

PN-ACD-628
99485

Integrated Management of Childhood Illness (IMCI)
Complementary Course

IDENTIFY TREATMENT
FACILITATOR'S GUIDE

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

June 1998

Integrated Management of Childhood Illness (IMCI)

Complementary Course

IDENTIFY TREATMENT

FACILITATOR'S GUIDE TABLE OF CONTENTS

1	Introduction to IDENTIFY TREATMENT Component	page 1
2	Determine if Urgent Treatment is Needed	page 26
3	Identify Treatment for Patients Who Do Not Need Urgent Referral	page 45
4	Identify Urgent Pre-Referral Treatment Needed	page 77
5	Refer the Child	page 95
6	Where Referral Is Not Possible (Optional Activity including ANNEX E)	page 114

IDENTIFY TREATMENT

ACTIVITY 1

Introduction to IDENTIFY TREATMENT Component

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Identify IMCI treatments for all IMCI classifications
- Compare participants' current treatment practices to IMCI treatments
- State the purpose of the IDENTIFY TREATMENT component
- Explain the steps in the IDENTIFY TREATMENT flowchart
- Relate the steps in the flowchart to the activities in the IDENTIFY TREATMENT component
- Locate and interpret the treatment section of the ASSESS and CLASSIFY Chart and IMCI Chart Booklet

TIME 1 hour 45 minutes

MATERIALS Flipchart, markers, tape
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
IMCI Chart Booklets
Participant's Manual IDENTIFY TREATMENT
Role Play Guide (2 copies)
Cards Classifications
Cards Classifications and Cards Treatments (matched correctly)
Flipcharts #1 - #2
Participant's Manual, pages 1 - 9

FACILITATOR'S NOTE

Before this session begins, prepare for Activity 5 Refer the Child (in IDENTIFY TREATMENT) by choosing two participants whom you consider capable of preparing and acting out a role play Before beginning Activity 1, meet with these two participants and explain

- In Activity 5 you need participants to take part in a role play in which a health worker explains to a mother that her child needs urgent referral
- You think that they would be able to prepare a good role play

Ask them if they would be willing to prepare the role play for the other participants to observe in Activity 5 If they agree to do the role play, give them the *Role Play Guide* (that follows) and review the tasks and roles with them Assign one participant to be the mother and the other participant to be the health worker Instruct them to prepare for Activity 5 by reading the *Role Play Guide* and thinking of how they would act in their roles

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?

ACTIVITY OUTLINE
Introduction to IDENTIFY TREATMENT Component

Content	Materials
I Introduction A Introduce Session Objectives	Flipchart #1
II Find Out How Participants Currently Identify Treatment A Identify IMCI Classifications and Treatments B Distribute Cards C Complete Card Exercise	Cards Classifications IMCI Chart Booklet
III Learn More About IMCI Treatments A Introduce Exercise B Distribute Cards Treatments	Cards Treatments Participant's Manual, pp 1 - 6
IV Build On What Participants Know The Steps in IDENTIFY TREATMENT A Present the Steps in IDENTIFY TREATMENT	Participant's Manual page 7 /Flipchart #2
V Evaluation A Present Case Study Exercise B Complete and Discuss Case Study Exercise C Preview Next Session	Participant's Manual pp 8 - 9

I INTRODUCTION

A Introduce SESSION OBJECTIVES

The facilitator introduces the session by relating this component to the ASSESS AND CLASSIFY component and the ASSESS AND CLASSIFY portions of the ASSESS and CLASSIFY Chart

S/he explains

- The ASSESS AND CLASSIFY component of the course focused on learning to identify signs and classify illnesses of sick children between the ages of 2 months and 5 years
- Participants used both the INTEGRATED MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart and the Chart Booklet to do this
- Participants will be able to use the same job aids to IDENTIFY TREATMENT

The facilitator posts *Flipchart #1 Session Objectives* and reads it to participants

SESSION OBJECTIVES

- Identify IMCI treatments for all IMCI classifications
- Compare participants' current treatment practices to IMCI treatments
- Identify the steps in the IDENTIFY TREATMENT process
 - Determine if urgent referral is needed
 - IDENTIFY TREATMENTS for patients who do not need urgent referral
 - Identify urgent pre-referral treatment needed
 - Give urgent pre-referral treatment
 - Refer the child

Flipchart #1 Session Objectives

The facilitator asks for questions about the session objectives and provides clarification as necessary

II FIND OUT HOW PARTICIPANTS CURRENTLY IDENTIFY TREATMENT

A Identify IMCI CLASSIFICATIONS AND TREATMENTS

FACILITATOR'S NOTE

In this activity participants' descriptions of their current treatment practices will reveal how effectively or efficiently they are currently using drugs and treating children in their clinics

Depending on the size of the wall in the training room the arrangement of cards on the wall will look something like this by the end of the first portion of this activity

1	current practice
2	current practice
3	current practice
4	current practice
5	current practice
6	current practice
7	current practice
8	current practice
9	current practice
10	current practice
11	current practice
12	current practice
13	current practice
14	current practice
15	current practice
16	current practice
17	current practice
18	current practice
19	current practice
20	current practice
21	current practice

Depending on the size of the wall in the training room, the arrangement of cards on the wall will look something like this by the end of the second portion of this activity

1	current practice	IMCI practice
2	current practice	IMCI practice
3	current practice	IMCI practice
4	current practice	IMCI practice
5	current practice	IMCI practice
6	current practice	IMCI practice
7	current practice	IMCI practice
8	current practice	IMCI practice
9	current practice	IMCI practice
10	current practice	IMCI practice
11	current practice	IMCI Practice
12	current practice	IMCI Practice
13	current practice	IMCI Practice
14	current practice	IMCI Practice
15	current practice	IMCI Practice
16	current practice	IMCI Practice
17	current practice	IMCI Practice
18	current practice	IMCI Practice
19	current practice	IMCI Practice
20	current practice	IMCI Practice
21	current practice	IMCI Practice

The facilitator explains

- IMCI uses 21 classifications for sick children
- Each classification has a specific treatment

S/he points to the classifications in the CLASSIFY AS column of the IMCI Wall Chart and reads the names of the classifications aloud

B Distribute CARDS

The facilitator asks participants to

- Work in pairs
- Find a partner that they do not know well

S/he explains

- Five sets of cards will be used in the following activity
- Each set of cards contains the IMCI classifications for one of the main symptoms on the Wall Chart

The facilitator explains that s/he is going to

- Distribute one set of cards to each pair of participants
- Ask participants to discuss their current treatments (that they use in their clinics) for these classifications, WITHOUT referring to the IMCI Chart Booklet or the Wall Chart

S/he distributes one set of *Cards Classifications* to each pair of participants

CARDS CLASSIFICATIONS (5 sets, 21 total cards)		
SET 1 (3 cards)		
	11 MALARIA	
1 SEVERE PNEUMONIA OR VERY SEVERE DISEASE	12 SEVERE COMPLICATED MEASLES	
2 PNEUMONIA	13 MEASLES WITH EYE OR MOUTH COMPLICATIONS	
3 NO PNEUMONIA COUGH OR COLD	14 MEASLES	
SET 2 (6 cards)		
4 SEVERE DEHYDRATION	SET 4 (4 cards)	
5 SOME DEHYDRATION	15 MASTOIDITIS	
6 NO DEHYDRATION	16 ACUTE EAR INFECTION	
7 SEVERE PERSISTENT DIARRHOEA	17 CHRONIC EAR INFECTION	
8 PERSISTENT DIARRHOEA	18 NO EAR INFECTION	
9 DYSENTERY	Set 5 (3 cards)	
SET 3 (5 cards)		
10 VERY SEVERE FEBRILE DISEASE	19 SEVERE MALNUTRITION OR SEVERE ANAEMIA	
	20 ANAEMIA OR VERY LOW WEIGHT OR GROWTH FALTERING	
	21 NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING	

C Complete CARD EXERCISE

The facilitator gives each pair one set of cards

S/he asks each pair to answer the following question

- How do you currently treat children with these classifications?

S/he also asks participants to

- Write their current treatments on blank pieces of paper
- Be prepared to present what they have written

When the pairs have completed the activity, the facilitator asks each pair to

- Post their *Cards* in a row from top to bottom on the wall

- Post their papers (with current treatments written on them) to the right of each classification *Card* on the wall
- Present their current treatment practices to the group

While participants present their current treatments, the facilitator listens carefully

III LEARN MORE ABOUT IMCI TREATMENTS

A Introduce EXERCISE

The facilitator explains that the next exercise will help participants

- Familiarize themselves further with IMCI classifications and treatments
- Gain a clearer understanding of why the IMCI process uses certain treatments with certain classifications

B Distribute CARDS. TREATMENT

The facilitator distributes *Cards Treatments*, giving each pair the Treatment cards for the classifications with which they have been working

The facilitator instructs the groups to

- Read the treatment cards that s/he gave to them
- Use the ASSESS and CLASSIFY charts to decide which classification receives each treatment
- Tape the appropriate treatment next to their current treatments on the wall

CARDS CLASSIFICATIONS AND CARDS TREATMENTS <i>(matched correctly)</i>	
<i>CLASSIFICATIONS</i>	<i>TREATMENTS</i>
1 SEVERE PNEUMONIA OR VERY SEVERE DISEASE	A child with this classification is <u>seriously</u> 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
2 PNEUMONIA	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

<p>3 NO PNEUMONIA COUGH OR COLD</p>	<p>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.</p> <p>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.</p>
<p>4 SEVERE DEHYDRATION</p>	<p>A child with this classification needs fluids quickly. Treat with IV (intravenous) fluids. The Plan C box on the <i>TREAT</i> chart describes how to give fluids to children with this classification.</p>
<p>5 SOME DEHYDRATION</p>	<p>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 <i>TREAT</i> chart.</p> <p>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.</p>
<p>6 NO DEHYDRATION</p>	<p>This child needs extra fluid to prevent dehydration. A child who has this classification needs home treatment. The 3 rules of home treatment are:</p> <ol style="list-style-type: none"> 1 Give extra fluid 2 Continue feeding 3 When to return <p>This treatment is described in the Plan A box on the <i>TREAT</i> chart.</p>
<p>7 SEVERE PERSISTENT DIARRHOEA</p>	<p>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.</p> <p>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.</p>

<p>8 PERSISTENT DIARRHOEA</p>	<p>Special feeding is the most important treatment for persistent diarrhoea. Feeding recommendations for persistent diarrhoea are explained in <i>Counsel the Mother</i> (they are on the Food Box).</p>
<p>9 DYSENTERY</p>	<p>Give an antibiotic recommended for <i>Shigella</i> in your area. You can assume that <i>Shigella</i> caused the dysentery because</p> <ul style="list-style-type: none"> • <i>Shigella</i> causes about 60% of dysentery cases seen in clinics • <i>Shigella</i> causes nearly all cases of life-threatening dysentery <p>Finding the actual cause of the dysentery requires a stool culture. It can take at least 2 days to obtain the laboratory test results.</p>
<p>10 VERY SEVERE FEBRILE DISEASE</p>	<p>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.</p> <p>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.</p>
<p>11 MALARIA</p>	<p>Treat with an oral antimalarial. Also give paracetamol to a child with high fever (axillary temperature of 38.5°C or above).</p> <p>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.</p>
<p>12 SEVERE COMPLICATED MEASLES</p>	<p>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.</p> <p>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.</p>

13	MEASLES WITH EYE OR MOUTH COMPLICATIONS	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
14	MEASLES	All children with this classification should receive vitamin A
15	MASTOIDITIS	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
16	ACUTE EAR INFECTION	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
17	CHRONIC EAR INFECTION	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
18	NO EAR INFECTION	The child needs no additional treatment
19	SEVERE MALNUTRITION OR SEVERE ANAEMIA	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
20	ANAEMIA OR VERY LOW WEIGHT OR GROWTH FALTERING	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

<p>21 NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING</p>	<p>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.</p>
---	---

The facilitator asks each group to

- Present the similarities between their current practice and IMCI practice
- Present the differences between their current practice and IMCI practice

For each IMCI treatment, the facilitator asks participants

- Why does IMCI recommend this treatment?
- How might the IMCI treatment be more effective?
- How might this help you save scarce drugs?
- What concerns do you have about this treatment? (*Possible responses: Referral may not be possible, caretaker may not be satisfied if child is not prescribed drugs, drugs may not be available*)

The facilitator distributes a *Participant's Manual IDENTIFY TREATMENT* to each participant. S/he asks participants to turn to page 1 of their *Participant's Manual IMCI Classifications and Treatments*.

S/he explains

- Pages 1 - 6 contain all of the information that was on the *Cards* that participants used in the preceding exercise
- They should refer to pages 1 - 6 for future reference

IMCI CLASSIFICATIONS AND TREATMENTS

<i>CLASSIFICATIONS</i>	<i>TREATMENTS</i>
1 SEVERE PNEUMONIA OR VERY SEVERE DISEASE	A child with this classification is <u>seriously</u> 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.
2 PNEUMONIA	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.
3 NO PNEUMONIA COUGH OR COLD	<p>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.</p> <p>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.</p>
4 SEVERE DEHYDRATION	A child with this classification needs fluids quickly. Treat with IV (intravenous) fluids. The Plan C box on the <i>TREAT</i> chart describes how to give fluids to children with this classification.

IMCI CLASSIFICATIONS AND TREATMENTS

CLASSIFICATION	TREATMENT
<p>5 SOME DEHYDRATION</p>	<p>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 <i>TREAT</i> chart.</p> <p>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.</p>
<p>6 NO DEHYDRATION</p>	<p>This child needs extra fluid to prevent dehydration. A child who has this classification needs home treatment. The 3 rules of home treatment are:</p> <ol style="list-style-type: none"> 1 Give extra fluid 2 Continue feeding 3 When to return <p>This treatment is described in the Plan A box on the <i>TREAT</i> chart.</p>
<p>7 SEVERE PERSISTENT DIARRHOEA</p>	<p>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.</p> <p>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.</p>

IMCI CLASSIFICATIONS AND TREATMENTS

<i>CLASSIFICATION</i>	<i>TREATMENT</i>
8 PERSISTENT DIARRHOEA	<p>Special feeding is the most important treatment for persistent diarrhoea. Feeding recommendations for persistent diarrhoea are explained in <i>Counsel the Mother</i> (they are on the "Food Box")</p>
9 DYSENTERY	<p>Give an antibiotic recommended for <i>Shigella</i> in your area. You can assume that <i>Shigella</i> caused the dysentery because</p> <ul style="list-style-type: none"> • <i>Shigella</i> causes about 60% of dysentery cases seen in clinics • <i>Shigella</i> causes nearly all cases of life-threatening dysentery <p>Finding the actual cause of the dysentery requires a stool culture. It can take at least 2 days to obtain the laboratory test results</p>
10 VERY SEVERE FEBRILE DISEASE	<p>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</p> <p>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</p>

IMCI CLASSIFICATIONS AND TREATMENTS

<i>CLASSIFICATION</i>	<i>TREATMENT</i>
11 MALARIA	<p>Treat with an oral antimalarial. Also give paracetamol to a child with high fever (axillary temperature of 38.5°C or above)</p> <p>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.</p>
12 SEVERE COMPLICATED MEASLES	<p>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.</p> <p>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.</p>
13 MEASLES WITH EYE OR MOUTH COMPLICATIONS	<p>Treat 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.</p>
14 MEASLES	<p>All children with this classification should receive vitamin A.</p>

IMCI CLASSIFICATIONS AND TREATMENTS

<i>CLASSIFICATION</i>	<i>TREATMENT</i>
15 MASTOIDITIS	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.
16 ACUTE EAR INFECTION	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.
17 CHRONIC EAR INFECTION	<p>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.</p> <p>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.</p>
18 NO EAR INFECTION	The child needs no additional treatment.
19 SEVERE MALNUTRITION OR SEVERE ANAEMIA	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.

