rapid acting bronchodilator for up to three times before classifying severe pneumonia*  
> Refer URGENTLY to hospital.* |
| Fast breathing. | PNEUMONIA | > Give an appropriate antibiotic for 5 days.  
> If wheezing give three trials of bronchodilator before classifying pneumonia. If wheezing give a bronchodilator for five days.  
> If recurrent wheezing or cough for 21 days refer for an assessment  
> Soothe the throat and relieve the cough with a safe remedy.  
> Check for HIV infection  
> Advise mother when to return immediately.  
> Follow-up in 2 days |
| No signs of pneumonia or very severe disease. | NO PNEUMONIA: COUGH OR COLD | > If wheezing give a bronchodilator for five days.  
> Soothe the throat and relieve the cough with a safe remedy.  
> Advise mother when to return immediately.  
> Follow-up in 5 days if not improving.  
> If recurrent wheezing or cough for 21 days refer for an assessment |
Does the child have fever?
(by history or feels hot or temperature 37.5°C** or above)

IF YES:
THEN ASK:

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

LOOK AND FEEL:

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

LOOK AND FEEL:

If the child has measles now or within the last 3 months:
  • Look for mouth ulcers.
  • Are they deep and extensive?
  • Look for pus draining from the eye.
  • Look for clouding of the cornea.

CLASSIFY FEVER:

• Any general danger sign or
• Stiff neck.

VERY SEVERE FEBRILE DISEASE
  ➢ Give quinine for severe malaria (first dose).
  ➢ Give first dose of an appropriate antibiotic.
  ➢ Treat the child to prevent low blood sugar.
  ➢ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
  ➢ Refer URGENTLY to hospital.

MALARIA
  ➢ Treat with oral antimalarial (AS + AQ).
  ➢ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
  ➢ Advise the mother to use ITN for the child
  ➢ 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.

SEVERE COMPLICATED MEASLES***
  ➢ Give Vitamin A.
  ➢ Give first dose of an appropriate antibiotic.
  ➢ If clouding of the cornea or pus draining from the eye, apply Tetracycline eye ointment.
  ➢ Refer URGENTLY to hospital.

MEASLES WITH EYE OR MOUTH COMPLICATIONS***
  ➢ Give Vitamin A.
  ➢ If pus draining from the eye, treat eye infection with Tetracycline eye ointment.
  ➢ If mouth ulcers, treat with gentian violet.
  ➢ Follow-up in 2 days.

MEASLES
  ➢ Give Vitamin A.

** 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.
- Feel for tender swelling behind the ear.

**Classify EAR PROBLEM**

- **No ear pain and No pus seen draining from the ear.**
  - **NO EAR INFECTION**
    - No additional treatment.

- **Tender swelling behind the ear.**
  - **MASTOIDITIS**
    - Give first dose of an appropriate antibiotic.
    - Give first dose of paracetamol for pain.
    - Refer URGENTLY to hospital.

- **Pus is seen draining from the ear and discharge is reported for less than 14 days, or Ear pain.**
  - **ACUTE EAR INFECTION**
    - Give an antibiotic for 5 days.
    - Give paracetamol for pain.
    - Dry the ear by wicking.
    - Ear discharge check for HIV infection
    - Follow-up in 5 days.

- **Pus is seen draining from the ear and discharge is reported for 14 days or more.**
  - **CHRONIC EAR INFECTION**
    - Dry the ear by wicking.
    - Treat with chloramphenicol ear drops for 2 weeks
    - Check for HIV infection
    - Follow-up in 5 days.
ASSESS AND Classify THE SICK Child
Age 2 Months up to 5 Years

Assess

Ask The Mother What the Child’s Problems Are
- Determine if this is an initial or follow-up visit for this problem.
  - if follow-up visit, use the follow-up instructions on TREAT THE CHILD chart.
  - if initial visit, assess the child as follows:

1. Look for General Danger Signs
   - A child with any danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.

2. Then Ask About Main Symptoms:
   - If yes, ask:
     - Look, listen, feel:
       - For how long?
         - Count the breaths in one minute.
         - Look for chest indrawing.
         - Look and listen for stridor or wheezing.

CHECK FOR General Danger Signs
A child with any danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.

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.

THEN Ask About Main Symptoms:

IF YES, ASk: LOOK, LISTEN, FEEL:
- For how long?
  - Count the breaths in one minute.
  - Look for chest indrawing.
  - Look and listen for stridor or wheezing.

Classify COUGH or DIFFICULT
CHILD MUST BE CALM

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

TREATMENT

Use All Boxes That Match the Child’s Symptoms and Problems to Classify the Illness.

Signs    Classify As    Treatment

- Any general danger sign or
- Chest indrawing or
- Stridor in calm child.

SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- Give first dose of an appropriate antibiotic IM.
- If wheezing, give a trial of rapid acting bronchodilator for up to three times before classifying severe pneumonia.
- Refer URGENTLY to hospital.

Fast breathing.

PNEUMONIA
- Give an appropriate antibiotic for 5 days.
- If wheezing, give three trials of bronchodilator before classifying pneumonia. If wheezing, give a bronchodilator for five days.
- If recurrent wheezing or cough for 21 days refer for an assessment.
- Soothe the throat and relieve the cough with a safe remedy.
- Check for HIV infection.
- Advise mother when to return immediately.
- Follow-up in 2 days.

No signs of pneumonia or very severe disease.

NO PNEUMONIA: COUGH OR COLD
- If wheezing, give a bronchodilator for five days.
- Soothe the throat and relieve the cough with a safe remedy.
- Advise mother when to return immediately.
- Follow-up in 5 days if not improving.
- If recurrent wheezing or cough for 21 days refer for an assessment.
### THEN CHECK FOR ANAEMIA

**LOOK AND FEEL:**
- Look for palmar pallor. Is it:
  - Severe palmar pallor?
  - Some palmar pallor?
  - If pallor, does the child have sickle cell disease?
  - Yes __ No __
  - Does Not know __

**Classify ANAEMIA**

<table>
<thead>
<tr>
<th>Position of Pallor</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe palmar pallor</td>
<td><strong>SEVERE ANAEMIA</strong>&lt;br&gt;Give Vitamin A.&lt;br&gt;Refer URGENTLY to hospital</td>
</tr>
<tr>
<td>Some palmar pallor</td>
<td><strong>ANAEMIA</strong>&lt;br&gt;Give iron and folic acid (if child has sickle cell disease, only folic acid)&lt;br&gt;Give oral antimalarial&lt;br&gt;- Advise mother that child should sleep under ITN&lt;br&gt;- Give mebendazole if child is 1 year or older and has not had a dose in the previous 6 months.&lt;br&gt;- Advise mother when to return immediately.</td>
</tr>
<tr>
<td>No palmar pallor</td>
<td><strong>NO ANAEMIA</strong>&lt;br&gt;Give routine Vitamin A every 6 months from age 6 months&lt;br&gt;Follow-up in 30 days</td>
</tr>
</tbody>
</table>

### THEN CHECK FOR MALNUTRITION

**LOOK AND FEEL:**
- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine weight for age.
  - Very low __ Not very low __
- Determine MUAC
- Is there growth faltering?
  - Yes __ No __ Not determined __

**Classify MALNUTRITION**

<table>
<thead>
<tr>
<th>Visible Severe Wasting</th>
<th>SEVERE MALNUTRITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oedema of both feet.</td>
<td>Give Vitamin A.&lt;br&gt;Treat to prevent low blood sugar&lt;br&gt;Refer URGENTLY to hospital.</td>
</tr>
<tr>
<td>• MUAC in red region</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Very Low Weight</th>
<th>VERY LOW WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MUAC in yellow region</td>
<td>Assess the child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart.&lt;br&gt;- If feeding problem, follow-up in 5 days.&lt;br&gt;- Check for HIV infection&lt;br&gt;- Give mebendazole if child is 1 year or older and has not had a dose in the previous 6 months.&lt;br&gt;- Advise mother when to return immediately.&lt;br&gt;- Give vitamin A every 6 months from age 6 months&lt;br&gt;- Follow-up in 30 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not Very Low Weight</th>
<th>NOT VERY LOW WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MUAC in green region</td>
<td>If child is less than 2 years old, assess the child’s feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart.&lt;br&gt;- Give vitamin A every 6 months from age 6 months&lt;br&gt;- If feeding problem, follow-up in 5 days.&lt;br&gt;- Advise mother when to return immediately.</td>
</tr>
</tbody>
</table>
Check for Suspected Symptomatic HIV Infection?
Does the child have one or more of the following conditions
- Pneumonia now
- Persistent Diarrhoea now
- Ear infection (acute or chronic) now
- Very low weight for age OR history of weight loss OR Growth faltering

LOOK and FEEL for
- Enlarged lymph glands in two or more of the following sites—neck, armpit or groin?
- Oral thrush?
- Parotid swelling for 14 days or more
- Pus draining from the ear?

