

PN-ACD-616
99473

Integrated Management of Childhood Illness (IMCI)
Complementary Course

PARTICIPANT'S MANUAL:

**ASSESS AND CLASSIFY THE
SICK CHILD AGE 2 MONTHS UP
TO 5 YEARS
(and COUNSEL THE CARETAKER)**

Prepared by World Education for BASICS
(Basic Support For Institutionalizing Child Survival)
Zambia Child Health Project, a USAID-Funded Project

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What is a Danger Sign?

A child with a danger sign has a serious problem. Most children with a danger sign need urgent referral to hospital. They may need lifesaving treatments such as injectable antibiotics which may not be available in your clinic.

What is a *General* Danger Sign?

Some danger signs occur with more than one symptom or illness. These are called **General Danger Signs** in IMCI.

TO CHECK FOR GENERAL DANGER SIGNS

ASK Is the child able to drink or breastfeed?

Definition A child has the sign "not able to drink or breastfeed" if the child is too weak to drink and is not able to suck or swallow when offered a drink or breastmilk

Making Sure If you are not sure about the mother's answer, ask her to offer the child a drink of clean water or breastmilk. Look to see if the child is swallowing the water or breastmilk

Note A child who is breastfed may have difficulty sucking when his nose is blocked. If the child's nose is blocked, clear it

ASK Does the child vomit everything?

Definition A child who is not able to hold anything down at all has the sign "vomits everything". What goes down comes back up. A child who vomits everything will not be able to hold down food, fluids or oral drugs. A child who vomits several times but can hold down some fluids does not have this General Danger Sign

Making Sure If you are not sure of the mother's answer, ask the mother how often the child vomits. Also ask if the child vomits each time the child swallows food or fluids. If you are still not sure of the mother's answers, ask her to offer the child a drink or to breastfeed the child. See if the child vomits

ASK Has the child had convulsions during this illness?

Definition During a convulsion, the child's arms and legs stiffen because the muscles are contracting. The child may lose consciousness or not be able to respond to stimulation.

Making Sure Ask the mother if the convulsion has occurred during this illness.

Note If a child has a history of convulsions, but has not had a convulsion during this illness, then this General Danger Sign is not present.

LOOK See if the child is lethargic or unconscious

Definition A lethargic child is not alert. He is drowsy and does not show interest in what is happening around him. Often the lethargic child does not look at his mother or watch your face when you talk. The child may stare blankly and appear not to notice what is going on around him.

An unconscious child cannot be wakened. He does not respond when he is touched, shaken or spoken to.

Making Sure Ask the mother if the child seems unusually sleepy or if she cannot wake the child. Look to see if the child awakens when the mother talks or moves the child or when you clap your hands.

Note If the child is sleeping, wait until later before you wake the child. To examine how a child breathes you want the child to be calm and quiet.

LOCAL TERMS

English	Local Languages
Is the child able to drink or breastfeed?	
Does the child vomit everything?	
Has the child had convulsions during this illness?	

CASE STUDY SALINA

Salina is 15 months old She weighs 8.5 kg Her temperature is 38.5°C

The health worker asked, "What are the child's problems?" The mother said, "Salina has been coughing for 4 days, and she is not eating well." This is the child's first visit for this problem.

The health worker checked Salina for General Danger Signs. He asked, "Is Salina able to drink or breastfeed?" The mother said, "No. Salina doesn't want to breastfeed at all." Later in the consultation, the health worker gave Salina some water. She was too weak to lift her head. She was not able to drink from a cup.

Next he asked the mother, "Is she vomiting everything?" The mother said, "No." Then he asked, "Has she had convulsions?" The mother said, "No."

The health worker looked to see if Salina was lethargic or unconscious. When the health worker and the mother were talking, Salina watched them and looked around the room. She was not lethargic or unconscious.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS				
Child's Name _____ Age _____ Weight _____ kg Temperature _____ °C ASK: What are the child's problems? _____ Initial Visit? ___ Follow-up visit? ___				
ASSESS (Circle all signs present)	CLASSIFY			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS </td> <td style="width: 50%; padding: 5px;"> LETHARGIC OR UNCONSCIOUS </td> </tr> </table>	CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS	LETHARGIC OR UNCONSCIOUS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classifications </td> </tr> </table>	General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classifications
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General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classifications				

**CHECK FOR GENERAL DANGER SIGN
LETHARGIC OR UNCONSCIOUS**

IS THE CHILD LETHARGIC OR UNCONSCIOUS?		
Child	Yes	No
#1		
#2		
#3		
#4		

LOCAL TERMS

English	Local Languages
Does the child have cough or difficult breathing?	
For how long?	

			DOES THE CHILD HAVE FAST BREATHING?	
Name	Age	Breaths per full minute	YES	NO
Abraham				
Mano				
Wumbi				

NAME	DOES THE CHILD HAVE CHEST INDRAWING?	
	YES	NO
Mary		
Jenna		
Ho		
Anna		
Lo		

NAME	DOES THE CHILD HAVE STRIDOR?	
	YES	NO
Petty		
Helen		
Simbu		
Hassan		

LOOKING FOR SIGNS OF CHEST INDRAWING

- Chest indrawing occurs in the child's lower chest wall. Chest indrawing is seen when the child breathes **IN**.
- The lower chest wall goes **IN** when the child breathes **IN**.
- If only the soft tissue between the ribs goes in when the child breathes in, the child does not have chest indrawing.
- Chest indrawing is seen when the child is calm. Children who are upset, crying or breastfeeding may appear to have chest indrawing, so the child must be calm in order to assess for indrawing.
- For the health worker to correctly assess for chest indrawing, the child should be lying flat, with his/her chest exposed. It is also helpful if there is good light so that the health worker can see the chest clearly.
- Chest indrawing must be present all of the time. If the health worker thinks s/he sees chest indrawing only off and on, then it is not chest indrawing.

A child who has chest indrawing has a dangerous condition

LOOKING AND LISTENING FOR SIGNS OF STRIDOR OR WHEEZING

Stridor is a harsh noise made when the child breathes **IN**. Stridor happens when there is a swelling of the larynx, trachea, or epiglottis (upper air passages). This swelling interferes with air entering the lungs.

- Put your ear near the child's mouth because stridor can be difficult to hear.
- Sometimes you will hear a wet noise if the nose is blocked. This is **NOT** stridor. Clear the nose and listen again.
- Be sure to look and listen for stridor when the child is calm.
- A health worker may hear a wheezing noise when a child breathes **OUT**. This is **NOT** stridor.

A child who has stridor has a dangerous condition.

COLOUR CODES FOR CLASSIFICATION

In the IMCI process, colours are used to show the seriousness, or severity, of a child's illness. Those colours are pink, yellow and green.

- **A child with a classification in a PINK row needs urgent attention or referral or admission for inpatient care.** This is a **SEVERE** classification.
- **A child with a classification in a YELLOW row means that the child needs an appropriate antibiotic, an oral antimalarial or other treatment.** The treatment includes teaching the caretaker how to give those oral drugs or to treat local infections at home. The health worker advises her about caring for the child at home and when she should return.
- **A classification in a GREEN row means that the child does not need specific medical treatment such as antibiotics.** The health worker teaches the mother how to care for her child at home. For example, the health worker might advise the caretaker on feeding her sick child or giving fluid for diarrhoea.

CASE STUDY PEMBA

Pemba is 18 months old. He weighs 9 kg. And his temperature is 37°C. His mother says he has had a cough for 3 days.

The health worker checked for General Danger Signs. Pemba's mother said that he is able to drink and has not vomited anything. He has not had convulsions. Pemba was not lethargic or unconscious. The health worker decided if General Danger Signs were present.

The health worker counted the child's breaths. He counted 38 breaths per minute. The mother lifted the child's shirt. The health worker did not see chest indrawing. He did not hear stridor or wheeze when he listened to the child's breathing.

Record Pemba's signs on your IMCI RECORDING FORM. Then look at the classification for COUGH OR DIFFICULT BREATHING on the Classify column of your IMCI Chart Booklet. Classify Pemba's COUGH OR DIFFICULT BREATHING.

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

Child's Name _____ Age _____ Weight _____ kg Temperature ____ C

ASK What are the child's problems _____ Initial Visit? __ Follow-up visit? __

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS</p> <p>VOMITS EVERYTHING</p> <p>CONVULSIONS</p>	<p>General danger sign present? Yes __ No __</p> <p>Remember to use danger sign when selecting classification</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes__ No __</p> <ul style="list-style-type: none"> • For how long? __Days • Count the breaths in one minute __ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	

CASE STUDY GYATSU

Please listen to the instructor as s/he reads the following case study, and then record your assessment of Gyatsu on your IMCI RECORDING FORM. Then look at your IMCI Chart Booklet and classify Gyatsu for COUGH OR DIFFICULT BREATHING

Gyatsu is 6 months old. He weighs 5.5 kg. His temperature is 38°C. His mother said he has had cough for 2 days. The health worker checked for General Danger Signs. The mother said that he is able to breastfeed. He has not vomited during this illness. He has not had convulsions. Gyatsu is not lethargic or unconscious.

