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Integrated Management of Childhood Illness (IMCI)
Complementary Course

TREAT THE CHILD

FACILITATOR'S GUIDE

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Integrated Management of Childhood Illness (IMCI)

Complementary Course

TREAT THE CHILD

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TREAT THE CHILD

ACTIVITY 1

Select Appropriate Oral Drug and Determine Dose and Schedule

LEARNING OBJECTIVES

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

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

TIME 1 hour 45 minutes

MATERIALS Flipchart, markers
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP
TO 5 YEARS Wall Chart
IMCI Chart Booklet
TREAT THE CHILD Wall Chart
Flipcharts #1 - #4
Participant's Manual, pages 1-6
Cards Evaluation Questions
Drills Proper Use of Oral Antibiotics

FACILITATOR'S NOTE

Before this session begins, prepare the TREAT THE CHILD Wall Chart by placing blank flipchart paper on top of the Wall Chart so that only the first box, Give an Appropriate Oral Antibiotic, is revealed

As the session progresses, you will move the blank flipchart down so that the rest of the Wall Chart is gradually revealed

ACTIVITY OUTLINE
SELECT APPROPRIATE ORAL DRUG and Determine Dose and Schedule

Content	Materials
I Introduction	
A Introduce Component	Flipchart #1
B Introduce Session	Flipchart #2
II Find Out What Participants Know and Do	
A Identify Commonly Used Oral Drugs	
B Identify Classifications Requiring Oral Antibiotics	IMCI Chart Booklet
C Review Correct Answers	Flipchart #3
D Check Vocabulary Antibiotics	
E Evaluate Participants' Current Use of Antibiotics	
III Build on What Participants Know and Do	
A Introduce Steps in Selecting Oral Drugs	Participant's Manual, page 1
B Give Examples of Steps in Selecting Oral Drugs	Participant's Manual, page 2
C Reading the Box Give an Appropriate Oral Antibiotic	IMCI Chart Booklet Participant's Manual page 2
D Introduce Additional Classifications Requiring Oral Antibiotics	
E Locate TREAT THE CHILD Chart	IMCI Chart Booklet
IV Practice Selecting Oral Drugs	
A Assign Case Studies	Participant's Manual, pp 3 - 4 Flipchart # 4
B Participants Complete Case Studies	
C Discuss Case Study #1 Oral Antibiotic	Participant's Manual, page 3
D Discuss Case Study #2 Oral Antimalarial	Participant's Manual page 3
1 Reinforce Points about Chloroquine	
E Discuss Case Study #3 Paracetamol	Participant's Manual page 4
F Discuss Case Study #4 Vitamin A	Participant's Manual page 4
1 Reinforce Points about Vitamin A	Participant's Manual, page 5
G Discuss Case Study #5 Iron and Mebendazole	Participant's Manual, page 4
1 Reinforce Important Points	Participant's Manual page 6
H Case Study #6 Salbutamol	
V Summary and Evaluation	
A Question and Answer Exercises	Cards Evaluation Questions
B Drills	

ACTIVITY DESCRIPTION

I INTRODUCTION

A Introduce COMPONENT

The facilitator introduces the TREAT THE CHILD Component

S/he explains that

- In previous activities the participants used the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS TO 5 YEARS Wall Chart and IMCI Chart Booklet to IDENTIFY TREATMENTS to be given to sick children
- Now participants will learn about how to TREAT sick children

S/he posts *Flipchart #1 Treat the Child Sessions* and reads it aloud

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

Treat the Child - Flipchart #1

The facilitator explains

- IMCI recommends that certain treatments be given in the clinic before referral or before sending the sick child home These treatments will be covered in two sessions Select the Appropriate Oral Drug and Give these Treatments in Clinic Only
- In TREAT THE CHILD there are many opportunities to use critical communications skills These are important skills because caretakers provide the majority of health care for sick children Health workers must be very careful to teach caretakers how to continue treatments that are begun in the clinic

- These topics are covered in Using Good Communications Skills to Teach a Caretaker to Give Oral Drugs at Home Participants will practice these skills in Teach the Caretaker to Treat Local Infections at Home

B Introduce SESSION

The facilitator posts *Flipchart #2 Session Objectives* and reads it aloud

SESSION OBJECTIVES
By the end of the session, participants will be able to
<ul style="list-style-type: none"> • 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
Treat the Child - Flipchart #2

II **FIND OUT WHAT THE PARTICIPANTS KNOW AND DO**

A Identify COMMONLY USED ORAL DRUGS

To assess what oral drugs participants currently use, the facilitator asks

- What drugs do you give by mouth? (*Possible responses paracetamol, chloroquine, Vitamin A, iron, mebendazole, cotrimoxazole, amoxicillin, ORS*)

S/he states

- A drug that is given by mouth is called an oral drug

S/he asks

- For what illnesses do you give oral drugs? (*Possible responses fever, malaria, anaemia, diarrhoea*)
- When would you NOT give an oral drug to a child? (*Desired response When the child is not able to swallow the drug or is not able to drink, when a child is unconscious*)

B Identify CLASSIFICATIONS REQUIRING ORAL ANTIBIOTICS

The facilitator asks participants to look at the CLASSIFY and TREATMENT columns in the IMCI Chart Booklet

S/he asks

- What classifications in your IMCI Chart Booklet require oral antibiotics as treatment? (*Response Children with the following classifications require oral 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)*

C Review CORRECT ANSWERS

The facilitator posts *Flipchart #3 Classifications Requiring Antibiotics* and reads it aloud

S/he makes sure to review the classifications on *Flipchart #3* that were not mentioned by participants

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

Treat the Child - Flipchart #3

S/he refers to the drugs that participants listed when they were asked “What drugs do you give by mouth?”

S/he asks

- Which of the drugs that you mentioned are antibiotics? (*Desired response Cotrimoxazole amoxicillin*)

The facilitator states

- The participants will now focus on antibiotics

D Check VOCABULARY. ANTIBIOTICS

The facilitator checks participants’ understanding of oral antibiotic by asking

- What is an antibiotic? (*Desired response An antibiotic is a drug that helps fight infections*)
- What is an oral antibiotic? (*Desired response An antibiotic that is given by mouth*)

E Evaluate PARTICIPANTS’ CURRENT USE OF ANTIBIOTICS

FACILITATOR’S NOTE

You will ask a series of questions to check participants’ current understanding of antibiotics. You will repeat these questions at the end of this activity as part of an evaluation exercise.

The facilitator asks

- True or False Sometimes one antibiotic can be given to treat more than one illness (*Desired response True For example, a child with ACUTE EAR INFECTION AND PNEUMONIA can be treated with a single antibiotic*)
- True or False In IMCI, GREEN classifications require antibiotics (*Desired response False*)
- Why not? (*Desired response Because there are no signs of infection Green classifications can be treated with other remedies or by counseling the caretaker how to take care of the child at home*)

- What are the only classifications in GREEN that require an oral drug? (*Desired responses NO PNEUMONIA COUGH OR COLD if wheezing is present, MEASLES*)
- What information do you need to include when you prescribe an oral drug for a child? (*Desired response Name of drug, dose of drug strength of drug number of times per day, number of days*)

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Introduce STEPS IN SELECTING ORAL DRUGS

The facilitator distributes one *Participant's Manual TREAT THE CHILD* to each participant
S/he asks them to turn to page 1 *Selecting Oral Drugs*

S/he reads page 1 aloud

S/he asks the questions and makes the statements below

SELECTING ORAL DRUGS

Use the TREAT THE CHILD Chart to select the correct oral drug for a classification

- *You follow these steps to select all oral drugs*
- *You use the TREAT THE CHILD Chart to decide the drug selection, formulation dose and schedule*

- **Selection** Use a first-line drug where possible Otherwise, use a second-line drug
 - *What is a first-line drug?*
 - *What is a second-line drug?*

- **Formulation** Decide the type of medication (tablet, syrup, solution) and the number of milligrams (mg) of medicine in each tablet or each ml of syrup or solution
 - *How do you decide the formulation?*

- **Dose** Decide how many tablets or mls to give each time

- **Schedule** Decide how many days to give the drug and how many times each day

B Give EXAMPLE OF STEPS IN SELECTING ORAL DRUGS

FACILITATOR'S NOTE

Using the following example for the classification PNEUMONIA you will demonstrate how to read the box Give an Appropriate Oral Antibiotic Specifically you will demonstrate how to determine the dose and schedule for cotrimoxazole In this clinic, adult tablets of cotrimoxazole are available

You will conduct this demonstration at the TREAT THE CHILD Wall Chart The chart should be covered with blank flipchart paper except for the box Give an Appropriate Oral Antibiotic Participants will also have page 2 of the Participant's Manual to refer to during the demonstration

Be careful to demonstrate the following

- Use TREATMENT column of ASSESS AND CLASSIFY SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Chart to identify treatments for classifications
- Use weight to compute dosage When weight is not available, use age
- Write treatment on the correct section of the back of the Recording Form
- Use a single antibiotic for two classifications

The facilitator asks participants to turn to page 2 of the Participant's Manual *Give an Appropriate Oral Antibiotic*

► **Give an Appropriate Oral Antibiotic**

► FOR PNEUMONIA, ACUTE EAR INFECTION OR VERY SEVERE DISEASE

FIRST LINE ANTIBIOTIC COTRIMOXAZOLE
 SECOND-LINE ANTIBIOTIC AMOXYCILLIN

	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ► Give two times daily for 5 days			AMOXYCILLIN ► Give three times daily for 5 days	
AGE or WEIGHT	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	PEDIATRIC TABLET 20 mg trimethoprim + 100 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	TABLET 250 mg	SYRUP 125 mg per 5 ml
2 months up to 12 months (4 <10 kg)	½	2	5.0 ml	½	5 ml
12 months up to 5 years (10-19 kg)	1	3	7.5 ml	1	10 ml

