

PN-ACD-624

99481

**Integrated Management of Childhood Illness (IMCI)**  
***Complementary Course***

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**FACILITATOR'S AIDS**

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

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## LEADING CAUSES OF CHILD MORTALITY

- Acute Respiratory Infections (ARI) - mostly pneumonia
- Diarrhoea
- Malaria
- Measles
- Malnutrition

## ROLE PLAY IMCI PROCESS

### PREPARATION

Before the session begins, the facilitator and co-facilitator should meet to discuss who will take which role and to review the steps in the IMCI process to make sure all steps are covered. Rehearsing the role play is always a good idea.

In the role play, the health worker uses the INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS Chart Booklet and the INTEGRATED MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Recording Form. The health worker also models good communications and counseling skills.

Before the role play begins, the facilitator and co-facilitator should position themselves so that all of the participants can see and hear everything that is happening in the role play. They should be seated close enough to the participants so that they can see that, in the role play, the health worker is writing on a form and that s/he is using an INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS Chart Booklet. The ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart should be placed prominently on the wall next to the actors so that it is obvious that it is an important tool in the IMCI process.

### DISCUSSION

After the role play has ended, the facilitator will lead a group discussion to find out what the participants observed during the role play.

The focus of the discussion is to bring out what kind of process the participants saw in the role play and the similarities and differences between what they observed in the role play and what they currently do in their own clinics.

### MATERIALS NEEDED

Sample Outpatient Card with Jane's name, weight, age, temperature completed  
INTEGRATED MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5  
YEARS Recording Form

IMCI Chart Booklet

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

Under Five Card for Baby

Baby

Watch

Caretaker's Handbag

## IMCI PROCESS ROLE PLAY SCRIPT

*(The baby's name is Jane She is two years old, weighs 11 kg, has a temperature of 36.5°C)*

- Health worker *(Offers Caretaker a seat and gets a card from Caretaker Holds a child's outpatient card in his hands with name, weight, age, and temperature )*  
Good morning What are Jane's problems?
- Caretaker She is coughing and sneezing
- Health worker Is this the first time you have brought her for these problems?
- Caretaker Yes
- Health worker *(Checks for General Danger Signs )* Is Jane able to drink?
- Caretaker Yes, she is taking a lot of water
- Health worker Is she vomiting everything?
- Caretaker No, she is not
- Health worker Has the child had convulsions?
- Caretaker No
- Health worker *(Checks if child is lethargic or unconscious )* How long has Jane had a cough?
- Caretaker Since the day before yesterday
- Health worker I am now going to examine the child *(He counts the breaths in one minute, exposes the chest, checks for chest indrawing, looks and listens for stridor and records findings on the INTEGRATED MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS TO 5 YEARS Recording Form )*  
Does the child have diarrhoea?
- Caretaker No, but she had a bit of loose stool last night
- Health worker Has the child had fever with this illness?

Caretaker No

Health worker Does she have an ear problem?

Caretaker No

Health worker *(Checks for malnutrition and anaemia Checks the child's palms and compares with the health worker's Checks for oedema of feet )* Could you please undress the baby for me?

Caretaker Right now?

Health worker Yes, please

Caretaker *(Struggles to remove the clothes from the baby )*

Health worker *(He lifts the baby and checks for visible severe wasting, compares child's weight with the weight-for-age chart )* Please dress the baby, thank you Let's look at your under-five card?

Caretaker *(Caretaker pulls the card from her handbag and gives it to the health worker )*

Health worker *(Checks the immunization status and Vitamin A supplementation record )* Do you yourself or the child have any health needs or problems?

Caretaker No, I just brought the baby

Health worker I have found Jane to have only a cough which is not very serious at the moment You did very well to bring the child to the clinic If you like you can give her some tea with honey to soothe her cough at home What will you do to treat the child at home?

Caretaker Give her some tea with honey

Health worker *(Health worker gets a Mother's Card and shows the caretaker the pictures )* What can you see in these pictures?

Caretaker *(She hesitates on some pictures )* A child is sleeping

Health worker Yes, and Jane is also sleeping. Let me help you with these other pictures. The first picture shows a child not able to drink, the second one shows a child who is very sick, the third one shows a child who has a fever. Because Jane is not seriously ill, I haven't given her an antibiotic. But you should be sure to watch her closely. If she stops drinking, becomes sicker, or develops a fever like the child in the pictures, then bring her immediately to the clinic. Also, if she has difficulty breathing or fast breathing, bring her immediately. So, what are you going to do if Jane develops a fever?

Caretaker I will bring her here immediately.

Health worker Good. What else would be a sign for you to bring her back?

Caretaker If she becomes sicker or stops drinking.

Health worker Well done. I would like to see Jane in five days if she is not getting better.

Caretaker When would that be?

Health worker In five days, on Wednesday. When will you bring her back if she is not getting better?

Caretaker On Wednesday, but only if she's not better.

Health worker Good.

Caretaker *(Picks up her things and her baby)* Thank you.

Health worker Good-bye.

# ASSESS

*INTRODUCTION TO IMCI*

*ACTIVITY 4 Introduction to ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart*

# CLASSIFY

*INTRODUCTION TO IMCI*

*ACTIVITY 4 Introduction to ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart*

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# IDENTIFY TREATMENT

*INTRODUCTION TO IMCI*

*ACTIVITY 4 Introduction to ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart*

# TREAT

*INTRODUCTION TO IMCI*

*ACTIVITY 4 Introduction to ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart*

# COUNSEL

*INTRODUCTION TO IMCI*

*ACTIVITY 4 Introduction to ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart*

# FOLLOW-UP

*INTRODUCTION TO IMCI*

*ACTIVITY 4 Introduction to ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart*

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Not able to drink or breastfeed

# Vomits everything

ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 MONTHS  
ACTIVITY 1 General Danger Signs

Has had convulsions

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Is lethargic or unconscious

ASK the caretaker, “Does the child have cough or difficult breathing?”