ASK
- Mother if she knows her HIV status
  Positive ____ Negative ____
  Unknown ______

CLASSIFY

Three or more of the following:
- Pneumonia now
- Persistent Diarrhoea now
- Very low weight or history of weight loss
- Enlarged lymph glands
- Oral thrush
- Parotid swelling
- Ear discharge (Acute or Chronic)
- Growth faltering

OR
- Mother is HIV positive

Suspected Symptomatic HIV Infection
- Treat existing condition
- Test for HIV infection
- Counsel the mother for symptomatic HIV infection
- Assess child’s feeding and counsel according to the FOOD box on the COUNSEL THE MOTHER chart.
- Give Vitamin A every 6 months at age 6 months
- Give cotrimazole prophylaxis daily
- Give vaccines according to schedule but avoid BCG and YF vaccines
Follow-up in 14 days

Classify as Suspected Symptomatic HIV Infection Unlikely
- Not enough signs to classify as suspected

Symptomatic HIV Infection Unlikely
- Treat for other classifications
- Counsel the mother on home care
- Follow-up according to child’s classification

Then check the child’s immunization and vitamin A supplementation 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>OPV-0</td>
</tr>
<tr>
<td>10 weeks</td>
<td>Penta-1</td>
</tr>
<tr>
<td>14 weeks</td>
<td>Penta-2</td>
</tr>
<tr>
<td>9 months</td>
<td>Penta-3</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
</tr>
<tr>
<td></td>
<td>YF</td>
</tr>
</tbody>
</table>

Vitamin A Supplementation Schedule

<table>
<thead>
<tr>
<th>AGE (MONTHS)</th>
<th>VITAMIN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 up to 12</td>
<td>100,000 units – Single dose</td>
</tr>
<tr>
<td>12 up to 60</td>
<td>200,000 units – Single dose</td>
</tr>
</tbody>
</table>

If child is 6 months or older give vitamin A supplementation every 6 months.

Assess Other Problems

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

Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.
**CHECK MOTHER’S OWN HEALTH**

**ASK:**
- Are you pregnant?

**LOOK:**
- Look for palmar pallor.
  - Is it: Severe palmar pallor?
  - Some palmar pallor?

**Classify Mother’s Health**

<table>
<thead>
<tr>
<th>Severe palmar pallor OR bleeding OR oedema of both feet</th>
<th>SEVERE ILLNESS or SEVERE ANAEMIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some palmar pallor</td>
<td>ANAEMIA</td>
</tr>
<tr>
<td>No palmar pallor</td>
<td>NO ANAEMIA</td>
</tr>
</tbody>
</table>

**If pregnant:**
- Ask:
  - For how long (weeks) ?
  - Are you bleeding?
  - Are you attending Ante Natal Clinic?

- Look for:
  - oedema of both feet

- Refer URGENTLY to hospital.

- If pregnant, refer to Hospital
- If not pregnant, give iron and folic acid.
  - Give oral antimalarial.
  - Counsel using the counsel mother about her health

- If pregnant and not attending ante natal clinic, counsel her to attend ante natal clinic
- If not pregnant, counsel using the counsel the mother about her health chart
## WHO Paediatric Clinical Staging for HIV

### Has the child been confirmed HIV Infected?

(If yes, perform clinical staging: any one condition in the highest staging determines stage. If no, you cannot stage the patient)¹

<table>
<thead>
<tr>
<th>WHO Paediatric Clinical Stage 1 - Asymptomatic</th>
<th>WHO Paediatric Clinical Stage 2 - Mild Disease</th>
<th>WHO Paediatric Clinical Stage 3 - Moderate Disease</th>
<th>WHO Paediatric Clinical Stage 4 - Severe Disease (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth</td>
<td>-</td>
<td>Moderate unexplained malnutrition not responding to standard therapy</td>
<td>Severe unexplained wasting/stunting/Severe malnutrition not responding to standard therapy</td>
</tr>
<tr>
<td>Symptoms/signs</td>
<td>No symptoms or only: Persistent Generalized Lymphadenopathy (PGL)</td>
<td>Unexplained persistent enlarged liver and/or spleen</td>
<td>Oesophageal thrush</td>
</tr>
<tr>
<td></td>
<td>Persistent Generalized Lymphadenopathy (PGL)</td>
<td>Unexplained persistent enlarged parotid</td>
<td>More than one month of herpes simplex ulcerations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skin conditions (prurigo, seborrheic dermatitis, extensive molluscum contagiosum or warts, fungal nail infections, herpes zoster)</td>
<td>Severe multiple or recurrent bacterial infections ≥ 2 episodes in a year (not including pneumoonia)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mouth conditions (recurrent mouth ulcerations, lineal gingival Erythema)</td>
<td>Pneumocystis pneumonia (PCP)*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recurrent or chronic upper RTI (sinusitis, ear infections, tonsillitis, otorhoea)</td>
<td>Kaposi’s sarcoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Extrapulmonary tuberculosis</td>
</tr>
<tr>
<td>ARV Therapy</td>
<td>Indicated only if CD4 is available: ≤11 mo and CD4 ≤ 25% (or ≤1500 cells)</td>
<td>Indicated only if CD4 or TLC# is available: Same as stage I OR ≤11 mo and TLC≤4000 cells/mm³</td>
<td>Toxoplasma brain abscess*</td>
</tr>
<tr>
<td></td>
<td>12-35 mo and CD4 ≤ 20% (or ≤750 cells)</td>
<td>12-35 mo and TLC ≤ 4000 cells/mm³</td>
<td>Cryptococcal meningitis*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36-59 mo and TLC ≤ 3000 cells</td>
<td>Chronic cryptosporidiosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 60 mo and TLC ≤ 2500 cells</td>
<td>Chronic isosporiasis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Acquired HIV-associated rectal fistula</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HIV encephalopathy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cerebral B cell non-Hodgkins lymphoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Symptomatic HIV associated cardiomyopathy/nephropathy*</td>
</tr>
<tr>
<td>ART is indicated:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child less than 12 months, regardless of CD4</td>
<td>Chronic HIV associated lung disease including bronchiectasis*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child is over 12 months—usually regardless of CD4 but if URI/TB/</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ART is indicated: Irrespective of the CD4 count, and should be started as soon as possible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

- FOR CHOLERA:
  Give antibiotic recommended for Cholera for 3 days.
FIRST-LINE ANTIBIOTIC FOR CHOLERA: COTRIMOXAZOLE

<table>
<thead>
<tr>
<th>AGE or WEIGHT Month/(Kg)</th>
<th>COTRIMOXAZOLE (trimethoprim + sulphamethoxazole)</th>
<th>ERYTHROMYCIN</th>
<th>ADULT TABLET</th>
<th>SYRUP (125mg/5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 (4 - &lt;6 kg)</td>
<td>¼</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 up to 12 (6 - &lt;10 kg)</td>
<td>½</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 up to 60 (10 - 19 kg)</td>
<td>1</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR SUSPECTED SYMPTOMATIC HIV INFECTION:

- Give vitamin A every 6 months

FOR DYSENTERY:

- Give two times daily for 5 days

<table>
<thead>
<tr>
<th>AGE or WEIGHT Month/(Kg)</th>
<th>COTRIMOXAZOLE (trimethoprim + sulphamethoxazole)</th>
<th>SYRUP (125mg/5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 up to 4 (4 - &lt;6 kg)</td>
<td>¼ - ½</td>
<td></td>
</tr>
<tr>
<td>4 up to 12 (6 - &lt;10 kg)</td>
<td>½ - 1</td>
<td></td>
</tr>
<tr>
<td>12 up to 60 (10 - 19 kg)</td>
<td>1—2</td>
<td></td>
</tr>
</tbody>
</table>

FOR PNEUMONIA, ACUTE EAR INFECTION OR VERY SEVERE DISEASE:

- Give three times daily for 5 days

<table>
<thead>
<tr>
<th>AGE or WEIGHT Month/(Kg)</th>
<th>COTRIMOXAZOLE (trimethoprim + sulphamethoxazole)</th>
<th>AMOXICILLIN</th>
<th>ADULT TABLET</th>
<th>TABLET</th>
<th>SYRUP 125 mg per 5 ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months up to 12 months (4 - &lt;10 kg)</td>
<td>1/2</td>
<td>1/2</td>
<td>5 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months up to 5 years (10 - 19 kg)</td>
<td>1</td>
<td>1</td>
<td>10 ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Give pain relief

- Safe doses of paracetamol can slightly be higher for pain. Use the table and teach mother to give the right dose.
- Give paracetamol every 6 hours if pain persists.
- Stage 2 pain is chronic severe pain as might happen in illnesses such as AIDS:
  - Start treating stage 2 pain with regular paracetamol.
  - If the pain is not controlled add ibuprofen
  - For severe pain give morphine

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Age (Yr)</th>
<th>Paracetamol (500 mg)</th>
<th>Ibuprofen (200mg)</th>
<th>IM Morphine, 3 doses per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>4—6</td>
<td>&lt;6 months</td>
<td>¼</td>
<td>¼-½</td>
<td></td>
</tr>
<tr>
<td>6—10</td>
<td>6 months—1 Yr</td>
<td>½</td>
<td>½-1</td>
<td></td>
</tr>
<tr>
<td>10—14</td>
<td>1—3 Yr</td>
<td>½-1</td>
<td>1-1½</td>
<td>2.5mg</td>
</tr>
<tr>
<td>14—20</td>
<td>3—5 Yr</td>
<td>1</td>
<td>1½</td>
<td>5mg</td>
</tr>
<tr>
<td>&gt; 20</td>
<td>&gt; 5 Yr</td>
<td>1-1½</td>
<td>2</td>
<td>5-10mg</td>
</tr>
</tbody>
</table>

GIVE INHALED OR ORAL SALBUTAMOL FOR WHEEZING
TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

Give an Oral Antimalarial

FIRST-LINE ANTIMALARIAL: ARTENSUNATE + AMODIAQUINE (AS + AQ)
SECOND-LINE ANTIMALARIAL: QUININE

IF AS + AQ or Quinine:
- Give first dose in the clinic and observe for half hour and if child vomits within this time repeat the dose. 2nd dose at home at 12 hours (AS + AQ) and 8 hours (Quinine)
- Then daily (AS + AQ) day 2 and 3 and three times daily (Quinine) for 4 days

Give Paracetamol

- For High Fever (≥ 38.5°C) or Ear Pain
- Give paracetamol (PCM) every 6 hours until high fever or ear pain is gone.

Give Vitamin A and Multivitamin syrup

For measles and persistent diarrhoea

Vitamin A – Give three doses.
- Give first dose in clinic.
- Give mother one dose to give at home the next day.
- Give 3rd dose in clinic in 2 weeks
Multivitamin Syrup – Give one dose daily for 2 weeks for persistent diarrhoea.
- Give first dose in clinic.

Suspected symptomatic HIV infection:
- Give a dose of Vitamin A, 6 monthly
- A child that has sickle cell disease should receive only folic acid

Give Iron and folic acid

- Give iron and folic acid for 14 days.
- A child that has sickle cell disease should receive only folic acid

Give Mebendazole

- Give 500 mg mebendazole as a single dose in clinic if:
  - the child is 1 year of age or older, and
  - the child has not had a dose in the previous 6 months.

AGE or WEIGHT | IRON TABLET (80 mg elemental iron) | FOLIC ACID TABLET (100 mg)
--- | --- | ---
2 months up to 4 months (4 - <6 kg) | - | 1
4 months up to 12 months (6 - <10 kg) | ¼ | 1
12 months up to 3 years (10 - <14 kg) | ½ | 1
3 years up to 5 years (14 - 19 kg) | 1 | 1
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 gives 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 and give ear drops

- Dry the ear at least 3 times daily.
  - Roll clean absorbent cotton cloth or cotton wool into a wick.
  - Place the wick in the child’s ear.
  - Remove the wick when wet.
  - Replace the wick with a clean one and repeat these steps until the ear is dry.
  - Apply 2-3 drops of chloramphenicol ear drop in each ear 3 times daily for 14 days in children with chronic ear infection.

Treat Mouth Ulcers or Oral Thrush with Gentian Violet and Nystatin (if available)

- Treat the mouth ulcers or oral thrush twice daily.
  - Wash hands.
  - Wash the child’s mouth with cotton wool or clean soft cloth soaked in salt water and wrapped around the finger.
  - Paint the mouth with half-strength gentian violet or 1 ml (00,00 units) of nystatin 4 times daily for 7 days.
  - Wash hands again.
  - If severe consider symptomatic HIV infection.

Soothe the Throat, Relieve the Cough with a Safe Remedy

- Safe remedies to recommend:
  - Breastmilk for exclusively breastfed infant.
  - Warm drinks (weak tea with sugar and honey, warm water with lemon)
  - Palm oil with sugar
- Harmful remedies to discourage:
  - Hot pepper, putting balms into nostrils and applying to chest; alcohol (whisky, brandy, gin and rum)
GIVE THESE TREATMENTS IN CLINIC ONLY

- Give diazepam to stop convulsion

- Turn the child to one side to avoid aspiration. Avoid putting things in the mouth
- Open mouth and clear airway if lips and tongue are blue.
- Give 0.1 ml/kg diazepam solution par rectum using a small syringe
- Check and treat for low blood sugar.
- Give oxygen if available and REFER IMMEDIATELY.
- If convulsions have not stopped after 10 minutes then repeat dose.

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the child’s weight (or age).
- Use a sterile needle and sterile syringe. Measure the dose accurately.
- Give the drug as an intramuscular injection.

Give An Intramuscular Antibiotic

FOR CHILDREN BEING REFERRED URGENTLY WHO CANNOT TAKE AN ORAL ANTIBIOTIC

- Give first dose of intramuscular Ampicillin (50 mg/kg) and Gentamicin (7.5 mg/kg) then refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:

- Repeat the Ampicillin injection every 6 hours and Gentamicin once daily for 5 days.
- Then change to an appropriate oral antibiotic to complete 10 days of treatment.

<table>
<thead>
<tr>
<th>Age or weight</th>
<th>Ampicillin (500 mg/2ml)</th>
<th>Gentamicin (80 mg/2 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4 mths (4-6 kg)</td>
<td>125 mg (0.5 ml)</td>
<td>0.75-1.1 ml</td>
</tr>
<tr>
<td>4-12mths (6-10 kg)</td>
<td>250 (1 ml)</td>
<td>1.2-1.9 ml</td>
</tr>
<tr>
<td>1-3 yr (10-15 kg)</td>
<td>375 (1.5 ml)</td>
<td>2.0-2.7 ml</td>
</tr>
<tr>
<td>3-5 yrs (15-19 kg)</td>
<td>500 mg (2 ml)</td>
<td>2.8-3.5 ml</td>
</tr>
</tbody>
</table>

Give Quinine for Severe Malaria

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

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

IF REFERRAL IS NOT POSSIBLE:

- Give first dose of intramuscular quinine.
- The child should remain lying down for one hour.
- Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week.