Additional Classifications Requiring Oral Antibiotic

SEVERE PNEUMONIA OR VERY SEVERE DISEASE
 VERY SEVERE FEBRILE DISEASE
 SEVERE COMPLICATED MEASLES
 MASTOIDITIS

The facilitator asks participants to come to the TREAT THE CHILD Wall Chart S/he explains that the box on the Wall Chart is the same box as page 2 of the Participant's Manual

S/he states

- A 7 month old child who weighs 8 kg is classified as PNEUMONIA

S/he asks

- What is the treatment for this child? (*Desired response Give an appropriate antibiotic for 5 days, if wheezing, give Salbutamol, soothe the throat and relieve the cough with a safe remedy, advise mother when to return immediately follow-up in 2 days*)
- What is the first thing to do when selecting the appropriate antibiotic? (*Desired response First select the first-line drug*)
- What is the first-line antibiotic for PNEUMONIA? (*Desired response Cotrimoxazole*)
- How do you know that cotrimoxazole is first-line? (*Desired response A participant demonstrates where the first-line antibiotic is located on the TREAT THE CHILD Wall Chart*)
- Suppose your clinic has no cotrimoxazole What would you then use? (*Desired response Second-line antibiotic*)
- What is the second-line antibiotic for PNEUMONIA? (*Desired response Amoxicillin*)

The facilitator asks a participant to point to the second-line antibiotic on the box Give an Oral Antibiotic

S/he states

- Give the second-line antibiotic only if the first-line antibiotic is not available, if the child's illness does not respond to the first-line antibiotic, or if the child is allergic to the first-line antibiotic

The facilitator points to the appropriate sections of the box Give an Appropriate Oral Antibiotic on the TREAT THE CHILD Wall Chart as s/he states

- Then select the formulation There are three formulations of cotrimoxazole adult tablets, paediatric tablets, and syrup

- In your clinic, you may have only one formulation. For example, you may have only adult tablets.

S/he points to the Age or Weight column and then the Adult Tablet column on the TREAT THE CHILD Wall Chart as s/he says

- Then select a dose that is determined by using the child's weight or age. For example, if a child weighs 8 kg, you would select a dose of one-half adult tablet to give each time.
- It is recommended that the health worker determine the dose of an antibiotic using a child's weight, as it has been found to be more accurate than determining the dose using a child's age. However, for most medications it is acceptable to determine the dose using the child's age.
- Then you read the schedule from the chart.

The facilitator indicates where to read the schedule for the drug (*The schedule is found under the word 'Cotrimoxazole'*)

The facilitator asks

- What is the dose and schedule for an 8 kg child in a clinic where adult tablets are available? (*Desired response: Give ½ adult tablet two times daily for five days*)

S/he asks a participant to point to where the answer is located on the TREAT THE CHILD Wall Chart

C Reading the Box. GIVE AN APPROPRIATE ORAL ANTIBIOTIC

To check participants' understanding of how to read the box Give an Appropriate Antibiotic, the facilitator asks

- How do you determine the correct dose of an oral antibiotic? (*Desired response: You use the child's weight. When weight is not available, you use age*)
- If a child weighs 8 kg, what dose of cotrimoxazole should she receive? (*Desired response: ½ adult tablet, 2 pediatric tablets, or 5.0 ml syrup*)
- If a child weighs 9 kg, what dose of cotrimoxazole should she receive? (*Desired response: ½ adult tablet, 2 pediatric tablets, or 5.0 ml syrup*)
- If a child weighs 10 kg, what dose of cotrimoxazole should she receive? (*Desired response: 1 adult tablet, 3 pediatric tablets, or 7.5 ml syrup*)

- How do you know that a child who weighs 10 kg receives a different dose than a child who weighs 9 kg? (*Desired response The box separates the weight into two categories 4 - < 10 kg and 10 - 19 kg*)

S/he reinforces participants' responses by stating

- 4 - < 10 kg means from 4 kg to less than 10 kg A child who weighs 9 kg weighs less than 10 kg A child who weighs 10 kg is in the second category (from 10 kg to 19 kg)

To continue checking participants' understanding of how to read the TREAT THE CHILD Wall Chart, s/he asks

- If your clinic has no cotrimoxazole and a child weighs 9 kg, how much amoxycillin should she receive? (*Desired response ½ tablet or 5 ml syrup*)
- If your clinic has no cotrimoxazole and a child weighs 10 kg, how much amoxycillin should she receive? (*Desired response 1 tablet or 10 ml syrup*)

S/he corrects participants' responses as necessary

If participants continue to have difficulty reading the chart, s/he demonstrates again how to read the chart and emphasizes the meaning of "<" (less than)

To compare with participants' current practice, the facilitator asks

- How do you determine dose for oral antibiotics in your health centres?
- How is this similar to or different from IMCI? (*Possible response Use of weight to determine dose*)

D Introduce ADDITIONAL CLASSIFICATIONS REQUIRING ORAL ANTIBIOTICS

The facilitator asks participants to look at page 2 of the Participant's Manual *Give an Appropriate Oral Antibiotic*

S/he states

- The chart lists three classifications for which you should give cotrimoxazole or amoxycillin What are they? (*Desired response PNEUMONIA, ACUTE EAR INFECTION AND VERY SEVERE DISEASE*)

S/he points to the bottom section of page 2, where additional classifications requiring cotrimoxazole or amoxycillin are listed

S/he asks

- What are the additional classifications that require cotrimoxazole or amoxicillin as a treatment? (*Desired response SEVERE PNEUMONIA OR VERY SEVERE DISEASE, VERY SEVERE FEBRILE DISEASE, SEVERE COMPLICATED MEASLES and MASTOIDITIS*)

E Locate TREAT THE CHILD CHART

The facilitator states

- This box is part of the TREAT THE CHILD Chart in the IMCI Chart Booklet

S/he asks the participants to locate page 8 in their IMCI Chart Booklets

S/he leads two drills (one for cotrimoxazole and one for amoxicillin) to evaluate how participants read and interpret the box *Give an Appropriate Oral Antibiotic*

COTRIMOXAZOLE WHAT DOSE AND SCHEDULE WOULD YOU USE FOR	
A 6-kg-child classified as PNEUMONIA?	½ adult tablet, 2 pediatric tablets, or 5.0 ml syrup two times daily for 5 days
An 11-kg-child classified as EAR INFECTION?	1 adult tablet, 3 pediatric tablets, or 7.5 ml syrup two times daily for 5 days
A 14-kg-child classified as PNEUMONIA?	1 adult tablet, 3 pediatric tablets, or 7.5 ml syrup two times daily for 5 days
A 5-kg-child classified as PNEUMONIA?	½ adult tablet, 2 pediatric tablets, or 5.0 ml syrup two times daily for 5 days

AMOXICILLIN WHAT DOSE AND SCHEDULE WOULD YOU USE FOR	
A 12-kg-child classified as PNEUMONIA?	1 adult tablet or 10 ml syrup three times daily for 5 days
A 10-month-old child classified as EAR INFECTION?	½ tablet or 5 ml syrup three times daily for 5 days
A 7-kg-child classified as PNEUMONIA?	½ tablet or 5 ml syrup three times daily for 5 days
A 10-kg-child classified as PNEUMONIA?	1 tablet or 10 ml syrup three times daily for 5 days

S/he states

- Participants will have many opportunities to practice using these charts as they progress through this session

FACILITATOR'S NOTE

In the following section of this activity, you will use five case studies to give the participants an opportunity to practice using the appropriate TREAT THE CHILD Chart boxes to select the correct dose formulation and schedule of an oral drug. The case studies follow the sequence found in the TREAT THE CHILD Chart for the treatments oral antibiotic, antimalarial, paracetamol, Vitamin A, and iron and mebendazole. You will use a group case study to cover salbutamol the remaining treatment in this section.

During the discussion for each case study, you will ask questions and make specific focus points about the treatment. When you listen to participants' answers, correct them if necessary, and make further points related to the use of the drug used in the case study.

IV PRACTICE SELECTING ORAL DRUGS

A Assign CASE STUDIES

The facilitator asks participants to turn to page 3 and 4 of the Participant's Manual *Case Studies Selecting the Appropriate Oral Drug*

CASE STUDIES SELECTING THE APPROPRIATE ORAL DRUG

Case Study Number 1

Age 6 months

Weight 7 kg

Classification MASTOIDITIS

Treatment

Case Study Number 2

Weight 6 kg

Classification MALARIA

Treatment

Case Study Number 3

Weight 12 kg
Classification MALARIA and high fever

Treatment

Case Study Number 4

Age 9 months
Weight Unknown
Classification MEASLES

Treatment

Case Study Number 5

Age 3 years
Weight 14 kg
Classification ANAEMIA with some palmar pallor

Treatment

The facilitator assigns each participant one case study and reads *Flipchart #4 Case Study Tasks*

<p style="text-align: center;">CASE STUDY TASKS</p> <ul style="list-style-type: none">• 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 <p>Treat the Child - Flipchart #4</p>
--

S/he instructs the participants to

- Use the IDENTIFY TREATMENT Column of the ASSESS AND CLASSIFY THE SICK CHILD Chart and pages 8 or 9 of their IMCI Chart Booklets to prepare answers to the Case Study

B Participants Complete CASE STUDIES

The facilitator allows 10 minutes for the participants to complete their case studies

Both facilitator and co-facilitator make themselves available to answer questions while participants work on their case studies

C Discuss CASE STUDY #1. ORAL ANTIBIOTICS

The facilitator asks the participant who completed Case Study #1 the questions below

