

PN-ACD-620

99477

Integrated Management of Childhood Illness (IMCI)
Complementary Course

FLIPCHARTS

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

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PLENARY SESSION: COURSE OVERVIEW

- Welcome and Introductions
- What is INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS?
- Course Schedule
- Questions

MOST COMMON PROBLEMS SEEN IN CLINICS AND CHIEF COMPLAINTS

<u>Illness</u>	<u>Problems/Chief Complaints</u>
Acute Respiratory Infection (pneumonia)	Cough, cold
Diarrhoea	Diarrhoea
Malaria	Fever
Measles	Fever, rash
Malnutrition	Feeding Problems
Ear Infection	Ear problems ear pain, discharge

OBJECTIVES: INTRODUCTION

By the end of the Introduction:

- Participants will be introduced to one another
- Facilitators will learn how participants manage sick children in their clinics
- Participants will be introduced to the IMCI process of managing sick children including:
 - ▶ terms used in IMCI
 - ▶ the arrangement of the IMCI Charts and Recording Form and how they will be used in the Course
- Participants will complete the first step of the IMCI ASSESS process on the INTEGRATED MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Recording Form

GETTING TO KNOW YOU

- Name, clinic, position in clinic, how long in health service
- How many health workers are there in your clinic?
- How many workers in your clinic screen children?
- How many children do you treat in a day?
- What hopes or expectations do you have for the IMCI Complementary Course?

STEPS IN THE IMCI PROCESS

ASSESS

CLASSIFY

IDENTIFY TREATMENT

TREAT

COUNSEL

FOLLOW UP

MANAGEMENT OF CHILDHOOD ILLNESS

Introduction-Flipchart #6

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Introduction-Flipchart #7

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

ASSESS CLASSIFY IDENTIFY TREATMENT
ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem

CHECK FOR GENERAL DANGER SIGNS

THEN ASK ABOUT MAIN SYMPTOMS
Does the child have cough or difficult breathing?

Does the child have diarrhoea?

Does the child have fever?

Does the child have an ear problem?

THEN CHECK FOR MALNUTRITION AND ANAEMIA

THEN CHECK THE CHILD'S IMMUNIZATION STATUS

THEN CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

**Does this Child Have the
GENERAL DANGER SIGN:
LETHARGIC OR UNCONSCIOUS?**

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

SESSION OBJECTIVES

- Define importance of assessing COUGH OR DIFFICULT BREATHING
- Identify and practice steps in assessing for COUGH OR DIFFICULT BREATHING
- Explain the concept of “classification tables” as used in IMCI
- State 3 classifications for COUGH OR DIFFICULT BREATHING
- Classify COUGH OR DIFFICULT BREATHING

CURRENT PRACTICES

Assess and Classify-Flipchart #3

IMCI STEPS IN ASSESS COUGH OR DIFFICULT BREATHING

Child must be calm

- ASK the caretaker if the child has **COUGH OR DIFFICULT BREATHING** and for how long
- Count the number of breaths for a full minute
- LOOK for chest indrawing
- LOOK and LISTEN for stridor or wheeze

CUT OFF RATES FOR FAST BREATHING

If the child is:	Fast Breathing is:
2 months up to 12 months	50 breaths per minute or more
12 months up to 5 years	40 breaths per minute or more

DOES THE CHILD HAVE FAST BREATHING?

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

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

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

COLOUR CODES FOR CLASSIFICATION

- PINK (Red) means the child has a severe illness and usually needs prompt treatment before being urgently referred to hospital
- YELLOW means the child has an illness that needs to be treated with a drug or other therapy
- GREEN means the caretaker can go home with child, who may not need specific medical treatment

SESSION OBJECTIVES

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

- Learn and practice the IMCI system for **ASSESS** and **CLASSIFY** diarrhoea
- Prepare for the next day's clinical session

MICHAEL

A caretaker enters your clinic with Michael, and the caretaker says he has diarrhoea. How are you going to manage Michael?

- What do you ASK the caretaker?
- How do you EXAMINE Michael?