The health worker said to the caretaker, "I want to check Gyatsu's cough. You said he has had cough for 2 days now. I am going to count breaths. He will need to remain calm while I do this."

The health worker counted 58 breaths per minute. He did not see chest indrawing. He did not hear stridor or wheezing.

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

Child's Name _____ Age _____ Weight _____ kg Temperature ____ C

ASK What are the child's problems _____ Initial Visit? __ Follow up-visit? __

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS</p>	<p>General danger sign present? Yes __ No __ Remember to use danger sign when selecting classification</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes__ No__</p> <ul style="list-style-type: none"> • For how long? __Days • Count the breaths in one minute ____ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	

CASE STUDY WAMBUI

Read the following case study and record your assessment on your IMCI RECORDING FORM Then use your IMCI Chart Booklet to classify Wambui's illness

Wambui is 8 months old She weighs 6 kg Her temperature is 39°C

Her father told the health worker, "Wambui has had cough for 3 days She is having trouble breathing She is very weak " The health worker said, "You have done the right thing to bring your child today I will examine her now "

The health worker checked for General Danger Signs The father said, "Wambui will not breastfeed She will not take any drinks I offer her " Wambui does not vomit everything and has not had convulsions Wambui is lethargic She did not look at the health worker or her parents when they talked The health worker decided if General Danger Signs were present

The health worker counted 55 breaths per minute He saw chest indrawing He decided Wambui had stridor because he heard a harsh noise when she breathed in

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

Child's Name _____ Age _____ Weight _____ kg Temperature ____ C

ASK What are the child's problems _____ Initial Visit? __ Follow up visit? __

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS</p>	<p>General danger sign present? Yes __ No __ Remember to use danger sign when selecting classification</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes __ No __</p> <ul style="list-style-type: none"> • For how long? __ Days • Count the breaths in one minute ____ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems _____ Initial Visit? _____ Follow-up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS</p>	<p>General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classification</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Count the breaths in one minute ___ breaths per minute Fast breathing • Look for chest indrawing • Look and listen for stridor or wheezing 	

How to Use the Classification Table

Here is the classification table for COUGH OR DIFFICULT BREATHING

SIGNS	CLASSIFY AS
<ul style="list-style-type: none">• Any general danger sign or• Chest indrawing or• Stridor in calm child	SEVERE PNEUMONIA OR VERY SEVERE DISEASE
<ul style="list-style-type: none">• Fast breathing	PNEUMONIA
<ul style="list-style-type: none">• No signs of pneumonia or very severe disease	NO PNEUMONIA COUGH OR COLD

How to use the classification table After you assess for the main symptom and related signs, classify the child's illness For example, to classify COUGH OR DIFFICULT BREATHING

- 1 Look at the pink (or top) row

Does the child have a General Danger Sign? Does the child have chest indrawing or stridor in a calm child?

If the child has a General Danger Sign or any of the other signs listed in the pink (top) row, select the severe classification, **SEVERE PNEUMONIA OR VERY SEVERE DISEASE**

- 2 If the child does not have the severe classification, look at the yellow (or middle) row

This child does not have a severe classification Does the child have fast breathing?

If the child has fast breathing, but no General Danger Signs, chest indrawing or stridor, select the classification in the yellow (middle) row, **PNEUMONIA**

How to Use the Classification Table

- 3 If the child does not have the severe classification or the classification in the yellow row, look at the green (or bottom) row

This child does not have any of the signs in the pink or yellow row

If the child does not have any of the signs in the pink or yellow row, select the classification in the green row, NO PNEUMONIA COUGH OR COLD

- 4 Whenever you use a classification table, start with the top row. In each classification table, a child receives only one classification. If the child has signs from more than one row, always select the more serious classification.

ASSESS DIARRHOEA

DEHYDRATION:

Check Is dehydration present?

PERSISTENCE:

Ask How long has the child had diarrhoea?

DYSENTERY:

Ask Is there blood in the child's stools?

DEHYDRATION: Is dehydration present?

LOOK and **FEEL** for the following signs

LOOK at the child's general condition Is the child lethargic or unconscious?

If you decide that the child is lethargic or unconscious when checking for General Danger Signs, use this general danger sign when classifying the child's diarrhoea

LOOK to see if the child is *restless and irritable* A child has the sign restless and irritable if the child

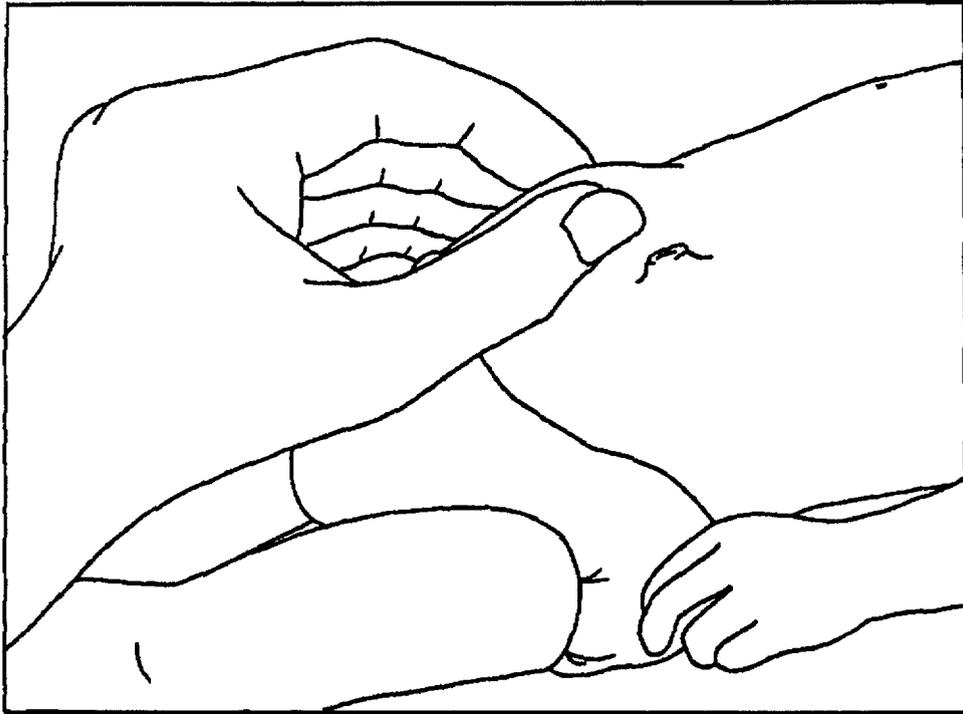
- is restless and irritable all the time or every time he is touched and handled Many children are upset just because they are in the clinic Usually these children can be calmed down or consoled They do not have the sign restless and irritable

LOOK for sunken eyes If you are uncertain, then ask the caretaker if she thinks the child's eyes look normal

OFFER the child a drink **ASK** the caretaker to offer the child some water Watch the child drink

- A child is not able to drink if he is not able to take fluid in his mouth and swallow it
- A child is drinking poorly if the child is weak and cannot drink without help He may be able to swallow only if fluid is put in his mouth

PINCH the skin of the abdomen



This picture demonstrates how to PINCH the skin of the abdomen

ASK the caretaker to place the child on the examining table or on her lap so that the child is flat on his back with his arms out to his sides, not over his head. His legs should be straight out.

Locate the area on the child's abdomen halfway between the umbilicus and his side. To do the skin pinch, use your thumb and first finger. Do not use your finger tips because this will cause pain. Place your hand so that when you pinch the skin the fold of skin will be in a line up and down the child's body and not across the child's body.

Firmly pick up all the layers of the skin and tissue under them. Pinch the skin for one second and then release it. When you release it, look to see if the skin goes back

- **VERY SLOWLY** If the skin takes more than two seconds to go back to normal, decide the skin pinch goes back VERY SLOWLY
- **SLOWLY** If the skin takes less than two seconds to go back to normal, decide the skin pinch goes back SLOWLY
- **IMMEDIATELY**

If the skin stays up for even a brief time after you release it, decide that the skin pinch goes back slowly

CASE STUDY PANO

Pano is 6 months old. He weighs 5.5 kg. His temperature is 38.5°C. His mother said Pano has diarrhoea.

The health worker checked for General Danger Signs. His mother said that he is able to breastfeed. He has not vomited during this illness. He has not had convulsions. Pano is not lethargic or unconscious. The health worker decides if Pano has any General Danger Signs.

The health worker asked the child's mother if Pano has COUGH OR DIFFICULT BREATHING. She said, "No."