Case Study Number 1

Age 6 months

Weight 7 kg

Classification MASTOIDITIS

- *What is the child's classification and weight? (Desired response MASTOIDITIS 7 kg)*
- *What is the correct oral drug for this classification? (Desired response First-line antibiotic for MASTOIDITIS is cotrimoxazole Second-line antibiotic is amoxicillin)*
- *What formulations do we have to choose from for cotrimoxazole? (Desired response Adult tablets, paediatric tablets, or syrup)*
- *What dose and schedule should you use for each of these formulations of cotrimoxazole? (Desired response ½ adult tablet twice a day for five days, or 2 paediatric tablets twice a day for five days or 5 0 ml of syrup twice a day for five days)*
- *The child should be given the first-line oral antibiotic if it is available It has been chosen because it is effective, easy to give and inexpensive*
- *Most antibiotics should be given for 5 days Only cholera cases receive antibiotics for 3 days The number of times to give the antibiotic each day varies (2, 3, or 4 times per day)*

The facilitator asks

- When would you **not** give an antibiotic by mouth, even though it is available? *(Desired response The child should not be given an oral drug when the child is not able to drink or vomits everything and/or when the child is lethargic or unconscious)*

The facilitator states

- When a child needs an antibiotic for PNEUMONIA, EAR INFECTION, OR VERY SEVERE DISEASE but is too sick to take it by mouth, the child should receive it by intramuscular injection and be referred urgently
- In this case, give a single dose of chloramphenicol by intramuscular injection
Participants will study more about that in a later session in TREAT THE CHILD

Case Study Number 2

Weight 6 kg

Classification MALARIA

- What is the child's classification and weight? (*Desired response MALARIA, 6 kg*)
- What is the first-line drug to be given for this classification? (*Desired response First-line antimalarial is chloroquine*)
- For each formulation of chloroquine, tell us the dose and schedule (*Desired response Dose and schedule for Adult tablet ½ tab for three days, Paediatric tablet 1 tablet for the first 2 days and ½ tablet on the third day, Syrup 7.5 ml for the first two days and 5.0 ml on the third day*)

1 Reinforce POINTS ABOUT CHLOROQUINE

The facilitator states

- Treatment with chloroquine assumes that the child has not already been treated with chloroquine

S/he refers to the box *Give an Oral Antimalarial* on page 9 of their IMCI Chart Booklets

S/he asks

- For how long is chloroquine given? (*Desired response Chloroquine is given for three days*)
- Does the dose remain the same each day? (*Desired response It depends The dose is reduced on the third day unless the child weighs less than 10 kg and is given 150 mg base chloroquine tablets In this case the child is given the same dose (that is, ½ tablet) on all three days*)
- What is a possible side effect of chloroquine? (*Desired response Itching, ringing ears, loss of appetite*)
- What should a health worker do when a caretaker says that her child is itching? (*Desired response These side effects are not serious and that the caretaker should continue giving the drug*)

E Discuss CASE STUDY #3. PARACETAMOL

FACILITATOR'S NOTE

Chloroquine itself will bring the temperature down in several hours if the fever is caused by malaria

The facilitator asks participants to look at the box *Give Paracetamol for High Fever* on page 9 of their IMCI Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following box

► ***Give Paracetamol for High Fever (> 38.5 ° C)
or Ear Pain***

- For high fever give one dose in clinic
- For ear pain, give every 6 hours until ear pain is gone

PARACETAMOL		
AGE or WEIGHT	TABLET (100 mg)	TABLET (500 mg)
2 months up to 3 years (4 < 14 kg)	1	1/4
3 years up to 5 years (14 - 19 kg)	1 ½	½

The facilitator reads the box *Give Paracetamol for High Fever* aloud

S/he asks the participant who completed Case Study #3 the questions below

Case Study Number 3

Weight 12 kg

Classification MALARIA and high fever

- *What is the child's classification and weight? (Desired response MALARIA and high fever, 12 kg)*
- *What drugs are indicated for MALARIA and high fever? (Desired response Chloroquine and paracetamol)*
- *For chloroquine, what are the formulations? (Desired response Formulations for chloroquine Adult tablet (150 mg base) and paediatric tablet (100 mg base) and syrup)*
- *What is the dose and schedule for each formulation? (Desired response Dose and schedule
1 tablet (150 mg) once a day on days 1 and 2 and ½ tablet on day 3
1½ tablets (100 mg) once a day on days 1 and 2, and ½ tablet on day 3
15 0 syrup once a day on days 1 and 2, and 5 0 ml on day 3)*
- *What are the formulations for paracetamol? (Desired response Formulations for paracetamol Adult tablet (500 mg) and paediatric tablet (100 mg)*
- *What is the dose and schedule for each formulation of paracetamol? (Desired response Dose and schedule
1/4 tablet (of a 500 mg tablet) every six hours until high fever is gone
1 tablet (of a 100 mg tablet) every six hours until high fever is gone)*
- *Suppose this was a child with ear pain How much paracetamol would you give? (Desired response 1 tablet (100 mg) or 1/4 tablet (500 mg) each 6 hours until the pain is gone)*
- *IMCI recommends you give the caretaker enough paracetamol for 1 day, that is, four doses*
- *Is the IMCI dose different than the one you are accustomed to? If so, how is it different? (Desired response In many cases, participants may be accustomed to giving paracetamol every 8 hours for 3 days instead of one dose in the clinic)*

F Discuss CASE STUDY #4. VITAMIN A

The facilitator asks participants to look at the box *Give Vitamin A* on page 9 of their IMCI Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following box

► **Give Vitamin A**

- Give two doses
 - Give first dose in clinic
 - Give mother one dose to give at home the next day

AGE	VITAMIN A CAPSULES			VITAMIN A SYRUP
	200 000 IU	100 000 IU	50 000 IU	Concentration _____
Up to 6 months		½ capsule	1 capsule	
6 months up to 12 months	½ capsule	1 capsule	2 capsules	
12 months up to 5 years	1 capsule	2 capsules	4 capsules	

The facilitator emphasizes

- Make sure to record the date each time the child is treated with Vitamin A. If a child receives repeated doses of Vitamin A in a short period of time, there is danger of an overdose

FACILITATOR'S NOTE

Many participants may not understand the importance of giving Vitamin A. Use the following points to emphasize the importance of Vitamin A

- Vitamin A helps the body fight infection
- Vitamin A also prevents corneal clouding, a sign of Vitamin A deficiency, which can progress to blindness if Vitamin A is not given

S/he instructs participants to look at the IDENTIFY TREATMENT column of the ACSC Chart in their IMCI Chart Booklets

S/he asks

- For which classifications is Vitamin A given as a treatment? (*Desired response PERSISTENT DIARRHOEA, MEASLES, SEVERE MALNUTRITION*)

S/he asks the participant who completed Case Study #4 the questions below

Treat the Child - 4
Case Study Number 4 Age 9 months Weight Unknown Classification MEASLES
<ul style="list-style-type: none">• <i>What is the child's classification and weight? (Desired response MEASLES, weight unknown)</i>• <i>What did you use to determine dose? (Desired response Age Child is 9 months old)</i>• <i>What drugs are indicated for MEASLES? (Desired response Vitamin A)</i>• <i>What formulations are there for Vitamin A and what dose and schedule are used for each formulation? (Desired response Capsule and syrup give first dose in clinic and give mother one dose to give at home the next day ½ capsule (200 000 IU), or 1 capsule (100 000 IU), or 2 capsules (50 000 IU)</i>

1 Reinforce POINTS ABOUT VITAMIN A

The facilitator asks participants to turn to page 5 of the Participant's Manual *Give Vitamin A*
S/he reads it aloud, including the statements below

Give Vitamin A



- Squirt the vitamin A liquid into the child's open mouth
- Make sure that the child swallows all of the liquid Do not let the child spit it out
- *When Vitamin A is given as a treatment, give 2 doses one is given in clinic and one is given by the caretaker at home the next day*
- *Give any child 6 months to 6 years one dose of Vitamin A if s/he has not received any Vitamin A in the last 6 months*
- *When Vitamin A is given as a supplement, give only one dose in clinic Do not give a second dose to the mother to give at home*

G Discuss CASE STUDY #5. IRON AND MEBENDAZOLE

The facilitator asks participants to look at the boxes *Give Mebendazole* and *Give Iron* on page 9 of their IMCI Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following boxes

▶ ***Give Mebendazole***

- ▶ Give 500 mg mebendazole as a single dose in clinic if
 - hookworm/whipworm are a problem in children in your area, and
 - the child is 2 years of age or older, and
 - the child has not had a dose in the previous 6 months

▶ ***Give Iron***

- ▶ Give one dose daily for 14 days

AGE or WEIGHT	IRON/FOLATE TABLET Ferrous sulfate 200 mg + 250 mg Folate (60 mg elemental iron)	IRON SYRUP Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per ml)
2 months up to 4 months (4 < 6 kg)		1 00 ml (<1/4 tsp)
4 months up to 12 months (6 < 10 kg)		1 25 ml (1/4 tsp)
12 months up to 3 years (10 < 14 kg)	½ tablet	2 00 ml (< ½ tsp)
3 years up to 5 years (14 - 19 kg)	½ tablet	2 5 ml (½ tsp)

The facilitator asks the participant who completed Case Study #5 the questions below