Four Signs to CLASSIFY DEHYDRATION

1	2	3	4	
GENERAL CONDITION	EYES	DRINKING OR BREASTFEEDING	RETURN OF THE SKIN PINCH	CLASSIFICATION
LETHARGIC OR UNCONSCIOUS	SUNKEN	DRINKS POORLY OR UNABLE TO DRINK	VERY SLOW (MORE THAN 2 SECONDS)	SEVERE DEHYDRATION
RESTLESS AND IRRITABLE	SUNKEN	THIRSTY	SLOW	SOME DEHYDRATION
NORMAL	NORMAL	DRINKS NORMALLY	IMMEDIATE	NO DEHYDRATION

SESSION OBJECTIVES

By the end of the ASSESS AND CLASSIFY FEVER section, participants will be able to

- State the signs of fever
- Demonstrate the IMCI steps in assessing a child for FEVER
- Classify sick children with fever according to the IMCI process

WHAT CAUSES FEVER?

- 1 Which childhood illnesses can cause fever in a child?
- 2 How can you know if a child has fever?

FEVER CLASSIFICATIONS

IF THE CHILD HAS:

CLASSIFY FOR:

Fever and no signs
of measles

FEVER

Fever and measles

FEVER and
MEASLES

SESSION OBJECTIVES

By the end of the **ASSESS AND CLASSIFY EAR PROBLEM** section, participants will be able to.

- Describe the importance of assessing all children for ear problems
- Identify and describe common ear problems
- Practice the correct steps in IMCI process for **ASSESS EAR PROBLEM**
- Classify **EAR PROBLEMS** using the IMCI Charts and Recording Form

SESSION OBJECTIVES

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

- Explain the need to check all sick children for signs of malnutrition and anaemia
- Identify and describe the signs of malnutrition
- Follow the steps in **ASSESS FOR MALNUTRITION AND ANAEMIA** and **CLASSIFY NUTRITIONAL STATUS**

JOHN

A mother brings her child, John, to your health facility for a cough. It is summer and hot, but the mother has John dressed in a jumper that covers his whole body. When you ask the mother to remove the jumper so you can examine the child, the mother does so slowly and tries to keep the child covered as much as possible. When you finally do see the child, it is obvious that the child is malnourished.

PHOTOGRAPH EXERCISE

	Does the child show signs of MALNUTRITION?	
	YES	NO
Photograph 47		
Photograph 48		
Photograph 49		
Photograph 50		
Photograph 51		
Photograph 52		
	Does the child show signs of ANAEMIA?	
	YES	NO
Photograph 38		
Photograph 39a		
Photograph 39b		
Photograph 40a		
Photograph 40b		
Photograph 41		
Photograph 42		

SESSION OBJECTIVES

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

- Explain why immunization is important
- Read and interpret the IMCI Immunization Schedule
- Describe contraindications to immunization
- Determine whether a child needs an immunization
- Describe how Vitamin A is used as treatment and as a supplement
- Read and interpret a Vitamin A dosage chart
- Determine if a child should be given Vitamin A
- Complete the Assess & Classify Immunization and Vitamin A sections of the Sick Child Recording Form

RECOMMENDED IMMUNIZATIONS

BCG DPT 1 DPT 2 DPT 3

OPV 0 OPV 1 OPV 2 OPV 3 Measles

CONTRAINDICATIONS TO IMMUNIZATIONS

True or False?

- 1 Children with minor illnesses should delay immunization
- 2 Malnourished children should not be immunized
- 3 Any sick child who is well enough to go home should be immunized.
- 4 BCG should not be given to children with AIDS
- 5 DPT should not be given to children who had convulsions or shock within 3 days of the most recent dose of DPT
- 6 DPT should not be given to children with repeated convulsions or another active neurological disease (disease of the nervous system)
- 7 If a child is going to be referred, he should be immunized before referral
- 8 A child should be given OPV if he has diarrhoea and is due to receive the immunization.

SHOULD THE CHILD BE GIVEN VITAMIN A?

- 1 Mary is 8 months old and has never received a Vitamin A supplement. Your clinic has an adequate supply of Vitamin A. Should the child be given Vitamin A? Why or why not?
- 2 Mehde is 2 years old and has MEASLES and PERSISTENT DIARRHOEA. Your clinic has a limited supply of Vitamin A. Should the child be given Vitamin A? Why or why not?
- 3 Daliso is 4 years old and hasn't received Vitamin A for over a year. Your clinic is very short on Vitamin A. Should the child be given Vitamin A? Why or why not?