<table>
<thead>
<tr>
<th>Age or weight</th>
<th>INTRAMUSCULAR QUININE 300 mg/ml (in 2 ml) ampoule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draw up this dose of undiluted Quinine in syringe</td>
<td>Add this amount of normal saline</td>
</tr>
<tr>
<td>2-4 mths (4-6 kg)</td>
<td>0.2 ml</td>
</tr>
<tr>
<td>4-12 mths (6-10 kg)</td>
<td>0.3 ml</td>
</tr>
<tr>
<td>1-2 yrs (10-12 kg)</td>
<td>0.4 ml</td>
</tr>
<tr>
<td>2-3 yrs (12-14 kg)</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>3-5 yrs (14-19 kg)</td>
<td>0.6 ml</td>
</tr>
</tbody>
</table>

Age or Weight | Dose of diazepam (10 mg/2 ml) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months (&lt; 5 kg)</td>
<td>0.5 ml</td>
</tr>
<tr>
<td>6-12 months (5-10 kg)</td>
<td>1 ml</td>
</tr>
<tr>
<td>1-3 years (10-15 kg)</td>
<td>1.5 ml</td>
</tr>
<tr>
<td>3-5 years (15-19 kg)</td>
<td>2 ml</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 breast feed but is able to swallow:
- Give expressed milk or breastmilk substitute
- If neither of these is available give sugar water
- Give 30-50 ml of milk or sugar water before departure

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

If the child is not able to swallow:
- Give 50 mls of milk or sugar water by nasogastric tube
GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

Plan A: Treat Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:

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

   - **TELL THE MOTHER:**
     - Breastfeed frequently and for longer at each feed.
     - If the child is exclusively breastfed, give ORS or SSS or clean water in addition to breastmilk.
     - If the child is not exclusively breastfed, give one or more of the following: ORS solution or SSS, food-based fluids (such as soup, rice or gari water, coconut 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 AND SSS. GIVE THE MOTHER 3 PACKETS OF ORS TO USE AT HOME.**

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

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

2. **GIVE ZINC SUPPLEMENTS**

   - **TELL THE MOTHER HOW MUCH ZINC (20 MG TAB) TO GIVE:**
     - Up to 6 months—1/2 tablet daily for 14 days
     - 6 months or more—1 tablet daily for 14 days

   - **SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS**
     - Infants—dissolve tablet in a small amount of expressed breast milk, ORS or clean water in a cup
     - Older children—tablets can be chewed or dissolved in a small amount of clean water in a cup

3. **CONTINUE FEEDING**

4. **WHEN TO RETURN**

Plan B: Treat for 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.**

<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 &lt; 6 kg</td>
<td>200 - 400</td>
<td>400 - 700</td>
<td>700 - 900</td>
<td>900 - 1400</td>
</tr>
<tr>
<td>6 - &lt; 10 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - &lt; 12 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 - 19 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.

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

**SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

**AFTER 4 HOURS:**

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

**IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:**

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her instructions how to prepare SSS for use at home.
- Explain the 4 Rules of Home Treatment:

1. **GIVE EXTRA FLUID**
2. **GIVE ZINC SUPPLEMENTS**
3. **CONTINUE FEEDING**
4. **WHEN TO RETURN**
Plan C: Treat Severe Dehydration Quickly

Follow the arrows. If answer is “yes”, go across. If “no”, go down.

START HERE

Can you give intravenous (IV) fluid immediately?

YES

NO

Is IV treatment available nearby (within 30 minutes)?

YES

Refer URGENTLY to hospital for IV treatment.

If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip.

NO

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

YES

NO

Can the child drink?

YES

Start rehydration by tube (or mouth) with ORS solution: give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).

Reassess the child every 1-2 hours:
- If there is repeated vomiting or increasing abdominal distension, give the fluid more slowly.
- If hydration status is not improving after 3 hours, send the child for IV therapy.

After 6 hours, reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

NO

Refer URGENTLY to hospital for IV or NG treatment.

NOTE:
- If possible, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration giving the child ORS solution by mouth.
- If the child is 2 years or older and there is an outbreak of cholera, treat with recommended antibiotic.

NO

IMMUNIZE EVERY SICK CHILD, AS NEEDED

GIVE VITAMIN A SUPPLEMENT AS NEEDED
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.} See ASSESS & CLASSIFY chart.

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

Treatment:
- If chest indrawing or a general danger sign, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer URGENTLY to hospital.
- If breathing rate, fever and eating are the same, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months or has suspected symptomatic HIV infection, refer.)
- If breathing slower, less fever, or eating better, complete the 5 days of antibiotic.

PERSISTENT DIARRHOEA

After 5 days:

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

Assess for HIV infection

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

SUSPECTED SYMPTOMATIC HIV INFECTION

After 14 days
- Check if testing had been done and give post test counseling
- Ensure mother is giving treatment as prescribed
- Do a full reassessment (see Assess and Classify chart)
- Treat any new or continuing problem
- Ask for new feeding problem and counsel the mother
- Follow-up once in every month

Refer if:
- Oral thrush is not improving
- Child is losing weight

DYSENTERY

After 2 days:

Assess the child for diarrhoea. > See ASSESS & CLASSIFY chart.

Ask:
- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:
- If the child is dehydrated, treat dehydration.
- If number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse:
  Change to second-line oral antibiotic recommended for Shigella in your area. Give it for 3 days. Advise the mother to return in 2 days.
  Exceptions - if the child: - is less than 12 months old, or
  - was dehydrated on the first visit, or
  - had measles within the last 3 months } Refer to hospital.

- If fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better, continue giving the same antibiotic until finished.
GIVE FOLLOW-UP CARE

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

MALARIA

If fever persists after 2 days, or returns within 14 days:

Do a full reassessment of the child. > See ASSESS & CLASSIFY chart.

Treatment:

- If the child has any general danger sign or stiff neck, treat as VERY SEVERE FEBRILE DISEASE.
- If No general danger sign or stiff neck
  - Treat with the second-line oral antimalarial. Advise the mother to return again in 2 days if the fever persists. If no second-line antimalarial is available, refer to hospital.
  - If fever has been present for 7 days, refer to hospital for assessment.

MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

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

Treatment for Eye Infection:

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

Treatment for Mouth Ulcers:

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

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

EAR INFECTION

After 5 days:

- Reassess for ear problem. > See ASSESS & CLASSIFY chart.
- Measure the child's temperature.
- Check for HIV infection.

Treatment:

- If there is tender swelling behind the ear or high fever (38.5°C or above), refer URGENTLY to hospital.
- Acute ear infection: if ear pain or discharge persists, treat for 5 more days with the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- Chronic ear infection: Check that the mother is wicking the ear correctly. Encourage her to continue. Follow-up again in 5 days. If discharge persists, refer for further assessment.
- If no ear pain or discharge, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

FEEDING PROBLEM

After 5 days:

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

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.
- Plot the weight on the growth monitoring chart.

PALLOR

After 14 days:

- Give iron and folic acid. Advise mother to return in 14 days for more iron and folic acid.
- Continue giving iron and folic acid every 14 days for 2 months.
- If child has sickle cell disease, give folic acid only.
- If the child has palmar pallor after 2 months, refer for assessment.

VERY LOW WEIGHT

After 14 days:

- Weigh the child and determine if the child is still very low weight for age.
- Reassess feeding. > See questions at the top of the COUNSEL chart.
- Check for HIV infection

Treatment:

- If the child is no longer very low weight for age, praise the mother and encourage her to continue.
- If the child is still very low weight for age, counsel the mother about any feeding problem found. Ask the mother to return again in 30 days. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.

Exception:

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

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

• ALSO, ADVISE THE MOTHER WHEN TO RETURN IMMEDIATELY. (SEE COUNSEL CHART.)
COUNSEL THE MOTHER

FOOD

➢ Assess the Child’s Feeding

Ask questions about the child’s usual feeding and feeding during this illness. Note whether the mother is HIV infected, uninfected, or does not know her status. Compare the mother’s answers to the Feeding Recommendations for the child’s age in the box below.