Pano has had diarrhoea for five days. He has no blood in the stool. He is restless and irritable. His eyes are sunken. His mother and father also think that Pano's eyes are sunken. The health worker offers Pano some water, and the child drinks eagerly. When the health worker pinches the skin on the child's abdomen, it goes back slowly.

On the IMCI Recording Form, record Pano's signs. Use your IMCI Chart Booklet to decide how to classify Pano.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up visit? ___

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS</p>	<p>LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___ • For how long? ___ Days</p>	<ul style="list-style-type: none"> • Count the breaths in one minute ___ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___ • For how long? ___ Days • Is there blood in the stool?</p>	<ul style="list-style-type: none"> • Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? • Look for sunken eyes • Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? • Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	

CASE STUDY BWALYA

Use your IMCI Chart Booklet to assess and classify Bwalya's illness, and record your classification on an IMCI Recording Form

Bwalya is 3 years old. She weighs 10 kg. Her temperature is 37°. Her mother came today because Bwalya has a cough and diarrhoea. The health worker checked Bwalya for General Danger Signs. She asked Bwalya's mother if Bwalya is able to drink or breastfeed. Her mother said, "Yes". The health worker asked Bwalya's mother if the child vomits everything. The mother said, "No". The health worker asked if the child has had convulsions, and Bwalya's mother said, "No". The health worker could see that Bwalya is alert and moving around. She is not lethargic or unconscious. The health worker decided if Bwalya has any General Danger Signs.

The health worker assessed Bwalya for the first main symptom: COUGH OR DIFFICULT BREATHING. She has had a cough for 3 days. The health worker counted her breathing rate at 36 breaths per minute. The health worker looked for chest indrawing and found none. She listened for stridor and did not hear any stridor. The health worker classified Bwalya for the first main symptom: COUGH OR DIFFICULT BREATHING.

Then the health worker assessed Bwalya for the second main symptom: DIARRHOEA. When the health worker asked, "For how long has Bwalya had diarrhoea?" the mother said, "For more than two weeks." The mother said there is no blood in Bwalya's stool.

The health worker assessed Bwalya for DEHYDRATION. She is irritable during the visit, but her eyes are not sunken. She is able to drink, but she is not thirsty. A skin pinch goes back immediately. The health worker classified Bwalya for DIARRHOEA.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up-visit? ___

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS</p>	<p>General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___ • For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute ___ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Is there blood in the stool? • Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? • Look for sunken eyes • Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? • Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	

CASE STUDY NATHAN

Use your IMCI Chart Booklet to assess and classify Nathan's illness, and record your classification on an IMCI Recording Form

Nathan is 15 months old. He weighs 12 kg. His temperature is 37.5°. Nathan's mother said the child has had diarrhoea. The health worker checked Nathan for General Danger Signs. She asked Nathan's mother if Nathan is able to drink or breastfeed. His mother said, "Yes". The health worker asked Nathan's mother if the child vomits everything. The mother said, "No". The health worker asked if the child has had convulsions, and Nathan's mother said, "No". The health worker could see that Nathan is alert and moving around. He is not lethargic or unconscious. The health worker decided if Nathan has any General Danger Signs.

The health worker assessed Nathan for the first main symptom: COUGH OR DIFFICULT BREATHING. Nathan's mother said that the child did not have cough or difficult breathing. The health worker classified Nathan for the first main symptom: COUGH OR DIFFICULT BREATHING.

Then the health worker assessed Nathan for the second main symptom: DIARRHOEA. When the health worker asked, "For how long has Nathan had diarrhoea?" the mother said, "For twenty-one days." The health worker asked if there is blood in Nathan's stool, and the mother said, "No".

The health worker checked Nathan for signs of DEHYDRATION. The child was restless and irritable throughout the visit. His eyes were not sunken. He drinks eagerly. The skin pinch goes back immediately. The health worker classified Nathan for DIARRHOEA.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS</p>	<p>General danger sign present? Yes ___ No ___ Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___ • For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute ___ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Is there blood in the stool? • Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? • Look for sunken eyes • Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? • Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	

CASE STUDY ERNESTO

Ernesto is 10 months old. He weighs 8 kg. His temperature is 38.5°C. He is here today because he has had diarrhoea for 3 days. His mother noticed blood in the child's stool.

The health worker checks for General Danger Signs. He asks Ernesto's mother if the child is able to drink or breastfeed. The mother says, "Yes." He asks if Ernesto vomits everything. Ernesto's mother says, "No." He asks if the child has had convulsions. The child's mother says, "No." The health worker could see that Ernesto was not lethargic or unconscious. The health worker decided if General Danger Signs were present.

Ernesto does not have cough or difficult breathing.

The health worker assesses the child for DIARRHOEA. He tells the child's mother, "You said Ernesto has had blood in his stool. I will check now for signs of dehydration." The child is not lethargic or unconscious. He is not restless or irritable. He does not have sunken eyes. The child drank normally when offered some water and does not seem thirsty. The skin pinch goes back immediately.

The health worker classifies Ernesto's illness.

LOCAL TERMS

English	Local Languages
Does the child have diarrhoea?	
For how long?	
Is there blood in the stool?	
Do his (her) eyes look normal?	

DEBRIEFING SHEET

In the Clinical Practice Session today, I did well on

I have a question about

I need help with

In Clinical Practice Session, I used good communications skills by

FEVER

Fever may be a sign of a life threatening illness. Every sick child must be assessed for fever.

In IMCI, the three ways to know if a child has fever are

- the caretaker reports that the child has had a fever during this illness
- the child feels hot
- the child has an axillary temperature of 37.5°C or above

Fever is a main symptom of both simple and serious illnesses such as

- simple cold
- malaria
- measles
- other severe illnesses, such as meningitis, pneumonia

A fever which has been present every day for more than 7 days can mean that a child has a more severe disease such as typhoid fever. Refer this child urgently for further management.

HOW TO LOOK AND FEEL FOR A STIFF NECK

A child with fever and stiff neck may have meningitis

LOOK and **FEEL** for a stiff neck

- 1 While you talk with the mother during the assessment, look to see if the child moves and bends his neck easily as he looks around. If the child is moving and bending his neck, he does not have a stiff neck.
- 2 If you do not see any movement, or if you are not sure, draw the child's attention to his stomach or to his toes. Encourage the child to look down. Look to see if the child can bend his neck when he looks down.
- 3 If you still have not seen the child bend his neck himself, ask the mother to help you lie the child on his back. Bend over the child, gently support his back and shoulders with one hand. With the other hand, hold his head. Then carefully bend the head forward toward his chest. If the neck bends easily, the child does not have a stiff neck. If the neck feels stiff and there is resistance to bending, the child has a stiff neck. Often, a child with a stiff neck will cry when you try to bend the neck.

MEASLES

A child with a fever and a history of measles within the last three months may have a problem resulting from measles, such as

- ear infection
- diarrhoea
- pneumonia
- stridor
- malnutrition
- mouth ulcers
- eye infections
- clouding of the cornea

The main signs of *measles* are

- fever
- generalized rash
- red eyes
- runny nose
- cough

The generalized rash of measles

- is red and is evenly spread over the face, body, arms, and legs
- does not have blisters or pustules
- does not itch
- may become darker later
- may cause the skin to peel

A generalized rash is one that has spread to evenly cover almost all of the child's body

DO NOT confuse the measles rash with

- chicken pox the chicken pox rash has vesicles
- scabies the scabies rash is on the hands, feet, ankles, elbows, buttocks, and/or armpits, and it itches
- heat rash heat rash is not red

Measles

- damages the child's immune system
- leaves the child at risk for another infection for many weeks

Complications of Measles

Mouth ulcers can interfere with feeding and cause malnutrition. Deep or extensive mouth ulcers are life threatening and should be treated at hospital. Use a tongue depressor to look for ulcers in the mouth of a child with measles.

With eye infections, there may be pus draining from the eye or the pus may dry and form a crust on the eyelashes. Wash your hands after examining the eyes.

Corneal clouding is a dangerous condition caused by Vitamin A deficiency. Measles often leads to Vitamin A deficiency. If the corneal clouding is not treated, the child may go blind very soon. The cornea may appear hazy like a glass of water looks when a small amount of milk is added. The child may keep his eyes tightly shut because the light hurts when the cornea is clouded.