SESSION OBJECTIVES

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

- Identify children who need to be assessed for feeding practice
- Explain the importance of assessing feeding
- Identify the steps in **ASSESS FEEDING**
- Practice the steps in identifying feeding problems
- Use good communications skills to counsel the caretaker on feeding recommendations

ASSESS CHILD'S FEEDING

<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old</p> <ul style="list-style-type: none"> • 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>Feeding Problems</p>
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WRITE MESSAGES TO COUNSEL

Read the case study

Use the Mother's Card to determine what the FEEDING RECOMMENDATION is for that situation

Decide what the feeding problem is

Decide what the key COUNSELING messages are for your case Think about

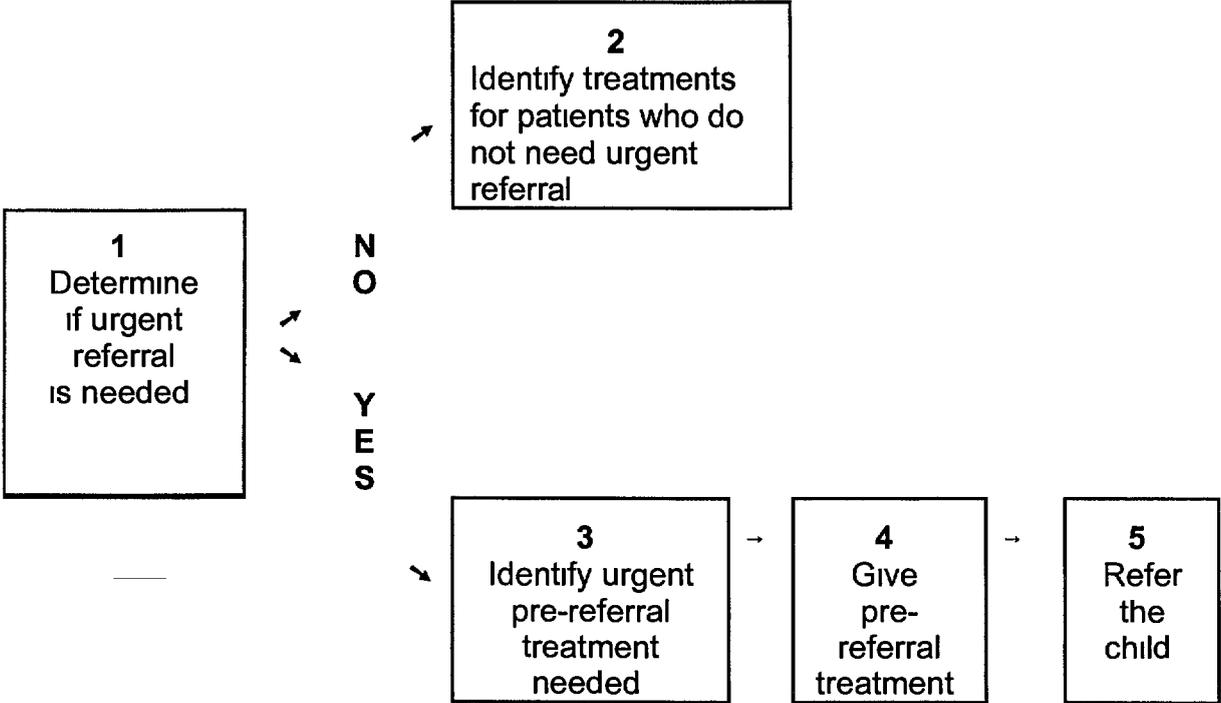
- What food and fluids to give
- How often
- Who should give it

Be prepared to discuss your messages with the rest of the group

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

IDENTIFY TREATMENT FLOWCHART



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”)

