



Management of Diarrhoea in children below 5 years

(AGE UP TO 2 months)

Assess		Signs	Classification	Treatment	
<p>IF YES, LOOK and ASK for general danger signs: If yes, REFER</p> <ul style="list-style-type: none"> • For how long? • Is there blood in the stool? <p>LOOK at the child:</p> <ul style="list-style-type: none"> • Is he or she: <ul style="list-style-type: none"> - Lethargic or unconscious? - Restless and irritable? • Look for sunken eyes. • Pinch the skin of the Abdomen <ul style="list-style-type: none"> - Does it go back slowly? - Very Slowly (Longer than 2 seconds?) 	<p>Danger Signs</p> <ol style="list-style-type: none"> 1. Lethargic 2. Unconscious 3. Convulsions or convulsing now 4. Refusal to feed/Breastfeed 5. Vomiting everything 	<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Skin pinch goes back very slowly 	Severe Dehydration	Plan C	
	Classify Diarrhoea	For Dehydration	<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Skin pinch goes back slowly 	Some Dehydration	Plan B
			<p>Not enough signs to classify as</p> <p>Some or severe dehydration</p>	No Dehydration	Plan A
		Diarrhoea lasts 7 days or more	Diarrhoea lasting 7 days or more	Severe prolonged diarrhoea	Plan C
		Blood in stool	No dehydration	Possible serious abdominal problem	Plan C

2 Months to 5 Years

Assess		Signs	Classification	Treatment	
<p>IF YES, LOOK and ASK for general danger signs:</p> <ol style="list-style-type: none"> 1. Lethargic 2. Unconscious 3. Convulsions or convulsing now 4. Refusal to feed/Breastfeed 5. Vomiting everything <p>If yes, REFER</p> <p>ASK:</p> <ul style="list-style-type: none"> • For how long? • Is there blood in the stool? <p>LOOK at the child:</p> <ul style="list-style-type: none"> • Is he or she: <ul style="list-style-type: none"> - Lethargic or unconscious? - Restless and irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> -Not able to drink or drink poorly? -Drinking eagerly, thirsty • Pinch the skin of the abdomen <ul style="list-style-type: none"> - Does it go back Slowly? - Very Slowly (Longer than 2 seconds) 	<p>Classify Diarrhoea</p> <p>For Dehydration</p>	<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly 	Severe Dehydration	<p>If child also has another severe classification:</p> <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way - continue breastfeeding OR Plan C 	
			<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly 	Some Dehydration	<p>If child also has another severe classification:</p> <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way - Continue breastfeeding OR Plan B
			<p>Not enough signs to classify as some or severe dehydration</p>	No Dehydration	<p>If child also has another severe classification:</p> <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way - Continue breastfeeding OR Plan A
		Diarrhoea lasts 14 days or more	Dehydration present	Severe persistent Diarrhoea	<p>If child also has another severe classification:</p> <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way - Continue breastfeeding OR Plan C
			No dehydration	Persistent Diarrhoea	Plan B
		Blood in stool	Blood in the stool	Dysentery	Plan B

References: IMCI chart booklet, Diarrhoea Policy & ORT Corner Operational Guidelines



Plan A Treat Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment: Give Extra Fluid, Give Zinc Supplement, Continue Feeding, When to Return

1. GIVE EXTRA FLUID AND RECOMMENDED HOME FLUIDS (as much as the child will take)- Uji and Soups.

- COUNSEL THE MOTHER
- TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 4 PACKETS OF ORS TO USE AT HOME.
- SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:

ORS After each loose stool

AGE*	Up to 2 Years	2 Years to 5 Years
WEIGHT	< 12 kg	12 - < 19kg
In ml	50 - 100	100 - 200

2. GIVE ZINC tablet

3. CONTINUE FEEDING

4. ADVICE WHEN TO RETURN IMMEDIATELY WHEN:

- Child is not able to drink or breastfeed
- Develops fever (If did not have fever before)
- Blood in stool (if did not have blood in stool before)
- When the child vomits everything.