MEASLES PHOTOGRAPHS WORKSHEET

Photographs	Yes	No
8		
9		
10		
11		
12		
13		
14	—	
15		
16		
17		
18		
19		
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22		
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24		
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27		

**MEASLES PHOTOGRAPHS
WORKSHEET (continued)**

Photographs	Yes	No
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		

ANSWERS TO PHOTOGRAPHS

Use the following information as a reference to ASSESS FEVER

- Photograph 8 This child has the generalized rash of measles and red eyes
- Photograph 9 This example shows a child with heat rash. It is not the generalized rash of measles
- Photograph 10 This is an example of scabies. It is not the generalized rash of measles
- Photograph 11 This is an example of a rash due to chicken pox. It is not a measles rash
- Photograph 12 This is an example of the generalized rash of measles *
- Photograph 13 This child has scabies. There is no generalized rash of measles
- Photograph 14 This is an example of the generalized rash of measles
- Photograph 15 This child has scabies. There is no generalized rash of measles
- Photograph 16 This child has tinea versicolor. There is no generalized rash of measles
- Photograph 17 This child has chicken pox. There is no generalized rash of measles
- Photograph 18 This child is malnourished and has normal skin. There is no generalized rash of measles
- Photograph 19 This child has heat rash. It is not an example of the generalized rash of measles
- Photograph 20 This is an example of the generalized rash of measles
- Photograph 21 This child has normal skin. It is not an example of the generalized rash of measles
- Photograph 22 This is an example of a normal mouth. The child does not have mouth ulcers

ANSWERS TO PHOTOGRAPHS (continued)

- Photograph 23 This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers. They do not require treatment.
- Photograph 24 This child has a mouth ulcer.
- Photograph 25 This child has mouth ulcers.
- Photograph 26 This child has mouth ulcers.
- Photograph 27 This child does not have mouth ulcers.
- Photograph 28 This is a normal eye showing the iris, pupil, conjunctiva and cornea. The child has been crying. There is no pus draining from the eye.
- Photograph 29 This child has pus draining from the eye. There is no clouding of the cornea.
- Photograph 30 This child has clouding of the cornea. There is no pus draining from the eye.
- Photograph 31 This child has pus draining from the eye. It is not possible to determine if the child has clouding of the cornea.
- Photograph 32 This child does not have pus draining from the eye or clouding of the cornea.
- Photograph 33 This child has pus draining from the eye. It is not possible to determine if the child has clouding of the cornea.
- Photograph 34 This child has clouding of the cornea but no pus draining from the eye.
- Photograph 35 This child has clouding of the cornea but no pus draining from the eye.
- Photograph 36 This child has pus draining from the eye. It is not possible to determine if the child has clouding of the cornea.
- Photograph 37 This child does not have pus draining from the eye or clouding of the cornea.

CASE STUDY NAMAKAO

A 5-month old child, Namakao, is brought to the clinic because she has not been well for 3 days. The health worker weighs Namakao. She weighs 7 kg. Her temperature is 36.5° C. The health worker asks her mother why Namakao has been brought to the clinic. The mother says that Namakao has had a fever.

Then the health worker assesses Namakao for General Danger Signs. Her mother said that she is able to breastfeed. She has not vomited during this illness. She has not had convulsions. Namakao is not lethargic or unconscious. The health worker decides if General Danger Signs are present.

The health worker asked the child's mother if Namakao has cough or difficult breathing. The mother said, "No." The health worker decides if Namakao should be classified for COUGH OR DIFFICULT BREATHING.

The health worker asks if Namakao has diarrhoea, and the child's mother says, "No." The health worker decides if Namakao should be classified for DIARRHOEA.

After this, the health worker says, "Now I will assess fever." She notes Namakao's temperature, which has already been recorded on the form. She asks Namakao's mother, "Has Namakao felt hot before today?" The mother says that Namakao has felt hot for 3 days. The health worker then asks the child's mother, "Has Namakao had measles in the last 3 months?" Namakao's mother says, "No."

The health worker looks at Namakao and sees that she is moving and bending her neck easily as she looks around. She also observes that Namakao has a generalized rash, a runny nose, and red eyes. The health worker looks at the ASSESS COUGH OR DIFFICULT BREATHING section of the recording form and sees that Namakao did not have a cough when she was assessed for cough and difficult breathing.

The health worker looks inside Namakao's mouth and does not see any mouth ulcers. She examines her eyes and sees pus draining from Namakao's eyes. She looks for clouding of the cornea but does not see any. Then she washes her hands.

On the IMCI Recording Form, record your assessment of Namakao for FEVER.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? __ Follow-up Visit? __

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS</p>	<p>General danger sign present? Yes__ No__ Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes__ No__</p> <ul style="list-style-type: none"> ● For how long? ___Days ● Count the breaths in one minute _____breaths per minute Fast breathing? ● Look for chest indrawing ● Look and listen for stridor or wheezing 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes__ No__</p> <ul style="list-style-type: none"> ● For how long? ___Days ● Is there blood in the stool? ● Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? ● Look for sunken eyes ● Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? ● Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 C or above) Yes__ No__</p> <ul style="list-style-type: none"> ● For how long? ___Days ● If more than 7 days has fever been present every day? ● Has child had measles within the last 3 months? ● Look or feel for stiff neck ● Look for signs of MEASLES ● Generalized rash and ● One of these cough runny nose or red eyes 	
<p>If the child has measles now or within the last 3 months</p>	<ul style="list-style-type: none"> ● Look for mouth ulcers If Yes are they deep and extensive? ● Look for pus draining from the eye ● Look for clouding of the cornea

FEVER CLASSIFICATIONS

<u>IF THE CHILD HAS.</u>	<u>CLASSIFY FOR.</u>
Fever and no signs of measles	FEVER
Fever <u>and</u> measles	FEVER <u>and</u> MEASLES

The ASSESS FEVER box is divided by a dotted line This is different from other assessment boxes

The health worker

- 1 Starts at the top of the ASK column until she reaches the dotted line and then goes up and begins from the top of the LOOK AND FEEL column
- 2 Then she classifies FEVER
- 3 If the health worker has found signs of MEASLES now or within the last three months, s/he moves below the dotted line to complete her assessment of MEASLES
- 4 Then she classifies MEASLES

CASE STUDY ANDERS

Anders is 3 years old. He weighs 9.4 kg. His temperature is 37°C. His caretaker says he feels hot. He also has a cough, she says.

The health worker checked for General Danger Signs. Anders was able to drink with assistance, had not vomited, did not have convulsions, and was conscious. However, he was lethargic. The health worker decided if General Danger Signs were present.

The caretaker said Anders had been coughing for 3 days. The health worker counted 51 breaths a minute. He did not see chest indrawing. There was no stridor or wheezing when Anders was calm. The health worker classified Anders for **COUGH OR DIFFICULT BREATHING**.

Anders does not have diarrhoea.

The health worker also thought that Anders felt hot. He assessed the child further for signs of fever. He has felt hot for 5 days, the caretaker said. He has not had measles within the last 3 months. He did not have a stiff neck, and he had no runny nose or generalized rash.

The health worker classified Anders for **FEVER**.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ °C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

General danger sign present?

Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor or wheezing

DOES THE CHILD HAVE DIARRHOEA?

Yes ___ No ___

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

- Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?

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

Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

CASE STUDY DOLMA

Dolma is 12 months old. She weighs 7.2 kg. Her axillary temperature is 36.5°C. Her caretaker brought Dolma to the health centre today because she feels hot.

The health worker checked Dolma for General Danger Signs. She was able to drink, had not vomited, did not have convulsions, and was not unconscious or lethargic. The health worker decided if General Danger Signs were present.

Dolma's caretaker says she does not have COUGH OR DIFFICULT BREATHING.

When asked about diarrhoea, the caretaker said, "Yes, Dolma has had diarrhoea for 2 to 3 days." She has not seen any blood in the stool. Dolma is not lethargic or unconscious. She is not restless or irritable. Her eyes are not sunken. She drinks normally. Her skin pinch returns immediately. The health worker classifies Dolma for DIARRHOEA.

The health worker said, "You brought Dolma today because she feels hot. I will assess her for fever." Her caretaker said that Dolma has felt hot for 2 days. She has not had measles within the last 3 months. There is no stiff neck and no generalized rash.

The health worker classified Dolma for FEVER.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK—What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

General danger sign present?
Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor or wheezing

DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___

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

- Look at the child's general condition Is the child
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child
Not able to drink or drinking poorly?
Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back
Very slowly (longer than 2 seconds)?
Slowly?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

MEASLES

<ul style="list-style-type: none">• Any general danger sign or• Clouding of cornea or• Deep or extensive mouth ulcers	SEVERE COMPLICATED MEASLES***
<ul style="list-style-type: none">• Pus draining from the eye or• Mouth ulcers	MEASLES WITH EYE OR MOUTH COMPLICATIONS***
<ul style="list-style-type: none">• Measles now or within the last 3 months	MEASLES

A child with MEASLES may have complications, including

- stridor
- pneumonia
- dehydration
- malnutrition

These complications are assessed in other parts of the IMCI process. Their treatments are appropriate for the child with measles. This box on the chart shows the health worker only those complications that are specific to measles and which are not dealt with in another part of the chart.

CASE STUDY. PAOLO

Paolo is 10 months old. He weighs 8.2 kg. His temperature is 37.5°C. His mother says he has a rash and cough.

The health worker checked Paolo for General Danger Signs. Paolo was able to drink, was not vomiting, did not have convulsions and was not lethargic or unconscious. The health worker decided if General Danger Signs were present.