<p>20 ANAEMIA OR VERY LOW WEIGHT OR GROWTH FALTERING</p>	<p>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</p> <p>A child with some palmar pallor needs to be treated with iron. Also give an antimalarial to the child</p> <p>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</p> <p>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</p>
<p>21 NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING</p>	<p>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</p>

IV BUILD ON WHAT PARTICIPANTS KNOW THE STEPS IN IDENTIFY TREATMENT

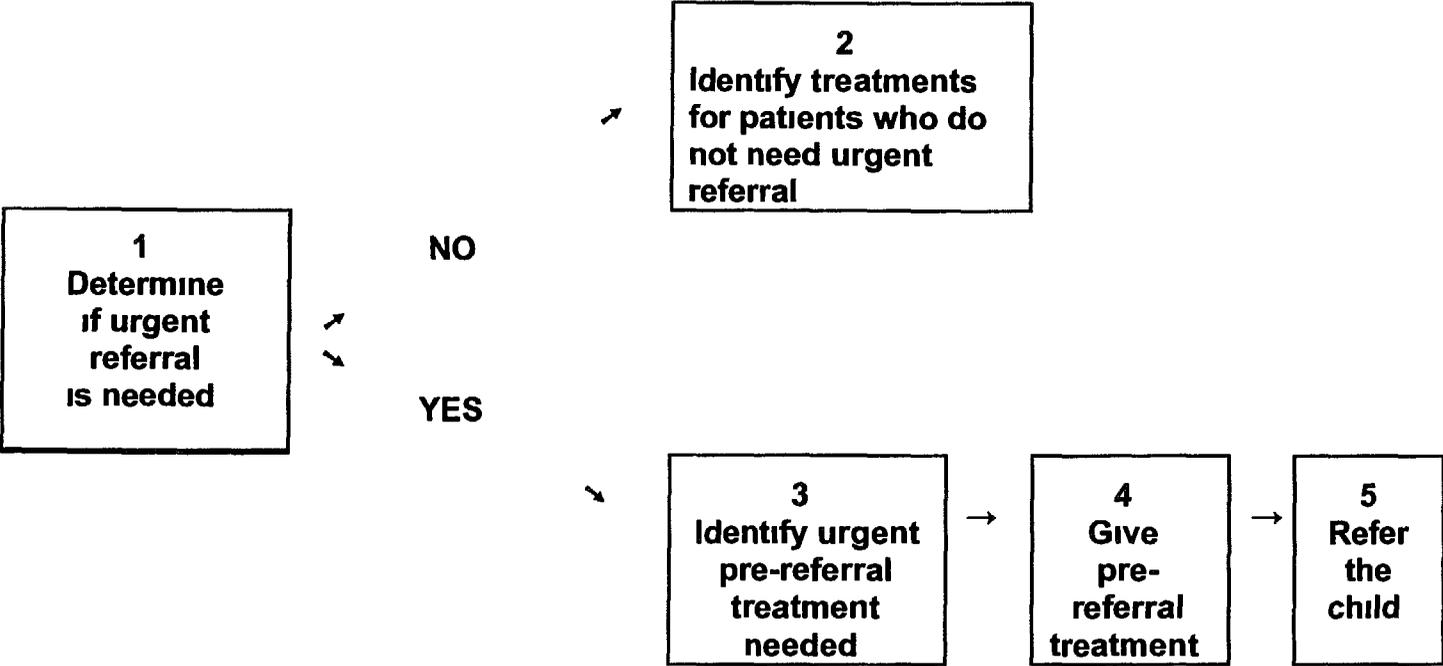
A Present THE STEPS IN IDENTIFY TREATMENT

FACILITATOR'S NOTE

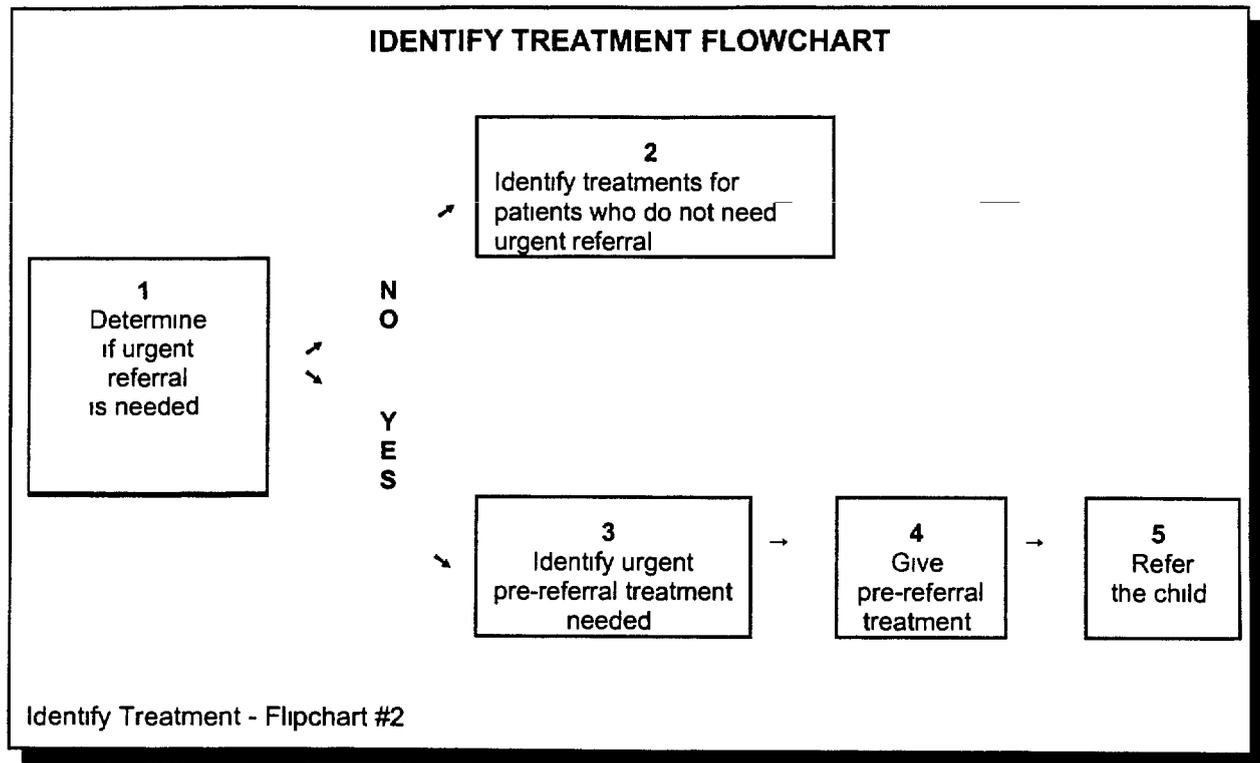
You will post *Flipchart #2 Identify Treatment Flowchart* in the following activity. Once it is posted, keep it on the wall for the remainder of the IDENTIFY TREATMENT component as a reference tool for participants.

The facilitator asks participants to turn to page 7 of their Participant's Manual *Identify Treatment Flowchart*.

IDENTIFY TREATMENT FLOWCHART



S/he posts *Flipchart #2 Identify Treatment Flowchart* (which contains the same information as page 7)



The facilitator explains

- The flowchart shows the steps involved in identifying treatment for a sick child
- These steps are covered in the IDENTIFY TREATMENT component
- Participants will learn the first step in Activity 2, which helps the health worker determine if urgent referral is needed
- Most patients will not need urgent referral and their treatment is identified in Activity 3
- The third step, treatment for those who need urgent referral, is identified in Activity 4
- The fourth step, Give pre-referral treatment, is described later in the Course in the TREAT THE CHILD Component
- The last step, Refer the child, is part of Activities 5 and 6 of IDENTIFY TREATMENT

The facilitator asks

- What questions or comments do you have about these steps?

The facilitator answers participants' questions as necessary

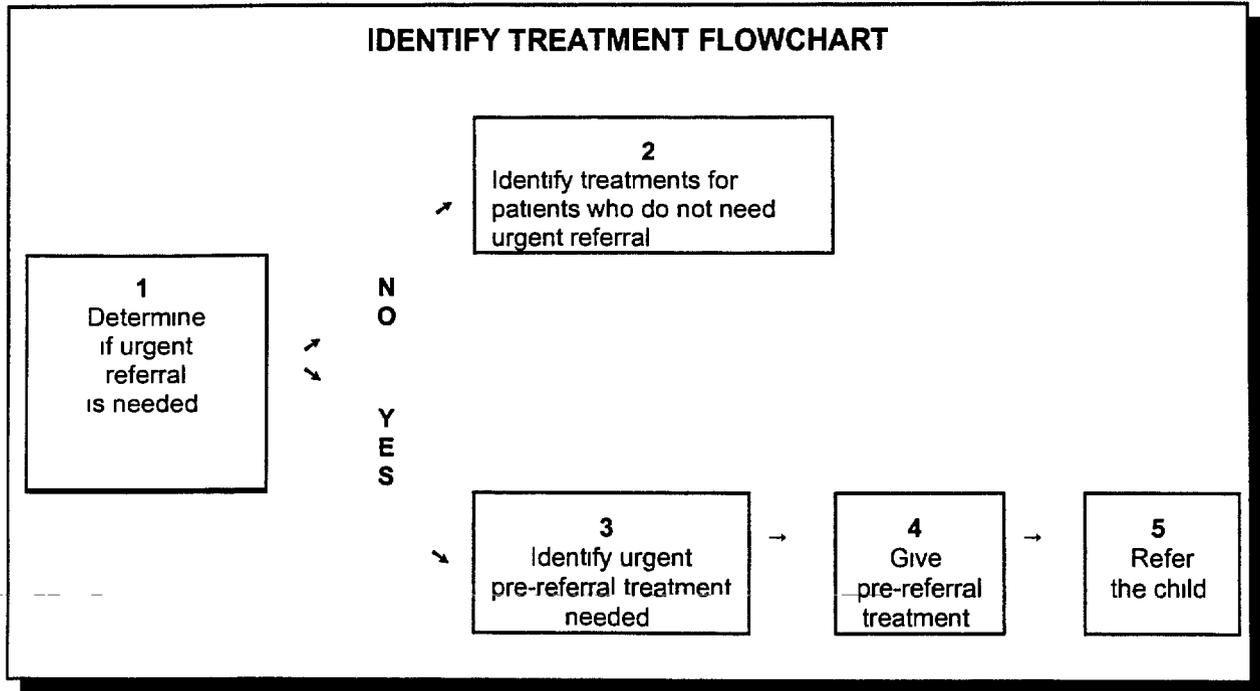
V EVALUATION

A Present CASE STUDY EXERCISE

The facilitator asks participants to turn to pages 8 and 9 of their Participant's Manual *Case Studies*

CASE STUDIES
With answers

Read the Case Studies below Then tick (✓) the steps from the IDENTIFY TREATMENT FLOWCHART that the health worker would need to follow Refer to the TREATMENT column in your Chart Booklet as necessary

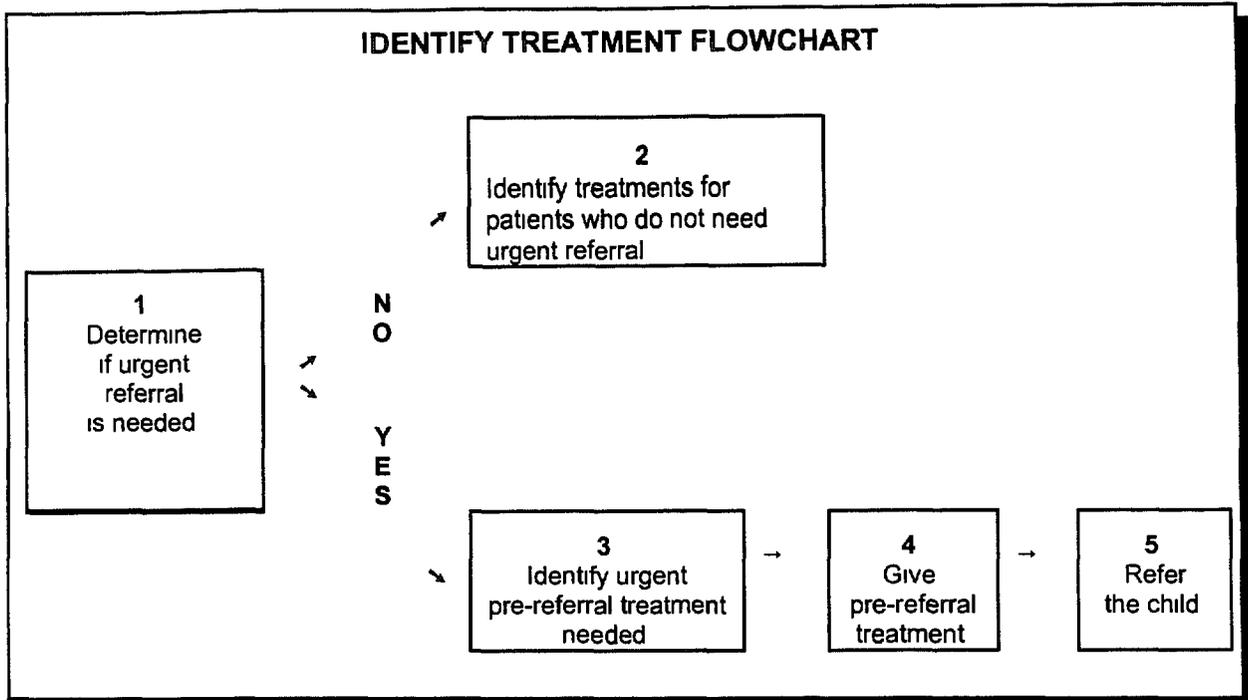


CASE STUDY CHANDA

Chanda is a four-month old boy He has no General Danger Signs, but he has COUGH OR DIFFICULT BREATHING and has chest indrawing He is classified as having SEVERE PNEUMONIA OR VERY SEVERE DISEASE

Which IDENTIFY TREATMENT steps should the health worker follow for Chanda?

1 2 3 4 5

CASE STUDIES*With answers***CASE STUDY SARAH**

Sarah is a three-year old girl She has no General Danger Signs She is classified as having MALARIA, CHRONIC EAR INFECTION, and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING

Which IDENTIFY TREATMENT steps should the health worker follow for Sarah?

1 2 3 4 5

S/he explains that the exercise on pages 8 and 9 will require that participants

- Refer to the CLASSIFY AS and TREATMENT columns of the ACSC Wall Chart and/or IMCI Chart Booklet to identify the treatments needed for the children in the case studies
- List the IDENTIFY TREATMENT steps from the IDENTIFY TREATMENT flowchart that the health worker who treats the children needs to follow

B Complete and Discuss CASE STUDY EXERCISE

The facilitator gives participants 5 minutes to complete pages 8 and 9 individually

The facilitator and participants correct and discuss the case studies on pages 8 and 9

The facilitator asks if there are any questions and answers the questions as necessary

C Preview NEXT SESSION

FACILITATOR'S NOTE

Before moving to Activity 2, you should remind participants that the IDENTIFY TREATMENT component focuses on identifying which treatments are needed for the given classifications. The next component TREAT THE CHILD will show participants how to give the treatments.

The facilitator states

- The group will now move on to the second IDENTIFY TREATMENT activity, which deals with the first step on the IDENTIFY TREATMENT Flowchart Determine If Urgent Referral Is Needed

IDENTIFY TREATMENT

ACTIVITY 2

Determine If Urgent Treatment Is Needed

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Define terms used in this activity
- Locate urgent treatment sections of the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart and IMCI Chart Booklet
- Review the ASSESS AND CLASSIFY sections of the ASSESS AND CLASSIFY Wall Chart and the IMCI Chart Booklet to determine if urgent referral is needed
- Decide how to treat a child with SEVERE PERSISTENT DIARRHOEA
- Decide how to treat a child with SEVERE DEHYDRATION
- Explain that all children with any one of the four General Danger Signs needs urgent referral

TIME 1 hour

MATERIALS Flipchart, markers, tape
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
IMCI Chart Booklet
Cards Matching Severe Classifications with Treatments
Flipchart #2 (from Activity 1)
Flipcharts #3 - #4
Participant's Manual, pages 10 - 14

FACILITATOR'S NOTE

For this activity participants will focus on situations where referral is possible

For those participants who practice where referral is not possible you (or co-facilitator) can conduct a short session (*Optional Activity 6*) after this day's session to discuss what IMCI recommends for where referral is not possible

ACTIVITY OUTLINE
Determine If Urgent Treatment is Necessary

<u>Content</u>	<u>Materials</u>
I Introduction	
A Introduce Session	
B Define terms Used in Activity	Participant's Manual, page 10
II Find Out What Participants Know About Severe Classifications and the Need for Urgent Referral	
A Identify Severe Classifications Seen in Clinical Practice	IMCI Chart Booklet
III Build on What Participants Know About Determining When Urgent Referral is Needed	
A Present IMCI General Rules for Treating Severe Classifications	Flipchart #3
B Present Exceptions to the Rule	Participant's Manual, page 11
IV Identify Treatment for Severe Dehydration	
A Examine Treatment Instructions for SEVERE DEHYDRATION	IMCI Chart Booklet
B Explain Rationale for IMCI Treatment of SEVERE DEHYDRATION	
C Present role of Plan C in Treatment of SEVERE DEHYDRATION	IMCI Booklet
D Present Plan C Decision Tree	Flipchart #4/Participant's Manual, page 12
E Discuss Use of Plan C at Participants' Clinics	
F Identify When Plan C is not Appropriate	
V Identify Treatment for SEVERE PERSISTENT DIARRHOEA	
A Examine Treatment Instructions for SEVERE PERSISTENT DIARRHOEA	IMCI Chart Booklet
VI Evaluation	
A Introduce Evaluation Exercise	Participant's Manual pp 13 - 14
B Complete and Discuss Evaluation Exercise	
C Preview Next Step in IDENTIFY TREATMENT	Flipchart #2

ACTIVITY DESCRIPTION

I INTRODUCTION

A Introduce SESSION

The facilitator explains

- This is the second activity of the IDENTIFY TREATMENT component

S/he refers to *Flipchart #2 Identify Treatment Flowchart* (from Activity 1) and points to the first step on the flipchart

S/he states

- This activity will focus on how to determine if a sick child needs urgent referral to hospital

B Define TERMS USED IN ACTIVITY

The facilitator notes that

- In IMCI the very sick child will need a referral to a hospital for additional management

S/he asks participants

- What do you understand by the word “hospital?”