ASK -

➢ Do you breastfeed your child?
  - How many times during the day?
  - Do you also breastfeed during the night?

➢ Does the child take any other food or fluids?
  - What food or fluids?
  - How many times per day?
  - What do you use to feed the child?
  - If low weight or very low weight for age: How large are servings? Does the child receive his own serving? Who feeds the child and how?

➢ During this illness, has the child’s feeding changed? If yes, how?
### Feeding Recommendations During Sickness and Health

#### Up to 6 Months
- Start breastfeeding within half an hour of birth.
- Give only breastmilk as often as the child wants, day and night, at least 8 times in 24 hours.
- Breastfeed long enough to empty the breast at each feed.
- Do not give water, sugar water, gripe water, juice, herbal preparations, cocoa, milk or other foods or fluids.
- If the child 0-6 months:
  - appears hungry after breastfeeding or
  - is not gaining weight adequately; see health worker for counseling.

#### 6 Months up to 12 months
- **Breastfeed as often as the child wants.**
  - Give adequate servings of:
    - thick porridge made out of rice, benni paste, pounded fish, bean flour and palm oil (serve with bowl and spoon)
    - Pemahum served with softly cooked rice.
    - Softly cooked rice with plassas
    - Ebbah cooked with cassava, yam, plantain, fish, palmoil and sweet potato.
    - Boiled cassava, plantain, sweet potato, gari with sauce made from fish, palm oil and vegetables.
    - Boiled eggs with sweet/irish potato and butter
    - Softly cooked rice and ABOBOH made of beans, fish, and palm oil or vegetable oil
  - 3 times per day if breastfed;
  - 5 times per

#### 12 Months up to 2 Years
- **Breastfeed as often as the child wants.**
- Give adequate servings of:
  - Bennimix
  - Pemahun
  - Thick ebbbeh
  - Fruits and vegetables
  - Softly cooked rice and beans
  - Boiled eggs and sweet/irish potato
  - Bread and ground nut paste
  - Rice, foofoo, agidi and plassas made with fish, palm oil ogirri and green vegetables
  - or family foods 5 times per day.

#### 2 Years and Older
- Give family foods of 3 meals each day.
- Also, twice daily, give nutritious food between meals, such as:
  - Bread and ground nut paste
  - Kanya
  - Oleleh
  - Beans akara
  - Biscuits, Kongu
  - Ground nut cake, coconut cake.
  - Fruits and vegetables
  - Fish, chicken, meat and eggs
  - Chereh and milk
  - Milk garri and sugar
  - Achekeh

### 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 semi-solid food.
- For other foods, follow feeding recommendations.
Feeding Recommendations For a child with suspected HIV infection

Start breastfeeding within half an hour of birth.

- Start breastfeeding as soon as the child wakes. Day and night, at least 8 times in 24 hours.
- Breastfeed long enough to empty the breast at each feed.

Do not give water, sugar water, gripe water, juice, herbal preparations, cocoa, milk or other foods or fluids.

If the child is not gaining weight adequately:
- Help mother prepare for stopping breastfeeding.
- Help mother make transition.
- Give adequate servings of:
  - Thick porridge made of rice, benni paste, pounded fish, bean flour, and palm oil (serve with bread and green vegetables).
  - Boiled cassava, plantain, sweet potato, and vegetables.
  - Boiled eggs with plantain and butter.
  - Boiled rice, yam, and sweet potato.
  - Boiled cassava, plantain, sweet potato, gari with sauce made from fish, palm oil, and vegetables.
  - Pounded fish, bean flour, and palm oil (serve with bread and green vegetables).

Give family foods of 3 meals each day:
- Bennimix
- Pemahun
- Thick ebbeh
- Fruits and vegetables
- Softly cooked rice and beans
- Boiled eggs and sweet potato
- Bread and ground nut paste
- Rice, foofoo, agidi and plassas made with fish, palm oil ogirri, and green vegetables

Up to 6 Months

6 Months up to 12 Months

12 Months up to 2 Years

2 Years and Older
Counsel the Mother About Feeding Problems

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

- If the mother reports difficulty with breastfeeding, assess breastfeeding. (See YOUNG INFANT chart.) As needed, show the mother correct positioning and attachment for breastfeeding.

- If the child is less than 4 months old and is taking other milk or foods:
  - Build mother’s confidence that she can produce all the breast-milk that the child needs.
  - Suggest giving more frequent, longer breastfeeds day 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.

  In some cases, for example if the mother never breastfed:
  - Make sure that other milk is a locally appropriate breast-milk substitute.
  - Make sure other milk is correctly and hygienically prepared and given in adequate amounts with cup and not by feeding bottle
  - Finish prepared milk within an hour.

- If child is being given diluted milk or thin pap.
  - Increase the thickness of the porridge and do not dilute milk
  - if the mother insists on thin pap, encourage her to add 1 teaspoon of palm oil instead of water

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

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

- 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.

- Follow-up any feeding problem in 5 days.
**FLUID**

➤ **Advise the Mother to Increase Fluid During Illness**

**FOR ANY SICK CHILD:**
- Breastfeed more frequently and for longer at each feed.
- Increase fluid. For example, give soup, gari water, rice water, coconut water, yogurt drinks or clean water.

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

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

**FOLLOW-UP VISIT**

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

<table>
<thead>
<tr>
<th>If the child has:</th>
<th>Return for follow-up in:</th>
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<tbody>
<tr>
<td>PNEUMONIA</td>
<td>2 days</td>
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<td>DYSENTERY</td>
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<td>MALARIA, if fever persists</td>
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<tr>
<td>MEASLES WITH EYE OR MOUTH COMPLICATIONS</td>
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<tr>
<td>PERSISTENT DIARRHOEA</td>
<td>5 days</td>
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<td>ACUTE EAR INFECTION</td>
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<td>CHRONIC EAR INFECTION</td>
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<td>FEEDING PROBLEM</td>
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<tr>
<td>ANY OTHER ILLNESS, if not improving</td>
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<tr>
<td>PALLOR, POSSIBLE SYMPTOMATIC HIV</td>
<td>14 days</td>
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<tr>
<td>VERY LOW WEIGHT FOR AGE</td>
<td>30 days</td>
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</table>

**NEXT WELL-CHILD VISIT**

Advise mother when to return for next immunization according to immunization schedule.

**WHEN TO RETURN IMMEDIATELY**

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

| Any sick child                        | • Not able to drink or breastfeed |
|                                      | • Becomes sicker                 |
|                                      | • Develops a fever               |
| If child has NO PNEUMONIA: COUGH OR COLD, also return if: | • Fast breathing |
|                                          | • Difficult breathing           |
| If child has Diarrhoea, also return if:  | • Blood in stool                |
|                                          | • Drinking poorly               |
Counsel Mother On Malaria

That:

- *Malaria is transmitted through a bite from infected mosquito*
- Pregnant women and children below 5 years are at higher risk of death from malaria
- She should keep environment clean and eliminate breeding sites for mosquitoes such as stagnant water, pots, tyres, cans and ditches
- Insecticide Treated Nets– ITN:
  - Repels mosquitoes and kills them when they come in contact
  - Should be re-treated every six months
- If pregnant she should sleep under ITN and ensure that she takes IPT at 2nd and 3rd trimester to prevent malaria
- Children under 5 years should sleep under ITN to prevent malaria

Counsel the Mother About Her Own Health.

- If the mother is sick, provide care for her, or refer her for help.
- If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.
- Advise her to eat well to keep up her own strength and health.
- Check the mother’s immunization status and give her tetanus toxoid if needed.
- Make sure she has access to:
  - Family planning
  - Voluntary Counseling and Testing
- If mother is HIV positive, counsel as follows:
  - Increase consumption of vitamin A rich foods, for example, fish, liver, carrots, dark-green leafy vegetables, etc.
  - Prompt treatment of infections
- If pregnant:
  - Ante Natal Care
**ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGE UP TO 2 MONTHS**

### ASSESS

**ASK THE MOTHER WHAT THE YOUNG INFANT’S PROBLEMS ARE**

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

**CHECK FOR VERY SEVERE DISEASE AND LOCAL INFECTION**

#### ASK:

- Has the infant had convulsions?

