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## **STANDARD TREATMENT GUIDELINES**

- o Assessment of Dehydration
- o Treatment of Diarrhoea/Dysentery
- o Immunization
- o Nutrition of Pregnant & Lactating Mothers
- o Nutrition of Young Children

**Ministry of Health, Special Education & Social Welfare  
Government of Pakistan**

Developed with the assistance of the Ministry of Health (MOH),  
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Revisions and updates should be expected as new research  
findings and policy determinations become available

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# HOW TO ASSESS YOUR PATIENT FOR DEHYDRATION DUE TO DIARRHOEA

EVALUATE child for degree of dehydration according to the Table below:

	DEGREE OF DEHYDRATION		
	<b>NONE</b> (no visible sign of dehydration)	<b>MILD TO MODERATE</b>	<b>SEVERE</b>
<b>ASK</b>			
<ul style="list-style-type: none"> <li>● Diarrhoea</li> <li>● Thirst</li> <li>● Vomiting</li> <li>● Urine</li> </ul>	<p>Less than 4 liquid stools per day</p> <p>Normal</p> <p>None or a small amount</p> <p>Normal</p>	<p>4 to 10 liquid stools per day</p> <p>Greater than normal</p> <p>Some</p> <p>Small amount, dark</p>	<p>More than 10 liquid stools per day</p> <p>Unable to drink</p> <p>Very frequent</p> <p>No urine for 6 hours</p>
<b>LOOK</b>			
<ul style="list-style-type: none"> <li>● Condition</li> <li>● Eyes</li> <li>● Tears</li> <li>● Mouth and Tongue</li> <li>● Breathing</li> </ul>	<p>Well and alert</p> <p>Normal</p> <p>Present</p> <p>Wet</p> <p>Normal</p>	<p>Unwell, sleepy or irritable</p> <p>Sunken</p> <p>Absent</p> <p>Dry</p> <p>Faster than normal</p>	<p>Very sleepy, unconscious, limp, having convulsions</p> <p>Dry and sunken</p> <p>Absent</p> <p>Very dry</p> <p>Very fast and very deep</p>
<b>FEEL</b>			
<ul style="list-style-type: none"> <li>● Skin</li> <li>● Pulse</li> <li>● Fontanelle (if infants)</li> </ul>	<p>Abdominal pinch goes back immediately</p> <p>Normal</p> <p>Normal</p>	<p>A pinch goes back slowly in 1-2 seconds</p> <p>Faster than normal (more than 110/min.)</p> <p>Sunken</p>	<p>A pinch goes back very slowly in 2-3 seconds or longer</p> <p>Very fast, weak, or you cannot feel it (more than 140/min.)</p> <p>Very sunken</p>
<b>WEIGH</b>	Loss of less than 5% of body weight	Loss of 5-10% of body weight	Loss of more than 10% of body weight
<b>DECIDE</b>	The patient has <b>NO</b> signs of dehydration	If the patient has 2 or more of these signs, he has <b>MILD TO MODERATE</b> dehydration	If the patient has 2 or more of these signs, he has <b>SEVERE</b> dehydration

**STANDARD TREATMENT FOR  
ALL LOOSE OR WATERY STOOLS  
(DIARRHOEA / DYSENTERY)**

**FOR ALL CHILDREN**

**who visit a health facility  
for loose or watery stools :**

**TREAT** child according to the Table below.

DEGREE OF DEHYDRATION	AGE OF CHILD		
	Up to 4-6 months (exclusively breastfed)	More than 4-6 months (partially breastfed)	
<b>MODERATE</b> (No visible sign of dehydration)	● Breastfeed more often.		<ul style="list-style-type: none"> <li>● Breastfeed more often.</li> <li>● Give more fluids such as rice water, local and plain water.</li> <li>● Continue soft foods such as khichri, yogurt and mashed banana.</li> </ul>
<b>MILD TO MODERATE</b>	<b>0-11 MONTHS</b>	<b>1-4 YEARS</b>	<b>5 YEARS &amp; OVER</b>
	First 4-6 hours ORS 200-500 ml or 1/4-1/2 seer.	First 4-6 hours ORS 600-800 ml or 1/2-3/4 seer.	First 4-6 hours ORS 1 to 2 litres or 1 to 2 seers.
	10-20 ml ORS per kilogram body weight per hour		
<b>SEVERE</b>	First 4-6 hours 400-750 ml Ringers Lactate intravenous (25 ml/kg/hr).	First 4-6 hours 1-1.5 litres Ringers Lactate intravenous (30 ml/kg/hr).	First 4-6 hours 2 litres Ringers Lactate intravenous (30 ml/kg/hr).
	Then ORS as above	Then ORS as above	Then ORS as above
<b>MAINTENANCE</b>	1/2 large cup (100 ml) ORS or other fluids per stool	1 large cup (200 ml) ORS or other fluids per stool	2 large cups ORS or other fluids per stool
	<b>CONTINUE FEEDING THE CHILD OFTEN. IF CHILD WANTS MORE WATER, GIVE IT.</b>		