The facilitator asks one volunteer to answer the above question

After asking the rest of the group if they have anything to add to the volunteer’s response, the facilitator explains

- In IMCI, the term “hospital” indicates a health facility with inpatient beds, supplies and expertise to treat the very sick child
- In some cases it is necessary to begin urgent treatments before the child’s departure from the health worker’s clinic. These are called “urgent pre-referral treatments”

The facilitator asks

- How many of you refer children for further management on a regular basis?

S/he listens to responses and acknowledges that, for some participants, referral is a problem

The facilitator states

- For this activity, participants will focus on situations where referral is possible
- For those participants who practice where referral is not possible, the facilitator (or co-facilitator) can conduct a short session (*Optional Activity 6*) after this day's session to discuss what IMCI recommends for where referral is not possible

The facilitator asks participants to turn to page 10 of their Participant's Manual *Referral in IMCI* S/he reads page 10 aloud and asks the appropriate checking questions

S/he asks participants for questions or comments and responds as appropriate

REFERRAL IN IMCI

WHAT IS A "REFERRAL FACILITY?"

- In IMCI, the term "hospital" is a facility with inpatient beds, supplies, and the experience to treat the very sick child
- If health workers work in a health facility with inpatient beds, referral may mean admission to the inpatient department of your facility
 - *What kind of experience or supplies might be available in hospital that you do not have available in your clinics? (Possible responses laboratories, IV drips, etc)*

PRE-REFERRAL TREATMENTS

- If the child must be referred urgently, the health worker should use the ASSESS and CLASSIFY Chart or the Chart Booklet to help decide which treatments to do before referral Some treatments, such as wicking the ear, are not necessary before referral
 - *What is an example of a treatment that we have identified that can cause a delay in the pre-referral treatment? (Possible response Wicking the ear)*

WHEN REFERRAL IS NOT POSSIBLE

- If there is no hospital in the health worker's area, the health worker may make some decisions differently than those that are described in the training The health worker should only refer a child if s/he expects that the child will actually receive better care than the care that can be provided at the health worker's facility
 - *What are some reasons why you cannot refer a child? (Possible responses Distance to hospital, expense of transporting child to hospital child's caretaker refuses to take him/her to hospital, health worker simply is not sure of what to do, etc)*

II FIND OUT WHAT PARTICIPANTS KNOW ABOUT SEVERE CLASSIFICATIONS AND THE NEED FOR URGENT REFERRAL

A Identify SEVERE CLASSIFICATIONS SEEN IN CLINICAL PRACTICE

FACILITATOR'S NOTE

The desired responses to the following question are the severe classifications within IMCI

- SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- SEVERE DEHYDRATION
- SEVERE PERSISTENT DIARRHOEA
- VERY SEVERE FEBRILE DISEASE
- SEVERE COMPLICATED MEASLES
- MASTOIDITIS
- SEVERE MALNUTRITION OR SEVERE ANAEMIA

Participants may not have seen all of these signs in Clinical Practice

The facilitator asks

- What are some of the severe classifications that we have seen in the last few days in the outpatient or inpatient clinical practice exercises or that you see in your clinics?

The facilitator listens carefully for responses

S/he reinforces those classifications that participants have seen that are severe classifications

S/he corrects those that are not severe classifications and determines why there is confusion

As the participants list the severe classifications, the facilitator instructs participants to

- Look at pages 2-6 of their IMCI Chart Booklets
- Point to the treatments for the severe classifications

III BUILD ON WHAT PARTICIPANTS KNOW ABOUT DETERMINING WHEN URGENT REFERRAL IS NEEDED

A Present IMCI GENERAL RULES FOR TREATING SEVERE CLASSIFICATIONS

FACILITATOR'S NOTE

In this activity, fold *Flipchart #3 IMCI General Rules for Treating Severe Classifications* so that the EXCEPTIONS on the bottom half of the flipchart are not seen by participants

Keep in mind that if a health facility has the equipment and skills to give an IV, urgent referral may not be necessary because the child may be rehydrated

The facilitator draws participants' attention to *Flipchart #3 IMCI General Rules for Treating Severe Classifications*

S/he reads the flipchart aloud

IMCI GENERAL RULES FOR TREATING SEVERE CLASSIFICATIONS

- Severe classifications require urgent referral to hospital
- No treatment should be given that would unnecessarily delay referral
- In some cases the health worker should give the child a single quick dose of medicine before urgent referral (an 'urgent pre-referral treatment')

EXCEPTIONS

- 1 SEVERE DEHYDRATION
- 2 SEVERE PERSISTENT DIARRHOEA

Identify Treatment - Flipchart #3

The facilitator reviews the list of severe classifications within IMCI

S/he asks

- What do you notice that most treatments for severe classifications have in common? (*Desired response They require urgent referral*)

B Present EXCEPTIONS TO THE RULE

FACILITATOR'S NOTE

You will uncover the EXCEPTIONS on the bottom half of *Flipchart #3 IMCI General Rules for Treating Severe Classifications* at the end of this activity

The facilitator asks

- Which severe classifications do not require urgent referral to hospital as part of their treatments? (*Desired responses SEVERE DEHYDRATION and SEVERE PERSISTENT DIAHRROEA*)

The facilitator gives participants time to locate these two classifications in their IMCI Chart Booklets

S/he draws their attention to SEVERE PERSISTENT DIAHRROEA and SEVERE DEHYDRATION if participants are not able to find these classifications

The facilitator then uncovers the bottom half of *Flipchart #3* and explains

- SEVERE PERSISTENT DIARRHOEA and SEVERE DEHYDRATION do not require urgent referral

The facilitator then asks participants to turn to page 11 of the Participant's Manual *IMCI General Rules for Treating Severe Classifications*

S/he reads it aloud, asks the appropriate checking questions, and answers any questions they have

IMCI GENERAL RULES FOR TREATING SEVERE CLASSIFICATIONS

- | | |
|---|--|
| 1 | Severe classifications require urgent referral to hospital |
| 2 | No treatment should be given that would unnecessarily delay referral |
| 3 | In some cases, the health worker should give the sick child a single, quick dose of medicine before urgent referral (this is a "pre-referral treatment") |

There are two important EXCEPTIONS to this general rule They are

- 1 SEVERE DEHYDRATION
- 2 SEVERE PERSISTENT DIARRHOEA

SEVERE DEHYDRATION	<p>▶ <i>If child has no other severe classification</i> - Give fluid for severe dehydration (Plan C)</p> <p style="text-align: center;">OR</p> <p><i>If child also has another severe classification</i> -Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way Advise the mother to continue breastfeeding</p> <p>▶ <i>If child is 2 years or older and there is cholera in your area, give antibiotic for cholera</i></p>
---------------------------	---

SEVERE PERSISTENT DIARRHOEA	<p>▶ <i>Treat dehydration before referral unless the child has another severe classification</i></p> <p>▶ <i>Refer to hospital</i></p>
------------------------------------	--

- *Can you give IV fluid at your clinic?*
- *How do you treat dehydration at your clinic?*
- *Are you or your colleagues trained to use naso-gastric tubes for rehydration?*

(The facilitator listens for responses and reinforces correct practice)

IV IDENTIFY TREATMENT FOR SEVERE DEHYDRATION

A Examine TREATMENT INSTRUCTIONS FOR SEVERE DEHYDRATION

The facilitator then instructs participants to

- Continue looking at their IMCI Chart Booklets

S/he asks

- For SEVERE DEHYDRATION, what are the first treatment instructions?
(Desired response If child has no other severe classification Give fluid for severe dehydration (Plan C))

B Explain RATIONALE FOR IMCI TREATMENT OF SEVERE DEHYDRATION

The facilitator asks

- Why do you think that this classification does not require urgent referral?
(Desired response Because the health worker may be able to give fluids to begin to rehydrate the child)

S/he continues by explaining

- In IMCI, health workers may only keep and treat a child in the clinic when his/her only severe classification is SEVERE DEHYDRATION if their clinics have the ability to treat the child.
- This child may have a General Danger Sign related to dehydration For example, he may be lethargic, unconscious, or not be able to drink because he is severely dehydrated
- With rehydration, this sign may resolve

C Present ROLE OF PLAN C IN TREATMENT OF SEVERE DEHYDRATION

FACILITATOR'S NOTE	
The section of the chart referred to in the following activity appears as follows	
SEVERE DEHYDRATION	<ul style="list-style-type: none">▶ If child has no other severe classification -Give fluid for severe dehydration (Plan C) OR If child also has another severe classification -Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way Advise mother to continue breastfeeding ▶ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera

The facilitator explains

- The group will now take a closer look at the section about SEVERE DEHYDRATION from page 3 of their IMCI Chart Booklets

S/he asks a participant to read the information in the TREATMENT column for SEVERE DEHYDRATION

The facilitator goes over this section of the chart

S/he explains

- If the child's only severe classification is SEVERE DEHYDRATION, health workers will use Plan C to decide whether to refer the child

D Present PLAN C DECISION TREE

The facilitator then posts a simplified version of Plan C on *Flipchart #4 Decisions Involved in Plan C*

DECISIONS INVOLVED IN PLAN C

Can you give intravenous (IV) fluid immediately?

→ **YES** →

Give fluid at your facility

NO

Is IV treatment available nearby (within 30 minutes)?

→ **YES** →

Refer **URGENTLY** to hospital

NO

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

NO

→ **YES** →

Give ORS by NG tube or by mouth

Can the child drink?

NO

Refer **URGENTLY** to hospital for IV or NG treatment

(You will learn more about Plan C in the next component)

Identify Treatment - Flipchart #4

The facilitator also asks participants to turn to page 12 of the Participant's Manual *Decisions Involved in Plan C*

The facilitator explains

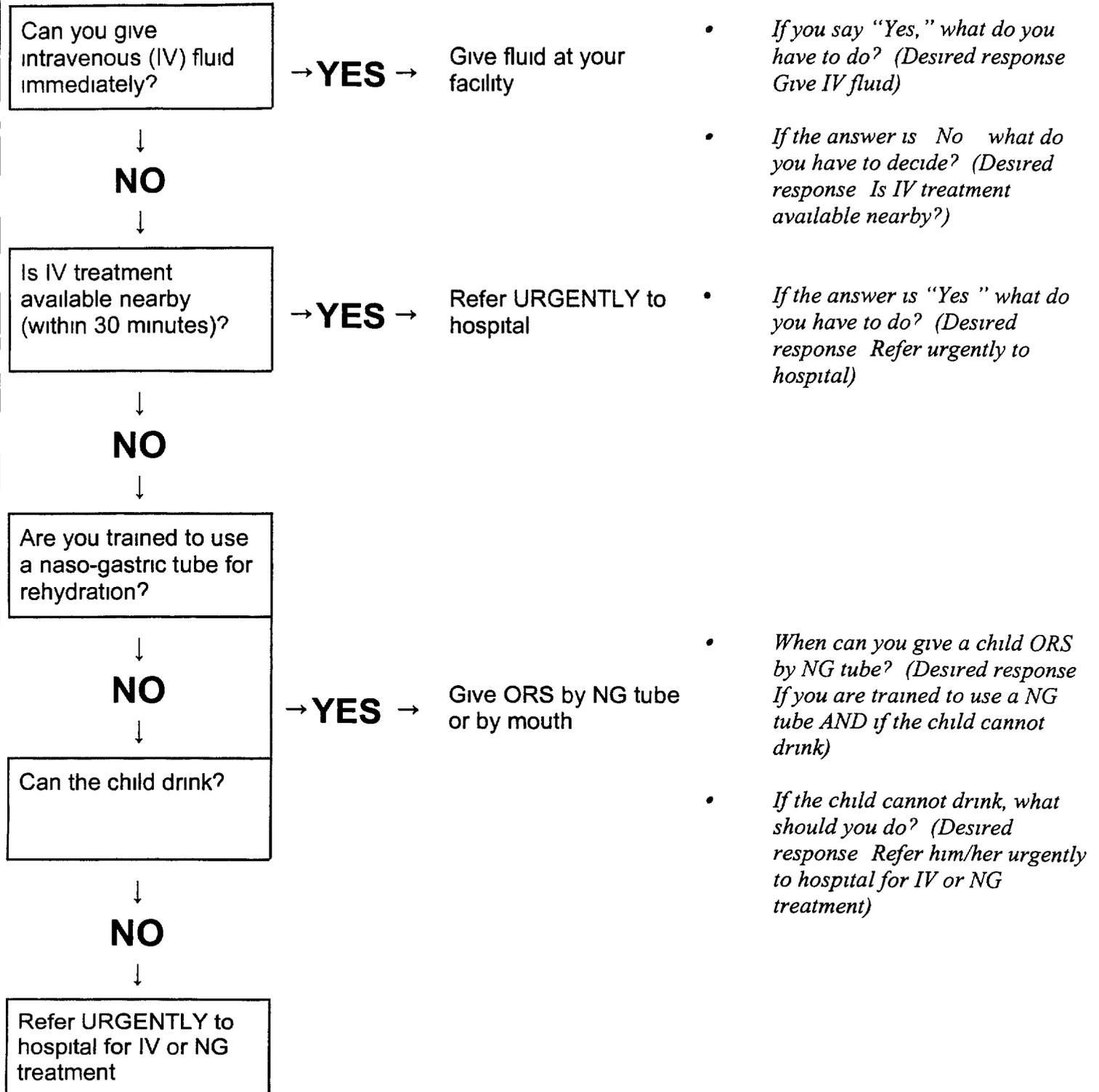
- This chart helps health workers decide if their clinic can treat the severely dehydrated child
- The left-hand side of the chart shows the decisions that a health worker makes
- Participants will learn more about giving fluid treatments in the next component of the training, TREAT THE CHILD

The facilitator asks participants to follow along as s/he reads *Flipchart #4* and page 12 aloud

S/he explains what happens at each NO or YES answer and asks checking questions as appropriate

DECISIONS INVOLVED IN PLAN C

• *What happens if you classify a child with SEVERE DEHYDRATION?*



You will learn Plan C in the next Component. Plan C includes reassessment for dehydration after fluid treatment (if you can successfully rehydrate the child, referral will not be necessary)

E Discuss USE OF PLAN C AT PARTICIPANTS' CLINICS

The facilitator now asks

- Using page 12 of the Participant's Manual, what decision would you make at your own facilities if you were to have a child with SEVERE DEHYDRATION who could not drink? (*Likely response Depends on local circumstances*)

The facilitator gives participants time to consider their response to his/her question

S/he then solicits participants' answers to the question

F Identify WHEN PLAN C IS NOT APPROPRIATE

As a follow-up question, the facilitator asks

- If the child has another severe classification or General Danger Sign in addition to SEVERE DEHYDRATION, what would you do? (*Desired response Refer the child, special expertise is required to rehydrate this child as too much fluid given too quickly could endanger his/her life*)

S/he listens for the correct response

If s/he hears it, s/he praises and reinforces it, if s/he does not hear it, s/he makes sure that the point is clear

S/he then explains

- Participants will learn more about Plan C in the next component of the training, TREAT THE CHILD

V **IDENTIFY TREATMENT FOR SEVERE PERSISTENT DIARRHOEA**

A Examine TREATMENT INSTRUCTIONS FOR SEVERE PERSISTENT DIARRHOEA

The facilitator instructs participants to look at page 3 of their IMCI Chart Booklets

S/he asks

- For SEVERE PERSISTENT DIARRHOEA, what are the treatment instructions? (*Desired response Treat dehydration before referral unless the child has another severe classification Refer to hospital*)

- How is the last instruction different from the last treatment instruction of most other severe classifications? (*Desired response It does not say “Refer Urgently to Hospital”*)
- What questions or comments do you have?