<p>Case Study Number 5 Age 3 years Weight 14 kg Classification ANAEMIA with some palmar pallor</p> <ul style="list-style-type: none">• <i>What is the child's classification and weight? (Desired response ANAEMIA with some palmar pallor, 14 kg)</i>• <i>What drugs are indicated for ANAEMIA with some pallor? (Desired response chloroquine, iron, mebendazole)</i>• <i>What formulations of chloroquine can be used for this child? (Desired response Formulations adult tablets paediatric tablets and syrup)</i>• <i>What is the dose and schedule for each formulation? (Desired response Dose and schedule Adult tablet 1 tablet for the first 2 days and ½ tablet on the third day, Paediatric tablet 1 ½ tablets for the first 2 days and ½ tablet on the third day, Syrup 15 ml for the first two days and 5 0 ml on the third day)</i>• <i>What are the formulations for iron? (Desired response Formulations for Iron Adult tablet (200 mg), paediatric syrup (100 mg per 5 ml))</i>• <i>What are the dose and schedule for each formulation? (Desired response Dose and schedule Tablet ½ tab (200 mg) daily for 14 days or 2 5 ml (½ tsp) daily for 14 days)</i>• <i>What are the formulations for mebendazole? (Desired response Formulations for Mebendazole Tablets (500 mg or 100 mg))</i>• <i>What is the dose and schedule for each formulation? (Desired response Dose and schedule Mebendazole 500 mg single dose in clinic)</i>	<p>Treat the Child - 4</p>
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S/he asks participants to turn to page 6 of the Participant's Manual *Give Iron* S/he explains

- Page 6 contains some additional information about iron

S/he reads Page 6 aloud

Give Iron

- Iron may make the child's stools turn black. This is not a problem, though it may concern the caretaker. Tell her that this may happen.
- Iron may also constipate the child. Advise the mother to give the child plenty of fluids.
- Give the caretaker enough iron for 14 days. Ask her to return with the child for more iron in 14 days.
- Tell the mother to keep iron out of reach of children. An overdose of iron can be fatal or make the child very ill.
- If the child is also receiving sulfadoxine-pyrimethamine (Fansidar) do not give iron/folate tablets until a follow-up visit in 2 weeks. The folate may interfere with the action of the sulfadoxine-pyrimethamine. If your clinic has iron without folate then this can be given at the same visit as the sulfadoxine-pyrimethamine.

H Read CASE STUDY #5. SALBUTAMOL

The facilitator explains

- The last oral drug given is to treat wheezing in a child who does not have a General Danger Sign or chest indrawing or stridor.

The facilitator asks participants to look at the box Salbutamol on page 9 of their IMCI Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following box

► **Give Salbutamol**

► Give three times a day

SALBUTAMOL		
AGE or WEIGHT	TABLET (2 mg)	TABLET (4 mg)
2 months up to 12 months (<10 kg)	½	1/4
12 months up to 5 years (10-19 kg)	1	½

The facilitator asks

- Sara weighs 4 kg. She is classified PNEUMONIA. She has no General Danger Signs and no chest indrawing or stridor. She gets cotrimoxazole for the PNEUMONIA. She has wheezing. What is the treatment for wheezing? *(Desired response Salbutamol)*
- What is the formulation, dose, and schedule to treat Sara's wheezing? *(Desired response Formulation for Salbutamol tablets (2 mg or 4 mg), Dose and schedule ½ tablet (2 mg) 3 times per day or 1/4 tablet (4 mg) 3 times per day)*
- How much salbutamol do you give the caretaker? *(Desired response Sufficient quantity for five days)*

V SUMMARY AND EVALUATION

A QUESTION AND ANSWER EXERCISES

FACILITATOR'S NOTE

You will ask a series of questions to summarize the topic of Selecting the Appropriate Oral Drug and to evaluate participants' understanding of the subject. These are the same questions that you asked at the beginning of the activity. You can read the questions aloud and ask participants for their responses, or, if time allows, you can use *Cards Evaluation Questions*. If you choose to use the *Cards*, distribute cards to the participants and ask them to answer the cards as they post them on the wall so that the cards are visible to everyone in the group.

These questions provide a good opportunity to correct misunderstandings that arise.

CARDS EVALUATION QUESTIONS

True or False: When treating a child with more than one illness that requires the same antibiotic, you double the size of each dose. (*False. You do not double the size of the dose, nor do you increase the amount of time for which the drug is given.*)

What should you do if a child vomits or spits up within 30 minutes of having been given a drug by mouth? (*Repeat the dose with the same drug.*)

True or False: It is necessary to record all treatments. (*True. All treatments should be recorded to make sure that the child does not overdose and so that the health worker can determine if there have been previous treatments for the same illness.*)

True or False: It is important to keep all drugs out of the reach of children. (*True. An overdose of a drug can be fatal to a child.*)

True or False: Sometimes one antibiotic can be given to treat more than one illness. (*True. For example, a child with ACUTE EAR INFECTION AND PNEUMONIA can be treated with a single antibiotic.*)

True or False: In IMCI, GREEN classifications require antibiotics. (*False. Why not? (Because those are classifications that can be treated with other remedies or by counseling the caretaker how to take care of the child at home without using antibiotics.)*)

What are the only classifications in GREEN that require an oral drug? (*NO PNEUMONIA, COUGH OR COLD, MEASLES.*)

What do you need to know about an oral drug before you can administer it to a sick child? (*Name, formulation, dose, schedule.*)

B DRILLS

FACILITATOR'S NOTE

The following drill will help you check participants' understanding of how to read the TREAT chart.

To conduct the drill, ask the question in the left column. Refer to the appropriate column to check participants' answers.

When conducting the drill, identify the recommended oral antibiotics that are available in participants' clinics. Ask participants what formulations (adult tablets, pediatric tablets, syrup) are available. Ask them to answer the questions in the drill using the formulation that they have in their clinics.

The facilitator states

- The following drill will review how to select the appropriate antibiotic and determine its schedule and dose.

S/he explains

- This drill will help participants practice using the TREAT chart to determine the correct antibiotic to give a sick child. This is an important skill. If antibiotics are not chosen correctly, it can be harmful to children.
- Participants should refer to page 8 of their IMCI Chart Booklets to answer the drill questions.

The facilitator asks participants if they have any questions before the drill begins.

S/he begins the drill.

Drill Part 1 Proper Use of Oral Antibiotics for PNEUMONIA, ACUTE EAR INFECTION, and VERY SEVERE DISEASE

QUESTIONS	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ▶ Give two times daily for 5 days			AMOXYCILLIN ▶ Give three times daily for 5 days	
	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	PEDIATRIC TABLET 20 mg trimethoprim + 100 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	TABLET 250 mg	SYRUP 125 mg per 5 ml
A 10-kg-child classified as having pneumonia?	1	3	7.5 ml	1	10.0 ml
A 7-kg-child classified as having pneumonia?	½	2	5.0 ml	½	5.0 ml
A 10-month-old child classified as having acute ear infection?	½	2	5.0 ml	½	5.0 ml
A 12-kg-child classified as having pneumonia?	1	3	7.5 ml	1	10.0 ml
A 5-kg-child classified as having pneumonia?	½	2	5.0 ml	½	5.0 ml
A 14-kg-child classified as having pneumonia?	1	3	7.5 ml	1	10.0 ml
An 11-kg-child classified as having acute ear infection?	1	3	7.5 ml	1	10.0 ml
A 6-kg-child classified as having pneumonia?	½	2	5.0 ml	½	5.0 ml

Drill Part 2 Proper Use of Oral Antibiotics for DYSENTERY

QUESTIONS	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ▶ Give two times daily for 5 days			NALIDIXIC ACID ▶ Give four times daily for 5 days
	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	PEDIATRIC TABLET 20 mg trimethoprim + 100 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	TABLET 250 mg
A 12-kg-child	1	3	7.5 ml	1
A 6-kg-child	½	2	5.0 ml	½
A 9-kg-child	½	2	5.0 ml	½
A 16-kg-child	1	3	7.5 ml	1
A 5-kg-child	½	2	5.0 ml	¼
An 8-month-old child	½	2	5.0 ml	½
An 11-kg child	1	3	7.5 ml	1
A 3-month-old child who is also classified as having pneumonia	If first-line antibiotic for pneumonia is also the first- or second-line antibiotic for dysentery give that antibiotic For example if cotrimoxazole give for both pneumonia and dysentery			
	½	2	5.0 ml	
	If not give appropriate antibiotic for pneumonia, and effective antibiotic for dysentery, such as			
				¼

QUESTIONS	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ▸ Give two times daily for 5 days			NALIDIXIC ACID ▸ Give four times daily for 5 days
WHAT ANTIBIOTIC, DOSE AND SCHEDULE WOULD YOU USE FOR THE FOLLOWING CHILDREN CLASSIFIED AS HAVING DYSENTERY?	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	PEDIATRIC TABLET 20 mg trimethoprim + 100 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	TABLET 250 mg
A 3-year old child who is also classified as having acute ear infection	If first-line antibiotic for acute ear infection is also the first- or second-line antibiotic for dysentery give that antibiotic For example, if cotrimoxazole, give for both acute ear infection and dysentery			
	1	3	7.5 ml	
	If not, give appropriate antibiotic for acute ear infection and effective antibiotic for dysentery such as			
			1	

Drill Part 3 Proper Use of Oral Antibiotics for Cholera

QUESTIONS WHAT ANTIBIOTIC, DOSE AND SCHEDULE WOULD YOU USE FOR THE FOLLOWING CHILDREN WHO NEED AN ANTIBIOTIC FOR SUSPECTED CHOLERA?	TETRACYCLINE ▶ Give 4 times daily for 3 days	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ▶ Give two times daily for 3 days			ERYTHROMYCIN ▶ Give 4 times daily for 3 days
	TABLET 250 mg	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	PEDIATRIC TABLET 20 mg trimethoprim + 100 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	TABLET 250 mg
A 4-year-old child	1	1	3	7.5 ml	1
A 14-kg-child	1	1	3	7.5 ml	1
A 6-month-old child	No drug is needed because the child is less than 2 years of age				
A 9-kg-child who is over 2 years old	½	½	2	5.0 ml	½
A 2-year-old child who also needs an antibiotic for pneumonia	If first-line antibiotic for pneumonia is also the first- or second-line antibiotic for cholera give that antibiotic For example if cotrimoxazole, give for both pneumonia and cholera				
		1	3	7.5 ml	
	If not give appropriate antibiotic for pneumonia and effective antibiotic for cholera, such as				
	1				1