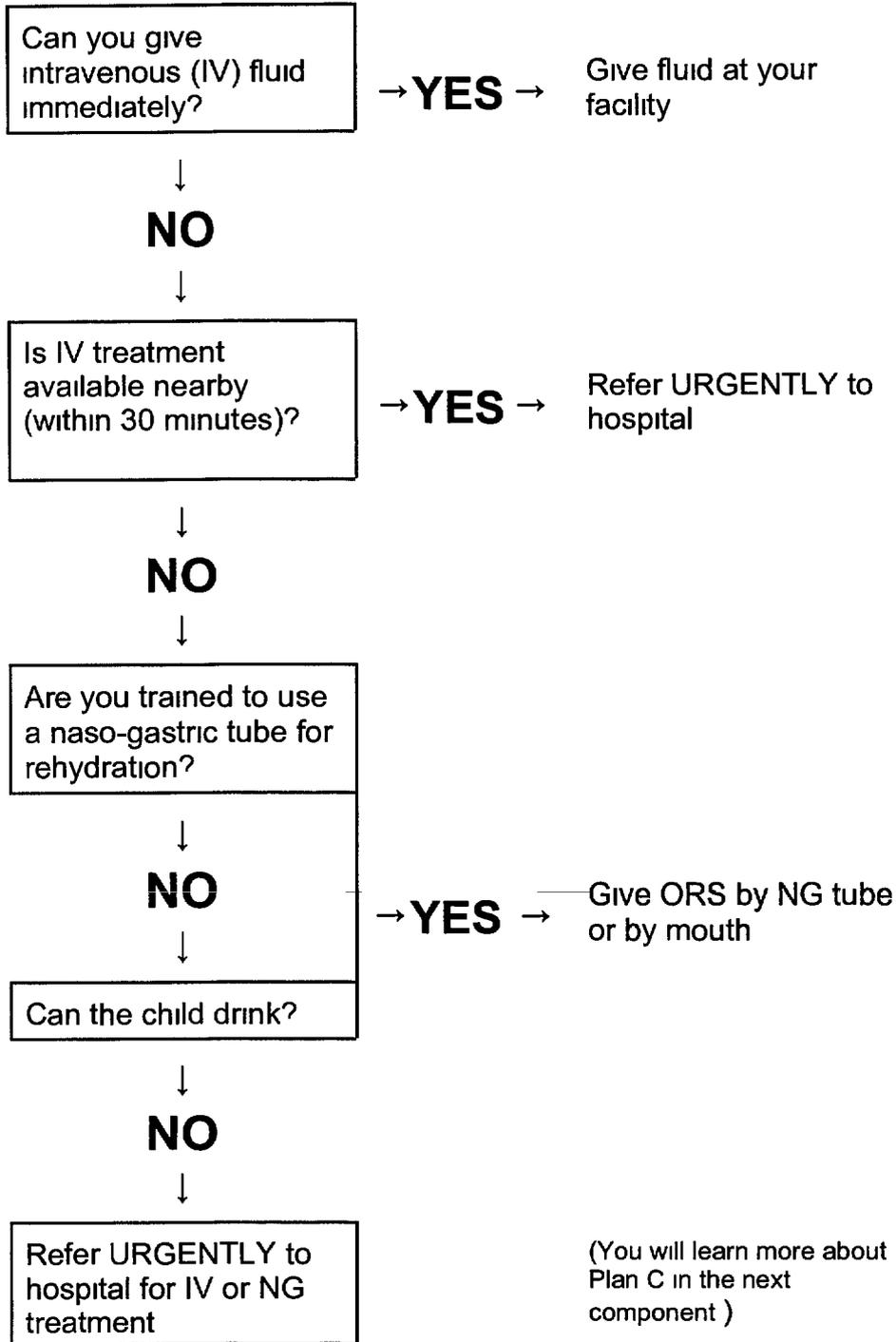
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EXCEPTIONS.

- 1 SEVERE DEHYDRATION
- 2 SEVERE PERSISTENT DIARRHOEA

2/1

DECISIONS INVOLVED IN PLAN C



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

WHEN TO RETURN IMMEDIATELY

- When should any sick child return to the clinic immediately?
- If the child already has fever, does the health worker need to tell the caretaker to return immediately for fever?
- When should a child with NO PNEUMONIA COUGH OR COLD return to the clinic immediately?
- When should a child with DIARRHOEA return to the clinic immediately?

MISOZI

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

URGENT PRE-REFERRAL TREATMENT FOR MISOZI

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)

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

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

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?