The facilitator addresses participants’ questions and comments as needed

VI EVALUATION

A Introduce EVALUATION EXERCISE

The facilitator uses the next activity to check participants’ learning

S/he asks participants to turn to pages 13 and 14 of the Participant’s Manual *Decide if Urgent Referral is Necessary*

S/he explains

- Participants will look at six short examples of sick children who have been screened at a clinic
- In each example, they will need to study the information carefully
- They will then need to consult the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS section of the IMCI Chart Booklet and determine what treatment each child needs
- They should tick their answers immediately after the question at the end of each example

The participants complete each example on pages 13 and 14

DECIDE IF URGENT REFERRAL IS NECESSARY

In this exercise you will decide whether or not urgent referral is needed Tick YES or NO

1 Chileshe is a 2-year-old girl She has no general danger signs Chileshe has

MALARIA
ACUTE EAR INFECTION
NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT
FALTERING
no other classifications

Does Chileshe need urgent referral? ___ YES NO

(Chileshe does not need referral, as she has no General Danger Signs and no severe classifications)

2 Chanda is a 4-month-old boy He has no General Danger Signs He has

SEVERE PNEUMONIA OR VERY SEVERE DISEASE
MALARIA
no other classifications

Does Chanda need urgent referral? YES ___ NO

(Chanda definitely needs urgent referral to a hospital for his severe classification, SEVERE PNEUMONIA OR VERY SEVERE DISEASE)

3 Kabamba is a 7-month-old girl She has one General Danger Sign she is lethargic She also has

SEVERE DEHYDRATION
no other classifications

Does Kabamba need urgent referral? ___ YES ___ NO

(It depends If Kabamba is successfully rehydrated and is no longer lethargic, she will not need referral If she cannot be rehydrated or if she remains lethargic, she needs referral)

DETERMINING IF URGENT REFERRAL IS NECESSARY

4 Kasonde is a 3-year-old girl She is unconscious She has no other classifications

Does Kasonde need urgent referral? YES NO

(Kasonde needs referral for her General Danger Sign LETHARGIC OR UNCONSCIOUS)

5 Mambo is an 11-month-old girl She has no General Danger Signs She has

PNEUMONIA
ACUTE EAR INFECTION
NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT
FALTERING
no other classifications

Does Mambo need urgent referral? YES NO

(Mambo does not need referral as she has no General Danger Signs and no severe classifications)

6 Chilufya is a 9-month-old boy He is lethargic He has

Diarrhoea with SEVERE DEHYDRATION
MALARIA
NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT
FALTERING
no other classifications

The clinic can provide IV therapy
Does Chilufya need urgent referral? YES NO

(Chilufya does not need urgent referral He has a General Danger Sign that may be related to dehydration His only severe classification is SEVERE DEHYDRATION The clinic should use Plan C Since this clinic can give IV therapy, Chilufya should be given IV therapy at the clinic If he remains lethargic after rehydration Chilufya needs referral)

B Complete and Discuss EVALUATION EXERCISE

After the participants have completed the examples on pages 13 and 14, the facilitator discusses each example

S/he then asks

- What questions do you have about what we have discussed in this session?

S/he provides clarification as necessary

C Preview NEXT STEP IN IDENTIFY TREATMENT

The facilitator asks participants to refer to *Flipchart #2 Identify Treatment Flowchart (from Activity 1)*

S/he states

- We have just completed the first step of the IDENTIFY TREATMENT flowchart

S/he asks

- If the health worker determines that urgent referral is not needed, which step should s/he follow next? (*Desired response Step 2 IDENTIFY TREATMENT for patients who do not need urgent referral*)

S/he explains

- Participants will focus on the second step in the next activity

IDENTIFY TREATMENT

ACTIVITY 3

Identify Treatment For Patients Who Do Not Need Urgent Referral

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Use the TREATMENT column of the ACSC Wall Chart or the IMCI Chart Booklet to IDENTIFY TREATMENT
- Record treatments on the IMCI Recording Form
- Determine if the child needs follow-up
- Identify the appropriate follow-up schedule
- Explain the purpose of follow-up visits and schedule a follow-up visit with the caretaker
- Determine when to advise the mother when to return immediately

TIME 1 hour 30 minutes

MATERIALS Flipchart, markers, tape
IMCI Chart Booklet
ACSC Wall Chart
COUNSEL THE MOTHER Card
IMCI Recording Forms
Flipchart #2 (from Activity 1)
Flipcharts #5 - #6
Participant's Manual, pages 15 - 24
Cards Definite and Indefinite Follow-Up Times

ACTIVITY OUTLINE
IDENTIFY TREATMENT For Patients Who Do Not Need Urgent Referral

Content	Materials
I Introduction A Introduce Session	Flipchart #2
II Assess What Participants Know About Identifying Treatments Not Requiring Urgent Referral A Present True/False Exercise B Complete True/False Exercise	IMCI Chart Booklet IMCI Chart Booklet
III Introduce How to Complete the TREATMENT Section of the IMCI Recording Form A Demonstrate How to Use the TREATMENT section of the IMCI Recording Form B Explain Process of Completing the TREATMENT section of the IMCI Recording Form	IMCI Recording Forms IMCI Recording Forms IMCI Chart Booklet or ACSC Wall Chart
IV Study Information Recorded in the TREATMENT Section of the IMCI Recording Form A Examine a Completed TREATMENT Section of the IMCI Recording Form B Interpret a Completed TREATMENT Section of the IMCI Recording Form C Summarize Information Recorded in the TREATMENT Section of the IMCI Recording Form	Participant s Manual, pp 15-16 IMCI Chart Booklet Participant's Manual, page 16 Flipchart #5
V Discuss Follow-Up A Identify Importance of Follow-Up B Definite Vs Indefinite Follow-Up Times C Advise the Mother When to Return Chart D Questions about Follow-Up E Locate Follow-Up Section on IMCI Recording Form	IMCI Chart Booklet, Cards IMCI Chart Booklet IMCI Chart Booklet IMCI Recording Form
VI Discuss Non-Urgent Referrals for Further Assessment A Definition and Use	Flipchart #5
VII Discuss When to Return Immediately A When to Return Immediately Chart B Questions about When to Return Immediately	Flipchart #5, IMCI Recording Form, IMCI Chart Booklet COUNSEL THE MOTHER Card IMCI Chart Booklet Flipchart #6
VIII Discuss Immunizations Needed Today	Flipchart #5 IMCI Recording Form

(CONTINUED)

Content**Materials**

IX	Discuss Feeding Advice	
	A Identify Feeding Advice Section on IMCI Recording Form	Flipchart #5, IMCI Recording Form
	B Review Steps V-IX	Participant s Manual pp 17-20
X	Evaluation	
	A Present Evaluation Exercise	Participant's Manual, pp 21- 24
	B Complete and Discuss Evaluation Exercise	
	C Preview Next Step in IDENTIFY TREATMENT	Flipchart #2

ACTIVITY DESCRIPTION

I INTRODUCTION

FACILITATOR'S NOTE

Throughout this activity you should stress that some information on treatment of illnesses is presented in the IDENTIFY TREATMENT component but that the topic will be presented in full in the TREAT THE CHILD component

A Introduce SESSION

The facilitator explains

- This activity will focus on how to IDENTIFY TREATMENT for children who do not need urgent referral
- This activity corresponds to the second step of the IDENTIFY TREATMENT Flowchart that they discussed in the first activity

The facilitator points to *Flipchart #2 IDENTIFY TREATMENT Flowchart* and explains

- Participants will begin the next set of exercises by reviewing treatments for the classifications that do not need urgent referral

II ASSESS WHAT PARTICIPANTS KNOW ABOUT IDENTIFYING TREATMENTS NOT REQUIRING URGENT REFERRAL

A Present TRUE/FALSE EXERCISE

The facilitator asks participants to

- Open their IMCI Chart Booklets to the CLASSIFY AS and TREATMENT columns
- Look at the classifications and treatments in the yellow and green rows

The facilitator gives participants a few minutes to study the classifications and treatments in the yellow and green rows

The facilitator then explains

- Participants will practice locating treatments in the TREATMENT column of the chart by completing a True/False exercise
- The facilitator will read a statement, and the participants will need to refer to the TREATMENT column to determine if the statement is true or false

B Complete TRUE/FALSE EXERCISE

FACILITATOR'S NOTE

If participants appear to have trouble completing the following true/false activities, and you think it would be useful to have them practice using the treatment column of the chart further, you can design additional questions and ask them of participants

The facilitator then reads the following statements to the participants

- One treatment for ANAEMIA OR VERY LOW WEIGHT OR GROWTH FALTERING is to give iron (*Desired response True, if the child has pallor*)
- One treatment for PNEUMONIA is to give the child an appropriate antibiotic for 5 days (*Desired response True*)
- One treatment for NO EAR INFECTION is to dry the ear by wicking (*Desired response False*)
- One treatment for ACUTE EAR INFECTION is to give paracetamol for pain (*Desired response True*)
- One treatment for SEVERE MALNUTRITION OR SEVERE ANAEMIA is to give the child Vitamin A (*Desired response True*)
- One treatment for DYSENTERY is to treat the child for 3 days with an oral antibiotic (*Desired response False, treat the child with an oral antibiotic for 5 days*)

The facilitator then explains

- Each participant should make up one question of his/her own that is similar to the questions the group has just answered
- Each participant should choose another participant and ask him/her the question

- That participant should attempt to answer the question, using the IMCI Chart Booklet if necessary
- Other participants should assist the participant who is answering, if he/she is unable to answer the question or provides a wrong answer

The facilitator conducts this activity, providing clarification as necessary

III INTRODUCE HOW TO COMPLETE THE TREATMENT SECTION OF THE IMCI RECORDING FORM

A Demonstrate HOW TO USE THE TREATMENT SECTION OF THE IMCI RECORDING FORM

The facilitator holds up a copy of the IMCI Recording Form

S/he notes

- The IMCI Recording Form has space on the reverse (back) side to make notes on the treatment the child needs

S/he turns the form over to show the lines on the back of the form

The facilitator informs participants

- In order to use the form properly, they need to fold it as demonstrated

The facilitator makes sure that everyone can see him/her clearly and demonstrates exactly how to fold the form

S/he stresses

- Participants need to fold the form so that the lines match up with the spaces on the **CLASSIFY** column
- They should be able to see what is written in the **CLASSIFY** column if they have folded the form correctly

The facilitator then distributes one copy of the IMCI Recording Form to each participant

The facilitator asks them to fold the form as s/he demonstrated

The co-facilitator checks each participant's form to make sure that it is folded correctly

B Explain PROCESS OF COMPLETING THE TREATMENT SECTION OF THE IMCI RECORDING FORM

The facilitator next explains

- For each classification listed on the front of the IMCI Recording Form, the health worker will write the treatments needed on the back of the form
- To identify the treatments that should be written on the back of the IMCI Recording Form, it is necessary to consult the TREATMENT column of the IMCI Chart Booklet or Wall Chart

IV **STUDY INFORMATION RECORDED IN THE TREATMENT SECTION OF THE IMCI RECORDING FORM**

A Examine A COMPLETED TREATMENT SECTION OF THE IMCI RECORDING FORM

The facilitator tells participants

- They are now going to look at a copy of an IMCI Recording Form that has already been completed for a child named Veda

S/he asks participants to turn to page 15 of the Participant's Manual *IMCI Recording Form for Veda*

IMCI RECORDING FORM FOR VEDA

Study the following Recording Form for Veda. The health worker referred to the "Identify Treatment" column of the ASSESS & CLASSIFY chart and listed the treatments needed on the back of the form.

Veda does not need referral as she has no General Danger Signs and no severe classifications. She will be treated at the clinic.

Notice that the earliest definite follow-up visit was entered in the appropriate space on the form.

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

Child's Name Veda Age 18 mos. Weight 11 kg Temperature 38.5 C

ASK What are the child's problems? cough, fever 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 LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present? Yes ___ No <input checked="" type="checkbox"/> Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>4</u> Days • Count the breaths in one minute <u>46</u> breaths per minute <u>Fast breathing?</u> • Look for chest indrawing • Look and listen for stridor or wheezing</p>	<p><u>Pneumonia</u></p>
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No <input checked="" type="checkbox"/> • 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>	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot) <u>temperature 37.5 C or above</u> Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>2</u> Days • If more than 7 days has fever been present every day? • Has child had measles within the last 3 months? <u>No</u> • Look or feel for stiff neck Look for signs of MEASLES • Generalized rash and • One of these <u>cough, runny nose</u> or red eyes</p>	<p><u>Malaria</u></p>
<p>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</p>	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No <input checked="" type="checkbox"/> • 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>	
<p>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 <input checked="" type="checkbox"/> • Check for growth faltering</p>	<p><u>No Anaemia</u> <u>Not Very Low Weight</u> <u>Growth Not Faltering</u></p>
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today BCG OPV 0 DPT 1 OPV 1 DPT 2 OPV 2 DPT 3 OPV 3 <u>Measles</u></p>	<p>Next immunization on (Date) _____</p>
<p>CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A <u>No</u></p>	
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old • Do you breastfeed your child? Yes ___ No <input checked="" type="checkbox"/> If Yes how many times in 24 hours? <u>0</u> times Do you breastfeed during the night? Yes ___ No <input checked="" type="checkbox"/> • Does the child take any other food or fluids? Yes <input checked="" type="checkbox"/> No ___ If Yes what food or fluids? <u>milk, water, juice, cereal, meat, fruits, vegetables</u> How many times per day? <u>4</u> times What do you use to feed the child? <u>cup</u> If very low weight for age or growth faltering How large are servings? Does the child receive his own serving? <u>Yes</u> Who feeds the child and how? <u>feeds herself</u> • During this illness has the child's feeding changed? Yes ___ No <input checked="" type="checkbox"/> If Yes how?</p>	<p>Feeding Problems <u>None</u></p>

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

- Do you have any health problems? Yes ___ No ___
- Do you want help with family planning? Yes ___ No ___
- Did you bring your maternal health card? Yes ___ No ___
 May I please look at it? Yes ___ No ___

TREAT

Remember to refer any child who has a danger sign
and no other severe classification

Antibiotic for 5 days for pneumonia
Soothe throat, relieve cough with tea and honey
F/Up: 2 days

Treat with oral antimalarial
One dose paracetamol in clinic
F/Up: 2 days if fever persists

Return for follow-up in 2 days

Advise mother when to return immediately

Give any immunizations needed today Measles

Feeding advice Continue good feeding practices

S/he asks participants to fold the form so that they can see the treatments that have been written on the back of the form

The facilitator checks each participants' form to make sure that the form has been folded correctly

S/he then asks participants to

- Look at the CLASSIFY AS and TREATMENT columns of the IMCI Chart Booklet as the group goes through the form and the treatments that have been entered on this IMCI Recording Form

B Interpret A COMPLETED TREATMENT SECTION OF THE IMCI RECORDING FORM

The facilitator has participants look at the folded back of Veda's form and asks

- What treatments are recorded for Veda's PNEUMONIA? *(Desired response Antibiotic for 5 days, soothe throat and relieve cough with a safe remedy, advise mother when to return immediately, follow-up in 2 days)*
- If a caretaker asks you what "soothe" means, how would you explain it to him/her? *(Possible responses include comfort, relieve the pain, make the throat feel better)*
- Do you need to write "Advise mother when to return immediately?" Why or why not? *(Desired response No It is printed on the form)*
- What treatments are recorded for Veda's MALARIA? *(Desired response Treat with oral anti-malarial give one dose paracetamol in clinic, follow-up in 2 days if fever persists)*
- Do you need to write "If fever present every day for more than 7 days, refer for assessment?" *(Desired response No Fever has not been present for that long so this may be omitted)*
- What treatments are recorded for Veda's NO ANEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING classification? *(Desired response You do not need to record any treatment since no feeding problem was identified)*

The facilitator then explains

- Participants may shorten the wording of treatments if desired

- There is a space on the back of the Recording Form to record immunizations needed today

C Summarize INFORMATION RECORDED IN THE TREATMENT SECTION OF THE IMCI RECORDING FORM

The facilitator shows participants *Flipchart #5 Completing the Treatment Section of the IMCI Recording Form*

COMPLETING THE TREATMENT SECTION OF THE IMCI RECORDING FORM

In addition to treatments needed by the child, record the following information in the TREATMENT section of the Recording Forms of children who do NOT need urgent referral

- Follow-up instructions
- Non-urgent referrals for further assessment
- When to return immediately
- Immunizations needed today
- Feeding advice

Identify Treatment - Flipchart #5

S/he reviews the contents and explains

- The group will go over the information on *Flipchart #5* in detail in the next activity

V DISCUSS FOLLOW-UP

FACILITATOR'S NOTE

Later in this activity, participants will complete a *Cards* activity focusing on distinguishing between definite and indefinite follow-up times. You will divide the participants into two groups. Each group will work together to find specific examples (as specified on their *Cards*) of definite and indefinite follow-up times in the Chart IMCI Booklet. After they have found their examples, they are to read their examples to the other group and ask the other group if the examples are definite or indefinite follow-up times. If the other group gives an incorrect response, the group asking the question should explain the correct answer.