If the caretaker says the child has  
cough or difficult breathing, ASK,  
“For how long?”

Ensure that the child is calm.

Expose the child's chest and abdomen.

Count the number of breaths in one full minute.

**LOOK for chest indrawing.**

**LOOK and LISTEN for stridor or wheezing.**

ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 MONTHS  
ACTIVITY 2A The Importance of ASSESS COUGH OR DIFFICULT BREATHING

Does the child have fever?  
(by history, feels hot, or temperature  
37.5° or above)

If the answer is “yes,” ASK, “For how long?”

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If the fever has been present for more than 7 days, ASK if it has been present every day.

**ASK : Has the child had measles in  
the last 3 months?**

# LOOK and FEEL :

*ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS  
ACTIVITY 4A ASSESS FEVER*

Look or feel for a stiff neck

# Look for signs of measles

*ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS  
ACTIVITY 4A ASSESS FEVER*

generalized rash and

*ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS  
ACTIVITY 4A ASSESS FEVER*

One of these: cough, runny nose,  
or red eyes

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

*ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS  
ACTIVITY 4A ASSESS FEVER*

Look for mouth ulcers.  
Are they deep and extensive?

Look for pus draining from the eye.

Look for clouding of the cornea.

If a child has fever and signs of measles, s/he should be classified just for measles.

If a child has fever and has had measles in the last 3 months, s/he should be classified for fever and measles.

If a child has fever, no present signs of measles, and no measles in the last 3 months s/he should be classified only for fever.

Measles is classified before fever.

*ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS  
ACTIVITY 4B CLASSIFY FEVER*

You examine a child with fever and he has no present signs of measles, and no measles in the last 3 months. After classifying the child's fever, you should next classify the child for measles.

After asking the caretaker if the child has had measles within the last 3 months, you should look and feel for a stiff neck.

After checking for cough, runny nose, or red eyes, you should look for mouth ulcers.

If the child does not have measles,  
you do not need to look for mouth  
ulcers.

If the child doesn't have signs of measles and hasn't had measles in the last 3 months, you should assess the child as shown below the dotted line on the IMCI Recording Form after classifying the child for fever.

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All children with fever are classified  
for fever.

All children with fever are classified  
for measles.

*ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS  
ACTIVITY 4B CLASSIFY FEVER*

## ROLE PLAY SCRIPT JAVA

- Health Worker** We have found that Java has had diarrhoea for a long time. Now I want to find out about Java's feeding, because that is very important when a child has diarrhoea. Are you still breastfeeding Java?
- Mother** Yes, of course I am breastfeeding him.
- Health Worker** How many times in 24 hours?
- Mother** I breastfeed only at night as I work during the day. I breastfeed him about 3 times each night.
- Health Worker** Does the child take any other food or fluids apart from the breast milk?
- Mother** Yes.
- Health Worker** What foods?
- Mother** I also give him thin porridge mixed with milk.
- Health Worker** How often?
- Mother** Three times a day. During the family meal times Java likes to eat with my 8 year old daughter who enjoys eating with him.
- Health Worker** What do you use to feed Java?
- Mother** I use a cup and a spoon.
- Health Worker** How large are the servings? Use these cups to show me how large his servings are. (*Gives mother cups for her to demonstrate serving size*)
- Mother** (*Mother demonstrates*)
- Health Worker** Does Java receive his own serving?
- Mother** Well, actually, he eats from the same bowl as my daughter. I have tried to buy vitamins to increase his appetite, but there has been no improvement.

## ROLE PLAY SCRIPT JAVA

- Health Worker** During this illness, have Java's eating habits changed?
- Mother** Yes, greatly, he eats very little. But each day before going to work I try forcing him to eat some porridge but he refuses. He only eats very little.
- Health Worker** I see you sound very worried about Java. But I can see that you have been trying very hard to get him to eat. This is a very common practice in children who are sick because their appetite is poor. However since Java has diarrhoea, his weight is low for his age and is not eating well. It is good you have brought him today so we can discuss how to improve his feeding practice.
- Mother** Oh yes, that will be very helpful because I feel I have tried everything.
- Health Worker** First of all, yes, you are right you have tried your best. For instance, you have continued to breastfeed Java and introduced the baby to other foods as he needs extra food besides breast milk. Thank you very much for being very patient in answering my questions about Java's feeding.
- We can now discuss how to improve Java's eating routine and it is important that we can make recommendations based on the food you usually eat in your home. Java has diarrhoea which has lasted too long. He has low weight and he is eating poorly.
- Looking at the food you have attempted to give Java it looks like the kinds of foods we would use for his feeding recommendations.
- (Health Worker takes the Mother's Card on feeding recommendations of the age group 12 months to 2 years and shows it to the caretaker)**
- Mother** I see. I hope I will be able to find most of these foods in this paper for Java.

## ROLE PLAY SCRIPT JAVA

**Health Worker** Oh yes We'll talk about foods that you already have For instance it is good that you have continued to breastfeed him Please continue to breastfeed as much as he wants both day and night and just before you leave for work For his meals try to prepare thick porridge mixed with ground nuts that you seem to have a lot of and feed Java 3 times a day Add sour milk to his porridge because he may have difficulty with fresh cow's milk

In between meals, you can mash bananas to give the child When you have your family meals, try to give at least half a cup of nshima mashed with relish You will notice that these are some of the foods you offered Java, the only difference is that you have to offer him small servings which he can tolerate but more frequently Mostly it is very important that you feed and encourage Java to eat

**Mother** Oh , this will be very helpful Can I take this card so I can teach the people that take care of my baby when I am at work?