- Observe parent prepare and feed ORS in the facility.
- Do not give anti diarrhoeal drugs. They are dangerous and contraindicated by WHO.
- If child vomits, wait 10 minutes and then give small amounts of ORS slowly.
- After 4-6 hours, reassess the child using the assessment chart, then choose the suitable treatment.
- ★ For Bloody Stools. Give ORS and Cotrimoxazole (5 mg TMP/kg/dose, twice daily for 5 days). If child is not better in 48 hours, refer to hospital.
- ★ If the child is above 2 years of age and comes from a community where confirmed cholera cases are currently occurring, suspect cholera and give oral tetracycline (50 mg/kg/day in four divided doses for three days) after the child is rehydrated. Tetracycline is not recommended for routine use in children under 8 years of age.

**EXPLAIN** to parent and ensure that parent understands that:

- Child should return to center or physician if (i) the child shows any sign of dehydration, or (ii) the child does not improve, or (iii) diarrhoea lasts more than 2-3 days.
- Child should continue to breastfeed often.
- Child should drink more liquids than usual.
- Child should continue eating soft foods like yogurt, khichri, mashed banana, etc. 5 to 7 times a day.
- After diarrhoea stops, child should eat one extra meal each day for two weeks.

**GIVE** parents two ORS packets to take home to continue treatment.

STANDARD GUIDELINES FOR  
**IMMUNIZATION**

MEASLES · TETANUS · DIPHThERIA · PERTUSSIS · POLIO · TUBERCULOSIS

# SCREEN ALL CHILDREN & MARRIED WOMEN

who visit a health facility for any reason  
or whom you see in outreach visits:



## CHILDREN

1. RECORD them in the proper register.
2. SCREEN them for vaccination including measles.
3. VACCINATE them according to the table below.

### VACCINATION SCHEDULE FOR CHILDREN UNDER 2 YEARS

AGE	VACCINES TO BE GIVEN	ROUTE OF ADMIN.	DOSE
<b>AT BIRTH</b>	BCG OPV	INTRADERMAL ORAL	0.05 ml *
<b>AT 6 WEEKS</b>	DPT I OPV I	INTRAMUSCULAR ORAL	0.5 ml *
<b>AT 10 WEEKS</b>	DPT II OPV II	INTRAMUSCULAR ORAL	0.5 ml *
<b>AT 14 WEEKS</b>	DPT III OPV III	INTRAMUSCULAR ORAL	0.5 ml *
<b>AT 9 MONTHS</b>	MEASLES	SUBCUTANEOUS	0.5 ml
<b>20-23 MONTHS (BOOSTER)</b>	DPT OPV	INTRAMUSCULAR ORAL	0.5 ml *

*\*Dose according to instructions on the label/folder.*

*\*\* Children having SEVERE REACTION to first injection of DPT should be given DT in future.*

4. FOLLOW UP until vaccination is complete.
5. For all UNIMMUNIZED CHILDREN 2-8 YEARS OLD, give two doses of DT (0.5 ml/dose), two doses of Polio and one dose of Measles. There must be at least a one-month interval between each Polio and DT vaccination. Also give one dose of BCG (0.1 ml/dose) if no BCG scar is present.

**THERE ARE NO CONTRAINDICATIONS FOR VACCINATIONS EXCEPT WHEN THE CHILD IS SO SERIOUSLY ILL THAT HE REQUIRES HOSPITALIZATION.**

## MARRIED WOMEN (ESPECIALLY PREGNANT ONES)

1. SCREEN them for tetanus toxoid vaccination.
2. VACCINATE them according to the table below.

### VACCINATION SCHEDULE FOR MARRIED WOMEN 15-45 YEARS

TETANUS TOXOID 0.5 ml/dose	TT1	TT2	TT3	TT4	TT5
INTRAMUSCULAR	AT FIRST CONTACT OR AS EARLY AS POSSIBLE DURING PREGNANCY	4 WEEKS AFTER TT1	6-12 MONTHS AFTER TT2	AT LEAST 1 YEAR AFTER TT3	AT LEAST 1 YEAR AFTER TT4

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# ALL PREGNANT AND LACTATING MOTHERS

who visit a health facility for any  
reason should be counselled to:

## GIVE COLOSTRUM AND BREASTFEED

- Feed their babies colostrum because it contains life-saving antibodies and nutrients.
- Breastfeed immediately after delivery because it helps contract the uterus and prevents heavy blood loss.
- Suckle frequently to establish maximum milk production.