QUESTIONS WHAT ANTIBIOTIC, DOSE AND SCHEDULE WOULD YOU USE FOR THE FOLLOWING CHILDREN WHO NEED AN ANTIBIOTIC FOR SUSPECTED CHOLERA?	TETRACYCLINE ▶ Give 4 times daily for 3 days	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ▶ Give two times daily for 3 days			ERYTHROMYCIN ▶ Give 4 times daily for 3 days
	TABLET 250 mg	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	PEDIATRIC TABLET 20 mg trimethoprim + 100 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	TABLET 250 mg
A 3½-year-old child who also needs an antibiotic for acute ear infection	If first-line antibiotic for acute ear infection is also the first- or second-line antibiotic for cholera give that antibiotic For example if cotrimoxazole give for both acute ear infection and cholera				
		1	3	7.5 ml	
	If not, give appropriate antibiotic for acute ear infection and effective antibiotic for cholera such as				
	1				1

TREAT THE CHILD

ACTIVITY 2

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

LEARNING 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

TIME 2 hours 15 minutes

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO
5 YEARS Wall Chart
TREAT THE CHILD Wall Chart
Enlarged Drug Label
Flipchart #1 (from Activity 1)
Flipcharts #5 - #7
Role Play Using Good Communications Skills to Teach
Participant's Manual, pages 7 - 11

ACTIVITY OUTLINE
Using Good Communications Skills to
Teach the Caretaker to Give Oral Drugs at Home

Content	Materials
I Introduction	
A Review Treat the Child Sessions	Flipchart #1
B Preview Session Objectives	Flipchart #5
II Find Out What Participants Know and Do	
A Review Treatments to be Given at Home	ACSC Wall Chart
B Review Good Communications Skills in Teaching a Caretaker	
1 Introduce Role Play	Flipchart #6
2 Conduct Role Play	Role Play Script
3 Discuss Role Play	
C Identify What the Caretaker Needs to Know to Give Drugs at Home	
D Introduce IMCI What the Caretaker Needs to Know to Give Drugs at Home	Flipchart #7
III Build on What Participants Know and Do	
A Introduce Steps in Teaching a Caretaker to Administer Oral Drugs	Participant's Manual, pp 7 - 8
B Practice Determining Dose, Schedule, Measuring and Labeling Oral Drugs	
1 Complete Written Exercise	Participant's Manual, pp 9 - 10
2 Correct Written Exercise	
C Practice Preparing Oral Drugs	drugs cups, spoons Participant's Manual, page 11
IV Summary and Evaluation	
A Assign Task	
B Complete Task	
C Discuss Barriers to Using Good Communications Skills to Teach Caretaker	

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review TREAT THE CHILD SESSIONS

The facilitator opens the session by referring to *Flipchart #1 TREAT THE CHILD Sessions*

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
- Treat the Child - Flipchart #1

S/he states

- There are two types of treatments that the caretaker needs to continue at home giving oral drugs and treating local infections
- Participants will now work on the session Using Good Communications Skills to Teach the Caretaker to Give Oral Drugs at Home

B Preview SESSION OBJECTIVES

The facilitator posts *Flipchart #5 Session Objectives* and reviews the objectives of this session with participants

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

Treat the Child - Flipchart #5

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Review TREATMENTS TO BE GIVEN AT HOME

To reinforce the connection between the CLASSIFY column and the TREATMENT column of the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart, the facilitator asks participants to go to the Wall Chart

S/he asks

- What are the treatments that require the caretaker to give an oral drug at home
These are found in GREEN and YELLOW classifications (*Desired responses*)
 - *PNEUMONIA*
 - *DYSENTERY*
 - *MALARIA*
 - *ACUTE EAR INFECTION*
 - *MEASLES WITH EYE OR MOUTH COMPLICATIONS*

B Review GOOD COMMUNICATIONS SKILLS IN TEACHING A CARETAKER

The facilitator asks

- What are the communications skills that are important for health workers to use when they counsel caretakers? (*Desired response ASK and LISTEN, PRAISE, ADVISE, CHECK UNDERSTANDING*)

1 Introduce ROLE PLAY

FACILITATOR'S NOTE

You and your co-facilitator will carry out a role play that illustrates a health worker who uses good communications skills to teach a caretaker to treat her child at home. The role play serves to stimulate the participants thinking about what is needed to teach a caretaker to care for a sick child at home. It also serves as a model for how to use good communications skills.

The focus questions you will ask participants after they watch the role play are

- Given the skills demonstrated by the health worker, 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?

The facilitator introduces *Role Play Use Good Communications Skills to Teach* by stating

- Participants will watch a role play of a health worker and a caretaker. In the role play, the child has already been ASSESSED and CLASSIFIED. Now the health worker will TREAT the child.
- During the role play, participants should observe whether or not the health worker uses good communications skills: ASK and LISTEN, PRAISE, ADVISE, CHECK UNDERSTANDING.

The facilitator posts *Flipchart #6* and reads it aloud.

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?

Treat the Child - Flipchart #6

S/he states

- At the end of the role play, participants should be ready to answer the Role Play Questions on *Flipchart #6*.

2 Conduct ROLE PLAY

The facilitator and co-facilitator carry out the role play

ROLE PLAY SCRIPT USING GOOD COMMUNICATIONS SKILLS TO TEACH

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

a little milk or water Here is a cup and spoon for you to use
(Hands mother a cup and spoon) Put the dose into the cup and

Mother Do that now?

Health Worker Yes, now I would like you to prepare a dose and give it to Gert now *(Mother nods)* Put the half tablet into the cup and crush it with the spoon
(Mother begins crushing the tablet Health worker watches her and looks into the cup to see when it is crushed)
That's correct Now add a **little** of this water and mix it in At home, you could use a little bit of Gert's cereal, or some mashed banana, instead of water

Mother *(Mother mixes water into the crushed tablet)* Gert likes banana

Health Worker Good, then you might want to try that OK, that looks ready Now, with the spoon, try to put the medicine into Gert's mouth

Mother I'll try *(She spoons it into the baby's mouth)* She doesn't like it What should I do?

Health Worker You are doing fine See, she is swallowing it now At home, try mixing it with banana

Mother I will

Health Worker You need to give a dose to Gert two times each day, once in the morning, such as at breakfast, and again at dinner I am giving you enough tablets for 5 days
(Health worker writes the instructions on the envelope and then puts 5 tablets into the envelope He closes the envelope and the jar of cotrimoxazole He hands the envelope to the mother so that she can see the instructions)

Mother Thank you

Health Worker I have written the instructions on the envelope to remind you when to give the medicine Have you seen this before?

Mother No

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

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

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

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

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

Mother Half at sunrise and half at sunset

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

Mother — I can do that

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

Mother I will give her one-half tablet

Health Worker Correct And how will you prepare it?

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

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

Mother I will give the medicine at sunrise and at sunset

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

Mother	When is that?
Health Worker	The day after tomorrow Will you, or someone else in your family, be able to bring Gert back?
Mother	Yes, I can bring Gert back the day after tomorrow
Health Worker	Good, I will expect you then
Mother	<i>(Gathering up her things and Gert and leaving)</i> Thank you
Health Worker	Good bye

3 Discuss ROLE PLAY

When role play is complete, the facilitator leads a discussion S/he asks

- Do you think that the caretaker will correctly care for her sick child at home?
(Desired response Yes)
- Why/Why not? *(Desired responses Health worker asked checking questions, showed the mother examples, let her practice measuring the dose and giving child the first dose, gave simple information, asked caretaker to repeat the instructions and reminded caretaker of follow-up)*

C Identify WHAT THE CARETAKER NEEDS TO KNOW TO GIVE DRUGS AT HOME

The facilitator leads a brainstorm by asking

- In the role play, what information does the caretaker need to know to treat the child at home? *(Desired response Purpose for giving the drug, dose, schedule, procedure for how to give the drug, how long to give the drug, when to complete the course)*

D Introduce IMCI. WHAT THE CARETAKER NEEDS TO KNOW TO GIVE DRUGS AT HOME

The facilitator posts *Flipchart #7 What Does Caretaker Need to Know about Giving Drugs?* and reads it aloud

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)

Treat the Child - Flipchart #7

S/he asks

- In the role play, what did the health worker say was the purpose of the drug? (*Desired response She said she was giving her cotrimoxazole to treat Gert's pneumonia*)
- What did the health worker say was the dose of the drug? (*Desired response She said that Gert needs to take one-half tablet at a time*)
- What did the health worker say was the schedule for the drug? (*Desired response Two times a day for five days*)
- How did the health worker teach the procedure for giving the drug? (*Desired response She demonstrated how to break the tablet then the mother practiced giving the drug to Gert*)

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Introduce STEPS IN TEACHING A CARETAKER TO ADMINISTER ORAL DRUGS

The facilitator asks participants to turn to pages 7 and 8 of the Participant's Manual *Steps in Teaching a Caretaker to Give Oral Drugs at Home* S/he reads it aloud, making the statements and asking the checking questions below

STEPS IN TEACHING A CARETAKER TO GIVE ORAL DRUGS AT HOME

ASK what the caretaker is doing to treat the child's illness

- Ask questions that get complete information
 - How* are you treating the child for this illness?
 - What* are you doing for the child's illness?
- *In the role play, what did the health worker ASK the mother? (Desired response She asked "How have you been taking care of her at home?")*

DECIDE the appropriate drugs, dose and schedule for the child's age or weight

- Use the *TREAT THE CHILD* chart to determine the appropriate drug, dosage and schedule