**Health Worker** Yes, you can keep the card so you can teach your neighbours too By the way, who is going to prepare food and feed the child while you are away at work?

**Mother** My aunt who stays with us at home will help with the preparations of the food

**Health Worker** Please make sure that she sits with Java and encourages him to eat often Now could you tell me how you will feed Java at home?

**Mother** Yes, I will continue breastfeeding both at night and during the day when I am home I will try to make the porridge thicker and mix with pounded groundnuts or with sour milk and feed 3 times or more a day My aunt or I should sit with the child to encourage him to eat I should also give the baby some snacks of bananas in between meals He should eat family foods too, whatever will be available

## ROLE PLAY SCRIPT JAVA

**Health Worker** Oh good, you can remember Try to teach your aunt too so she can remember these instructions If there no more questions, please come back in 5 days time so I can check on Java's weight and how you are managing with feeding

**Mother** Thank you, you have been very helpful I will see you next week

**Health Worker** Good bye

## ROLE PLAY GUIDE

**HEALTH WORKER** You have just classified a child, Kamfwa, with SEVERE PNEUMONIA OR VERY SEVERE DISEASE, NO DEHYDRATION, MALARIA, and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING You have given pre-referral treatments Explain the need for referral to Kamfwa's mother and give her instructions Discuss any problems she may have about going to the hospital Assume that the hospital is about an hour away and that transportation is similar to what is available in your own area If you have a telephone in your own clinic, assume that one is available in the role play

**MOTHER** Kamfwa is your second child You also have a 2-year-old son who is at home with your mother-in-law You did not bring much money with you to the clinic, and you do not know how to get to the hospital Your home is about 20 minutes away on foot, and you walked to the clinic There is no phone in your home, but there is a phone at the place where your husband works You want to do what is right for Kamfwa, but you are concerned about how to get to the hospital and how to communicate with your family Also, a child in your community recently died in the hospital You are very worried that Kamfwa is going to die

Try to act as a real mother might act if her child needed referral

Other participants (your colleagues) will answer the following questions about the role play

- Is this mother likely to go to hospital? Why or why not?
- Has she been given all the necessary instructions? If not, what information was missing?

*IDENTIFY TREATMENT*

*ACTIVITY 1 Introduction to IDENTIFY TREATMENT Component*

# SEVERE PNEUMONIA OR VERY SEVERE DISEASE

*IDENTIFY TREATMENT  
ACTIVITY 1 Introduction to IDENTIFY TREATMENT Component*

# PNEUMONIA

*IDENTIFY TREATMENT*  
*ACTIVITY 1 Introduction to IDENTIFY TREATMENT Component*

# NO PNEUMONIA: COUGH OR COLD

*IDENTIFY TREATMENT*  
*ACTIVITY 1 Introduction to IDENTIFY TREATMENT Component*

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# SEVERE DEHYDRATION

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# SOME DEHYDRATION

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# NO DEHYDRATION

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# SEVERE PERSISTENT DIARRHOEA

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*



# PERSISTENT DIARRHOEA

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# DYSENTERY

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# VERY SEVERE FEBRILE DISEASE

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# MALARIA

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

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# SEVERE COMPLICATED MEASLES

*IDENTIFY TREATMENT  
ACTIVITY 5 Refer the Child*



# MEASLES WITH EYE OR MOUTH COMPLICATIONS

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# MEASLES

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# MASTOIDITIS

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# ACUTE EAR INFECTION

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# CHRONIC EAR INFECTION

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

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# NO EAR INFECTION

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# SEVERE MALNUTRITION OR SEVERE ANAEMIA

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

# ANAEMIA OR VERY LOW WEIGHT OR GROWTH FALTERING

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

NO ANAEMIA AND NOT VERY  
LOW WEIGHT AND GROWTH NOT  
FALTERING

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

A child with this classification is seriously ill. He needs urgent referral to a hospital for treatments such as oxygen, a bronchodilator or injectable antibiotics. Before the child leaves your clinic, give the first dose of an appropriate antibiotic.

Treat this classification with an appropriate antibiotic. Show the mother how to give the antibiotic. Advise her when to return for follow-up and when to return immediately. Details of when to return immediately will be discussed later in this component.

A child with this classification does not need an antibiotic. The antibiotic will not relieve the child's symptoms. It will not prevent the cold from developing into pneumonia. But the mother brought her child to the clinic because she is concerned about her child's illness. Give the mother advice about good home care. Teach her to soothe the throat and relieve the cough with a safe remedy such as warm tea with sugar. Advise the mother to watch for fast or difficult breathing and to return if either one develops.

A child with this classification normally improves in one to two weeks. However, a child who has a chronic cough (a cough lasting more than 30 days) may have tuberculosis, asthma, whooping cough or another problem. Refer the child with a chronic cough to hospital for further assessment.

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A child with this classification needs fluids quickly. Treat with IV (intravenous) fluids. The Plan C box on the *TREAT* chart describes how to give fluids to children with this classification.

Treat the child with ORS solution. In addition to fluid, the child needs food. This treatment is described in the Plan B box on the *TREAT* chart.

However, Plan B takes hours to complete. If the child has another severe classification, refer the child urgently instead of giving Plan B at the clinic. The mother should give sips of ORS on the way.

This child needs extra fluid to prevent dehydration. A child who has this classification needs home treatment. The 3 rules of home treatment are:

1. Give extra fluid
2. Continue feeding
3. When to return

This treatment is described in the Plan A box on the *TREAT* chart.

Children with this classification need special attention to help prevent loss of fluid. They may also need a change in diet. They may need laboratory tests of stool samples to identify the cause of the diarrhoea.

Treat the child's dehydration before referral unless the child has another severe classification. Treatment of dehydration in children with severe disease can be difficult. These children should be treated in hospital.