The health worker next asked about Paolo's cough. The mother said Paolo had been coughing for 5 days. He counted 43 breaths per minute. He did not see chest indrawing. He did not hear stridor or wheeze when Paolo was calm. The health worker classified Paolo for COUGH OR DIFFICULT BREATHING.

Paolo did not have diarrhoea.

Next the health worker asked about Paolo's fever. The mother said Paolo had felt hot for 2 days. The health worker felt Paolo's skin and agreed. Paolo did not have a stiff neck.

Paolo had a rash covering his whole body. He had a runny nose, and his eyes were red. The health worker checked the child for complications of measles. There were no mouth ulcers. There was no pus draining from the eye and no clouding of the cornea. The health worker classified Paolo for FEVER.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS</p> <p style="text-align: right;">LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present? Yes ___ No ___</p> <p>Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <ul style="list-style-type: none"> ● For how long? ___ Days ● Count the breaths in one minute _____ breaths per minute Fast breathing? ● Look for chest indrawing ● Look and listen for stridor 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> ● For how long? ___ Days ● Is there blood in the stool? ● Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? ● Look for sunken eyes ● Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? ● Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 C or above) Yes ___ No ___</p> <ul style="list-style-type: none"> ● For how long? ___ Days ● If more than 7 days has fever been present every day? ● Has child had measles within the last 3 months? ● Look or feel for stiff neck ● Look for signs of MEASLES ● Generalized rash and ● One of these cough runny nose or red eyes 	
<p>If the child has measles now or within the last 3 months</p>	<ul style="list-style-type: none"> ● Look for mouth ulcers If Yes are they deep and extensive? ● Look for pus draining from the eye ● Look for clouding of the cornea

CASE STUDY KARIM

Karim is 5 months old. He weighs 5.2 kg. His axillary temperature is 37.5°C. His mother said he is not eating well. She said he feels hot, and she wants a health worker to help him.

Karim is able to drink, has not vomited, does not have convulsions, and is not lethargic or unconscious. The health worker decides if General Danger Signs are present.

Karim does not have a cough, said his mother. He does not have diarrhoea.

Because Karim's temperature is 37.5°C and he feels hot, the health worker assessed Karim further for signs related to fever. The mother said Karim's fever began 2 days ago. He has not had measles within the last 3 months. He does not have stiff neck, and there are no signs suggesting measles. The health worker classifies Karim for FEVER.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS
 VOMITS EVERYTHING
 CONVULSIONS

General danger sign present?

Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

Yes ___ No ___

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

DOES THE CHILD HAVE DIARRHOEA?

Yes ___ No ___

- For how long? ___ Days
- Is there blood in the stool?
- Look at the child's general condition Is the child
 Lethargic or unconscious?
 Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child
 Not able to drink or drinking poorly?
 Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back
 Very slowly (longer than 2 seconds)?
 Slowly?

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

Yes ___ No ___

- For how long? ___ Days
- If more than 7 days has fever been present every day?
- Has child had measles within the last 3 months?
- Look or feel for stiff neck
- Look for signs of MEASLES
- Generalized rash and
- One of these cough runny nose or red eyes

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

- Look for mouth ulcers
 If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

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

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor

DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___

• For how long? ___ Days
• Is there blood in the stool?

- Look at the child's general condition Is the child
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child
Not able to drink or drinking poorly?
Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back
Very slowly (longer than 2 seconds)?
Slowly?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

LOCAL TERMS

English	Local Languages
Does the child have fever?	
For how long?	
Has the child had measles in the last three months?	

DEBRIEFING SHEET

In the Clinical Practice Session today, I did well on

I have a question about

I need help with

In Clinical Practice Session, I used good communications skills by

IMPORTANCE OF MANAGING EAR PROBLEMS

- Ear problems cause many days of illness in children
- A child may lose hearing in an infected ear if it does not heal
- Ear infections are the main cause of deafness in developing countries, and deafness causes learning problems in school
- The infection can spread from the ear and cause severe disease

CASE STUDY: PRECIOUS

Precious, who is two years old, is brought by her grandmother to your health centre. The grandmother says that the child has been crying and irritable for three days. You have checked for General Danger Signs, COUGH OR DIFFICULT BREATHING, DIARRHOEA and FEVER and found none.

Think about what you would have done to ASSESS EAR PROBLEM before you came to the IMCI Course. Write your answers in the boxes below.

STEPS	<i>Before I Came to IMCI, What Did I Do to ASSESS EAR PROBLEM?</i>
ASK	
LOOK	
FEEL	

CASE STUDY HERBERT

Herbert is 4 years old. He weighs 19 kg. His temperature is 38° C. His mother said the child has been crying and irritable.

The health worker checked Herbert for General Danger Signs. She asked the mother, "Is Herbert able to drink or breastfeed?" Herbert's mother said, "Yes." The health worker asked, "Does the child vomit everything?" The mother said, "No." The health worker asked, "Has the child had convulsions?" and the mother said, "No." Herbert was moving around and looked alert throughout the visit. The health worker decided if there are General Danger Signs present.

The health worker assessed Herbert for COUGH OR DIFFICULT BREATHING. She asked, "Does the child have cough or difficult breathing?" The mother said, "No."

The health worker assessed Herbert for DIARRHOEA. Herbert's mother said that Herbert does not have DIARRHOEA.

Herbert's mother says he has felt hot for 2 days. He has not had measles in the last 3 months. He has no stiff neck, no generalized rash, no runny nose, and no red eyes. The health worker classified Herbert for FEVER.

Next, the health worker asked Herbert's mother if Herbert has an ear problem. Herbert's mother said, "yes." She said Herbert has been complaining of ear pain for 2 days, and he woke up this morning with pus draining from his ear. However, there is no pus draining from the ear right now. The health worker felt behind Herbert's ears but felt no tender swelling.

The health worker wrote her assessment and classification of Herbert's EAR PROBLEM on his IMCI Recording Form.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

General danger sign present?

Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor or wheezing

DOES THE CHILD HAVE DIARRHOEA?

Yes ___ No ___

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

- Look at the child's general condition Is the child
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child
Not able to drink or drinking poorly?
Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back
Very slowly (longer than 2 seconds)?
Slowly?

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

Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

DOES THE CHILD HAVE AN EAR PROBLEM?

Yes ___ No ___

- Is there ear pain?
- Is there ear discharge? If Yes for how long? ___ Days
- Look for pus draining from the ear
- Feel for tender swelling behind the ear

CASE STUDY DANA

Dana is 18 months old. She weighs 9 kg. Her temperature is 37°C. Her mother said that Dana had discharge coming from her ear for the last 3 days.

The health worker checked Dana for General Danger Signs. She asked the mother, "Is Dana able to drink or breastfeed?" Dana's mother said, "Yes." The health worker asked, "Does the child vomit everything?" The mother said, "No." The health worker asked, "Has the child had convulsions?" and the mother said, "No." Dana was moving around and looked alert throughout the visit. The health worker decided if there were any General Danger Signs present.

The health worker assessed Dana for COUGH OR DIFFICULT BREATHING. She asked, "Does the child have cough or difficult breathing?" The mother said, "No."

The health worker assessed Dana for DIARRHOEA. Dana's mother said that she does not have DIARRHOEA. Dana's mother said that the child does not have FEVER.

The health worker asked about Dana's ear problem. The mother said that Dana does not have ear pain, but the discharge has been coming from the ear for 3 or 4 days. The health worker saw pus draining from the child's right ear. He did not feel any tender swelling behind either ear.

Record your assessment and classification of Dana on the IMCI Recording Form.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

General danger sign present?

Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor or wheezing

DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___

• For how long? ___ Days
• Is there blood in the stool?

- Look at the child's general condition Is the child
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child
Not able to drink or drinking poorly?
Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back
Very slowly (longer than 2 seconds)?
Slowly?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 C or above) Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___

• Is there ear pain?
• Is there ear discharge? If Yes for how long? ___ Days

- Look for pus draining from the ear
- Feel for tender swelling behind the ear

LOCAL TERMS

English	Local Languages
Does the child have an ear problem?	
Is there ear pain?	
Is there ear discharge?	

CHECK FOR MALNUTRITION AND ANAEMIA in ALL SICK CHILDREN

MALNUTRITION Inadequate growth due to inadequate diet and/or repeated illness

ANAEMIA Inadequate blood in the body usually caused by inadequate iron in the body

CHECK FOR MALNUTRITION AND ANAEMIA in ALL SICK CHILDREN

It is important to check all sick children for signs suggesting malnutrition and anaemia

A caretaker may bring a child to clinic because the child has an acute illness. The child may not have specific complaints that point to malnutrition or anaemia. A sick child can be malnourished, but the health worker or the child's family may not notice the problem.

A child with malnutrition has a higher risk of many types of disease and death. Even children with mild and moderate malnutrition have an increased risk of death. Identifying children with malnutrition and treating them can help prevent many severe diseases and death.