QUESTIONS ABOUT KAMFWA

- 1 Does Kamfwa need URGENT referral or not?
- 2 Are urgent, pre-referral treatments needed? If so, which ones? (Record these on the back of the Recording Form, if needed)

KAMFWA'S 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.

*Your signature
Your clinic*

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

WHY REFERRAL MAY NOT BE POSSIBLE

- *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*

TREAT THE CHILD SESSIONS

Select the Appropriate Oral Drug

Using Good Communications Skills to Teach a Caretaker to Give Oral Drugs at Home

Teach the Caretaker to treat Local Infections at Home

Give these Treatments in Clinic Only

Immunize Every Sick Child, As Needed

Oral Rehydration Corner

SESSION OBJECTIVES

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

- Use the appropriate sections of the **ASSESS AND CLASSIFY** and **TREAT THE CHILD** Charts and Chart Booklet to determine the appropriate oral drugs to use for given classifications
- Determine formulation, correct dose, and schedule for those oral drugs

CLASSIFICATIONS REQUIRING ANTIBIOTICS

- ▶ SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- ▶ PNEUMONIA
- ▶ SEVERE DEHYDRATION with cholera in the area
- ▶ DYSENTERY
- ▶ VERY SEVERE FEBRILE DISEASE
- ▶ SEVERE COMPLICATED MEASLES
- ▶ MASTOIDITIS
- ▶ ACUTE EAR INFECTION

CASE STUDY TASKS

- Determine the first-line oral drug to be given for this classification
- Determine the correct dose and schedule for this child for each formulation of the first-line drug
- Be prepared to tell your answers to the group

SESSION OBJECTIVES

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

- State the IMCI steps used to teach a caretaker to give oral drugs at home
- Use the TREAT THE CHILD Chart to determine dose and schedule for specified drugs
- Practice measuring dose for specified oral drugs
- Practice writing labels for specified oral drugs
- Practice using good communications skills to teach caretaker to treat the sick child with the appropriate oral drug

ROLE PLAY QUESTIONS

- Do you think that the caretaker will correctly carry out the instructions at home?
- What does the caretaker need to know to properly treat the sick child at home?

WHAT DOES CARETAKER NEED TO KNOW ABOUT GIVING DRUGS?

Purpose of drug (Why the child needs to take it)

Dose

Schedule

Procedure (How to give the drug)

SESSION OBJECTIVES

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

- Use the TREAT THE CHILD Chart to identify treatments that are given by the caretaker at home for eye, ear, throat and mouth infections
- Describe the procedure to treat local infections
- Use good teaching and communications skills to teach the caretaker to treat local infections

BASIC STEPS IN TREATING LOCAL INFECTIONS

- Wash hands with clean water
- Hold child still, if necessary Have someone help you hold child still
- Wipe infection with clean water and a clean cloth
- Treat infection with topical medication or by mechanical means
- Wash hands again with clean water

TASKS FOR TEACHING CARETAKER

Decide what the caretaker needs to know about treating the infection

Use good teaching skills to demonstrate to the caretaker how to treat the infection

Remember:

ASK what the caretaker currently does to treat

GIVE INFORMATION

SHOW EXAMPLES

LET CARETAKER PRACTICE

Be prepared to demonstrate to the facilitator how you would teach the caretaker to treat the infection at home

How can we know that the caretaker understands how to treat the infection at home?

SESSION OBJECTIVES

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

- Use the TREAT THE CHILD Chart to
 - determine the correct administration of intramuscular antibiotics for pre-referral treatments
 - determine correct administration of intramuscular quinine for pre-referral treatments
 - determine correct treatment for on-going convulsions
 - determine correct treatment for severe wheezing in children over 12 months old
 - determine correct treatment to prevent low blood sugar

TASKS FOR CASE STUDIES

- Read the case study
- Determine the drug, dose and route for the child's classification
- Write the treatments on your case study

SESSION OBJECTIVES

- Review the immunization information covered in the ASSESS AND CLASSIFY component
- Explain to the caretaker the immunizations that will be given to the child
- Explain to the caretaker the possible side effects of the immunizations
- State considerations when preparing and giving immunizations

QUESTIONS

- 1 If only one child needs a certain immunization, should you open the vial to immunize that one child? Why or why not?
- 2 If you have opened BCG and measles vials at the end of an immunization session, what should you do with them?
- 3 If you have opened vials of OPV and DPT vaccines at the end of a session, what should you do with them?
- 4 If a child missed OPV at birth, should he be given OPV0 if he comes to the clinic at 15 days of age? Why or why not?