Special feeding is the most important treatment for persistent diarrhoea. Feeding recommendations for persistent diarrhoea are explained in *Counsel the Mother* (they are on the “Food Box”).

Give an antibiotic recommended for *Shigella* in your area. You can assume that *Shigella* caused the dysentery because:

- *Shigella* causes about 60% of dysentery cases seen in clinics.
- *Shigella* causes nearly all cases of life-threatening dysentery.

Finding the actual cause of the dysentery requires a stool culture. It can take at least 2 days to obtain the laboratory test results.

A child with fever and any General Danger Sign or stiff neck may have meningitis, severe malaria (including cerebral malaria) or sepsis. It is not possible to distinguish between these severe diseases without laboratory tests. Before referring urgently, you will give several treatments for the possible severe diseases.

Give the child an injection of quinine for malaria. Also give the first dose of an appropriate antibiotic for meningitis or other severe bacterial infection. You should also treat the child to prevent low blood sugar. Also give paracetamol if there is a high fever.

Treat with an oral antimalarial. Also give paracetamol to a child with high fever (axillary temperature of 38.5°C or above).

A fever that persists every day for more than 7 days may be a sign of typhoid fever or other severe disease. If the child's fever has persisted every day for more than 7 days, refer the child for additional assessment.

Treat the child with vitamin A. Vitamin A deficiency contributes to some of the complications such as corneal ulcer. Any vitamin A deficiency is made worse by the measles infection. Also give the child the first dose of an appropriate antibiotic. Some complications of measles are due to bacterial infections.

If there is clouding of the cornea, or pus draining from the eye, apply tetracycline ointment. If it is not treated, corneal clouding can result in blindness. Ask the mother if the clouding has been present for some time and if it was previously treated. If it was, you do not need to refer the child again for this sign.

Treating the child with vitamin A will help correct any vitamin A deficiency and decrease the severity of the complications. Teach the mother to treat the child's eye infection or mouth ulcers at home. Treating mouth ulcers helps the child to more quickly resume normal feeding.

All children with this classification should receive vitamin A.

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

This child needs treatment with injectable antibiotics. He may also need surgery. Before the child leaves for hospital, give the first dose of an appropriate antibiotic. Also give one dose of paracetamol if the child is in pain.

Give an appropriate antibiotic. Give paracetamol to relieve the ear pain (or high fever). If pus is draining from the ear, dry the ear by wicking.

Most bacteria that cause this classification are different from those which cause acute ear infections. For this reason, oral antibiotics are not usually effective against chronic infections. Do not give repeated courses of antibiotics for a draining ear.

The most important and effective treatment for this classification is to keep the ear dry by wicking. Teach the mother how to dry the ear by wicking.

The child needs no additional treatment.

*IDENTIFY TREATMENT*  
*ACTIVITY 5 Refer the Child*

Children with this classification are at risk of death from pneumonia, diarrhoea, measles, and other severe diseases. These children need urgent referral. They may need special feeding, antibiotics or blood transfusions. Before the child leaves for hospital, give the child a dose of vitamin A.

Assess the child's feeding and counsel the mother about feeding her child according to the recommendations in the FOOD box on the COUNSEL THE MOTHER chart.

A child with some palmar pallor needs to be treated with iron. Also give an antimalarial to the child.

Hookworm and whipworm infections contribute to anaemia because the loss of blood from the gut results in iron deficiency. Give the child mebendazole. Only give mebendazole if the child with anaemia is 2 years of age or older and has not had a dose of mebendazole in the last 6 months.

Advise the mother of a child with some palmar pallor to return for follow-up in 14 days. A child who is very low weight should return for follow-up in 1 month.

If the child is less than 2 years of age, assess the child's feeding. Counsel the mother about feeding her child according to the recommendations in the FOOD box on the COUNSEL THE MOTHER chart. Children less than 2 years of age have a higher risk of feeding problems and malnutrition than older children even if they have no clinical signs of malnutrition and even if they are not very low weight for age.

Look at the IMCI Chart and find:

1 example of a definite follow-up time

2 examples of indefinite follow-up times

Read each example to the other group. Then ask:

Is this an example of a definite or an indefinite follow-up time?

Look at the IMCI Chart and find:

2 examples of definite follow-up time

1 example of an indefinite follow-up time

Read each example to the other group. Then ask:

Is this an example of a definite or an indefinite follow-up time?

## ROLE PLAY GUIDE

### HEALTH WORKER

You have just classified a child, Kamfwa, with SEVERE PNEUMONIA OR VERY SEVERE DISEASE, NO DEHYDRATION, MALARIA, and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. You have given pre-referral treatments. Explain the need for referral to Kamfwa's mother and give her instructions. Discuss any problems she may have about going to the hospital. Assume that the hospital is about an hour away and that transportation is similar to what is available in your own area. If you have a telephone in your own clinic, assume that one is available in the role play.

### MOTHER

Kamfwa is your second child. You also have a 2-year-old son who is at home with your mother-in-law. You did not bring much money with you to the clinic, and you do not know how to get to the hospital. Your home is about 20 minutes away on foot, and you walked to the clinic. There is no phone in your home, but there is a phone at the place where your husband works. You want to do what is right for Kamfwa, but you are concerned about how to get to the hospital, how to communicate with your family, etc. Also, a child in your community recently died in the hospital. You are very worried that Kamfwa is going to die.

Try to act as a real mother might act if her child needed referral.

Other participants (your colleagues) will answer the following questions about the role play.

- Is this mother likely to go to hospital? Why or why not?
- Has she been given all the necessary instructions? If not, what information was missing?

True or False:

When treating a child with more than one illness that requires the same antibiotic, you double the size of each dose.

What should you do if a child vomits or spits up within 30 minutes of having been given a drug by mouth?

True or False:  
It is necessary to record  
all treatments.