Some malnutrition cases can be treated at home. Severe cases need referral to hospital for special feeding, blood transfusion, or specific treatment of a disease contributing to malnutrition (such as PERSISTENT DIARRHOEA).

HOW TO ASSESS MALNUTRITION AND ANAEMIA

What is *VISIBLE SEVERE WASTING*?

Some children are thin but do not have visible wasting

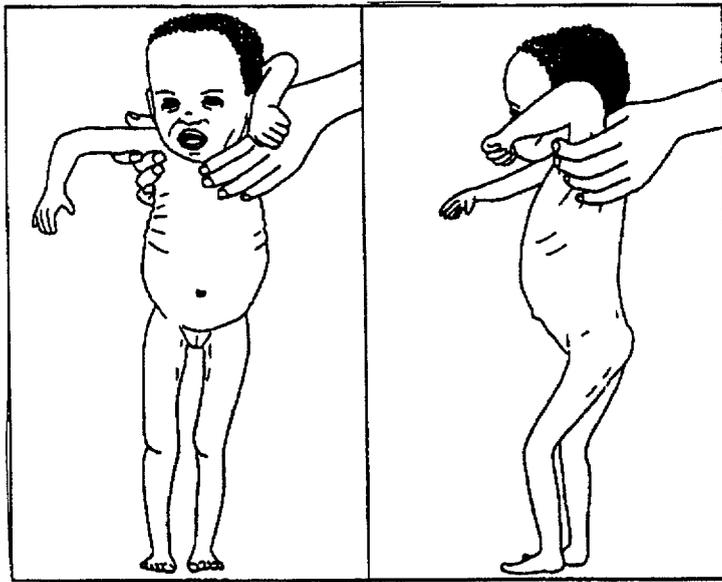
A child has the sign of *visible severe wasting* if he is

- Very thin
- Has no fat
- Looks like skin and bones

A child with *VISIBLE SEVERE WASTING* has marasmus, a form of severe malnutrition

How to LOOK for *VISIBLE SEVERE WASTING*

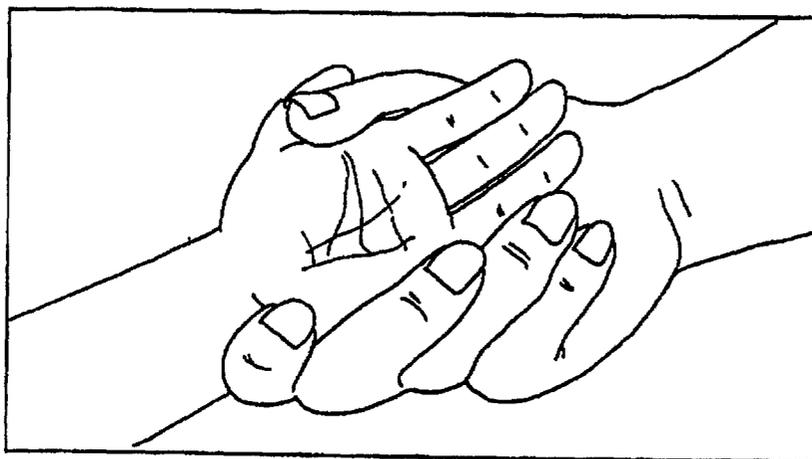
- Remove the child's clothes
- Look for severe wasting of the muscles of the shoulders, arms, buttocks and legs
 - Look to see if the outline of the child's ribs is easily seen
 - Look at the child's hips They may look small when you compare them with the chest and abdomen
 - Look at the child from the side to see if the fat of the buttocks is missing
When wasting is extreme, there are many folds of skin on the buttocks and thigh It looks as if the child is wearing baggy pants



The face of a child with visible severe wasting may look normal. The child's abdomen may be large or distended.

What is **PALMAR PALLOR**?

Palmar pallor is unusual paleness, or whiteness, of the skin on the inside of the child's hand. It is a sign of anaemia.



How to LOOK for **PALMAR PALLOR**

- Look at the skin of the child's palm
- Hold the child's palm open by grasping it gently from the side. Do not stretch the fingers backwards. This may cause pallor by blocking the blood supply.
- Compare the colour of the child's palm with your own palm and with the palms of other children
 - If the skin of the palm is pale, the child has **some palmar pallor**,
 - If the skin of the palm is very pale or so pale that it looks white, the child has **severe palmar pallor**

What is **OEDEMA**?

Oedema is when an unusually large amount of fluid gathers in the child's tissues

A child with oedema of both feet may have kwashiorkor, another form of severe malnutrition

How to **LOOK** and **FEEL** for **OEDEMA**

- Uncover the child's feet
- Use your thumb to press gently for a few seconds on the top side of each foot
The child has oedema if a dent remains in the child's foot when you lift your thumb



How to determine **WEIGHT FOR AGE**

Find out the child's age in months

Weigh the child if he has not already been weighed today. Use a scale which you know gives accurate weights. The child should wear light clothing when he is weighed. Ask the caretaker to help remove any coat, sweaters, or shoes.

Use the *weight for age chart* to determine weight for age.

Decide if the point is above, on, or below the bottom curve.

- If the point is below the bottom curve, the child is very low weight for age.
- If the point is above or on the bottom curve, the child is not very low weight for age.

What is *GROWTH FALTERING*?

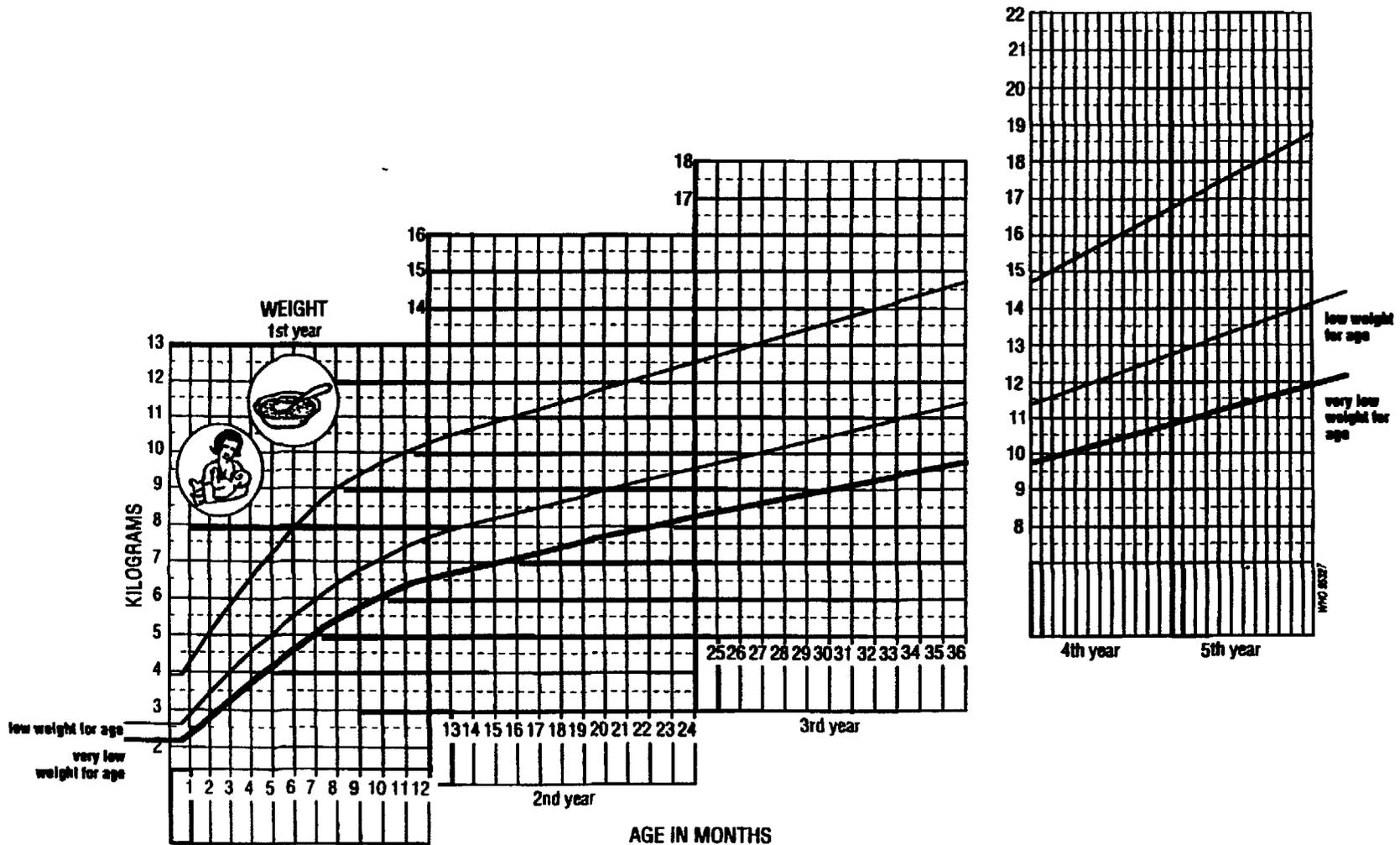
Growth faltering is inadequate weight gain (See example on next page)