SIDE EFFECTS

BCG	No side effects
OPV	Fever and mild rash possible. Fever for 1-3 days possibly a week after getting the vaccine
DPT	Small, red, tender swelling, then an ulcer at the place of immunization. Ulcer heals by itself and leaves a small scar
Measles	Fever, irritability, and soreness possible—

SESSION OBJECTIVES

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

- Describe the effects of ORT on sick children
- Describe requirements for an ORT corner and how it can be used in an area to administer Plan B
- Teach caretakers how to mix and administer fluids to sick children
- Determine the amount of ORS to give during the first 4 hours
- State how to treat a dehydrated child after 4 hours of ORS
- Teach caretakers to complete ORS treatment when necessary
- State the three rules of home treatment

SESSION OBJECTIVES

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

- State the three rules of home treatment for diarrhoea
- Teach caretakers to treat diarrhoea at home
- Show caretakers how much fluid to give in addition to the usual fluid intake
- Describe feeding recommendations for caretakers at home
- Teach caretakers when to return to the health facility

PLAN A: TREAT DIARRHOEA AT HOME

Plan A is treatment of a child who has diarrhoea with no dehydration

The Three Rules of Home Treatment are:

- 1 Give Extra Fluids (as much as the child will take)
- 2 Continue Feeding
- 3 When to Return
 - if the child become sicker
 - if diarrhoea becomes worse
 - if the child has blood in stool

SESSION OBJECTIVES

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

- State the purposes for carrying out Plan C
- Identify capability to carry out Plan C in individual health facilities

SESSION OBJECTIVES

- Describe the differences between IMCI process for managing a sick child and for managing a sick young infant
- Assess and classify a sick young infant for possible bacterial infection

CRITICAL INCIDENT

An excited and nervous mother arrives at the clinic with a four week old boy who is lethargic. When the health worker asks the mother what the infant's problem is, she says that he has had diarrhoea for three days and that he does not seem interested in breastfeeding.

What should the health worker do first?

SESSION OBJECTIVES

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

- Use the **ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT** chart to assess and classify the sick young infant for **DIARRHOEA**

PHOTOGRAPH EXERCISE: IDENTIFY SUNKEN EYES AND SKIN PINCH

Photo #3 Sunken Eyes?

Photo #4 Sunken Eyes?

Photo #5 Sunken Eyes?

Photo #6 Sunken Eyes?

Photo #7 Skin Pinch

SESSION OBJECTIVES

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

- Check a young infant for feeding problem or low weight or growth faltering
- Check the young infant's immunization status

VIDEO DEMONSTRATION

- How is the IMCI process in the video similar to what you currently do in your clinic?
- What surprised you about the IMCI process shown in the video?

DETERMINE LOW WEIGHT FOR AGE

Child	Age	Weight	Low Weight for Age?
A Michael	14 days old	3.5 kg	
B Nurit	8 days old	2 kg	
C Imci	7 weeks old	3 kg	
D Kamfwa	35 days old	3.25 kg	

WHEN NOT TO ASSESS BREASTFEEDING

There are three situations when an assessment of breastfeeding is not needed:

- 1 A young infant is exclusively breastfed without difficulty and there is not low weight for age
- 2 The young infant is not breastfed at all.
- 3 The infant has a serious problem which requires urgent referral

When any one of these three situations exists, feeding will be classified on the information which is already available

SESSION OBJECTIVES

- Describe the purpose of IMCI treatments for sick young infants
- Determine if the young infant needs urgent referral
- IDENTIFY TREATMENT for a young infant who does not need urgent referral
- Identify urgent pre-referral treatment needed
- Give urgent pre-referral treatments
- Refer the sick young infant