True or False:  
It is important to keep all drugs  
out of the reach of children.

True or False:  
Sometimes one antibiotic can be  
given to treat more than one illness.

True or False:  
In IMCI, GREEN classifications  
require antibiotics.

*TREAT THE CHILD*

*ACTIVITY 1 Select Appropriate Oral Drug and Determine Dose and Schedule*

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What are the only classifications in GREEN that require an oral drug?

What do you need to know about an oral drug before you can administer it to a sick child?

## ROLE PLAY SCRIPT USING GOOD COMMUNICATIONS SKILLS TO TEACH

- Health Worker I have assessed Gert and found that she has pneumonia How have you been taking care of her at home?
- Mother I have been giving her cough syrup
- Health Worker It is common for parents to give cough syrup, but the best thing for Gert is to treat the infection in her lungs Cough syrup only helps to relieve the cough, but it doesn't treat the infection So, I'm glad that you brought her in Now I am going to teach you how to give this drug to Gert This is cotrimoxazole She needs to take this drug to treat her pneumonia Are you the person who will give the drug to Gert?
- Mother Yes, I am
- Health Worker Good I will show you how much to give her She needs to take just one-half of one of these tablets at a time  
*(Holds up one cotrimoxazole tablet )*  
You will have to break the tablet in half, like this *(breaks tablet in fingers)* or you can cut it in half with a knife *(Holds up half tablet )*  
This half is one dose Now you try it *(Hands a tablet to the mother )*
- Mother Yes, I will try *(Mother struggles a bit but breaks the tablet in half )*
- Health Worker Good, you did it Now, how much is one dose for Gert?
- Mother *(Mother holds up the half tablet )* This much
- Health Worker That's correct Now you are going to give the tablet to Gert Have you ever given tablets to Gert before?
- Mother No I have only given her liquid medicines
- Health Worker Ah Liquid medicines are easier to give to a baby To give a tablet, you will have to make it so the baby can swallow it You should crush it or grind it until it is in very small pieces, and then mix it with

- a little milk or water Here is a cup and spoon for you to use  
*(Hands mother a cup and spoon)* Put the dose into the cup and
- Mother Do that now?
- Health Worker Yes, now I would like you to prepare a dose and give it to Gert now *(Mother nods)* Put the half tablet into the cup and crush it with the spoon  
*(Mother begins crushing the tablet Health worker watches her and looks into the cup to see when it is crushed)*  
That's correct Now add a **little** of this water and mix it in At home, you could use a little bit of Gert's cereal, or some mashed banana, instead of water
- Mother *(Mother mixes water into the crushed tablet)* Gert likes banana
- Health Worker Good, then you might want to try that OK, that looks ready Now, with the spoon, try to put the medicine into Gert's mouth
- Mother I'll try *(She spoons it into the baby's mouth)* She doesn't like it What should I do?
- Health Worker You are doing fine See, she is swallowing it now At home, try mixing it with banana
- Mother I will
- Health Worker You need to give a dose to Gert two times each day, once in the morning, such as at breakfast, and again at dinner I am giving you enough tablets for 5 days  
*(Health worker writes the instructions on the envelope and then puts 5 tablets into the envelope He closes the envelope and the jar of cotrimoxazole He hands the envelope to the mother so that she can see the instructions)*
- Mother Thank you
- Health Worker I have written the instructions on the envelope to remind you when to give the medicine Have you seen this before?

Mother No

Health Worker Let's look at it more closely Would you read the instructions on the envelope?

Mother *(Looking at envelope)* What is this picture?

Health Worker That is a picture of the sun rising The round sun represents midday, the next picture is sunset

Mother Yes, of course I see now *(Mother tries unsuccessfully to read the instructions on the envelope )*

Health Worker *(Reads the instructions on the envelope to the mother )* So give Gert half a tablet at sunrise and half a tablet at sunset

Mother Half at sunrise and half at sunset

Health Worker Good I want to tell you another important thing -- continue giving Gert the medicine in this envelope until it is all gone That is, give it to her for five days Even if she seems to be better, she needs to take **all** the tablets to be sure that she will get well and stay well

Mother I can do that

Health Worker Good And how much will you give Gert each time?

Mother I will give her one-half tablet

Health Worker Correct And how will you prepare it?

Mother I will crush it with a little milk, water or banana

Health Worker Good Can you tell me how many times each day you will give Gert a dose of the medicine?

Mother I will give the medicine at sunrise and at sunset

Health Worker That's correct Twice each day I want you to bring Gert back to see me in 2 days, so that I can be sure she is getting better

Mother                    When is that?

Health Worker        The day after tomorrow Will you, or someone else in your family,  
be able to bring Gert back?

Mother                    Yes, I can bring Gert back the day after tomorrow

Health Worker        Good, I will expect you then

Mother                    *(Gathering up her things and Gert and leaving )* Thank you

Health Worker        Good bye





*TREAT THE CHILD*  
*ACTIVITY 3 Teach the Caretaker to Treat Local Infections at Home*



*TREAT THE CHILD*  
*ACTIVITY 3 Teach the Caretaker to Treat Local Infections at Home*



*TREAT THE CHILD*  
*ACTIVITY 3 Teach the Caretaker to Treat Local Infections at Home*

If a child is able to drink or breastfeed, give the child the appropriate *oral* drug instead of an injectable drug.

Explain to the caretaker why the drug is given.

Use the TREAT THE CHILD chart to determine the appropriate dose.

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Check which concentration (strength of dose) is available in your clinic. Make sure you read the chart correctly for the concentration you are using.