A Identify IMPORTANCE OF FOLLOW-UP

The facilitator states

- Some treatments say “follow-up”
- It is important to record, where appropriate, items that begin with the words, “Follow-up”

S/he then asks

- Why is follow-up important to a child’s treatment? (*Desired response Follow-up visit is very important to see if the treatment is working and to give any other treatment if needed*)
- When counseling on follow-up, what instructions do you give to the caretaker? (*Desired response Advise the caretaker to return in a certain number of days*)

The facilitator should take answers until the correct answer is provided, or until s/he decides to provide the correct answers

B DEFINITE VERSUS INDEFINITE FOLLOW-UP TIMES

The facilitator then states

- Health workers can abbreviate or shorten follow-up as “F/up ”

S/he writes “F/up” on the chalk board or flip chart to demonstrate

In reference to follow-up issues, facilitator asks

- If a child has more than one classification, and several different times are given for follow-up, when should you instruct the caretaker to follow-up? (*Desired response At the earliest definite time given*)
- What does “definite time” mean? (*Desired response A time that is not followed by the word “if”*)

The facilitator should take answers until the correct answer is provided or until s/he decides to provide the correct answers

The facilitator then asks participants to

- Look at page 2 of their IMCI Chart Booklets to compare the ways in which follow-up is stated
- Look at the classification, PNEUMONIA, the yellow section of the ASSESS and CLASSIFY Chart

S/he points out

- The last treatment item is “Follow-up in 2 days ”
- There is no “if” in this statement about follow-up

S/he asks

- Is this an example of a definite time or an indefinite time? (*Desired response A definite time*)

S/he next instructs participants to look down to the next classification, NO PNEUMONIA COUGH OR COLD

S/he points out the fourth item, “Follow-up in 5 days if not improving ”

S/he states

- In this example, the child only needs to come back if his/her cold or cough is not improving

S/he asks

- Is this an example of a definite time or an indefinite time? (*Desired response An indefinite time*)

The facilitator divides participants into two groups

S/he gives *Card 1 Definite and Indefinite Times* to one group and *Card 2 Definite and Indefinite Follow-Up Times* to the other group

CARDS DEFINITE AND INDEFINITE FOLLOW-UP TIMES	
<i>Card 1</i>	<i>Card 2</i>
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?

The facilitator explains instructions to participants and facilitates *Cards* activity

The facilitator makes corrections as necessary

S/he then asks participants to

- Look again at Veda’s Recording Form (from page 16 of the Participant’s Manual)

S/he asks

- When should Veda come back for follow-up? (*Desired response 2 days, this is the earliest definite follow-up time recorded on Veda’s form*)

C ADVISE THE MOTHER WHEN TO RETURN CHART

The facilitator directs participants to the ADVISE THE MOTHER WHEN TO RETURN chart on page 21 of their IMCI Chart Booklets

FACILITATOR'S NOTE

The ADVISE THE MOTHER WHEN TO RETURN chart on page 21 of the IMCI Chart Booklet contains the following information

If the child has	Return for follow-up in
PNEUMONIA DYSENTERY MALARIA, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
PALLOR	14 days
VERY LOW WEIGHT FOR AGE OR GROWTH FALTERING	30 days

The facilitator explains

- This chart summarizes the follow-up instructions given in the TREATMENT column of the ASSESS AND CLASSIFY Chart

D QUESTIONS ABOUT FOLLOW-UP

The facilitator tests participants' understanding of the fact that they should tell the caretaker to bring the child in for follow-up at the earliest definite time by asking

- If a child has PALMAR PALLOR and MALARIA, when should s/he return to the clinic for follow-up? (*Desired response 2 days if fever persists, 14 days if fever does not persist*)
- If a child is VERY LOW WEIGHT FOR AGE and has ANY OTHER ILLNESS, when should s/he return to the clinic for follow-up? (*Desired response 5 days if not improving from other illness, 30 days if improving from this illness*)
- Why should a child classified with PALLOR return to the clinic for follow-up in 14 days? (*Desired response So the health worker can check the child again to see if the child's condition is improving and give the child more iron*)

- Why should a child with a FEEDING PROBLEM return to the clinic for follow-up in 5 days? (*Desired response To check the child's condition, see if the mother has made the feeding changes the health worker recommended, and give her more counseling, if necessary*)
- What additional follow-up is needed in 30 days for a child with VERY LOW WEIGHT OR GROWTH FALTERING? (*Desired response Weighing the child re-assessing feeding practices, and providing additional counseling*)

The facilitator then points out

- If the clinic has a regular session reserved for counseling about feeding, follow-up visits for FEEDING PROBLEM or VERY LOW WEIGHT OR GROWTH FALTERING can be scheduled for that time

The facilitator asks participants

- What questions are there about when to instruct caretakers to bring their children in for follow-up?

S/he answers any questions that participants bring up

E Locate FOLLOW-UP SECTION ON IMCI RECORDING FORM

The facilitator next shows participants where to indicate follow-up on the back of the form

The co-facilitator checks to make sure that everyone has found the line that says *Return for follow-up in ____?*

The facilitator stresses

- This is the follow-up visit that participants will tell the caretaker about
- Later, when the caretaker returns for follow-up, the participant can tell her about any additional visits that are needed

VI DISCUSS NON-URGENT REFERRALS FOR FURTHER ASSESSMENT

A DEFINITION AND USE

The facilitator refers to the second bullet on *Flipchart #5* (Non-urgent referrals for further assessment)

S/he reminds participants to list non-urgent referrals for further assessment

S/he asks

- What is an example of a non-urgent referral for further assessment? (*Desired response A child who has been coughing for 30 days or more needs further assessment for possible tuberculosis A child who has had fever for 7 days or more needs further assessment for other infections such as typhoid*))
- How are non-urgent referrals for further assessment recorded on the Recording Form? (*Desired response "Refer for Assessment" should be written on the treatment part of the form*)
- How urgent is this type of referral? (*Desired response The referral is not urgent, but the caretaker should take the child for referral*)

VII DISCUSS WHEN TO RETURN IMMEDIATELY

A WHEN TO RETURN IMMEDIATELY CHART

FACILITATOR'S NOTE	
The chart discussed in the following section appears on page 21 of the IMCI Chart Booklet as follows	
Advise mother to return immediately if the child has any of these signs	
Any sick child	<ul style="list-style-type: none">• Not able to drink or breastfeed• Becomes sicker• Develops a fever
If child has NO PNEUMONIA COUGH OR COLD, also return if	<ul style="list-style-type: none">• Fast breathing• Difficult breathing
If child has Diarrhoea, also return if	<ul style="list-style-type: none">• Blood in stool• Drinking poorly

The facilitator calls participants' attention to the third bullet on *Flipchart #5* (When to return immediately)

S/he also points to a reminder on the back of the IMCI Recording Form that says Advise the mother to when to return immediately

S/he points out

- There are three main situations in which the caretaker should be advised to return immediately for additional treatment for the child

- A simple chart has been developed to help health workers remember this information

The facilitator directs participants to the chart entitled WHEN TO RETURN IMMEDIATELY page 21 of their IMCI Chart Booklets

S/he reviews the contents with the participants

S/he asks participants, and the group discusses the following questions

- Is this different from what you currently do?
- What is different?

B QUESTIONS ABOUT WHEN TO RETURN IMMEDIATELY

The facilitator asks participants to

- Divide into pairs
- Use the Mother's Card to answer the questions on *Flipchart #6* and to then demonstrate the appropriate counseling with their partner

WHEN TO RETURN IMMEDIATELY

- When should any sick child return to the clinic immediately? (*Desired response When the child is not able to drink or breastfeed, becomes sicker, or develops a fever*)
- If the child already has fever does the health worker need to tell the caretaker to return immediately for fever? (*Desired response No, tell him/her to return if the child gets worse and/or is not able to drink or breastfeed*)
- When should a child with NO PNEUMONIA COUGH OR COLD return to the clinic immediately? (*Desired response If the child develops fast breathing or difficult breathing*)
- When should a child with DIARRHOEA return to the clinic immediately? (*Desired response If the child has blood in the stool or is drinking poorly*)

Identify Treatment - Flipchart #6

The pairs discuss the questions and their answers

The facilitator asks the pairs to volunteer their answers

Other participants provide input and correction as necessary

The facilitator asks participants if they have any questions about the chart on page 21 of the IMCI Chart Booklet and answers questions as necessary

VIII DISCUSS IMMUNIZATIONS NEEDED TODAY

The facilitator calls participants' attention to the fourth bullet on *Flipchart #5* and a sentence on the back of the IMCI Recording Form that says "Give any immunizations needed today _____"

S/he tells the participants

- They are to use the information they learned in the ASSESS & CLASSIFY CHECK THE CHILD'S IMMUNIZATION STATUS activity, on the IMCI Wall Chart, and on page 6 of their IMCI Chart Booklets to determine if a child needs immunizations today
- Any immunizations needed today should be recorded on the line that says "Give any immunizations needed today _____"

IX DISCUSS FEEDING ADVICE

A Identify FEEDING ADVICE SECTION ON IMCI RECORDING FORM

The facilitator next calls participants' attention to the fifth bullet on *Flipchart #5* and the Feeding Section of the IMCI Recording Form

The facilitator notes

- This is where participants should write the counseling messages that they have selected based upon the feeding assessment

B Review STEPS IN COMPLETING IMCI RECORDING FORM

The facilitator reminds participants

- Some treatments are listed for more than one problem

S/he asks

- What is one example of a treatment that is given for more than one classification? *(Desired response Vitamin A is listed for both MEASLES and SEVERE MALNUTRITION OR SEVERE ANEMIA, other examples apply as well)*
- If a child needs the same treatment for more than one classification, how many times do you list the treatment on the Recording Form? *(Desired response List it each time but then cross out duplicates)*
- What is an example of a child who has two classifications that need the same treatment? *(One possible response PNEUMONIA and ACUTE EAR INFECTION)*

The facilitator asks participants to turn to pages 17 - 20 of the Participant's Manual *Identify Treatments for Patients Who Do Not Need Urgent Referral* S/he reads them aloud

IDENTIFY TREATMENTS FOR CHILDREN WHO DO NOT NEED URGENT REFERRAL

When recording treatments for any child, it is important to

- Fold the "Classify" column of the Sick Child Recording Form so that you can see it while looking at the back of the form
- Look at the *ASSESS & CLASSIFY* chart to find the treatments needed for each of the child's classifications
- List each treatment needed on the back of the Sick Child Recording Form

IDENTIFY TREATMENTS FOR CHILDREN WHO DO NOT NEED URGENT REFERRAL

FOLLOW UP

If several different times are specified for follow-up, you will look for the earliest definite time (A definite time is one that is NOT followed by the word "if") For example

"Follow-up in 2 days" gives a definite time for follow-up

"Follow-up in 2 days if fever persists" is not definite The child only needs to come back if the fever persists

Record the earliest definite time for follow-up in the appropriate space on the back of the Sick Child Recording Form This is the follow-up visit to tell the mother about (Also tell her about any earlier follow-up that may be needed if a condition such as fever persists)

If the child has	Return for follow-up in
PNEUMONIA DYSENTERY MALARIA, if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
PALLOR	14 days
VERY LOW WEIGHT FOR AGE OR GROWTH FALTERING	30 days

IDENTIFY TREATMENTS FOR CHILDREN WHO DO NOT NEED URGENT REFERRAL

FOLLOW-UP FOR NUTRITIONAL PROBLEMS

- A child classified with PALLOR should return to the clinic for follow-up in 14 days in order for the health worker to
 - check the child again and see if the child's condition is improving
 - give the child more iron
- A child with a FEEDING PROBLEM should return to the clinic for follow-up in 5 days to
 - check the child's condition
 - ensure that the mother has made the feeding changes the health worker recommended
 - give the mother more counseling, if necessary
- Additional follow-up is needed in 30 days for a child with VERY LOW WEIGHT OR GROWTH FALTERING This follow-up involves
 - weighing the child
 - re-assessing feeding practices
 - giving any further advice needed

If the clinic has a regular session reserved for counseling about feeding, follow-up visits for FEEDING PROBLEM or VERY LOW WEIGHT OR GROWTH FALTERING can be scheduled for that time

IDENTIFY TREATMENTS FOR CHILDREN WHO DO NOT NEED URGENT REFERRAL

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs	
Any sick child	<ul style="list-style-type: none"> • Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has NO PNEUMONIA COUGH OR COLD also return if	<ul style="list-style-type: none"> • Fast breathing • Difficult breathing
If child has Diarrhoea also return if	<ul style="list-style-type: none"> • Blood in stool • Drinking poorly

NOTES If the child already has fever, you do not need to tell the mother to return immediately for fever

If A child with DIARRHOEA already has blood in the stool, you do not need to tell the mother to return immediately for blood, just for drinking poorly

X EVALUATION

A Present EVALUATION EXERCISE

The facilitator asks participants to turn to page 21 - 24 of their Participant's Manual *Practice Identifying Treatments for Patients Who Do Not Need Urgent Referral*

S/he goes over the instructions with the participants

S/he informs participants

- They should complete the exercise in pairs
- They will have 10 minutes to complete it

**PRACTICE IDENTIFYING TREATMENTS FOR PATIENTS
WHO DO NOT NEED URGENT REFERRAL**

1 Namakao is 15 months old She has no General Danger Signs She has

PNEUMONIA

NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT
FALTERING

Namakao has received BCG and three doses of both DPT and OPV She last
received vitamin A at age 8 months

a What treatments are needed for her PNEUMONIA?

*(Give an appropriate antibiotic for 5 days, soothe the throat and relieve
the cough)*

b Look in the "Identify Treatment" column for NO ANAEMIA AND NOT
VERY LOW WEIGHT AND GROWTH NOT FALTERING Does Namakao
need a feeding assessment?

(Yes, because she is less than 2 years of age)

c What immunization does Namakao need today?

(Measles immunization)

d Should Namakao receive vitamin A?

(Yes, if there are adequate stocks)

e What is the earliest definite time for Namakao to return for follow-up?

(2 days)

f What are the signs to return immediately?

(Not able to drink, becomes sicker, develops a fever)

**PRACTICE IDENTIFYING TREATMENTS FOR PATIENTS
WHO DO NOT NEED URGENT REFERRAL**

2 Masauso is 2 years old He has no General Danger Signs He has

Diarrhoea with SOME DEHYDRATION
DYSENTERY
MALARIA (fever 37.5°C in clinic, fever present for 2 days)
NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT
FALTERING

Masauso has completed his immunizations He received vitamin A last when he was 20 months old

- a What treatments are needed for SOME DEHYDRATION?
(Give fluid/food as on PLAN B, Advise mother when to return immediately, Follow-up in 5 days if not improving)
- b What treatments are needed for DYSENTERY?
(Oral antibiotic for Shigella, 5 days, Follow-up in 2 days)
- c What treatments are needed for MALARIA?
*(Oral antimalarial, Follow-up in 2 days if fever persists)
(Paracetamol is not needed since fever is not high Fever has only been present for 2 days, so there is no need to refer for assessment)*
- d Look in the "Identify Treatment" column for NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING Does Masauso need a feeding assessment?