How to determine *GROWTH FALTERING*

Compare the weight of the child now to any weight of the child that was recorded one month or more previously

- If the weight gain has not increased as fast as the curves on the growth chart, then the child has growth faltering

WEIGHT FOR AGE CHART



ANSWERS TO PHOTOGRAPH EXERCISES

	Does the child show signs of MALNUTRITION?	
	YES	NO
Photograph 47	✓ (VSW)	
Photograph 48	✓ (VSW)	
Photograph 49	✓ (VSW)	
Photograph 50	✓ (O)	
Photograph 51		✓
Photograph 52	✓ (VSW)	
	Does the child show signs of ANAEMIA?	
	YES	NO
Photograph 38		✓
Photograph 39a	✓ (Some PP)	
Photograph 39b		✓
Photograph 40a		✓
Photograph 40b	✓ (Severe PP)	
Photograph 41	✓ (Some PP)	
Photograph 42		✓

CASE STUDY MADIE

Madie is 18 months old. She weighs 7 kg. Her temperature is 38.5°C. Her mother brought her today because the child has felt hot and has a rash. The health worker saw that Madie looks like skin and bones.

The health worker checked for General Danger Signs. Madie is able to drink, has not vomited, has not had convulsions, and is not lethargic or unconscious. The health worker decides if General Danger Signs are present.

She does not have cough or difficult breathing. She does not have diarrhoea.

Because Madie's mother said the child felt hot, and because her temperature is 38.5°C, the health worker assessed her for fever. She has had fever for 5 days. Her rash is generalized rash, and she has red eyes. She has measles. She does not have a stiff neck. She does not have a runny nose. The health worker classified Madie for **FEVER**.

The health worker assessed her for signs of measles complications. Madie does not have mouth ulcers. There is no pus draining from the eye and no clouding of the cornea. The health worker classified Madie for **MEASLES**.

Madie does not have an ear problem.

The health worker next checked her for malnutrition and anaemia. The health worker undressed Madie. Madie had severe wasting of the shoulders, arms, buttocks, and legs. Her hips looked small in comparison to her abdomen and chest. When looked at from the side, the fat of the buttocks appeared missing.

There is no palmar pallor. She does not have oedema of both feet. The health worker determined her weight for age. When she visited 3 months ago her weight was 6.9 kg. The health worker then classified Madie's **NUTRITIONAL STATUS**.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

General danger sign present?

Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor or wheezing

DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___

• For how long? ___ Days
• Is there blood in the stool?

- Look at the child's general condition Is the child
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child
Not able to drink or drinking poorly?
Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back
Very slowly (longer than 2 seconds)?
Slowly?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___

• Is there ear pain?
• Is there ear discharge? If Yes for how long? ___ Days

- Look for pus draining from the ear
- Feel for tender swelling behind the ear

THEN CHECK FOR MALNUTRITION AND ANAEMIA

- Look for visible severe wasting
- Look for palmar pallor
Severe palmar pallor? Some palmar pallor?
- Look for oedema of both feet
- Determine weight for age
Very Low _____ Not Very Low _____
- Check for growth faltering

CASE STUDY KALISA

Kalisa is 11 months old. He weighs 8 kg. His temperature is 37°C. His mother says he has had a dry cough for the last 3 weeks.

The health worker checked for General Danger Signs. Kalisa is able to drink, has not vomited, has not had convulsions, and is not lethargic or unconscious. The health worker decides if General Danger Signs are present.

The health worker assessed Kalisa's cough. It has been present for 21 days. He counted 41 breaths per minute. The health worker does not see chest indrawing. There is no stridor when the child is calm. The health worker classifies the child for **COUGH OR DIFFICULT BREATHING**.

Kalisa does not have diarrhoea. He has not had a fever during this illness. He does not have an ear problem.

The health worker checked Kalisa for malnutrition and anaemia. The health worker undressed Kalisa. Kalisa does not have visible severe wasting. His palms are very pale and appear almost white. There is no oedema of both feet. When he visited 6 weeks ago Kalisa weighed 7.5 kg. The health worker determined Kalisa's weight for age.

The health worker then classified Kalisa's **NUTRITIONAL STATUS**.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow-up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS</p> <p>VOMITS EVERYTHING</p> <p>CONVULSIONS</p>	<p>General danger sign present? Yes ___ No ___</p> <p>Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Count the breaths in one minute ___ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Is there blood in the stool? • Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? • Look for sunken eyes • Offer the child fluid Is the child ___ Not able to drink or drinking poorly? Drinking eagerly thirsty? • Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 C or above) Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • If more than 7 days has fever been present every day? • Has child had measles within the last 3 months? • Look or feel for stiff neck • Look for signs of MEASLES • Generalized rash and • One of these cough runny nose or red eyes 	
<p>If the child has measles now or within the last 3 months</p> <ul style="list-style-type: none"> • Look for mouth ulcers If Yes are they deep and extensive? • Look for pus draining from the eye • Look for clouding of the cornea 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <ul style="list-style-type: none"> • Is there ear pain? • Is there ear discharge? If Yes for how long? ___ Days • Look for pus draining from the ear • Feel for tender swelling behind the ear 	
<p>THEN CHECK FOR MALNUTRITION AND ANAEMIA</p> <ul style="list-style-type: none"> • Look for visible severe wasting • Look for palmar pallor Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet • Determine weight for age Very Low ___ Not Very Low ___ • Check for growth faltering 	

CASE STUDY JORGE

Jorge is 9 months old. He weighs 5 kg. His temperature is 36.8°C. He is at the clinic today because his mother and father are concerned about his diarrhoea.

The health worker checked for General Danger Signs. Jorge is able to drink, has not vomited, has not had convulsions, and is not lethargic or unconscious. The health worker decides if General Danger Signs are present.

Jorge does not have cough or difficult breathing.

He has had diarrhoea for 5 days, the father said. They have not seen any blood in the stool. Jorge is not restless or irritable. He is not lethargic or unconscious. His eyes are not sunken. He is thirsty and eager to take the drink of water offered to him. His skin pinch goes back slowly. The health worker classifies Jorge for DIARRHOEA.

He does not have a fever. He does not have an ear problem.

Next, the health worker checked for signs of malnutrition and anaemia. The health worker undressed Jorge. The child does not have visible severe wasting. There is no palmar pallor. He does not have oedema of both feet. The health worker determined Jorge's weight for age. Last month he weighed 5 kg.

Record Jorge's signs and classify them on your IMCI Recording Form.

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS</p> <p style="text-align: center;">LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present? Yes ___ No ___</p> <p>Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Count the breaths in one minute ___ breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • Is there blood in the stool? • Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable? • Look for sunken eyes • Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? • Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 C or above) Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? ___ Days • If more than 7 days has fever been present every day? • Has child had measles within the last 3 months? • Look or feel for stiff neck • Look for signs of MEASLES • Generalized rash and • One of these cough runny nose or red eyes 	
<p>If the child has measles now or within the last 3 months</p> <ul style="list-style-type: none"> • Look for mouth ulcers If Yes are they deep and extensive? • Look for pus draining from the eye • Look for clouding of the cornea 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <ul style="list-style-type: none"> • Is there ear pain? • Is there ear discharge? If Yes for how long? ___ Days • Look for pus draining from the ear • Feel for tender swelling behind the ear 	
<p>THEN CHECK FOR MALNUTRITION AND ANAEMIA</p> <ul style="list-style-type: none"> • Look for visible severe wasting • Look for palmar pallor Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet • Determine weight for age Very Low ___ Not Very Low ___ • Check for growth faltering 	

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

Child's Name _____ Age _____ Weight _____ kg Temperature _____ C

ASK What are the child's problems? _____ Initial Visit? ___ Follow-up Visit? ___

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS

NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

General danger sign present?
Yes ___ No ___

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___

• For how long? ___ Days

- Count the breaths in one minute
_____ breaths per minute Fast breathing?
- Look for chest indrawing
- Look and listen for stridor or wheezing

DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___

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

- Look at the child's general condition Is the child Lethargic or unconscious? Restless and irritable?
- Look for sunken eyes
- Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty?
- Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 C or above) Yes ___ No ___

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

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

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

- Look for mouth ulcers
If Yes are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___

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

- Look for pus draining from the ear
- Feel for tender swelling behind the ear

THEN CHECK FOR MALNUTRITION AND ANAEMIA

- Look for visible severe wasting
- Look for palmar pallor
Severe palmar pallor? Some palmar pallor?
- Look for oedema of both feet
- Determine weight for age
Very Low ___ Not Very Low ___
- Check for growth faltering

OBSERVE CONTRAINDICATIONS TO IMMUNIZATION

In the past, some health workers thought minor illness was a reason to not immunize a child. They sent sick children away and told the caretaker to bring them back when the children are well. This is a bad practice because it delays immunization.