Plan B Treat Some Dehydration With ORS

ORS

AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 Year up to 5 years
WEIGHT	< 6 kg	6 - < 10kg	10 - <12kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400

- Determine amount of ORS to give during the first 4 Hours.
- Demonstrate and Counsel the caregiver on how to give ORS Solution.
- Reasses and reclassify after 4 Hours. If no improvement and danger signs REFER for I.V treatment.
- If improved, counsel on four Rules of Home Treatment.

Plan C Treat Severe dehydration Quickly

CAN YOU GIVE IV FLUIDS IMMEDIATELY?

Yes

START IV FLUID IMMEDIATELY

NO

IS IV TREATMENT AVAILABLE NEARBY (WITHIN 3 MINS)

Yes

REFER URGENTLY TO NEXT LEVEL OF CARE

NO

ARE YOU TRAINED TO USE A NASOGASTRIC (NG TUBE) FOR REHYDRATION

Yes

START REHYDRATION BY NG TUBE with ORS

NO

CAN THE CHLD DRINK?

Yes

Start rehydration by MOUTH WITH ORS SOLUTION

NO

REFER URGENTLY TO HOSPITAL FOR IV OR NG TREATMENT?

Note: If possible, Observe the child at least 6 hours after rehydration to be sure the caregiver can maintain hydration giving the child ORS solution by mouth.

Medication

ZINC

Give once daily for 14 days

AGE or WEIGHT	Tablet (20 mg)
Birth up to 2 months (up to 4 kg)	1/2
2 months up to 6 months	1/2
6 months up to 5 years	1

ORAL ANTIBIOTICS:

1ST LINE ANTIBIOTICS FOR CHOLERA - ERYTHROMYCIN

2ND LINE ANTIBIOTICS FOR CHOLERA - CHLORAMPHENICOL

AGE OR WEIGHT	ERYTHROMYCIN Give four times daily for 3 days		Chloramphenicol give four times daily for 3 days
	Tablet 250 mg	Syrup 125 Mg/ 5 ml	Syrup 125 Mg/5 ml
2 Months up to 4 months (4 - <6kg)	1/4	2.5ml	2.5 ml
4 Months up to 12 months (6 - <10kgs)	1/2	5.0ml	5.0 ml
12 Months up to 5 years (10 - 19kg)	1	10ml	7.5 ml

MULTIVITAMIN/MINERAL SUPPLEMENT- Persistent diarrhoea

GIVE MULTIVITAMIN / MINERAL
Daily for 2 weeks

AGE or WEIGHT	Multivitamin/Mineral Syrup
2 months - 6 months (4 - 86kgs)	2.5 ml
6 months - 2 years (8 - 12kgs)	5.0 ml
2years - 5 years - (12kgs - 19kgs)	7.5 ml

Oral Antibiotic: CIPROFLOXACIN - First - line antibiotics for shigella: Ciprofoxacin

Give CIPROFLOXACIN
2 times daily for 3 days

AGE or WEIGHT	250 mg Tablet
2-4 months (4 - 6kgs)	1/4
4 - 12 months (6 - 10kgs)	1/2
4 - 12 months (6 - 10kgs)	1/2

METRONIDAZOLE- Give If A Child With Dysentery Has Not Improved On Ciprofloxacin

METRONIDAZOLE
10mg/kg, Give 3 times daily for 5 days

AGE or WEIGHT	TABLET (200mg)	SYRUPS (200 mg/5 ml)
12 - 24 months (10 - 12kgs)	1/2	2.5ml
24-36 months (12 - 14kgs)	3/4	3.75 ml
36 - 59 months (14 - 19 kgs)	1	5 ml

VITAMIN A

Give two doses for treatment of measles

Give first dose in clinic and give caregiver another dose to give at home the next day

Give one dose for other disease conditions if the child has not had a dose in the previous one month

Give one dose as per vitamin A schedule for prevention

To give vitamin A, cut capsule tip open and squeeze drops into mouth.

Vitamin A capsules

Age or weight	200 000 IU	100 000 IU	50 000 IU
Up to 6 months	-	1/2 Capsule	1 Capsule
6 Months up to 12 months	1/2 Capsule	1 Capsule	2 Capsules
12 Months up to 5 years	1 Capsule	2 Capsules	4 Capsules

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