GIVE INFORMATION on how to treat the child at home

- Use short, clear phrases to help the caretaker learn how to treat the child at home
 - *In the role play how did the health worker GIVE INFORMATION to the caretaker? (Desired response The information was in small pieces, and the health worker checked for understanding)*

SHOW EXAMPLES of how to carry out tasks to treat the child at home

- Clearly and simply demonstrate the task for the caretaker For example, show the caretaker how to divide a tablet or to apply eye ointment
 - *How did the health worker SHOW EXAMPLES of what the mother should do to treat her child at home? (Desired response She showed the mother how to divide a cotrimoxazole tablet and make it easier for the child to swallow, she showed her the label on the drug and how to read it)*

LABEL AND PACKAGE THE DRUG

- Clearly write the name of the patient, date, name of drug, quantity, dose, and schedule on a drug label For example

Name of Patient	Date
Name of drug	Quantity of drug
Dose and schedule	
- Put the total amount of each drug into its own labeled drug container (an envelope, paper, tube or bottle) Keep drugs clean Use clean containers
- After you have labeled and packaged the drug, explain the label to the caretaker

LET THE CARETAKER PRACTICE the tasks

- Check the caretaker's understanding by asking her to show you how she will carry out treatment at home
- This helps you see that she understands how to treat the child at home For some treatments, like giving a relieving, soothing remedy for a cough, it may be enough to ask the caretaker to describe how to do the task at home
 - *How did the health worker LET THE CARETAKER PRACTICE? (Desired response Let the mother crush the tablet in the cup with a spoon)*

CHECK UNDERSTANDING

- Ask the caretaker checking questions, such as
 - "How will you prepare this tablet?"
 - 'Which drug will you give three times a day?"

Explain that all the oral drugs must be given to the child until finished, even if the child gets better before the drugs are finished

- *It is important to complete the course of drugs because the bacteria or malaria parasites may still be present even though the signs of disease are gone*

Explain that all drugs should be kept out of the reach of children

- *Advise the caretaker to keep all medicines out of reach of children*
- *How do you advise the caretaker to keep all medicines out of reach of children? (Desired response Tell her to store drugs in a cool, dark place that is free of mice and insects, for example a clay pot that is covered with a plate)*

Tell the caretaker to watch the child for 30 minutes after she gives the child a drug If the child vomits within 30 minutes, she should give another dose If the child is dehydrated and vomiting, she should wait until the child is rehydrated to give the dose again

- *Ask the caretaker to give the first dose to the child*
- *What do you tell the caretaker if the child is vomiting? (Desired response If the child is vomiting the caretaker should give the drug even though the child may vomit it up)*
- *What should the caretaker do if the child vomits 10 minutes after she gives the child a drug? (Desired response She should give another dose The tablet or syrup may be seen in the vomit If the child is dehydrated and vomiting, she should wait until the child is rehydrated to give the dose again)*

B Practice DETERMINING DOSE, SCHEDULE, MEASURING AND LABELING ORAL DRUGS

FACILITATOR'S NOTE

The following exercise illustrates the importance of labeling drugs

Place a variety of unlabeled drugs on a table in the classroom. The drugs should be separated into small groups of each drug. Ask participants to come to the table and look at the drugs.

Then, ask participants to identify the different drugs by stating the name of each small group of drugs.

Most likely participants will identify the drugs differently. Point out that different tablets that look similar could cause confusion for a caretaker when more than one drug is dispensed.

After completing the exercise described in the Facilitator's Note above, the facilitator asks

- What did you learn from this exercise? (*Desired response: Many drugs look very similar and there can be confusion about drugs that look similar. It is very important to label drugs.*)

1 Complete WRITTEN EXERCISE

The facilitator introduces the next activity

- You will now have the opportunity to practice determining dose and schedule for oral drugs, labeling the drug and teaching the caretaker to give the drug.

The facilitator asks participants to turn to pages 9 and 10 of the Participant's Manual *Written Exercise*

**WRITTEN EXERCISE
DEMONSTRATE MEASURING DOSES**
(with answers)

Determine Dose and Schedule

Write Labels

- 1 Cotrimoxazole for a 6-kg-child, named Amin
Answer ½ adult tablet, or 2 pediatric tablets or 5 ml of suspension 2 times daily for 5 days

NAME		DATE	
DRUG		QUANTITY	
			
DOSE			

- 2 Chloroquine for a 9-kg-child, named Kumkum
Answer ½ tablet (150 mg) for 3 days or 1 tablet (100 mg) for 2 days and ½ tab on third day or 7.5 ml syrup for second day and 5 ml on third day

NAME		DATE	
DRUG		QUANTITY	
			
DOSE			

- 3 Iron tablet for a 12-kg-child, named Barbara
Answer ½ tablet (200 mg) every day for 14 days, or 2 ml syrup (100 ml per 5 ml) every day for 14 days

NAME		DATE	
DRUG		QUANTITY	
			
DOSE			

WRITTEN EXERCISE
(continued)

Decide Dose and Schedule

Write Labels

- 4 Mebendazole for a 3-year-old child, named Juan
Answer 1 tablet (500 mg), or 5 tablets (100 mg) given in a single dose in clinic

NAME		DATE	
DRUG		QUANTITY	
			
DOSE			

- 5 Paracetamol for high fever in a 14-kg-child, named Alice
Answer 1½ tablet (100 mg), or ½ tablet (500 mg) every six hours until high fever is gone

NAME		DATE	
DRUG		QUANTITY	
			
DOSE			

- 6 Vitamin A for a 5-month-old child (100 000 IU), Namakao
Answer ½ capsule given in clinic and ½ capsule given to mother to give at home the next day

NAME		DATE	
DRUG		QUANTITY	
			
DOSE			

The facilitator explains

- Use the TREAT THE CHILD Chart to determine the dose for each case on the *Written Exercise*
- Then write the name of the child, the name of the drug, the dose and schedule for the drug on the label provided next to each case
- After finishing this exercise, participants will use practice measuring the doses for the cases in the *Written Exercise* using actual drugs

The facilitator and the co-facilitator make themselves available for any questions as the participants complete the *Written Exercise*

2 Correct WRITTEN EXERCISE

When participants have finished the *Written Exercise*, the facilitator asks a participant to come to the Enlarged Drug Label and write his/her responses for the first drug label from the *Written Exercise*

The facilitator corrects as necessary

S/he asks another participant to write the responses for the next label on the Enlarged Drug Label S/he corrects as necessary

S/he continues to ask participants to write their responses for the remaining drug labels on the Enlarged Drug Label S/he corrects as necessary

C Practice PREPARING ORAL DRUGS

The facilitator asks participants to turn to page 11 of the Participant's Manual *Measuring Oral Drugs* S/he reads page 11 aloud and asks the questions below

—

MEASURING ORAL DRUGS

Tablets

Show the caretaker the amount to give per dose. If needed, show her how to divide a tablet.

- Describe how a health worker shows a caretaker how to divide a tablet. (Desired response: The health worker breaks the tablet with her fingers or cuts it with a knife, then holds it up so that the caretaker can see the two halves of the tablet)
- How can the health worker be sure that the caretaker knows how to divide a tablet? (Desired response: Ask the caretaker to divide a tablet)

If a tablet has to be crushed before it is given to a child, add a few drops of clean water to the tablet in a cup and wait a minute or so. The water will soften the tablet and make it easier to crush.

Syrup

Show the caretaker how to measure the correct number of millilitres (ml) for one dose at home. Use the bottle cap or a common spoon, such as a spoon used to stir sugar into tea or coffee. Show her how to measure the correct dose with the spoon.

One true teaspoon (tsp) equals 5.0 ml (see below)

MILLILITRES (ml)	TEASPOONS (tsp)
1.25 ml	$\frac{1}{4}$ tsp
2.5 ml	$\frac{1}{2}$ tsp
5.0 ml	1 tsp
7.5 ml	$1\frac{1}{2}$ tsp
10.0 ml	2 tsp
15 ml	3 tsp

Common spoons are often not accurate measurements. Check them for accuracy.

Capsules

Show the mother the amount to give per dose. If a child needs less than a whole vitamin A capsule (or cannot swallow a whole capsule), show the mother how to open the capsule and squirt part of its liquid into the child's mouth.

FACILITATOR'S NOTE

You will demonstrate how to decide doses measure and mix oral drugs

Demonstrate how to measure the doses in Case Studies #1, #2, and #6 on the *Written Exercise* You should demonstrate ½ tablet for Case Study #1 syrup for Case Study #2, and Vitamin A for Case Study #6

Make sure to demonstrate good hygienic technique for participants Have the proper drugs, spoons cups and other equipment prepared on a side table before beginning the session

Instruct participants to

- Note which tablets look similar and could cause confusion when more than one drug is dispensed
- For syrup use a variety of common spoons to illustrate teaspoon measurements
- For Vitamin A, use a cup to demonstrate how to squirt a Vitamin A capsule into the mouth of a child

S/he asks participants to go to the side table(s) for the demonstration

S/he states

- Again, if participants do not dispense drugs, it is important for them to check the skills of the person who does dispense drugs in their clinics

S/he begins the demonstration following the instructions in the Facilitator's Note above

IV SUMMARY AND EVALUATION

The facilitator asks participants if there are any questions about the demonstration just completed S/he clarifies as necessary

A Assign TASK

The facilitator states

- In the next exercise, you will practice using good communications and teaching skills to teach a caretaker to treat a sick child with one oral drug You will work with a partner to do this exercise

To review and prepare participants for the next exercise, the facilitator asks

- What are good communications skills when counseling caretakers that we reviewed earlier in this session? (*Desired response ASK and LISTEN PRAISE ADVISE, CHECK UNDERSTANDING*)
- What are the steps a health worker takes to teach a caretaker to give oral drugs at home? (*Desired response Ask the caretaker how s/he is treating the illness, decide the drug, dose, schedule,, give information, show examples, label and package the drug, let the caretaker practice, check understanding*)