## MAINTAIN AND INCREASE QUANTITY OF BREASTMILK PRODUCTION

- Continue feeding their babies FREQUENTLY until breastmilk secretion begins after 2-3 days.
- Breastfeed frequently NIGHT AND DAY from BOTH breasts until breasts are emptied.
- Breastfeed exclusively through the fourth month. Do not give water or other supplemental liquids such as ghutti, honey water, aniseed water, etc.
- Drink at least 8 glasses or more of fluids each day.

## FEED THEIR BABIES CORRECTLY

- Start feeding soft foods to baby at five months of age.
- Feed appropriate quantities and types of food for age (see nutrition guidelines for children).
- Feed a child recovering from illness at least one more time than usual food such as choori, paratha, yogurt and dal.

## PREVENT INFECTIONS

- Give liquids by breastfeeding or cup and spoon. Do not use bottles, nipples or soothers since they reduce breastmilk production and can cause diarrhoea and other illness if they are not clean.
- Wash utensils and hands before handling food.
- Use ORT for diarrhoea and vaccinate the child according to standard guidelines for diarrhoea and immunization.

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**STANDARD GUIDELINES FOR  
NUTRITION OF YOUNG CHILDREN  
FOR ALL CHILDREN**

**who visit a health facility  
for any reason:**

1. WEIGH and ASSESS growth rate. If child is extremely thin and weak, refer immediately to a child specialist.
2. TREAT FOR ANAEMIA (check lower eye lids and inside lower lips) and check for parasites.
3. TREAT FOR INFECTIONS (such as diarrhoea and ARI) according to standard guidelines.
4. VACCINATE according to immunization guidelines.
5. COUNSEL ALL MOTHERS ACCORDING TO THE TABLE BELOW.

CHILD'S AGE	CHILDREN OF AVERAGE WEIGHT / GAINING ADEQUATELY	CHILDREN WITH LOW WEIGHT / NOT GAINING ADEQUATELY OR RECOVERING FROM ILLNESS	CHILDREN WITH LOW WEIGHT / NOT GAINING ADEQUATELY OR RECOVERING FROM ILLNESS
<b>0-4 Months</b>	Breastfeed exclusively, from both breasts, at least 8 times during day and night.  Do not give water or other liquids.	Breastfeed more frequently than usual.  Tell mother to drink more fluids and eat an additional roti per day.	Continue breastfeeding with greater frequency every time the child fusses or every 4-5 hours.  Tell mother to drink more fluids and eat more roti and food.
<b>5-9 Months</b>	Introduce semi-solids made from foods taken from family's food (khichri, choori, kheer, yogurt, mashed potato and banana).  Begin with a small spoonful, until child is eating 2 teaspoonfuls for each month (1/2 age, 3 times a day)  Continue full breastfeeding.	Breastfeed more frequently.  Give semi-solids 1 more time than usual (4 times a day).  Add a teaspoon of oil and a food rich in vitamin A such as carrots and dark green leafy vegetables (spinach) to the child's food.	Continue feeding soft foods like khichri, yogurt, mashed potato and banana.  Add oil and a food rich in vitamin A such as carrots or spinach.  Feed in smaller quantities but more frequently, 6 times a day.  Continue to breastfeed more frequently.
<b>10-17 Months</b>	Shift child to solid foods.  Feed child everything the family eats including 1/2 roti with each meal and fruit.  Continue breastfeeding.	Add an additional meal to what the child usually eats (3 meals + fruit).  Add oil and yogurt and foods rich in vitamin A such as carrots or dark green leafy vegetables to the child's food.  Continue breastfeeding.	Feed at least 6 times a day.  If child is not able to eat family foods, give soft foods. Foods must contain oil and yogurt, carrots, spinach or mango (vitamin A). Feed child family foods as soon as possible.  Give favourite foods.  Continue breastfeeding.
<b>18-24 Months</b>	Feed child all family foods plus fruit and breastmilk or supplemental milk.  Give 1/2 roti plus a full cup of food every time the child eats.	Feed child one more time than usual (3 times a day) plus fruit plus breastfeeding or supplemental milk.  Add oil and yogurt and a food rich in vitamin A such as carrots or green leafy vegetables to the child's food.	Same as 10-17 months.

- Child feeding requires patience and supervision.
- Separate child's food to visualize the quantity.

**SUMMARY**