#### LOOK, LISTEN, FEEL:

- Count the breaths in one minute. Repeat the count if elevated (60 breaths per minute or more).
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?
- Measure temperature (or feel for fever or low body temperature).
- Look for skin pustules. Are there many or severe pustules?
- See if the young infant is lethargic or unconscious.
- Look at the young infant’s movements. Are they less than normal?
- See if young infant is convulsing now.
- See if the infant has jaundice

**YOUNG INFANT MUST BE CALM**

If young infant is convulsing, give intramuscular paraldehyde

### CLASSIFY

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

#### SIGNS

- Convulsions or
- Fast breathing (60 breaths per minute or more) or
- Severe chest indrawing or
- Nasal flaring or
- Grunting or
- Bulging fontanelle or
- Pus draining from ear or
- Umbilical redness extending to the skin or
- Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) or
- Many or severe skin pustules or
- Lethargic or unconscious or
- Less than normal movement
- Jaundice

#### CLASSIFY AS

- VERY SEVERE DISEASE
  - Give first dose of intramuscular antibiotics.
  - Treat to prevent low blood sugar.
  - Advise mother how to keep the infant warm on the way to the hospital.
  - Refer URGENTLY to hospital.**

- LOCAL BACTERIAL INFECTION
  - Give an appropriate oral antibiotic.
  - Teach the mother to treat local infections at home.
  - Advise mother to give home care for the young infant.
  - Follow-up in 2 days.

- INFECTION UNLIKELY
  - Advise mother to give home care for the young infant.
  - Advise mother to continue breastfeeding.
  - Follow-up in 24 hours if not improving.

---

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

** If referral is not possible, see Integrated Management of Childhood Illness, Treat the Child, Annex: "Where Referral Is Not Possible."
THEN ASK:
Does the young infant have diarrhoea?

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

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

Classify DIARRHOEA

and if diarrhoea 14 days or more

and if blood in stool

Two of the following signs:
- Restless, irritable
- Sunken eyes
- Skin pinch goes back slowly.

SEVERE DEHYDRATION

- If infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION:
  - Give fluid for severe dehydration (Plan C).
  OR
- If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:
  - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.

SOME DEHYDRATION

- Give fluid and food for some dehydration (Plan B).
- If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION:
  - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.

NO DEHYDRATION

- Give fluids to treat diarrhoea at home (Plan A).

**What is diarrhoea in a young infant?**

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

**NOTE OR ASK:**

- PNEUMONIA?
- ORAL THRUSH?
- PERSISTENT DIARRHOEA?
- EAR DISCHARGE?
- VERY LOW WEIGHT?
- PAROTID ENLARGEMENT?
- GENERALIZED PERSISTENT LYMPHADENOPATHY?

### Classify for HIV Infection

#### Signs

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<tr>
<th>Confirmed Symptomatic HIV Infection</th>
<th>Confirmed HIV Infection</th>
<th>Possible HIV/HIV Exposed</th>
<th>Symptomatic HIV Infection Unlikely</th>
<th>HIV Infection Unlikely</th>
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<tbody>
<tr>
<td>Possible HIV antibody test in child 18 months and above Or Possible HIV virology test And 2 or more conditions</td>
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<tr>
<td>Positive HIV antibody test in child 18 months and above Or Positive HIV virology test And Less than 2 conditions</td>
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<tr>
<td>No chest results in child or positive antibody test in child 18 months And 3 or more conditions</td>
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### Identify Treatments

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<tr>
<th>Confirmed Symptomatic HIV Infection</th>
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<th>Possible HIV/HIV Exposed</th>
<th>Symptomatic HIV Infection Unlikely</th>
<th>HIV Infection Unlikely</th>
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<tbody>
<tr>
<td>Treat, counsel and follow-up existing infection Give cotrimoxazole prophylaxis Check immunization status Give Vitamin A supplement from 6 months of age every 6 months Assess the child’s feeding and provide appropriate counseling to the mother Refer for further assessment including HIV care/ART Advise the mother on home care Follow-up in 14 days, then monthly for 3 months and then every 3 months or as per immunization schedule</td>
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<td>Treat, counsel and follow-up existing infection Give cotrimoxazole prophylaxis Give vitamin A supplements from 6 months of age every 6 months Assess the child’s feeding and provide appropriate counseling to the mother Test to confirm HIV infection Refer for further assessment including HIV care/ARV Advise the mother on home care Follow-up in 14 days, then monthly for 3 months and then every 3 months or as per immunization schedule</td>
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</table>
THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT:

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

**LOOK, LISTEN, FEEL:**
- Determine weight for age.

**Classify FEEDING**

### FEEDING PROBLEM OR LOW WEIGHT

- Not well attached to breast or
- Not suckling effectively or
- Less than 8 breastfeeds in 24 hours or
- Receives other foods or drinks or
- Low weight for age or
- Thrush (ulcers or white patches in mouth)

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

**AND**
- Has no indications to refer urgently to hospital:

**ASSESS BREASTFEEDING:**
- Has the infant breastfed in the previous hour? If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
  - (If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)
  - Is the infant able to attach?
    - no attachment at all
    - not well attached
    - good

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

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

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
  - not suckling at all
  - not suckling effectively
  - suckling effectively

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

**IF AN INFANT:**
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- Look for ulcers or white patches in the mouth (thrush).
## THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN INFANTS RECEIVING NO BREAST MILK

(Use this chart when an HIV positive mother has chosen not to breastfeed)

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

### LOOK, LISTEN, FEEL:
- Determine the weight for age.
- Look for ulcers or white patches in the mouth (thrush).

### SIGNS

<table>
<thead>
<tr>
<th>ASSESS</th>
<th>CLASSIFY AS</th>
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<tbody>
<tr>
<td>Milk incorrectly or unhygienically prepared Or Giving inappropriate replacement feeds Or Giving insufficient replacement feeds Or A HIV positive mother mixing breast and other feeds Or Using a feeding bottle Or Thrush Or Low weight for age</td>
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<tr>
<td>FEEDING PROBLEM OR LOW WEIGHT FOR AGE</td>
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### TREATMENT

(urgent pre-referral treatments are in bold)

- Counsel about feeding
- Explain the guidelines for safe replacement feeding
- Identify concerns of mother and family about feeding. Help mother gradually withdraw other food or fluids
- If mother is using a bottle, teach cup feeding
- If thrush, teach the mother to treat it at home
- Follow-up FEEDING PROBLEM or THRUSH in 2 days
- Follow up LOW WEIGHT FOR AGE in 7 days
- Vitamin A
- Not low weight for age and no other signs of inadequate feeding
- NO FEEDING PROBLEM
  - Advise mother to continue feeding, and ensure good hygiene
  - Praise the mother for feeding the infant well
THEN CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS:

**IMMUNIZATION SCHEDULE:**

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
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<tbody>
<tr>
<td>Birth</td>
<td>BCG</td>
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<tr>
<td>6 weeks</td>
<td>OPV-0</td>
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<td></td>
<td>Penta-1</td>
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<td>OPV-1</td>
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ASSESS OTHER PROBLEMS

**ASSESS MOTHERS OWN HEALTH**

*Counsel the Mother About Her Own Health*

- If the mother is sick, provide care for her, or refer her for help.
- If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.
- Advise her to eat well to keep up her own strength and health.
- Advice her to sleep (with baby) under ITN.
- Make sure she has access to:
  - Family planning
  - Counseling on STD and AIDS prevention
- If mother is HIV positive, counsel as follows:
  - Increase consumption of vitamin A rich foods, for example, fish, liver, carrots, dark-green leafy vegetables, etc.
  - Prompt treatment of infections
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➤ Give an Appropriate Oral Antibiotic
For local bacterial infection:

| First-line antibiotic: | AMOXICILLIN |
| Second-line antibiotic: | CLOxacillin |