The facilitator states

- The goal of this activity is to make sure that the caretaker will know how to treat the sick child at home

S/he divides the participants into pairs and assigns each pair a case from pages 8 and 9 of the Participant's Manual

S/he states

- Decide among yourselves who will be the health worker who will be the caretaker Work together to act out the role of the health worker and the caretaker The health worker's role is to make sure that the caretaker understands how to treat the sick child at home
- As the "health worker" practices, the "caretaker" has two jobs to act the role of the caretaker, and to think about what the health worker does that is particularly useful in teaching the caretaker
- When the health worker has finished with this practice session, s/he listens to the caretaker as s/he gives feedback on what the health worker did that was particularly useful
- After practicing the case, call the facilitator or the co-facilitator and have them observe you as you act out the teaching process again The facilitator or the co-facilitator will observe, keeping in mind that the goal of the exercise is to see how sure s/he is that the caretaker will know how to treat the sick child at home

B Complete TASK

The facilitator allows 15 minutes for participants to complete the task

S/he and co-facilitator circulate among participants to clarify questions and to give feedback when the participants are prepared

C Discuss BARRIERS TO USING GOOD COMMUNICATIONS SKILLS TO TEACH CARETAKER

**FACILITATOR'S NOTE
USING GOOD COMMUNICATIONS AND TEACHING SKILLS**

The role plays may bring out barriers to using the recommended steps in teaching the caretaker to care for the sick child at home. It is important to

- Acknowledge that barriers exist. Some of the barriers mentioned may be
 - ▶ there is no privacy in the clinic to talk about sensitive issues
 - ▶ the caretaker may be embarrassed that her child is sick
 - ▶ she may be afraid that she will be rebuked
 - ▶ it is a new situation for both the health worker and the caretaker
 - ▶ there is not enough time
 - ▶ there are long queues waiting for help
- Give the participants the opportunity to practice these communications skills as often as possible
- Recognize that the process of learning and using these skills may be a long one for some participants, and that they need to see *how* these skills can help make their jobs easier and their patients healthier

When all pairs have been observed by the facilitator or co-facilitator, the facilitator leads a discussion with the entire group to discuss the role plays.

S/he asks the group

- How sure are you that the caretaker will know how to treat the sick child at home?
(Facilitator listens for responses, s/he does not critique at this point)

S/he asks each health worker in the role plays

- What worked especially well? What would you do differently next time?
- What did you find difficult? Why?

S/he asks each caretaker in the role plays

- What worked especially well? What would you change?
- What did you find difficult? Why?

S/he asks the group

- Overall, what skills do you think you need to improve? *(The answer to this question points the facilitator in the direction of future skills development within the Course)*
- Is it possible for you to speak with caretakers in your health centre in the same way you did in this role play? *(Likely response No)*
- Why? Why is it not realistic? *(The facilitator listens carefully to the participants' responses and acknowledges that there may be difficulties in using these skills)*

If participants have difficulty answering this question, the facilitator asks

- What are the barriers, or obstacles, that you face when you communicate with and teach caretakers? *(Possible responses There is no privacy in the clinic to talk about sensitive issues, the mother may be embarrassed that her child is sick, she may be afraid that she will be rebuked, it is a new situation for both the health worker and the caretaker, there is not enough time, there are long queues waiting for help)*
- What can be done to overcome some of these obstacles? For example, how can you overcome the obstacle that there is not enough time to carry out these steps? *(The participants may not see an immediate answer to this obstacle S/he can reinforce the advantages of the IMCI recommended teaching and communications skills over the long-term by stating
If the sick child is treated properly in the home, s/he will not have to come back for the same illness as often or frequently,
If the mother receives good training in how to treat her sick child for one illness, that experience may help her avoid other illnesses)*

In summary, the facilitator thanks the participants for their hard work

TREAT THE CHILD

ACTIVITY 3

Teach the Caretaker to Treat Local Infections at Home

LEARNING OBJECTIVES

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

- Use the TREAT THE CHILD Chart to identify treatments that are given by the caretaker at home
- Describe the procedure for treatment of local infections (eye, ear, mouth and throat infections)
- Use good teaching and communications skills to teach the caretaker to treat local infections
- Describe the need to wash hands before and after treating local infections as a way of controlling the spread of infections

TIME 1 hour (*1 hour 45 minutes with Optional Exercise*)

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
TREAT THE CHILD Wall Chart
IMCI Chart Booklet
Flipchart #1 (from Activity 1)
Flipcharts #8 - #10
For Demonstration basin, pitcher with water, cloths, doll, tetracycline ointment
Pictures Control Infections
Participant's Manual, pages 12 - 13

ACTIVITY OUTLINE
Teach the Caretaker to Treat Local Infections at Home

Content	Materials
I Introduction	
A Review of Previous Activity Using Good Communication Skills to Teach a Caretaker to Give Oral Drugs	Flipchart #1
B Review Session Objectives	Flipchart #8
II Find out What Participants Know and Do	
A Check Understanding of Classifications	IMCI Chart Booklet
III Build on What Participants Know and Do	
A Illustrate Basic Steps in Controlling Infections	Pictures Control Infections
B Put Pictures in Sequence	Pictures Control Infections, Flipchart #9
C Treat Eye Infection With Tetracycline Eye Ointment	IMCI Chart Booklet Participant's Manual page 12
D Dry the Ear by Wicking	IMCI Chart Booklet
1 Demonstration of Dry the Ear by Wicking	Cups with water/cloth/wicks
2 Practice Dry the Ear by Wicking	Participant's Manual, page 13
E Treat Mouth Ulcers with Gentian Violet	IMCI Chart Booklet
F Soothe the Throat Relieve the Cough with a Safe Remedy	IMCI Chart Booklet
IV Practice Using Good Teaching Skills to Treat Local Infections (Optional)	
A Practice Skills	Flipchart #10
B Discuss Demonstration	
C Summarize Demonstration	

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review PREVIOUS ACTIVITY. USING GOOD COMMUNICATION SKILLS TO TEACH A CARETAKER TO GIVE ORAL DRUGS.

The facilitator refers to *Flipchart #1 TREAT THE CHILD Sessions*

TREAT THE CHILD SESSIONS

- ✓ Select the Appropriate Oral Drug
- ✓ Using Good Communications Skills to Teach a Caretaker to Give Oral Drugs
- ✓ Teach the Caretaker to Treat Local Infections at Home

Give These Treatments in Clinic Only

Immunize Every Sick Child, As Needed

Oral Rehydration Corner

Treat the Child - 1

S/he reviews the two topics that they have already covered in the TREAT THE CHILD Session

S/he explains that in this session they will

- Teach the caretaker to treat local infections at home
- Emphasize the good communications and teaching skills that participants have been using in the course

B Review SESSION OBJECTIVES

The facilitator posts *Flipchart #8 Session Objectives* and reads it aloud

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

Treat the Child - Flipchart #8

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Check UNDERSTANDING OF CLASSIFICATIONS

The facilitator asks the participants to open to page 2 of their IMCI Chart Booklets S/he makes the connection between the CLASSIFY and IDENTIFY TREATMENT columns of the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Chart

S/he asks

- What is a local infection? (*Desired response Infections found only in a small, specific place on the body, for example, in the eye or the mouth These are places which can be reached with medicine that can be applied on the surface of the body or mouth or ear*)
- What are the classifications that require treatment for local infections? (*Desired response NO PNEUMONIA COUGH OR COLD, MEASLES WITH EYE OR MOUTH COMPLICATIONS, ACUTE AND CHRONIC EAR INFECTIONS*)
- In your experience, why is it important to treat local infections? (*Desired response To keep the infection from becoming worse In the case of the eye, to prevent blindness, the ear, to prevent deafness, mouth ulcers and sore throat, to allow the child to eat comfortably*)

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Illustrate BASIC STEPS IN CONTROLLING INFECTIONS

The facilitator distributes *Pictures Control Infections* to participants S/he asks participants who don't receive a card to form a pair with another participant who received a card

PICTURES
CONTROL INFECTIONS



(In correct sequence)

S/he states

- We will use Treat Eye Infection as an example of the steps to take in controlling infections

S/he instructs participants to

- Look at your picture and tell us what it illustrates
- Now, post the pictures on the wall at the front of the room

All participants should be able to see all the pictures on the wall at the front of the room

B Put PICTURES IN SEQUENCE

Once all the pictures have been posted on the front wall, the facilitator asks

- All of the participants should go to the front of the room
- Working together as a group, they should put the pictures in the order that shows how a health worker treats a local infection

When the pictures are in the order that the participants think is correct, the facilitator makes any necessary corrections and explains the corrections

The facilitator posts *Flipchart #9 Basic Steps in Treating Local Infections* and reads it aloud

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

Treat the Child - Flipchart #9

S/he reinforces the sequence that is illustrated by the pictures

C TREAT EYE INFECTION WITH TETRACYCLINE EYE OINTMENT

FACILITATOR'S NOTE

You will ask the participants questions about how to TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME. The purpose of asking questions is to encourage participants to read the IMCI Chart Booklet carefully and for you to check participants' understanding of each treatment.

The facilitator asks the participants to open to page 10 of their IMCI Chart Booklets.

S/he asks them to read the box titled TREAT EYE INFECTION WITH TETRACYCLINE EYE OINTMENT.

The co-facilitator moves around the room to ensure that all participants are looking at the following box.