There are only three reasons not to immunize a child who is due for immunization:

- BCG should not be given to children with AIDS
- DPT 2 should not be given to children who had convulsions or shock within 3 days of the most recent dose of DPT
- DPT should not be given to children with repeated convulsions or another active neurological disease

In all other situations, here is a good rule to follow:

- There are no contraindications to immunization of a sick child if the child is well enough to go home, and she is due for an immunization.

If a child is going to be referred, do not immunize the child before referral.

Children with diarrhoea who are due for OPV should receive a dose of OPV, but this dose should not be counted.

DECIDING TO IMMUNIZE

Read the descriptions of the children below and then decide if the child can be immunized today (if the child is due for immunization) If the child can be immunized today, place a tick (✓) in the YES column If the child should not be immunized today, place a tick (✓) in the NO column

	YES	NO
If the child	Immunize this child today if due for immunization	Do not immunize today
will be treated at home with antibiotics		
has a local skin infection		
had convulsion immediately after DPT 1 and needs DPT 2 and OPV 2 today		
has a chronic heart problem		
is being referred for severe classification		
is exclusively breastfed		
older brother had convulsion last year		
was jaundiced at birth		
is VERY LOW WEIGHT		
is known to have AIDS and has not received any immunizations at all		
has NO PNEUMONIA COUGH OR COLD		

CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A

To prevent Vitamin A deficiency

- encourage mothers to breastfeed their infants
- encourage mothers to feed their infants and young children food rich in Vitamin A
- Every 6 months, give Vitamin A supplement to children age 6 months up to 6 years, depending on the supply of Vitamin A capsules

Vitamin A is given for two reasons

- as *treatment* for children with MEASLES, SEVERE MALNUTRITION or SEVERE ANAEMIA, or PERSISTENT DIARRHOEA This is the most important use, and Vitamin A should be given as treatment even when supplies are limited
- as a *supplement* when the clinic has a sufficient supply of Vitamin A in stock

When the health clinic has enough supplies of Vitamin A, give it

- every 6 months to all children age 6 months up to 6 years

To prevent overdoses of Vitamin A, record the Vitamin A dose and date given on the child's immunization and growth card

IMMUNIZATION AND VITAMIN A CASE STUDIES

Read about the following children For each one, decide if the child needs any immunizations and/or vitamin A today

- 1 Mwale, 6 months old** No General Danger Signs Classified as NO PNEUMONIA COUGH OR COLD and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING

Immunization history BCG, OPV 0, OPV 1, OPV 2, DPT 1 and DPT 2
OPV 2 and DPT 2 given 6 weeks ago

Vitamin A There is no record that he has received any

- a Is Mwale up-to-date with his immunizations?

- b What immunizations, if any, does Mwale need today?

- c When should he return for his next immunization?

- d If the stock of vitamin A is good, should Mwale be given vitamin A?

2 Banda, 3 months old No General Danger Signs Classified as diarrhoea with NO DEHYDRATION and also ANAEMIA

Immunization history	BCG, OPV 0, OPV 1, and DPT 1 OPV 1 and DPT 1 given 5 weeks ago
----------------------	--

- a Is Banda up-to-date with her immunizations?
- b What immunizations, if any, does Banda need today?
- c Banda has diarrhoea What immunizations will she receive at her next visit?
- d When should she return for her next immunization?
- e If the stock of vitamin A is good, should Banda be given vitamin A?

3 Kamfwa, 9 months old No General Danger Signs Classified as PNEUMONIA, MALARIA, NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING

Immunization history BCG, OPV 0, OPV 1 and DPT 1 When Kamfwa was 7 months old, he received OPV 2 and DPT 2

Vitamin A supplement received when Kamfwa was 7 months old

- a Is Kamfwa up-to-date with his immunizations?

- b What immunizations, if any, does Kamfwa need today?

- c When should he return for his next immunizations?

- d If the stock of vitamin A is good, should Kamfwa be given vitamin A?

LOCAL TERMS

English	Local Languages
Does the child have an OPD card? May I please see it?	

► Feeding Recommendations During Sickness and Health

Up to 6 Months of Age



- Breastfeed day and night – at least 8 times in 24 hours
- Do not give other foods or liquids (not even water glucose or porridge) unless medically indicated
- After the age of 4 months only if the baby is not gaining weight, add complementary foods (discussed in the box to the right) once or twice



6 Months up to 12 Months



- Breastfeed day and night – 8 times in 24 hours
- Feed three times a day if breastfed five times if not breastfed
- Give about three-quarter cup (150 to 180 ml) per meal of
 - thick porridge enriched with sugar oil, groundnuts milk sour milk or beans, or
 - *nshima* (or rice or potatoes) with mashed relish cooked in oil or groundnuts. The soup by itself, is not sufficient.
- Between the main meals give mashed foods (such as fruit, avocado, beans, *mponda*), milk or bread.

12 Months up to 2 Years



- Breastfeed as often as the child wants
- Feed three times a day family foods and snacks between main meals
- Serve child's food separately.
- Feed at least one cup (about 200 ml) per meal of family foods such as *nshima* with mashed relish



2 Years and Older



- Give family foods such as *nshima* with relish at least 3 times a day
- Two times a day between family meals give fruit (such as banana, avocado orange, mango pawpaw guava) samp, fried sweet potato, bread, rice with sugar or oil egg or beans



Feeding Recommendations for a Child Who is Not Feeding Well During or After an Illness

- Breastfeed more frequently and for longer if possible
- Offer frequent small feedings. Use soft, varied appetizing, favorite foods
- Clear a blocked nose if it interferes with feeding. Actively feed the child if necessary
- For a week after the illness is over offer increased amount of food and continue to give favorite foods and encourage the child to eat as much as possible

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 sour milk or yogurt, OR
 - replace half the milk with thick porridge and added vegetable oil mixed with well cooked and mashed beans, vegetables and finely ground chicken or fish
- For other foods, follow feeding recommendations for the child's age

COUNSEL ABOUT FEEDING

A



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

B



- ▶ **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 breastmilk that the child needs
 - Suggest giving more frequent, longer breastfeeds, day and night, and gradually reducing other milk or foods
- If other milk needs to be continued, counsel the mother to**
- Breastfeed as much as possible, including at night
 - Make sure that other milk is a locally appropriate breastmilk substitute
 - Make sure other milk is correctly and hygienically prepared and given in adequate amounts
 - Finish prepared milk within an hour

C



- ▶ **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



This is a picture of a caretaker feeding the child with a cup instead of a bottle

D



► 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~~



The picture on the left shows a children being fed actively
The picture on the right shows a younger child sharing his food with older children

E



► **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, favourite 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



This is a picture of a mother actively feeding her sick child. It also shows a younger child eating from his own plate and cup.

F

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 sour milk or yogurt, OR
 - replace half the milk with thick porridge and added vegetable oil mixed with well cooked and mashed beans, vegetables and finely ground chicken or fish
- For other foods, follow feeding recommendations for the child's age

**WRITE MESSAGES TO COUNSEL THE CARETAKER
ON CHILD'S FEEDING PROBLEMS**

CASE STUDY	IDENTIFY FEEDING PROBLEM	RECOMMENDED FEEDING	HOW I WOULD COUNSEL
<p align="center">A</p> <p>A young mother comes to the clinic with her 2 month old child. She says she does not think the child is getting enough breastmilk.</p>		<p><i>If the mother reports difficulty breastfeeding, assess breastfeeding. As needed, show mother correct positioning and attachment for breastfeeding.</i></p>	
<p align="center">B</p> <p>A 3 month-old is given sugar water as well as breast milk.</p>		<p><i>A 3 month-old should be given only breast milk and no other food or fluid.</i></p>	
<p align="center">C</p> <p>A mother uses a bottle to feed her child.</p>		<p><i>Substitute a cup for bottle. Show mother how to feed with cup or return to exclusive breastfeeding if age is less than 6 months and it is practical.</i></p>	
<p align="center">D</p> <p>A 14 month old eats from the same plate as his older brother and sister. There is no adult to supervise feeding.</p>		<p><i>Encourage caretaker to sit with child and actively feed her.</i></p> <p><i>Give the child an adequate serving in her own plate.</i></p>	
<p align="center">E</p> <p>A sick child is not feeding well.</p>		<p><i>Feed small servings more often. Breastfeed more often, if appropriate. Use soft varied foods and encourage child to eat.</i></p>	
<p align="center">F</p> <p>A child is classified PERSISTENT DIARRHOEA.</p>		<p><i>Give more frequent and longer breastfeeds. If taking other milk, feed fermented milk, like yoghurt, or sour milk.</i></p>	