(No Since Masauso is 2 years old and has NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING, you do not need to assess his feeding and counsel on feeding)
- e Should Masauso receive Vitamin A?
(No)
- f What is the earliest definite time for Masauso to return for follow-up?
(2 days)

g What are the signs to return immediately?

(If he is not able to drink or breastfeed or is drinking poorly, or if he becomes sicker He does not need to return if fever develops since it is already present)

3 Mubita

The Sick Child Recording Form for Mubita follows Study the front of the form, then fold over the classifications and list the treatments on the back

Note Mubita has never had a dose of mebendazole Mubita has never received vitamin A before There is a sufficient supply of vitamin A at your health facility

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

Child's Name Mubita Age 3 yrs. Weight 15 kg Temperature 38.5 C

ASK What are the child's problems? ear hurts 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 <input checked="" type="checkbox"/> Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?	• For how long? <u>4</u> Days	Yes <input checked="" type="checkbox"/> No ___ • Count the breaths in one minute <u>44</u> breaths per minute (Fast breathing?) • Look for chest indrawing • Look and listen for stndor or wheezing	Pneumonia
DOES THE CHILD HAVE DIARRHOEA?	• For how long? ___ Days • Is there blood in the stool?	Yes ___ No <input checked="" type="checkbox"/> • 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 <u>temperature 37.5 C or above</u>)	• For how long? <u>2</u> Days • If more than 7 days has fever been present every day? • Has child had measles within the last 3 months? <u>No</u>	Yes <input checked="" type="checkbox"/> No ___ • Look or feel for stiff neck Look for signs of MEASLES • Generalized rash and • One of these cough runny nose or red eyes	Malaria
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?	• Is there <u>ear pain</u> ? • Is there <u>ear discharge</u> ? If Yes for how long? <u>2</u> Days	Yes <input checked="" type="checkbox"/> No ___ • Look for pus draining from the ear • Feel for tender swelling behind the ear	Acute Ear Infection
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 <input checked="" type="checkbox"/> • Check for growth faltering	No Anaemia, Not Very Low Weight, Growth Not Faltering
CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today		BCG <input checked="" type="checkbox"/> OPV <input checked="" type="checkbox"/> 0 DPT <input checked="" type="checkbox"/> 1 OPV <input checked="" type="checkbox"/> 1 DPT <input checked="" type="checkbox"/> 2 OPV <input checked="" type="checkbox"/> 2 DPT <input checked="" type="checkbox"/> 3 OPV <input checked="" type="checkbox"/> 3 Measles	Next immunization on (Date) _____
CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A			
ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old		Feeding Problems	
• Do you breastfeed your child? Yes ___ No ___ If Yes how many times in 24 hours? ___ times Do you breastfeed during the night? Yes ___ No ___ • Does the child take any other food or fluids? Yes ___ No ___ If Yes what food or fluids? _____ How many times per day? ___ times What do you use to feed the child? _____ If very low weight for age or growth faltering How large are servings? _____ Does the child receive his own serving? ___ Who feeds the child and how? _____ • During this illness has the child's feeding changed? Yes ___ No ___ If Yes how? _____			

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

- Do you have any health problems? Yes ___ No ___
- Do you want help with family planning? Yes ___ No ___
- Did you bring your maternal health card? Yes ___ No ___
- May I please look at it? Yes ___ No ___

TREAT

Remember to refer any child who has a danger sign
and no other severe classification

Antibiotic for pneumonia, 5 days
Soothe throat, relieve cough
F/Up: 2 days

Chloroquine for 3 days
Paracetamol in clinic
F/Up: 2 days if fever persists

Antibiotic for ear infection, 5 days
Dry ear by wicking
F/Up: 5 days

Return for follow-up in 2 days

Advise mother when to return immediately

Give any immunizations needed today _____

Feeding advice _____

Give Vitamin A supplement

B Complete and Discuss EVALUATION EXERCISE

As each pair completes the exercise, the facilitators review their work and give individual feedback

After s/he has corrected each pair's work, the facilitator asks

- What questions do participants have about pages 21 - 24 of the Participant's Manual?

S/he answers any questions as necessary

C Preview NEXT STEP IN IDENTIFY TREATMENT

The facilitator asks participants to refer again to *Flipchart #2 IDENTIFY TREATMENT Flowchart (from Activity 1)*

S/he states

- We have just completed the second step of the IDENTIFY TREATMENT flowchart
- Health workers follow this step if they determine that urgent referral is not needed

S/he asks

- If the health worker determines that urgent referral IS needed, which step should s/he follow next? (*Desired response The third step Identify urgent pre-referral treatment needed*)

S/he explains

- Participants will focus on the third step in the next activity

IDENTIFY TREATMENT

ACTIVITY 4

Identify Urgent Pre-Referral Treatment Needed

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Identify urgent pre-referral treatments as needed
- Determine which treatments need to be administered before referral
- Demonstrate how to use the Sick Child Recording Form to record urgent pre-referral treatments
- Record urgent pre-referral treatments on the back of a Sick Child Recording Form

TIME

1 hour

MATERIALS

Flipchart, markers, tape
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO
5 YEARS Wall Chart
IMCI Chart Booklet
Flipchart #2 (from Activity 1)
Flipcharts #7 - #9
Participant's Manual, pages 25 - 29

ACTIVITY OUTLINE
Identify Urgent Pre-Referral Treatment Needed

<u>Content</u>	<u>Materials</u>
I Introduction	
II Find out What Participants Know and Do	Flipchart #7, Flipchart #8
III Build on What Participants Know and Do	
A Introduce 8 Pre-Referral Treatments	Flipchart #9 Participant's Manual, pp 25-26
B Review How to Complete the Treatment Section of the Sick Child Recording Form	Participant's Manual, page 27
IV Evaluation	
A Demonstrate Writing Urgent Pre-Referral Treatments on the IMCI Sick Child Recording Form	Participant's Manual, pp 27-29

ACTIVITY DESCRIPTION

I INTRODUCTION

The facilitator introduces the session by stating

- This is the third step in the process of identifying treatment for sick children
- Participants will learn how to identify treatments that should be given to the sick child before being urgently referred to hospital

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

FACILITATOR'S NOTE

At the beginning of this activity, a list of urgent pre-referral treatments currently used by participants will be developed. Post this list on the wall and kept as a reference for future sessions. As participants cover IMCI treatments in the TREAT THE CHILD component, point out participants' current treatments that correspond to IMCI practices.

While completing the case study about Misozi, it may become evident that participants are not familiar with treatments to prevent low blood sugar. In this case, it may be useful to proceed as follows:

Ask participants

- What treatments do you give a sick child before referring urgently?

In many cases, participants will respond that they counsel the mother to continue breastfeeding. If so, ask

- Why do you advise breastfeeding? (*Desired response: Because it keeps the child hydrated, gives him/her nutrients, proper feeding*)

State

- Breastfeeding also prevents low blood sugar

The facilitator asks participants

- What treatments do you give a sick child before referring him/her urgently?

As participants respond to the above question, the facilitator writes their responses on flipchart paper.

The facilitator points out that

- This list will be used in later activities to compare participants' current urgent pre-referral treatment practices to IMCI urgent pre-referral treatment practices.

The facilitator posts *Flipchart #7 Misozi*

<p style="text-align: center;">MISOZI</p> <p>Misozi is a 15 month old girl. She has no General Danger Signs. She is classified NO PNEUMONIA COUGH OR COLD. She has a fever of 39° C and stiff neck so she is classified as VERY SEVERE FEBRILE DISEASE. She is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. She has no other classifications.</p> <p>Identify Treatment - Flipchart #7</p>

S/he explains

- As a way of beginning a discussion of urgent pre-referral treatments used in IMCI, the group will do a case study
- This case study about Misozi describes a situation where a health worker has to quickly identify and begin the most urgent treatments for a child who is very ill

The facilitator asks for a volunteer to read the case aloud

S/he instructs participants to open their IMCI Chart Booklets and to locate the classifications for Misozi

S/he asks a volunteer to read the TREATMENT boxes for NO PNEUMONIA COUGH OR COLD and VERY SEVERE FEBRILE DISEASE

The facilitator posts *Flipchart #8 Urgent Pre-Referral Treatments for Misozi*. It contains all of the treatments just read by the volunteer

URGENT PRE-REFERRAL TREATMENT FOR MISOZI

(with answers indicated by ✓)

NO PNEUMONIA, COUGH OR COLD

- ▶ If wheezing more than 30 days, refer for assessment
- ▶ If wheezing, give Salbutamol
- ▶ Soothe the throat and relieve the cough with a safe remedy
- ▶ Advise the mother when to return immediately
- ▶ Follow up in 5 days if not improving

VERY SEVERE FEBRILE DISEASE.

- ✓ Quinine (first dose)
- ✓ Appropriate antibiotic (first dose)
- ✓ Treatment to prevent low blood sugar
- ✓ Paracetamol (first dose)

Identify Treatment - Flipchart #8

The facilitator asks

- Which treatments does the health worker need to give Misozi before her caretaker takes her to the hospital? (*Desired responses Quinine (first dose), appropriate antibiotic (first dose), treatment to prevent low blood sugar, paracetamol (first dose)*)

S/he then asks a volunteer to come to *Flipchart #8* and tick (✓) off the treatments that need to be given to Misozi before her caretaker takes her to the hospital

S/he then asks the group

- Do you agree with the treatments that (Name of Volunteer) ticked? Would you add anything? Take anything away?

The facilitator corrects participant's responses as necessary

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Introduce 8 PRE-REFERRAL TREATMENTS

The facilitator explains

- There are 8 different pre-referral treatments that may be given to a child with a severe classification

S/he posts *Flipchart #9 8 Urgent Pre-Referral Treatments* and reads it to participants

8 URGENT PRE-REFERRAL TREATMENTS

- ▶ Give an appropriate antibiotic
- ▶ Give quinine for severe malaria
- ▶ Give vitamin A
- ▶ Treat the child to prevent low blood sugar
- ▶ Give an oral antimalarial
- ▶ Give Paracetamol for high fever (38.5°C or above) or pain from mastoiditis
- ▶ Apply tetracycline eye ointment
- ▶ Provide ORS solution so that the mother can give frequent sips on the way to the hospital

Identify Treatment - Flipchart #9

The facilitator instructs participants to open their IMCI Chart Booklets to page 2 and locate the TREATMENT column

S/he points out the sentence *Urgent pre-referral treatments are in bold print*

S/he asks

- What is “bold print?” (*Possible responses may include darker print than normal, thicker print than normal, etc*)

If participants are unfamiliar with the term “bold,” the facilitator explains what it means

S/he explains

- Urgent pre-referral treatments are put into bold print to make them easier to see at a glance

S/he instructs participants

- Find an example of bold print in your IMCI Chart Booklets

S/he and the co-facilitator check each participant’s example to ensure that the concept of “bold” is understood

The facilitator then asks participants to turn to page 25 of their Participant’s Manual *Practice Identifying Urgent Pre-Referral Treatments*

PRACTICE IDENTIFYING URGENT PRE-REFERRAL TREATMENTS

With Answers

*In this exercise you will practice identifying urgent pre-referral treatments Remember that these are in **bold print** on the ASSESS & CLASSIFY chart*

- 1 Lamei is a 15-month-old girl She has no General Danger Signs She has NO PNEUMONIA COUGH OR COLD, MASTOIDITIS, NO ANAEMIA AND NOT VERY LOW WEIGHT, and no other classifications

Lamei needs urgent referral for MASTOIDITIS Following is a list of treatments for all of Lamei's classifications Tick the **urgent, pre-referral treatment(s)**

- a Soothe the throat and relieve the cough with a safe remedy
- b Advise the mother when to return immediately
- c Follow-up in 5 days if not better
- d Give first dose of an appropriate antibiotic
- e Give first dose of paracetamol for pain
- f Refer URGENTLY to hospital
- g Assess the child's feeding and counsel the mother on feeding If feeding problem, follow-up in 5 days

- 2 Chandra is an 18-month-old girl She has no General Danger Signs She has NO SIGNS OF DEHYDRATION, PERSISTENT DIARRHOEA, SEVERE MALNUTRITION OR SEVERE ANAEMIA, and no other classifications

Chandra needs referral for SEVERE MALNUTRITION OR SEVERE ANAEMIA Following is a list of treatments for all of Chandra's classifications Tick the **urgent, pre-referral treatment(s)**

- a Give fluid and food to prevent dehydration (Plan A)
- b Advise the mother when to return immediately
- c Advise the mother on feeding a child who has persistent diarrhoea
- d Follow-up in 5 days
- e Follow-up in 5 days if not improving
- f Give vitamin A
- g Refer URGENTLY to hospital

- 3 Oko is a 2-year-old boy. He is lethargic. He has a fever of 39°C. The health worker classifies Oko as having VERY SEVERE FEBRILE DISEASE and CHRONIC EAR INFECTION. He has some palmar pallor so is classified as having ANAEMIA, although he is not very low weight. He has never had a dose of mebendazole.

Oko needs referral for VERY SEVERE FEBRILE DISEASE. Following is a list of treatments for all of Oko's classifications. Tick the **urgent, pre-referral treatments**.

- a Give quinine for severe malaria (first dose)
- b Give first dose of an appropriate antibiotic
- c Treat the child to prevent low blood sugar
- d Give one dose of paracetamol in clinic for high fever (38.5°C or above)
- e Refer URGENTLY to hospital
- f Dry the ear by wicking
- g Follow-up in 5 days
- h Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow up in 5 days
- i Give iron
- j Give oral antimalarial
- k Give mebendazole
- l Advise mother when to return immediately
- m Follow-up in 14 days (for pallor)

- 4 Markita is 4 years old. She is lethargic. She is classified as having diarrhoea with SEVERE DEHYDRATION and SEVERE MALNUTRITION OR SEVERE ANAEMIA. She has no other classifications. She is able to drink. She lives in an area where there is cholera.

Markita needs referral for her severe classifications. Tick the **urgent, pre-referral treatments**.

- a Provide ORS for the mother to give in frequent sips on the way. Advise mother to continue breastfeeding
- b Give antibiotic for cholera
- c Give vitamin A
- d Refer URGENTLY to hospital

The facilitator instructs the participants to

- Find a partner to work with
- With your partner, use *Flipchart #9* or your IMCI Chart Booklets to decide which pre-referral treatments need to be given urgently

The facilitator completes the first example with participants

S/he lets participants finish pages 26 and 26 with their partners

The facilitator and co-facilitator circulate around the room, checking each pair's responses and ensuring that each pair is clear about the answers to each question before continuing to the next step

B Review HOW TO COMPLETE THE TREATMENT SECTION OF THE SICK CHILD RECORDING FORM

The facilitator asks participants to turn to page 27 of their Participant's Manual S/he asks them to fold the Recording Form on page 27 as s/he demonstrated in the previous activity

The co-facilitator checks each participants's form to make sure that it is folded correctly

The facilitator next explains

- For each classification requiring urgent referral, the participants write the urgent pre-referral treatments needed on the back of the form
- If a classification requires referral, treatments should include the instruction to "Refer URGENTLY"

IV EVALUATION

A Demonstrate WRITING URGENT PRE-REFERRAL TREATMENTS ON THE IMCI SICK CHILD RECORDING FORM

FACILITATOR'S NOTE

Divide the participants into two groups, and assign each group one Case Study from pages 27 and 28 of the Participant's Manual on which to practice writing urgent pre-referral treatments on the IMCI Sick Child Recording Form

Emphasize

- Write only urgent pre-referral treatments on the back of the form
- Urgent pre-referral treatments are in bold print on the ASSESS AND CLASSIFY THE SICK CHILD Chart

The facilitator divides the participants into two groups

S/he asks one group to turn to page 27 of the Participant's Manual and the other group to turn to page 28 of the Participant's Manual

The facilitator explains

- Participants should work with their partner(s)
- Pages 27 and 28 contain Case Studies Each Case Study is a partially completed Sick Child Recording Forms for a child The front of each form has been partially completed

S/he instructs one group to

- Complete the back side of page 27 for their assigned Case Study by writing urgent pre-referral treatments using the information that is available

S/he instructs the other group to

- Complete the back side of page 28 for their assigned Case Study by writing urgent pre-referral treatments using the information that is available

S/he emphasizes

- They should fold the Recording Forms on page 27 or 28 when completing their assigned Case Study

S/he emphasizes

- Urgent pre-referral treatments are listed in bold print on the TREATMENT section of the ASSESS and CLASSIFY Wall Chart and the IMCI Chart Booklet