APPROPRIATE PRE-REFERRAL TREATMENTS

- Give first dose of intramuscular antibiotics
- Teach mother how to treat local infections at home
- Give an appropriate oral antibiotic
- Advise the mother how to keep the infant warm on the way to the hospital
- Teach correct positioning and attachment
- Treat to prevent low blood sugar
- Give frequent sips of ORS on way to hospital
Advise mother to continue breastfeeding
- Counsel mother about breastfeeding more
- Give immunizations needed today

IDENTIFY TREATMENT FOR HENRI, NEERA, AND JENNA

Look at the Sick Young Infant Recording Forms that you completed earlier for Henri, Neera, and Jenna. Study the front of each form, then fold over the classifications and list the treatments on the back. Be sure to

- 1 Review each infant's assessment results and classifications which you wrote on the Recording Form to remind you of the infant's condition
- 2 Write all recommended treatments and advice to the mother on the back of the Recording Form

SESSION OBJECTIVES

- Give the Sick Young Infant an Appropriate Oral Antibiotic
- Instruct the Mother How to Give an Oral Antibiotic at Home
- Give the Sick Young Infant a First Dose of Intramuscular Antibiotics
- Treat the Sick Young Infant with DIARRHOEA
- Immunize Every Sick Young Infant, As Needed
- Teach the Mother to Treat Local Infections at Home
- Advise the Mother to Give Home Care for the Young Infant
- Describe When Follow-Up Visits Are Required
- Identify When the Young Infant Should Return Immediately

APPROPRIATE ANTIBIOTICS AND DOSES

<u>Young Infant</u>	<u>Special Considerations</u>	<u>Weight</u>	<u>APPROPRIATE ORAL ANTIBIOTIC</u> <u>Cotrimoxazole</u> or <u>Amoxycillin</u>
Bocar	none	1 kg	
Rose	1 week old, jaundiced	2 kg	
Ibrahim	none	3.5 kg	
Daniela	26 days old, premature	2 kg	
Tito	none	3 kg	

STEPS FOR TEACHING A MOTHER TO GIVE ORAL DRUGS AT HOME

Sick Young Infant-Flipchart #14

STEPS FOR TEACHING A MOTHER TO GIVE ORAL DRUGS AT HOME: ANSWERS

- 1 *Ask the caretaker how she has been treating the child*
- 2 *Tell the mother the reason for giving the drug to the child*
- 3 *Demonstrate how to measure a dose*
- 4 *Watch the mother practice measuring a dose by herself*
- 5 *Ask the mother to give the first dose to her child*
- 6 *Explain carefully how to give the drug, then label and package the drug*
- 7 *If more than one drug will be given, collect, count, and package each drug separately*
- 8 *Explain that all the oral drug tablets or syrups must be used to finish the course of the treatment, even if the child gets better*
- 9 *Check the mother's understanding before she leaves the clinic*

SESSION OBJECTIVES

- Identify common situations that warrant counseling about feeding problems
- Give mothers relevant advice about how to correct feeding problems
- Give the mother recommended advice about difficulty breastfeeding
- Identify reasons for poor attachment and ineffective suckling
- Show the mother correct positioning and attachment for breastfeeding
- Counsel the mother about other feeding problems
- Counsel the mother about her own health

GOOD POSITIONING

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POOR POSITIONING

Sick Young Infant-Flipchart #18

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SESSION OBJECTIVES

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

- Determine whether the child is coming for an initial visit or a follow-up visit
- Locate and use follow-up boxes in TREAT THE CHILD and MANAGEMENT OF THE SICK YOUNG INFANT charts and follow instructions in the boxes
- Use information about the child's signs to select appropriate treatment
- State treatments to be given to child and state appropriate counsel messages
- Close the Working Group Session and decide if their expectations of the IMCI Complementary Course have been met

CLASSIFICATIONS REQUIRING DEFINITE FOLLOW-UP VISITS

PNEUMONIA

PERSISTENT DIARRHOEA

DYSENTERY

MEASLES WITH EYE OR MOUTH
COMPLICATIONS

ACUTE EAR INFECTION

CHRONIC EAR INFECTION

ANAEMIA OR VERY LOW WEIGHT

LOCAL BACTERIAL INFECTION
THRUSH

LOW WEIGHT FOR AGE IN A YOUNG
INFANT