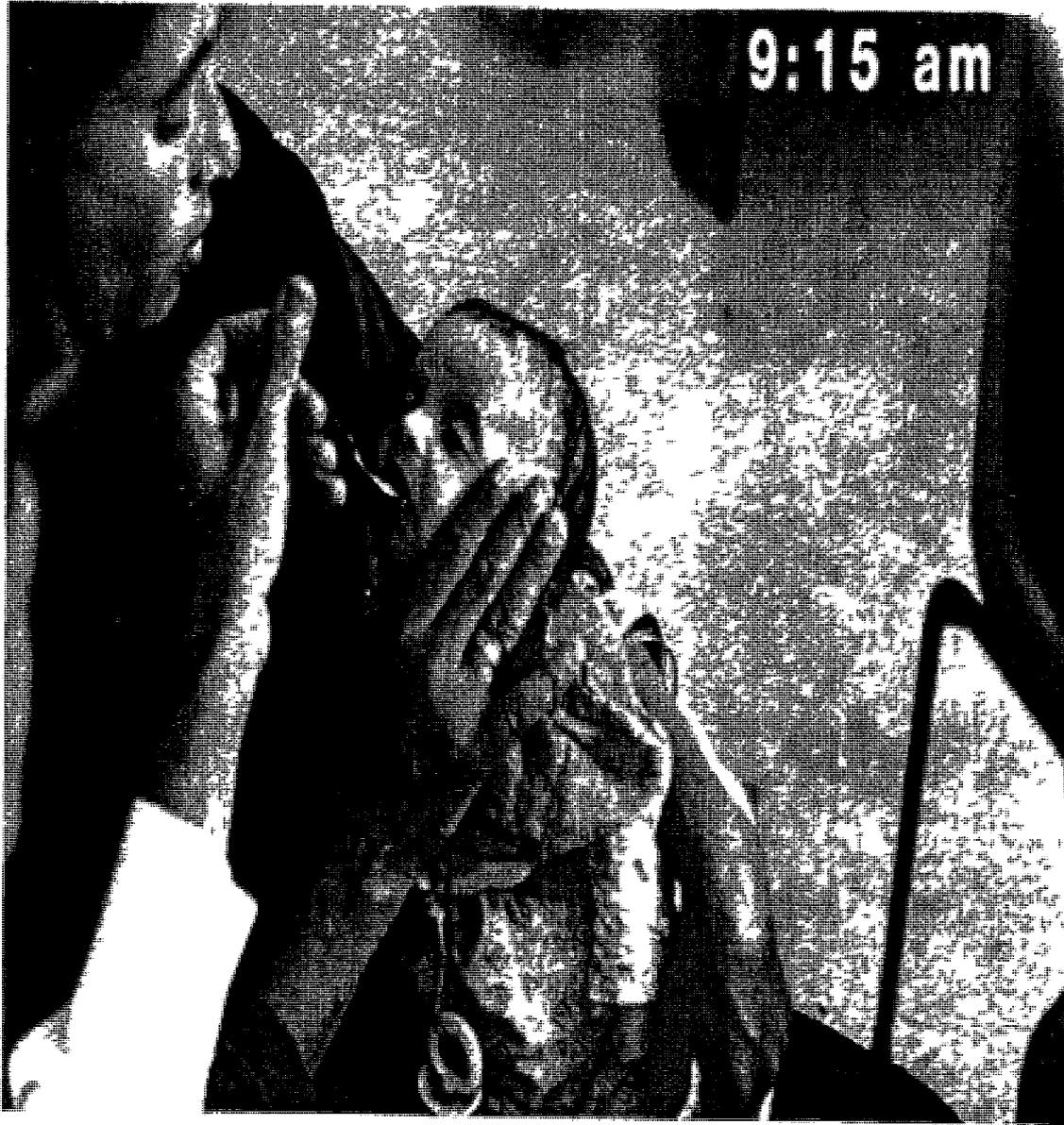
Check which concentration (strength of dose) is available in your clinic. Make sure you read the chart correctly for the concentration you are using.

Use a sterile needle and syringe to give the injection.