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

Child's Name Mukaka Age 15 mos. Weight 9 kg Temperature 39 C
 ASK What are the child's problems? very sick, rash 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 <input checked="" type="checkbox"/> Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>3</u> Days • Count the breaths in one minute <u>38</u> breaths per minute Fast breathing? • Look for chest indrawing • Look and listen for stridor or wheezing</p>	<p>No Pneumonia; Cough or Cold</p>
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No <input checked="" type="checkbox"/> • 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>	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot <u>temperature 37.5 C or above</u>) Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>3</u> 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 • <u>Generalized rash</u> and • One of these <u>cough</u>, <u>runny nose</u> or <u>red eyes</u></p>	<p>Malaria</p>
<p>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 <u>clouding of the cornea</u></p>	<p>Severe Complicated Measles</p>
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No <input checked="" type="checkbox"/> • 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>	
<p>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 <input checked="" type="checkbox"/> • Check for growth faltering</p>	<p>No Anaemia and Not Very Low Weight and Growth not faltering</p>
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today BCG OPV 0 DPT 1 OPV 1 DPT 2 OPV 2 DPT 3 OPV 3 Measles</p>	<p>Next immunization on (Date) _____</p>
<p>CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A</p>	
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old • Do you breastfeed your child? Yes ___ No ___ If Yes how many times in 24 hours? ___ times Do you breastfeed during the night? Yes ___ No ___ • Does the child take any other food or fluids? Yes ___ No ___ If Yes what food or fluids? _____ How many times per day? ___ times What do you use to feed the child? _____ If very low weight for age or growth faltering How large are servings? _____ Does the child receive his own serving? ___ Who feeds the child and how? _____ • During this illness has the child's feeding changed? Yes ___ No ___ If Yes how?</p>	<p>Feeding Problems</p>

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

- Do you have any health problems? Yes ___ No ___
- Do you want help with family planning? Yes ___ No ___
- Did you bring your maternal health card? Yes ___ No ___
 May I please look at it? Yes ___ No ___

TREAT

**Remember to refer any child who has a danger sign
and no other severe classification**

Vitamin A

First dose antibiotic

Tetracycline eye ointment

Refer urgently to hospital

Return for follow-up in _____

Advise mother when to return immediately

Give any immunizations needed today _____

Feeding advice _____

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

Child's Name Daliso

Age 12 mos. Weight 10 kg Temperature 38 C

ASK What are the child's problems? cough, very weak

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 style="text-align: center;"><u>LETHARGIC OR UNCONSCIOUS</u></p>	<p>General danger sign present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • For how long? <u>6</u> Days • Count the breaths in one minute <u>52</u> breaths per minute. <u>Fast breathing</u> • Look for <u>chest indrawing</u> • Look and listen for stndor or wheezing</p>	<p><u>Severe Pneumonia or Very Severe Disease</u></p>
<p>DOES THE CHILD HAVE DIARRHOEA? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • For how long? <u>7</u> Days • Is there blood in the stool? • Look at the child's general condition Is the child <u>Lethargic</u> or unconscious? <u>Restless and irritable?</u> • Look for <u>sunken eyes</u> • Offer the child fluid Is the child Not able to drnk or <u>drinking poorly?</u> Drinking eagerly thirsty? • Pinch the skin of the abdomen Does it go back <u>Very slowly</u> (longer than 2 seconds)? <u>slowly?</u></p>	<p><u>Severe Dehydration</u></p>
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot) <u>temperature 3/ 5°C or above</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • For how long? <u>2</u> Days • If more than 7 days has fever been present every day? • Has child had measles within the last 3 months? <u>No</u> • Look or feel for stiff neck Look for signs of MEASLES • Generalized rash and • One of these cough runny nose or red eyes</p>	<p><u>Very Severe Febrile Disease</u></p>
<p>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</p>	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> • Is there ear pain? • Is there ear discharge? If Yes for how long? <u>Days</u> • Look for pus draining from the ear • Feel for tender swelling behind the ear</p>	
<p>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 <input type="checkbox"/> Not Very Low <input checked="" type="checkbox"/> • Check for growth faltering</p>	<p><u>No Anaemia Not Very Low Weight Growth not Faltering</u></p>
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today BCG OPV 0 DPT 1 OPV 1 DPT 2 OPV 2 DPT 3 OPV 3 <u>Measles</u></p>	<p>Next immunization on (Date) _____</p>
<p>CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A</p>	
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old • Do you breastfeed your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes how many times in 24 hours? <u>times</u> Do you breastfeed during the night? Yes <input type="checkbox"/> No <input type="checkbox"/> • Does the child take any other food or fluids? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes what food or fluids? _____ How many times per day? <u>times</u> What do you use to feed the child? _____ If very low weight for age or growth faltering How large are servings? _____ Does the child receive his own serving? <input type="checkbox"/> Who feeds the child and how? _____ • During this illness has the child's feeding changed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes how?</p>	<p>Feeding Problems</p>

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

- Do you have any health problems? Yes No
- Do you want help with family planning? Yes No
- Did you bring your maternal health card? Yes No
- May I please look at it? Yes No

TREAT

Remember to refer any child who has a danger sign
and no other severe classification

First dose antibiotic

Refer urgently to hospital

ORS to be given in frequent sips on way to
hospital

Advise to continue breastfeeding

Quinine

Prevent low blood sugar

Return for follow-up in _____

Advise mother when to return immediately

Give any immunizations needed today _____

Feeding advice _____

When participants have finished, the facilitator asks a member of each group to read the urgent pre-referral treatments for the child aloud

S/he corrects answers as necessary

S/he stresses

- It is important to include the phrase “Refer URGENTLY to hospital” when appropriate on the Recording Form

[If time permits, facilitator changes the cases from pages 27 and 28 between the groups (for example, the group that worked on Mukaka now works on Daliso, and vice versa)

The facilitator asks participants

- What questions do you have about identifying urgent pre-referral treatments necessary?

S/he answers their questions as necessary

S/he asks participants to turn to page 29 of their Participant’s Manual *Identify Urgent Pre-Referral Treatment Needed* S/he reads it aloud, and answers any questions as necessary

IDENTIFY URGENT PRE-REFERRAL TREATMENT NEEDED

When a child needs urgent referral, you must quickly identify and begin the most urgent treatments for that child. The following are **urgent** treatments. They are in **bold** print on the *ASSESS & CLASSIFY* chart. You will give just the first dose of the drugs before referral.

- ▶ Give an appropriate antibiotic
- ▶ Give quinine for severe malaria
- ▶ Give vitamin A
- ▶ Treat the child to prevent low blood sugar (This involves giving breastmilk, milk, or sugar water as described on the *TREAT* chart)
- ▶ Give an oral antimalarial
- ▶ Give paracetamol for high fever (38.5°C or above) or pain from mastoiditis
- ▶ Apply tetracycline eye ointment (if clouding of the cornea or pus draining from eye)
- ▶ Provide ORS solution so that the mother can give frequent sips on the way to the hospital

Do not delay referral to give non-urgent treatments such as wicking the ear or oral iron treatment. If immunizations are needed, do not give them before referral. Let hospital personnel determine when to give immunizations. This will avoid delaying referral.

C Preview NEXT STEP IN IDENTIFY TREATMENT

The facilitator asks participants to refer again to *Flipchart #2 IDENTIFY TREATMENT Flowchart (from Activity 1)*

S/he states

- We have just completed the third step of the IDENTIFY TREATMENT flowchart

S/he explains

- Participants will focus on the fourth step later in the Course when they work on the component TREAT THE CHILD
- They will focus on the last step, Refer the Child, in the next activity

IDENTIFY TREATMENT

ACTIVITY 5 Refer the Child

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- State and explain the four steps involved in referring a child for further treatment
- Write a referral note to the hospital

TIME

1 hour

MATERIALS

Flipchart, markers, tape
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO
5 YEARS Wall Chart
IMCI Chart Booklet
Role Play Guide (2 copies)
Flipchart #2 (from Activity 1)
Flipcharts # 10 - #13
Participant's Manual, pages 30 - 34

FACILITATOR'S NOTE

Before beginning this activity, remind the two participants who agreed to perform the role play that they will be performing the role play in this activity. They should have copies of the *Role Play Guide* (that you gave to them before Activity 1). If not, give them copies as necessary.

ACTIVITY OUTLINE
Refer the Child

<u>Content</u>	<u>Materials</u>
I Find Out What Participants Know and Do	
A Introduce Session	Flipchart #2
B Steps in the Referral Process	Blank flipchart, markers, tape
II Build on What Participants Know and Do	
IMCI Steps in the Referral Process	Flipchart #10
A Interact with the Caretaker	Blank flipchart, markers, tape
1 Introduce Role Play	Role Play Guide
2 Conduct Role Play	Flipchart #11
3 Discuss Role Play	
B Write a Referral Note	
C Give the Caretaker Supplies and Instructions	
D Review Steps in the Referral Process IMCI	Participant's Manual, pp 30 - 31
III Summary and Evaluation Identifying and Recording	
Urgent Pre-Referral Treatment on the IMCI Recording Form	
A Review Steps in the Referral Process	Participant's Manual, pp 32 - 33
Case Study	Flipchart #12
B Practice Writing a Referral Note	Participant's Manual, page 34
	Flipchart #13
C Preview Next Activity In Identify Treatment	

ACTIVITY DESCRIPTION

I FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Introduce SESSION

The facilitator points to *Flipchart #2 IDENTIFY TREATMENT Flowchart* and states

- In this session, participants will discuss the last step on the flowchart Refer the child

S/he asks if they have any questions and provides necessary clarification

B STEPS IN THE REFERRAL PROCESS

S/he asks

- What do you currently do when you refer a child?

S/he leads a discussion of participants' responses and records their responses on a blank flipchart

II BUILD ON WHAT PARTICIPANTS KNOW AND DO IMCI STEPS IN THE REFERRAL PROCESS

The facilitator states

- In the IMCI process, there are a number of steps that the health worker needs to complete before the caretaker leaves the health facility with the child and goes to a different facility for treatment

S/he explains that the group will discuss these steps in detail

S/he posts *Flipchart #10 Steps in the Referral Process*

STEPS IN THE REFERRAL PROCESS

- 1 Explain to the caretaker why the referral is needed Ask the caretaker if she is able to take the child now If she says she cannot, or is hesitant to take the child, try to find out why Use counseling techniques that were discussed earlier
- 2 Calm the caretaker's fears and help her resolve her problems
- 3 Write a referral note for the caretaker to take to the hospital Tell her to give it to the health worker there
- 4 Give the caretaker any supplies and instruction needed to care for the child on the way to the hospital

Identify Treatment - Flipchart #10

The facilitator explains

- As s/he reads *Flipchart #10*, s/he would like participants to help him/her list possible reasons for each step

A INTERACT WITH THE CARETAKER

FACILITATOR'S NOTE

The steps in the referral process discussed in the following section are

- Explain to the caretaker why the referral is needed Ask the caretaker if she is able to take the child now If she says she cannot or is hesitant to take the child try to find out why Use counseling techniques that were discussed earlier
- Calm the caretaker's fears and help her resolve her problems

The facilitator reads the first step in the referral process After doing so s/he asks

- What are the reasons a caretaker might not be able to take a sick child to the hospital?

S/he writes participants' responses on blank flipchart paper and the group briefly discusses the responses

If the following points are not suggested by participants, the facilitator presents them and reinforces them with the participants

- The caretaker might think that hospitals are places where people often die, and she fears that her child will die there too
- The caretaker does not think that the hospital will help her child
- The caretaker cannot leave home and tend to her child during the hospital stay because
 - ▶ there is no one to take care of her other children
 - ▶ she is needed for farming or other labor at home
 - ▶ she may lose her job
- The caretaker does not have the money to pay for transportation, hospital bills, medicines, or food for herself during the hospital stay

The facilitator summarizes the points discussed and then asks one of the participants to read the next step

S/he asks

- What can the health worker do to calm the caretaker's fears and help him/her resolve his/her problems?

The facilitator solicits and the group briefly discusses participants' responses to the above question

If the following points are not suggested by participants, the facilitator adds

- If the caretaker fears that her child will die at the hospital, reassure her that the hospital has physicians, supplies, and equipment that can help her child
- Explain what is likely to happen at the hospital and how that will help her child
- If the caretaker needs help at home while she is at the hospital, ask questions and make suggestions about who could help. For example, ask whether her husband, sister or another caretaker could help with the other children or with meals while she is away
- Discuss with the caretaker how she can travel to the hospital. Help arrange transportation if necessary

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?

The facilitator explains

- Participants will now have the opportunity to observe a role play in which a health worker explains to a mother that her child needs urgent referral
- (Name of Participant) has agreed to play the role of the “caretaker” and (Name of Participant) has agreed to play the role of the health worker

S/he also explains

- The participants observing the role play have tasks to perform as well

S/he posts *Flipchart #11 Observers' Tasks* and goes over it with the participants who will be observing the role play

OBSERVERS' TASKS

Watch the role play Be prepared to comment on what was done well and what could be improved
Be prepared to answer the questions

- 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 - Flipchart #11

Before going on to the next step of the activity, the facilitator asks

- Does anyone have any questions about what s/he is supposed to do during the role play?

The facilitator answers all questions

2 Conduct ROLE PLAY

The facilitator asks the volunteers to perform the role play while the other participants observe

3 Discuss ROLE PLAY

After the role play, the facilitator asks

- What did the health worker in the role play do well?
- Is this caretaker likely to go to the hospital? Why or why not?
- Has she been given all the necessary instructions?
- If not, what information was missing?
- How could the health worker in the role play have done to better to calm the caretaker's fears and help her resolve her problems?

The facilitator notes

- In the role play, as in IMCI in general, health workers may not be able to help the caretaker solve her problems and be sure that she goes to the hospital. However, it is important to do everything that can be done to help her.

S/he adds

- If referral is not possible, there are some things that can be done for the child from the clinic. These are described in the TREAT THE CHILD component of this training.

To summarize the discussion, the facilitator asks

- Are there any questions or concerns about interacting with the child's caretaker in order to calm his/her fears?

S/he responds to participants' questions and comments as appropriate

S/he praises the two participants who conducted the role play and thanks them for their help

B Write A REFERRAL NOTE

FACILITATOR'S NOTE

The step in the referral process discussed in this section is

- Write a referral note for the caretaker to take with her to the hospital Tell her to give it to the health worker there

The facilitator asks a participant to read the third step in the referral process

The facilitator asks

- What should be written in the referral note?

If the following points are not suggested by participants, the facilitator adds

- The name and the age of the child
- The date of the referral
- Description of the child's problems
- The reason for the referral (the complaint, symptoms and signs leading to severe classification)
- Treatments that you have given
- Any other information that the health worker at the hospital needs to know in order to care for the child, such as earlier treatments of the illness
- Your name and the name of your clinic or health facility

The facilitator summarizes the suggestions and is very careful to make sure that all of the correct responses were given and/or presented during the discussion

C GIVE THE CARETAKER SUPPLIES AND INSTRUCTIONS

FACILITATOR'S NOTE

The step in the referral process discussed in this section is

- Give the caretaker any supplies and instruction needed to care for the child

The facilitator then asks a participant to read the fourth step in the referral process

S/he asks

- What kinds of supplies or instructions should be given to the caretaker for caring for the child on the way to the hospital?