Give Appropriate Oral Antibiotic

- Amoxicillin
  - Give 3 times daily for 5 days
- Cloxacillin
  - Give 3 times daily for 5 days

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>Table (250 mg)</th>
<th>Syrup (125 mg in 5 ml)</th>
<th>Syrup (125 mg in 5 ml)</th>
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<tbody>
<tr>
<td>Birth up to 1 month (&lt; 3 kg)</td>
<td></td>
<td>1.25 ml</td>
<td>1.25 ml</td>
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<tr>
<td>1 month up to 2 months (3-4 kg)</td>
<td>1/4</td>
<td>2.5 ml</td>
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➤ Give First Dose of Intramuscular Antibiotics

➤ Give first dose of both benzylpenicillin and gentamicin intramuscular.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>BENZYLPECILLIN Dose: 50 000 units per kg</th>
<th>GENTAMICIN Dose: 2.5 mg per kg</th>
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</thead>
<tbody>
<tr>
<td>1 kg</td>
<td>Add 2.1 ml sterile water to 2 ml containing 40 mg = 2 ml at 10 mg/ml OR Add 3.6 ml sterile water to 2 ml containing 80 mg = 8 ml at 10 mg/ml</td>
<td>0.25 ml* 0.1 ml</td>
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<td>2 kg</td>
<td>0.50 ml* 0.2 ml</td>
<td>0.50 ml* 0.2 ml</td>
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<td>3 kg</td>
<td>0.75 ml* 0.4 ml</td>
<td>0.75 ml* 0.4 ml</td>
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<tr>
<td>4 kg</td>
<td>1.00 ml* 0.5 ml</td>
<td>1.00 ml* 0.5 ml</td>
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<tr>
<td>5 kg</td>
<td>1.25 ml* 0.6 ml</td>
<td>1.25 ml* 0.6 ml</td>
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* Avoid using undiluted 40 mg/ml gentamicin. The dose is 1/4 of that listed.

➤ Referral is the best option for a young infant classified as VERY SEVERE DISEASE. If referral is not possible, give benzylpenicillin and gentamicin for at least 5 days. Give benzylpenicillin every 6 hours plus gentamicin every 8 hours. For infants in the first week of life, give gentamicin every 12 hours.
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ To Treat Diarrhoea, See TREAT THE CHILD Chart.

➢ Immunize Every Sick Young Infant, as Needed.

➢ Teach the Mother to Treat Local Infections at Home
  ➢ Explain how the treatment is given.
  ➢ Watch her as she does the first treatment in the clinic.
  ➢ Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

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

To Treat Thrush (ulcers or white patches in mouth)

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

Advising the Mother How to keep the Low Weight Infant Warm at Home

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

Teach the Mother How to Express Breast Milk

Ask the mother to:

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

➤ **Teach Correct Positioning and Attachment for Breastfeeding**

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

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

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

Safe Preparation of Formula Milk

Always use a marked cup or glass and spoon to measure water and the scoop to measure the formula powder.

Wash your hands before preparing a feed.

Bring the water to the boil and then let it cool. Keep it covered while it cools.

Measure the formula powder into a marked cup or glass. Make the scoops level. Put in one scoop for every 25 ml of water.

Add a small amount of the cooled boiled water and stir. Fill the cup or glass to the mark with the water. Stir well.

Feed the infant using a cup.

Wash the utensils.

Teach the Mother How to Feed by Cup

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

Approximate amount of formula needed per day

<table>
<thead>
<tr>
<th>Age in months</th>
<th>Weight in kilos</th>
<th>Approx. amount of formula in 24 hours</th>
<th>Approx. number of feeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>3</td>
<td>400 ml</td>
<td>8 x 50 ml</td>
</tr>
<tr>
<td>4 weeks</td>
<td>3</td>
<td>450 ml</td>
<td>8 x 50 ml</td>
</tr>
<tr>
<td>2 months</td>
<td>4</td>
<td>600 ml</td>
<td>7 x 90 ml</td>
</tr>
<tr>
<td>3 months</td>
<td>5</td>
<td>750 ml</td>
<td>6 x 120 ml</td>
</tr>
<tr>
<td>4 months</td>
<td>4.5</td>
<td>750 ml</td>
<td>5 x 120 ml</td>
</tr>
<tr>
<td>5 months</td>
<td>6</td>
<td>900 ml</td>
<td>6 x 150 ml</td>
</tr>
<tr>
<td>6 months</td>
<td>8</td>
<td>900 ml</td>
<td>6 x 150 ml</td>
</tr>
</tbody>
</table>
Advise Mother to Give Home Care for the Young Infant

- **FOOD**

  Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

- **FLUIDS**

- WHEN TO RETURN

  **Follow-up Visit**

<table>
<thead>
<tr>
<th>If the infant has:</th>
<th>Return for follow-up in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCAL BACTERIAL INFECTION</td>
<td>2 days</td>
</tr>
<tr>
<td>ANY FEEDING PROBLEM</td>
<td></td>
</tr>
<tr>
<td>THRUSH</td>
<td></td>
</tr>
<tr>
<td>LOW WEIGHT FOR AGE</td>
<td>14 days</td>
</tr>
<tr>
<td>SUSPECTED SYMPTOMATIC HIV INFECTION</td>
<td></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

LOCAL BACTERIAL INFECTION

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

Treatment:

- If pus or redness remains or is worse, refer to hospital.
- If pus and redness are improved, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.
COUNSEL THE MOTHER

the mother of a child with HIV INFECTION

Counselation should be encouraged to breastfeed as well as the benefits of breastfeeding. Ensure the feeding recommendations for his age are followed. If the child has poor appetite and mouth sores, give appropriate medication.

Also encourage the mother to use a cup as this reduces episodes of diarrhoea.

Teach the importance of hygiene when preparing food for the child. If the child is not gaining weight well, teach the mother to add more calories to the diet.

The mother can encourage him to eat foods that he likes if these are available.

Encourage the mother to plant vegetables to feed her family.

“AFASS” CRITERIA FOR STOPPING BREASTFEEDING

Acceptable:
Mother perceives no problem in replacement feeding.

Feasible:
Mother has adequate time, knowledge, skills, resources, and support to correctly mix formula or milk and feed the infant up to 12 times in 24 hours.

Affordable:
Mother and family, with community can pay the cost of replacement feeding without harming the health and nutrition of the family.

Sustainable:
Availability of a continuous supply of all ingredients needed for safe replacement feeding for up to one year of age or longer.

Safe:
Replacement foods are correctly and hygienically prepared and stored.

More about Stopping Breastfeeding (for HIV exposed)

Carefully teach your infant to drink expressed breast milk from a cup. This milk may be heat-treated to destroy HIV.

Offering comfortably, replace one breastfeed with one cup feed using expressed breast milk.

Sweep feeds every few days and reduce the number of breastfeeds. Ask an adult family member to help with cup feeding.

Check your breast completely as soon as your baby is accustomed to frequent cup feeding. From this point on it is best to check, give him / her one of your clean fingers instead of the breast.

Pump (swelling) express a little milk whenever your breasts feel full. This will help you feel more comfortable. Use cold cream. Wear a firm bra to prevent discomfort.

Stop drinking and expressing milk after you have stopped. If you do you can increase the chances of passing HIV to your infant. If your breasts still express breast milk by hand.