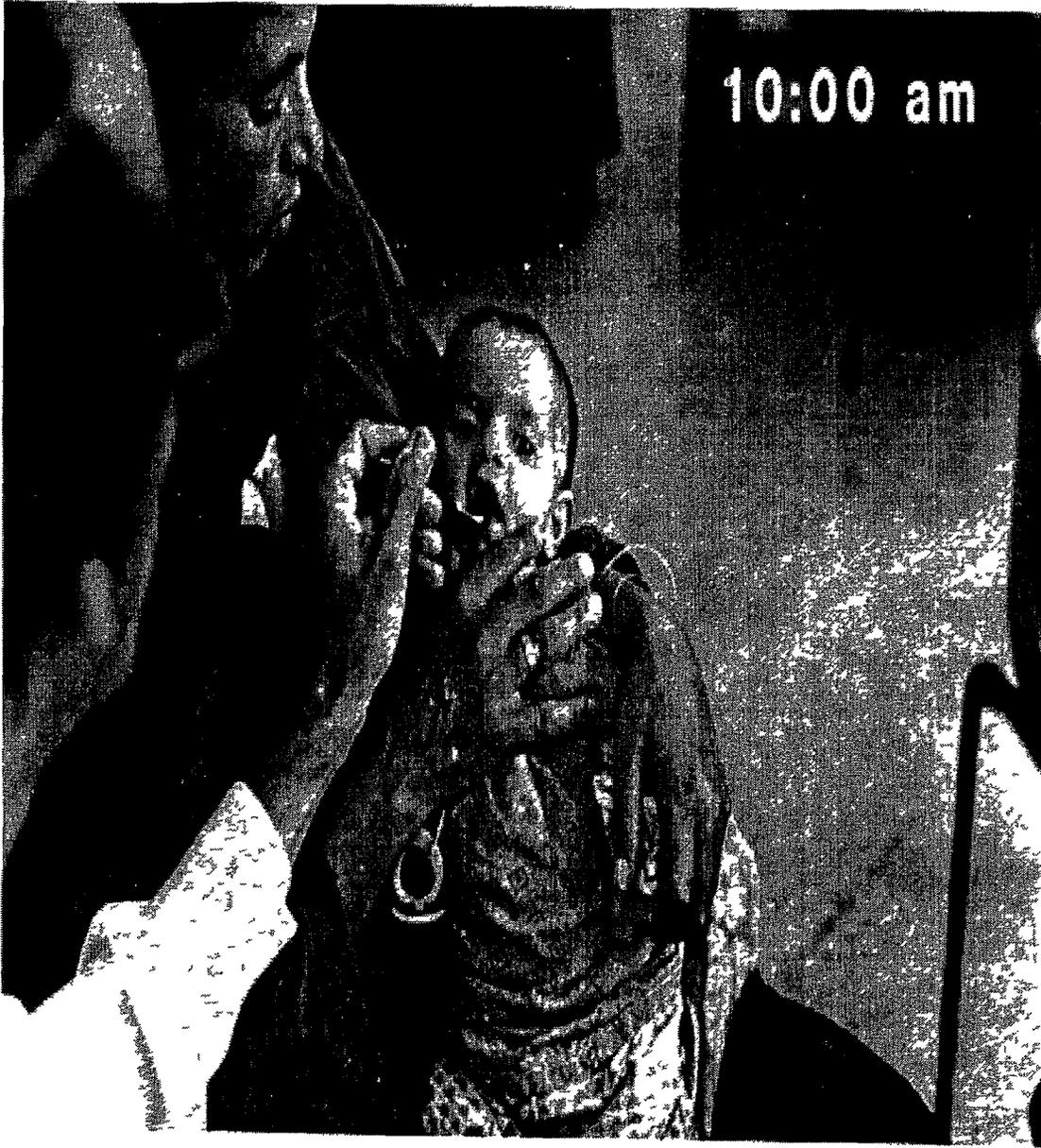
112

Measure the dose accurately.