The facilitator leads a brief discussion on participants' responses to the above question

If the following points are not suggested by participants, the facilitator adds

- If the hospital is far, give the caretaker additional doses of antibiotics and tell her when to give them during the trip (according to the dosage schedule on the TREAT Chart) If you think that the caretaker will not actually go to the hospital, give her a full course of antibiotics, and teach her how to give them
- Tell the caretaker how to keep the child warm during the trip
- Advise the caretaker to continue breastfeeding
- If the child has SOME or SEVERE DEHYDRATION and can drink, give the caretaker ORS solution and ask the caretaker to give the child sips frequently on the way
- If the child has VERY SEVERE FEBRILE DISEASE and is not able to breastfeed, give the caretaker breastmilk substitute or sugar water to give to the child on the way

D Review STEPS IN THE REFERRAL PROCESS. IMCI

The facilitator asks participants to turn to page 30 of the Participant's Manual *Steps in the Referral Process*

S/he states

- Pages 30 and 31 contain the most important information from their discussion

S/he reads pages 30 and 31 aloud and answers questions as necessary

STEPS IN THE REFERRAL PROCESS

- 1 Explain to the caretaker why the referral is needed Ask the caretaker if she is able to take the child now If she says she cannot, or is hesitant to take the child, try to find out why
- 2 Calm the caretaker's fears and help her resolve her problems
- 3 Write a referral note for the caretaker to take with her to hospital Tell her to give it to the health worker there

The following information should be included in the referral note

- The name and the age of the child
 - The date of the referral
 - Description of the child's problems
 - The reason for the referral (symptoms and signs leading to severe classification)
 - Treatment that you have given the child
 - Any other information that the health worker at the hospital needs to know in order to care for the child, such as earlier treatments of the illness
 - Your name and the name of your clinic or health facility
- 4 Give the caretaker any supplies and instruction needed to care for the child on the way to hospital

The following supplies or instructions should be given to the caretaker for caring for the child on the way to the hospital

- If the hospital is far, give the caretaker additional doses of antibiotics and tell her when to give them during the trip (according to the dosage schedule on the TREAT Chart) If you think that the caretaker will not actually go to hospital, give her a full course of antibiotics, and teach her how to give them
- Tell the caretaker how to keep the young child warm during the trip
- Advise the caretaker to continue breastfeeding
- If the child has SOME or SEVERE DEHYDRATION and can drink, give the caretaker ORS solution and ask her to give the child sips frequently on the way
- If the child has VERY SEVERE FEBRILE DISEASE and is not able to breastfeed, give the caretaker breastmilk substitute or sugar water to give to the child on the way

III SUMMARY AND EVALUATION IDENTIFYING AND RECORDING URGENT PRE-REFERRAL TREATMENT ON THE IMCI RECORDING FORM

A Review STEPS IN THE REFERRAL PROCESS. CASE STUDY

The facilitator tells participants that they will use a case study to review the steps in the referral process

S/he asks participants to turn to pages 32 and 33 of their Participant's Manual *Sick Child Recording Form for Kamfwa* and to study page 33

Identify Treatment - 32

SICK CHILD RECORDING FORM FOR KAMFWA

Study the INTEGRATED MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Recording Form for Kamfwa (Note that Kamfwa is 4 months old and is exclusively breastfed) Then answer the questions on Flipchart #12

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

Child's Name Kamfwa Kaema Age 4 mos. Weight 7 kg Temperature 38 CASK What are the child's problems? cough 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 <input checked="" type="checkbox"/> Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>6</u> Days • Count the breaths in one minute <u>54</u> breaths per minute <u>Fast breathing?</u> • Look for <u>Chest indrawing</u> • Look and listen for stridor or wheezing	<u>Severe Pneumonia</u> <u>or</u> <u>Very Severe Disease</u>
DOES THE CHILD HAVE DIARRHOEA? Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>2</u> Days • Is there blood in the stool? <u>No</u> • Look at the child's general condition Is the child Lethargic or unconscious? Restless and <u>irritable</u> • 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?	<u>No</u> <u>Dehydration</u>
DOES THE CHILD HAVE FEVER? (by history/feels hot) <u>temperature 37.5 C or above</u> Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>3</u> Days • If more than 7 days has fever been present every day? • Has child had measles within the last 3 months? <u>No</u> • Look or feel for stiff neck • Look for signs of MEASLES • Generalized rash and • One of these <u>cough runny nose or red eyes</u>	<u>Malaria</u>
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 <input checked="" type="checkbox"/> • 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 <input checked="" type="checkbox"/> • Check for growth faltering	<u>No Anaemia</u> <u>Not Very Low</u> <u>Weight</u> <u>Growth not</u> <u>Faltering</u>
CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today BCG OPV 0 DPT 1 OPV 1 <u>DPT 2</u> <u>OPV 2</u> DPT 3 OPV 3 Measles	Next immunization on (Date) <u>15-8-96</u>
CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A	
ASSESS CHILD'S FEEDING If child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old • Do you breastfeed your child? Yes ___ No ___ If Yes how many times in 24 hours? ___ times Do you breastfeed during the night? Yes ___ No ___ • Does the child take any other food or fluids? Yes ___ No ___ If Yes what food or fluids? _____ How many times per day? ___ times What do you use to feed the child? _____ If very low weight for age or growth faltering How large are servings? _____ Does the child receive his own serving? ___ Who feeds the child and how? _____ • During this illness has the child's feeding changed? Yes ___ No ___ If Yes how? _____	Feeding Problems

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

- Do you have any health problems? Yes ___ No ___
- Do you want help with family planning? Yes ___ No ___
- Did you bring your maternal health card? Yes ___ No ___
 May I please look at it? Yes ___ No ___

TREAT

**Remember to refer any child who has a danger sign
and no other severe classification**

First dose antibiotic.

Return for follow-up in _____

Advise mother when to return immediately

Give any immunizations needed today _____

Feeding advice _____

Once they have finished studying the form, the facilitator asks participants to answer the questions on *Flipchart #12 Questions about Kamfwa*

QUESTIONS ABOUT KAMFWA

- 1 Does Kamfwa need URGENT referral or not? (*Yes, refer urgently to hospital*)
- 2 Are urgent pre-referral treatments needed? If so, which ones? (*Record these on the back of the Recording Form, if needed*) (*See back of Kamfwa's Recording Form*)

Identify Treatment - Flipchart #12

B Practice WRITING A REFERRAL NOTE

The facilitator explains to participants that they will write a referral note for Kamfwa Kaoma to University Teaching Hospital

S/he asks participants to turn to page 34 of their Participant's Manual *Referral Note for Kamfwa*

S/he instructs participants to complete the referral note, using today's date and the current time and their own name as that of the health worker

REFERRAL NOTE FOR KAMFWA

Write a referral note for Kamfwa Kaoma to a hospital Use today's date and the current time Use your own name as that of the health worker

REFERRAL NOTE

Today's Date Current Time

Urgent Referral to University Teaching Hospital

Kamfwa Kaoma, age 4 months, 7 kg

Referred for SEVERE PNEUMONIA OR VERY SEVERE DISEASE (has cough, chest indrawing, fast breathing - 54 breaths per minute. Also has diarrhoea, temperature 38° c)

Has been given first dose of antibiotic.

Needs DPT 2 and OPV 2.

Health Worker's Signature
Health Worker's Clinic

The facilitator gives participants 5 minutes to write their referral notes Then s/he posts
Flipchart #13 Kamfwa's Referral Note

KAMFWA'S REFERRAL NOTE
<i>Today's Date</i> <i>Current Time</i>
<i><u>Urgent Referral to University Teaching Hospital</u></i>
<i>Kamfwa Kaoma age 4 months, 7 kg</i>
<i>Referred for SEVERE PNEUMONIA OR VERY SEVERE DISEASE (Has cough chest indrawing fast breathing - 54 breaths per minute Also has diarrhoea temperature 38 °C)</i>
<i>Has been given first dose of antibiotic</i>
<i>Needs DPT 2 and OPV 2</i>
<i>Your signature</i> <i>Your clinic</i>
Identify Treatment - Flipchart #13

The facilitator asks participants to check their referral notes against the note on the flipchart

S/he instructs them to correct anything that they may have done incorrectly or omitted from their referral notes

The co-facilitator circulates to check individual participants' referral notes

S/he leads a discussion about any problems that participants might have had completing the case or in writing the referral note

C Preview NEXT ACTIVITY IN IDENTIFY TREATMENT

The facilitator states

- They will focus on Where Referral is Not Possible in the next activity

IDENTIFY TREATMENT

OPTIONAL ACTIVITY 6 Where Referral Is Not Possible

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Describe situations when referral may not be possible
- Refer to Annex E to determine specific IMCI care and treatment recommendations when referral is not possible

TIME 1 hour

MATERIALS Flipchart, markers, tape
Flipcharts #14 - #15
Participant's Manual, pages 35 - 59

FACILITATOR'S NOTE

This activity is optional and should be conducted for participants who practice where referral is not possible. The goal of this activity is to familiarize participants with what IMCI recommends for where referral is not possible.

ACTIVITY OUTLINE
Where Referral Is Not Possible

	<u>Content</u>	<u>Materials</u>
I	Find Out What Participants Know and Do	
	A Introduce Session	Flipchart #14, markers, tape
II	Build on What Participants Know	
	A Identify Situations in Which Referral May Not Be Possible	Flipchart #15
	B Discuss How Frequently Sick Children Cannot Be Referred	
III	Build on What Participants Know and Do	
	A Complete Case Study	Participant's Manual, page 35
	B Introduce Annex E	Participant's Manual, page 36
IV	Summary Using Annex E When Referral Is Not Possible	
	A Locate IMCI Recommendations about Annex E	Participant's Manual page 37
	B Explain Purpose and Use of Annex E	Participant's Manual, pp 38-60

ACTIVITY DESCRIPTION

I FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Introduce SESSION

The facilitator states that

- In this session, participants will discuss what to do when a child needs to be referred but cannot go to hospital

S/he posts *Flipchart #14 Session Objectives* and reads it aloud

SESSION OBJECTIVES

- Describe situations when referral may not be possible
- Refer to Annex E to determine specific IMCI care and treatment recommendations when referral is not possible

Identify Treatment - Flipchart #14

S/he asks if they have any questions and provides clarification as necessary

II BUILD ON WHAT PARTICIPANTS KNOW

A Identify SITUATIONS IN WHICH REFERRAL MAY NOT BE POSSIBLE

The facilitator states

- In Activity 2 of IDENTIFY TREATMENT, we briefly mentioned that sometimes referral may not be possible

S/he asks

- From your experience in your clinics, what are some reasons why referral may not be possible?

S/he instructs participants to

- Form a group with 2-3 other participants
- Discuss common situations in which referral may not be possible

S/he then posts *Flipchart #15 Why Referral May Not Be Possible*

WHY REFERRAL MAY NOT BE POSSIBLE

(with answers)

- *Distance to a hospital might be too far*
- *Hospital might not have adequate equipment or staff*
- *Transportation might not be available*
- *Caretakers might not be able to pay for treatment*
- *Caretakers might refuse to take the child*

Identify Treatment - Flipchart #15

When groups have finished discussing situations in which referral might not be possible, facilitator ask participants to volunteer these situations

S/he notes participants' responses on *Flipchart #15* If not suggested, s/he adds the five reasons listed above

B Discuss HOW FREQUENTLY SICK CHILDREN CANNOT BE REFERRED

S/he then asks participants

- Approximately how often are you not able to refer a very sick young child in your clinics? One time out of ten? Half the time? Three-quarters of the time?

The facilitator and participants discuss how frequently this situation arises

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Complete CASE STUDY

The facilitator asks participants to turn to page 35 of their Participant's Manual *Case Study Margaret*

S/he reads page 35 aloud

S/he asks the question at the bottom of page 35, being sure to give all participants the opportunity to contribute to the discussion of how to proceed with Margaret

CASE STUDY MARGARET

Margaret is 18 months old. She became sick a week ago. She developed fever, lost her appetite and began to cough.

Margaret's mother bought some chloroquine 3 days ago and has given Margaret a whole tablet each day. Still Margaret has a fever and now is very sleepy. When her mother makes her eat, Margaret cries weakly. For the last few days, the mother has been afraid to feed Margaret because she is so sleepy and seems to have trouble swallowing. The mother is afraid the child will choke on the food. Margaret stopped breastfeeding 4 months ago when her mother became pregnant.

Margaret's assessment shows the following:

Her axillary temperature is 39° C. She weighs 8 kg. She is very lethargic, waking only for a few seconds before falling asleep again. She has not had convulsions. She is not able to drink now because she is so lethargic. Her breathing rate is 52 breaths per minute. She has intercostal refraction but no lower chest wall indrawing and no stridor. She does not have diarrhoea.

The health worker does not think Margaret's neck is stiff. She has no runny nose and no rash. Margaret does not have an ear problem.

Margaret is thin but does not have visible wasting. She has some palmar pallor. When the health worker presses on her feet, there is no oedema. Margaret is up to date on her immunizations.

The health worker classifies Margaret as SEVERE PNEUMONIA OR VERY SEVERE DISEASE, VERY SEVERE FEBRILE DISEASE and ANAEMIA.

The nearest hospital is a day's journey away and the mother cannot go there. Her husband is away and she must care for her other children. She also does not think that there are drugs at the hospital and she has no money to pay for her food there.

Margaret cannot be referred, but she can stay with her mother at the house of an aunt who lives near the clinic. The mother will bring the child for injections.

If you were the health worker caring for Margaret, what would you do?

B Introduce ANNEX E

After discussing what participants would do to care for Margaret, the facilitator explains

- While the best treatment for children with very severe illness is at the hospital, IMCI does recommend essential care for the child who cannot be referred
- These recommendations are found in Annex E

S/he asks participants to turn to page 36 of their Participant's Manual *Annex E* S/he reads it aloud

Identify Treatment - 36

ANNEX E

If referral is not possible you should do whatever you can to help the family care for the child. To help reduce deaths in severely ill children who cannot be referred, you may need to arrange to have the child stay in or near the clinic where he may be seen several times a day. If not possible, arrange for visits at home.

Annex E describes treatment to be given for specific severe disease classifications when the very sick child cannot be referred. It is divided into 2 parts: "Essential Care" and "Treatment Instructions: Recommendations on How to Give Specific Treatment for Severely Ill Children Who Cannot Be Referred".

To use the annex, first find the child's classifications and note the essential care required. Then refer to the boxes on the *TREAT THE CHILD* chart *and* the instructions in the second half of the annex. Because it may be difficult to treat a child at specific times during the day in clinic or at home, the Treatment Instructions include 6-hour, 8-hour, and 12-hour dosing schedules for giving various drugs.

Remember that you must also give treatment for the non-severe classifications that you identified. These treatments should be marked on the Sick Child Recording Form. For example, if the child has SEVERE PNEUMONIA and MALARIA, you must treat the MALARIA *and* follow the guidelines in Annex E to treat the SEVERE PNEUMONIA.

Although only a well-equipped hospital with trained staff can provide optimal care for a child with a very severe illness, following these guidelines may reduce mortality in high risk children where referral is not possible.

IV SUMMARY USING ANNEX E WHEN REFERRAL IS NOT POSSIBLE

A Locate JMCLRECOMMENDATIONS ABOUT ANNEX E

The facilitator asks participants to turn to page 37 of their Participant's Manual *Annex E Index*

ANNEX E INDEX**ESSENTIAL CARE CHILD AGE 2 MONTHS UP TO 5 YEARS**

SEVERE PNEUMONIA OR VERY SEVERE DISEASE	38
SEVERE PERSISTENT DIARRHOEA	41
VERY SEVERE FEBRILE DISEASE	42
SEVERE COMPLICATED MEASLES	44
MASTOIDITIS	44
SEVERE MALNUTRITION	45
SEVERE ANAEMIA	48
Cough more than 30 days	49
Convulsions	50

ESSENTIAL CARE YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

POSSIBLE SERIOUS BACTERIAL INFECTION	51
--------------------------------------	----

TREATMENT INSTRUCTIONS

Benzylpenicillin	52
Gentamicin	52
Chloramphenicol	53
Quinine	54
Dosing Schedules	
Every 6 Hours	56
Every 8 Hours	57
Every 12 Hours	58
To Prevent Low Blood Sugar	59
Potassium Chloride Solution	59
Diazepam and Paraldehyde	60

S/he explains

- The index is a table of contents of all of the topics in Annex E

S/he drills participants on their ability to read the index

- Where can a health worker find out about essential care for MASTOIDITIS? *(Desired response Page 44)*
- Where can a health worker find out about essential care for the YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS? *(Desired response Page 51)*
- Where can a health worker find instructions on treating a child with benzylpenicillin? *(Desired response Page 52)*
- Where can a health worker find instructions about potassium chloride solution? *(Desired response Page 59)*

S/he explains that Annex E is on pages 38 - 60 of the Participant's Manual

S/he asks participants to

- Look through *Annex E* to become familiar with the format and contents

S/he allows participants approximately 5 minutes to look through *Annex E*

B Explain PURPOSE AND USE OF ANNEX E

The facilitator explains

- Participants should use *Annex E* as a reference
- Participants should do what is recommended in *Annex E* when they are confronted with a situation in which a very sick child cannot be referred

S/he adds

- IMCI recommendations for treating and caring for Margaret can be found on pages 61 and 62 of the Participant's Manual

S/he concludes the activity by asking

- What questions or concerns do you have about what to do when referral is not possible?

S/he answers participants' questions and addresses their concerns as appropriate