Pumping method of your choice, if you have not already done so, as soon as you start reducing breastfeeds.
<table>
<thead>
<tr>
<th>HIV virological test</th>
<th>Positive virological test at any age = child is infected</th>
<th>Best to perform from 6 weeks of age or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>done to detect the virus itself</td>
<td>Negative virological test and never breastfed or not breast fed in the last 6 weeks = child is not infected</td>
<td>Negative results if still breast feeding need to be confirmed 6 weeks or more after breast feeding discontinued.</td>
</tr>
<tr>
<td></td>
<td>If older than 9-12 months by this time antibody testing can be used before doing another Virological test, as only children who still have HIV antibody need another virological test</td>
<td></td>
</tr>
</tbody>
</table>

| HIV antibody test | Valid results as for adults. Negative = the child is not infected; Positive = the child is infected. | If negative and still breastfed – repeat test once breastfeeding discontinued for 6 weeks or more. |
➢ **LOW WEIGHT**

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

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

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

➢ **THRUSH**

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

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

- **Has the infant had convulsions?**
- **Count the breaths in one minute.** 
  - Entire minute: 
  - Repeat if elevated: Fast breathing?
- **Look for severe chest indrawing.**
- **Look for nasal flaring.**
- **Look and listen for grunting.**
- **Look and feel for bulging anterior fontanelle.**
- **Look for pus draining from the ear.**
- **Look at umbilicus. Is it red or draining pus?**
- **Does the redness extend to the skin?**
- **Fever (temperature 37.5°C or feels hot) or low body temperature (below 35.5°C or feels cool).**
- **Look for skin pustules.** Are there many or severe pustules?
- **See if young infant is lethargic or unconscious.**
- **Look at young infant’s movements.** Less than normal?

### Diarrhoea

- **Does the young infant have diarrhoea?**
  - Yes _____  No _____
  - For how long? _____ Days
  - Is there blood in the stools?

### Feeding Problem or Low Weight

- **Then check for feeding problem or low weight in breastfed infants (infants receiving breast milk)**
  - Is there any difficulty feeding? Yes _____ No _____
  - Is the infant breastfed? Yes _____ No _____
  - If Yes, how many times in 24 hours? _____ times
  - Does the infant usually receive any other foods or drinks? Yes _____ No _____
  - If Yes, how often?
  - What do you use to feed the child?

- **If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:**
  - Assess breastfeeding:
    - Has the infant breastfed in the previous hour?
  - Determine weight for age. Low _____ Not Low _____

### HIV Infection

- **Check for HIV infection**
  - Has the mother or infant been tested for HIV?
  - What was the result?

### Feeding Problem or Low Weight in Infants Receiving No Breast Milk

- **Then check for feeding problem or low weight in infants receiving no breast milk**
  - Difficulty feeding? Yes _____ No _____
  - What made you decide not to breastfeed?__________________________________________________

  - Which breast milk substitute?
  - Is enough milk being given in 24 hours? Yes _____ No _____
  - Correct food preparations? Yes _____ No _____
  - Any food or fluids other than milk? Yes _____ No _____
  - Feeding utensils: Cup _____ Bottle _____
  - Utensils cleaned adequately? Yes _____ No _____
Remember to refer any child who has a danger sign and no other severe classification.

Return for follow-up in: .................................................................

Give any immunizations needed today: ....................................
<table>
<thead>
<tr>
<th>Section</th>
<th>Questions/Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</strong></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>• For how long? ____ Days</td>
<td>• Count the breaths in one minute. Fast breathing?</td>
</tr>
<tr>
<td>• ____ breaths per minute.</td>
<td>• Look for chest indrawing.</td>
</tr>
<tr>
<td>• Look and listen for stridor.</td>
<td></td>
</tr>
<tr>
<td><strong>DOES THE CHILD HAVE DIARRHOEA?</strong></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>• For how long? ____ Days</td>
<td>• Look at the child’s general condition.</td>
</tr>
<tr>
<td>• Is there blood in the stools?</td>
<td>• Is the child: Lethargic or unconscious? Restless or irritable?</td>
</tr>
<tr>
<td>• Look for chest indrawing.</td>
<td>• Look for sunken eyes.</td>
</tr>
<tr>
<td>• Look and listen for stridor.</td>
<td>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</td>
</tr>
<tr>
<td>• ____ breaths per minute.</td>
<td>• Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</td>
</tr>
<tr>
<td><strong>DOES THE CHILD HAVE FEVER?</strong> (by history/feels hot/temperature 37.5°C or above)</td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>• For how long? ____ Days</td>
<td>• Look or feel for stiff neck.</td>
</tr>
<tr>
<td>• If more than 7 days, has fever been present every day?</td>
<td>• Look for runny nose.</td>
</tr>
<tr>
<td>• Has child had measles within the last three months?</td>
<td>• Look for signs of MEASLES:</td>
</tr>
<tr>
<td>• Generalized rash and One of these: cough, runny nose, or red eyes.</td>
<td>• Look for sunken eyes.</td>
</tr>
<tr>
<td>If the child has measles now or within the last 3 months:</td>
<td></td>
</tr>
<tr>
<td><strong>DOES THE CHILD HAVE AN EAR PROBLEM?</strong></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>• Is there ear pain?</td>
<td>• Feel for tender swelling behind the ear.</td>
</tr>
<tr>
<td>• Is there ear discharge?</td>
<td></td>
</tr>
<tr>
<td>If Yes, for how long? ____ Days</td>
<td></td>
</tr>
<tr>
<td><strong>THEN CHECK FOR MALNUTRITION</strong></td>
<td>• History of weight loss</td>
</tr>
<tr>
<td>• Look for visible severe wasting. Look for oedema of both feet</td>
<td>• Determine weight for age. Very low ___ Not very low ___</td>
</tr>
<tr>
<td>• History of failure to gain weight</td>
<td>• Determine MUAC: Red/ Yellow/ Green</td>
</tr>
<tr>
<td>• Determine if there is growth faltering. Yes ___ No ___ Not determined</td>
<td></td>
</tr>
<tr>
<td><strong>THEN CHECK FOR SIGNS OF ANAEMIA</strong></td>
<td>• Look for palmar pallor</td>
</tr>
<tr>
<td>• Severe pallor? Some pallor?</td>
<td>• If pallor, does the child have sickle cell disease? Yes ___ No ___</td>
</tr>
<tr>
<td><strong>DOES THE CHILD NEED ASSESSMENT FOR SUSPECTED SYMPTOMATIC HIV INFECTION</strong></td>
<td>If the child has pneumonia or persistent diarrhea or chronic ear infection or very low weight for age or growth faltering or history of loss of weight and has no severe classification.</td>
</tr>
<tr>
<td>• Pneumonia?</td>
<td>• Any enlarged lymph glands in two or more of the following sites: neck, axilla or groin?</td>
</tr>
<tr>
<td>• Persistent diarrhea?</td>
<td>• Is there oral thrush?</td>
</tr>
<tr>
<td>• Groin?</td>
<td>• Is there parotid enlargement for 14 days or more?</td>
</tr>
<tr>
<td>• Chronic ear infection?</td>
<td></td>
</tr>
<tr>
<td>• Very low weight</td>
<td></td>
</tr>
<tr>
<td>• OR growth faltering</td>
<td></td>
</tr>
<tr>
<td>• OR history of weight loss?</td>
<td></td>
</tr>
<tr>
<td><strong>CHECK THE CHILD’S IMMUNIZATION STATUS</strong></td>
<td>Circle immunizations needed today.</td>
</tr>
<tr>
<td>BCG PENTA 1 PENTA 2 PENTA 3 Y/Fever 6—12 months (Vit A)</td>
<td>Return for next immunization on:</td>
</tr>
<tr>
<td>OPV 0 OPV 1 OPV 2 OPV 3 Measles 12—59 months (Vit A)</td>
<td>(Date) Next Vit A on:</td>
</tr>
<tr>
<td><strong>ASSESS CHILD’S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</strong></td>
<td>Do you breastfeed your child? Yes ___ No ___</td>
</tr>
<tr>
<td>• If Yes, how many times in 24 hours?</td>
<td>• FEEDING PROBLEMS</td>
</tr>
<tr>
<td>• Do you breastfeed during the night?</td>
<td></td>
</tr>
<tr>
<td>• Yes ___ No ___</td>
<td></td>
</tr>
</tbody>
</table>
Remember to refer any child who has a danger sign and no other severe classification.

Return for follow-up in: ______________________________
Advise mother when to return immediately.
Give any immunizations needed today: _________________
Feeding advice: ______________________________