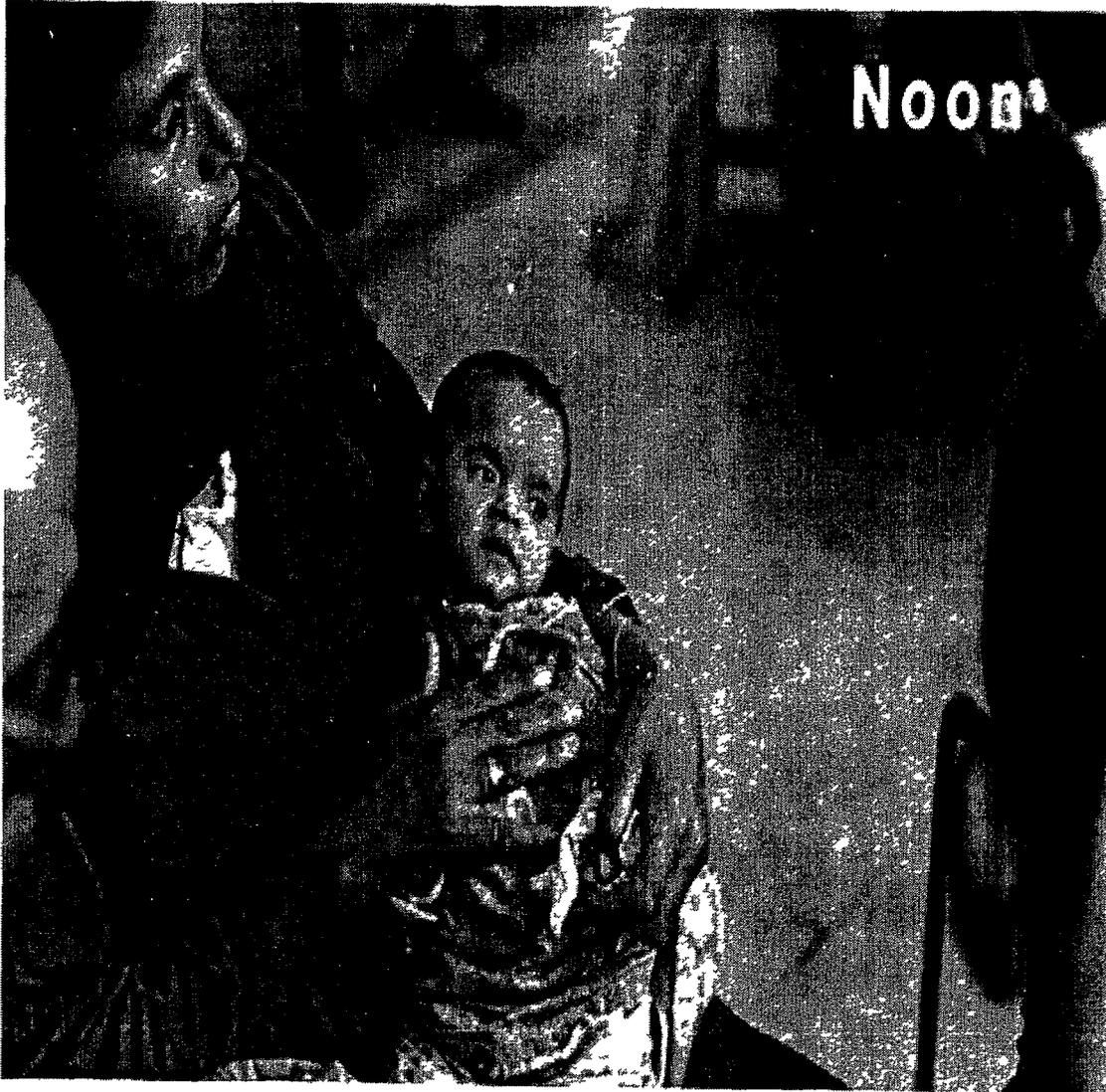




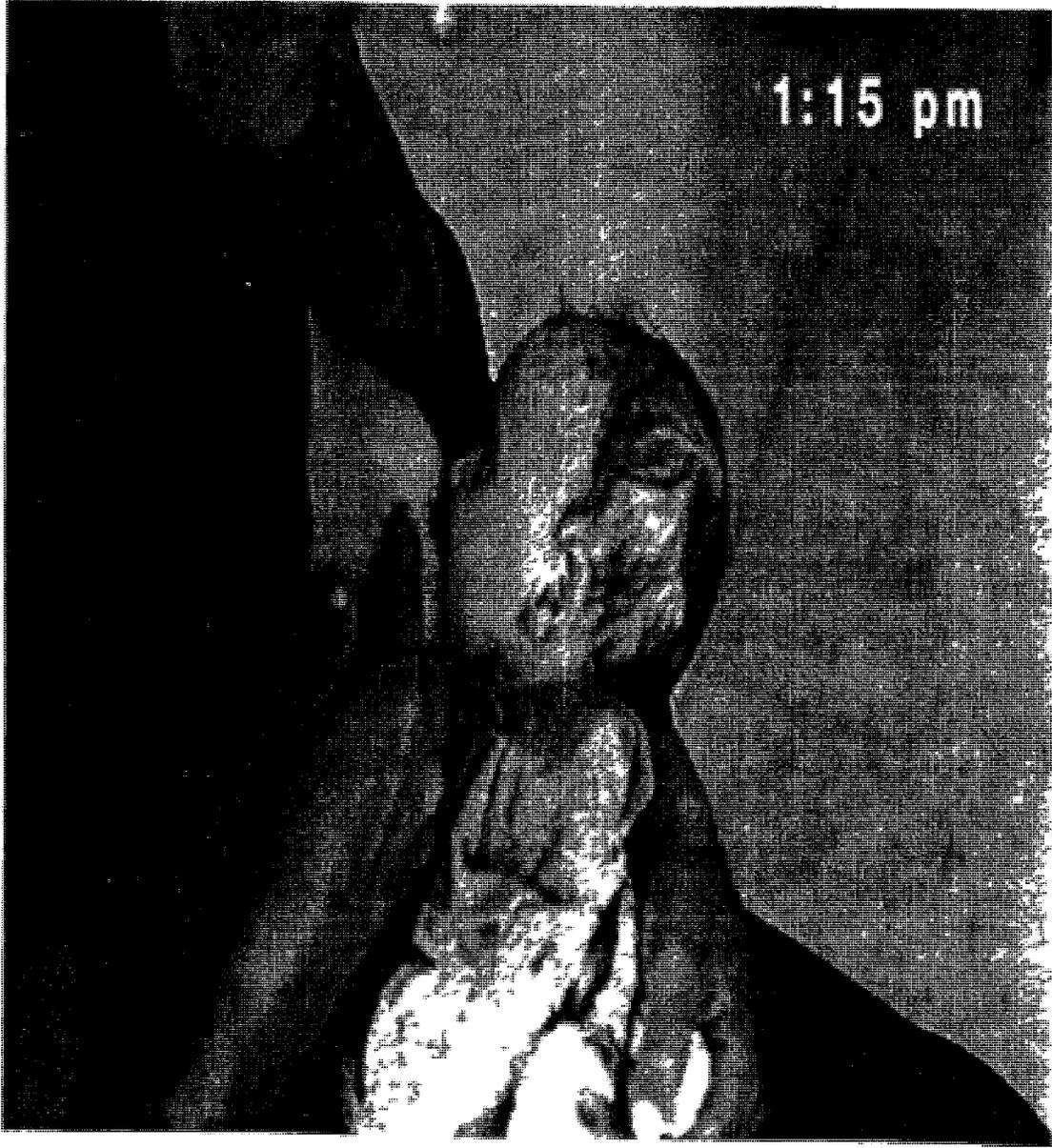
*TREAT THE CHILD  
ACTIVITY 5 Immunize Every Sick Child As Needed*



TREAT THE CHILD  
ACTIVITY 5 Immunize Every Sick Child As Needed



*TREAT THE CHILD  
ACTIVITY 5 Immunize Every Sick Child As Needed*



*TREAT THE CHILD  
ACTIVITY 5 Immunize Every Sick Child As Needed*

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Infant's head and body is straight

Infant's body is turned towards the mother

Infant's body is close to the mother

*MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS  
ACTIVITY 6 TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2*

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Infant's whole body is supported

*MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS  
ACTIVITY 6 TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2*

Infant's neck is twisted or bent forward

Infant's body is turned away from mother

*MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS  
ACTIVITY 6 TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2*

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Infant's body is not close to mother

*MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS  
ACTIVITY 6 TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2*

Only the infant's head and neck are supported

*MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS  
ACTIVITY 6 TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2*

## PROBLEM CARD #1

If there is no pus or redness in either eye, what do you do?

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

Stop the treatment.

*FOLLOW-UP  
ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

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## PROBLEM CARD #2

If pus is still draining from the eye,  
what do you do?

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

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Find out from the caretaker how  
s/he has treated the eye infection.

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

## PROBLEM CARD #3

If pus is still draining from the eye  
and the caretaker describes  
the correct treatment, what do you do?

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

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Refer the child to hospital.

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

## PROBLEM CARD #4

If pus is still draining from the eye  
and the caretaker describes an  
incorrect treatment, what do you do?

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

Teach the caretaker the correct treatment  
and continue treatment at home.

*FOLLOW-UP*

*ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

## PROBLEM CARD #5

If pus is gone but redness remains,  
what do you do?

*FOLLOW-UP  
ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

Continue treatment.

*FOLLOW-UP  
ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS*

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