- ▶ ***Treat Eye Infection with Tetracycline Eye Ointment***
- ▶ Clean both eyes 3 times daily
 - Wash hands
 - Ask child to close the eye
 - Use clean cloth and water to gently wipe away pus
 - ▶ Then apply tetracycline eye ointment in both eyes 3 times daily
 - Ask the child to look up
 - Squirt a small amount of ointment on the inside of the lower lid
 - Wash hands again
 - ▶ Treat until redness is gone
 - ▶ Do not use other eye ointments or drops, or put anything else in the eye

The facilitator asks

- How often does the caretaker need to treat an eye infection? (*Desired response 3 times per day*)

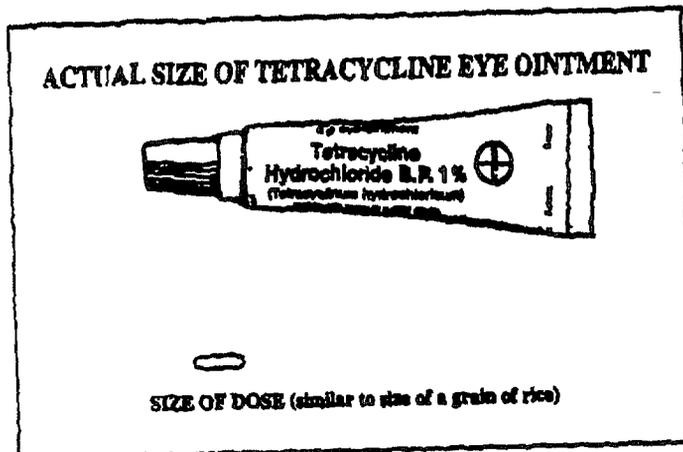
- How long does the caretaker need to treat an eye infection? (*Desired response Until the redness is gone*)
- How much ointment does the caretaker need to apply? (*Desired response A small amount, about the size of a grain of rice*)
- Does the caretaker apply the ointment to both eyes or just one? (*Desired response Both eyes*)

The facilitator asks participants to turn to page 12 of the Participant's Manual *Treat Eye Infection with Tetracycline Eye Ointment*

S/he states

- Page 12 shows you the actual size of tetracycline eye ointment and how the caretaker should apply the ointment

Treat Eye Infection with Tetracycline Eye Ointment



D DRY THE EAR BY WICKING

The facilitator asks participants to look at the box on page 10 of their IMCI Chart Booklets titled **DRY THE EAR BY WICKING**

S/he reads the box **DRY THE EAR BY WICKING** aloud

The co-facilitator moves around the room to ensure that all participants are looking at the following box

▶ **Dry the Ear by Wicking**

- ▶ Dry the ear at least 3 times daily
 - Roll clean absorbent cloth or soft, strong tissue paper into a wick
 - Place the wick in the child's ear
 - Remove the wick when wet
 - Replace the wick with a clean one and repeat these steps until the ear is dry

The facilitator asks

- What is wicking? *(Desired response The use of a clean, absorbent cloth or strong paper tissue to make a "wick" which absorbs fluid from the child's ear. This "wicking" action dries the ear, and helps it heal)*
- How often does the caretaker need to wick an ear? *(Desired response At least 3 times per day)*
- How long does the caretaker need to keep the wick in the child's ear? *(Desired response She needs to leave the wick in the child's ear until the wick is wet and then repeat with clean wicks until the wick is dry)*

1 DEMONSTRATION OF DRY THE EAR BY WICKING

FACILITATOR'S NOTE

In this exercise, you will demonstrate how to dry the ear by wicking

Before the session begins you should prepare the following materials

- Enough strong paper tissue or absorbent cloth for each participant to have one wick
- A doll

The facilitator asks participants to turn to page 13 of the Participant's Manual *Dry the Ear by Wicking*

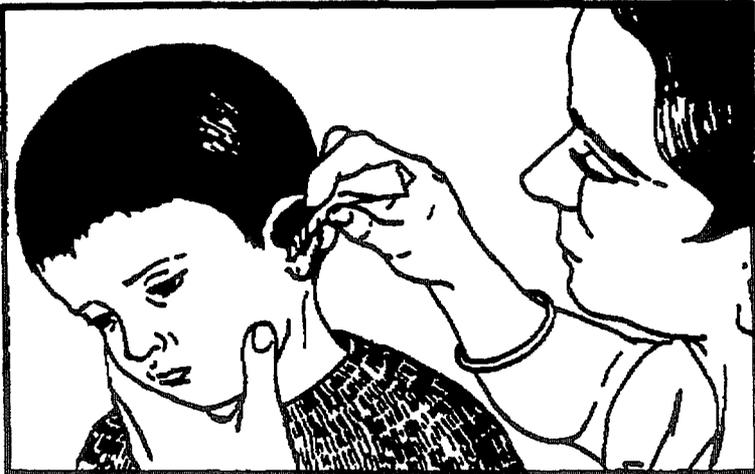
S/he explains

- This picture demonstrates how to DRY THE EAR BY WICKING

S/he asks the question below

Treat the Child - 13

DRY THE EAR BY WICKING



- *Look carefully at the picture How does the caretaker DRY THE EAR BY WICKING? (Desired response She makes a wick, she turns the child's head slightly and holds his head to keep him still, she puts the wick in the child's ear, she removes the wick when it is wet)*

The facilitator states that

- S/he will now demonstrate how to DRY THE EAR BY WICKING

S/he demonstrates how to make a wick

Then, using the doll, s/he demonstrates how to dry the child's ear with a wick

2 PRACTICE DRY THE EAR BY WICKING

The facilitator asks

- What do you use to make a wick in your clinic? (*Possible response cotton wool*)

S/he states

- To practice today, we will use this cloth to make a wick

S/he distributes one cloth to each participant S/he asks them to make a wick

S/he asks each participant to form a pair with another participant

S/he states

- Practice drying your partner's ear with a wick
- Of course, your partner's ear is larger than a child's ear However, this practice should help you get a sense of how to DRY THE EAR BY WICKING

The facilitator and co-facilitator watch the pairs dry each other's ears using the wick They correct their technique as necessary

The facilitator asks

- If you were teaching a caretaker to do this, what are the important points that you would tell the caretaker? (*Desired response Keep the child still, use clean cloths to wick the ear until it is dry, keeping the ear dry allows it to heal more quickly*)

S/he emphasizes

- Both the caretaker and the health worker should be careful not to put any sharp or hard objects in the child's ear This could pierce the ear drum and lead to deafness The wick should not be too sharp or hard

S/he asks

- What do caretakers usually do when their child has pus draining from the ear? *(Possible response They plug the ear with cotton wool)*

S/he states

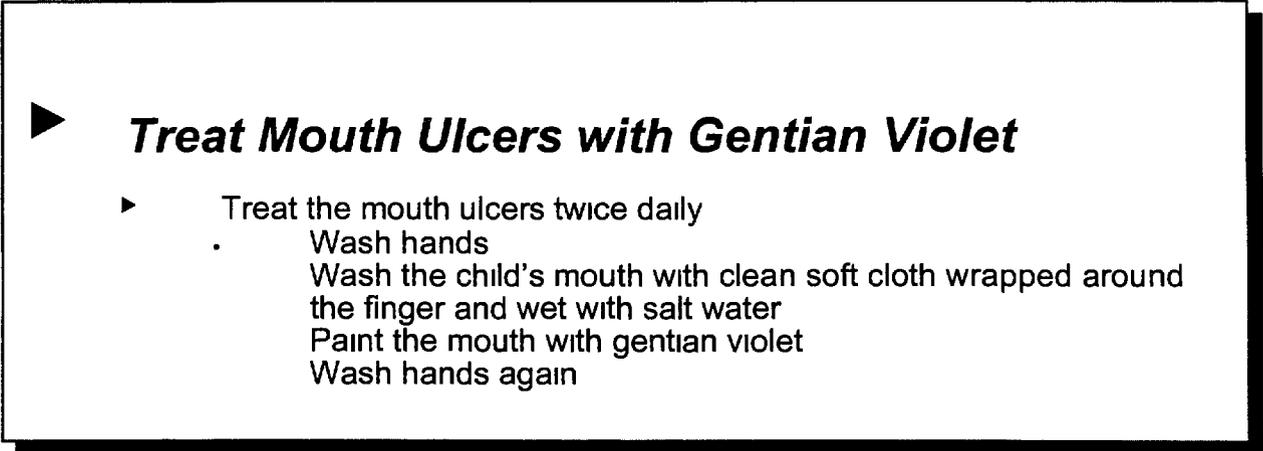
- The health worker should teach the caretaker to let the pus drain from the child's ear, and not to plug the ear with cotton wool Letting the ear dry helps the infection heal more quickly

E TREAT MOUTH ULCERS WITH GENTIAN VIOLET

The facilitator asks participants to look at the box titled TREAT MOUTH ULCERS WITH GENTIAN VIOLET on page 10 of their IMCI Chart Booklets

S/he reads the box TREAT MOUTH ULCERS WITH GENTIAN VIOLET aloud

The co-facilitator moves around the room to ensure that all participants are looking at the following box

- 
- ▶ ***Treat Mouth Ulcers with Gentian Violet***
- ▶ Treat the mouth ulcers twice daily
 - Wash hands
 - Wash the child's mouth with clean soft cloth wrapped around the finger and wet with salt water
 - Paint the mouth with gentian violet
 - Wash hands again

S/he asks

- Why is it important to treat mouth ulcers? *(Desired response So that the child can eat and drink more comfortably)*
- How often does the caretaker need to treat the mouth ulcers? *(Desired response 2 times per day)*

- How does the caretaker treat the mouth ulcers? (*Desired response Wash hands wash the child s mouth with a soft clean cloth wrapped around the finger that has been wet with salt water paint the mouth with gentian violet, wash hands again*)

F SOOTHE THE THROAT, RELIEVE THE COUGH WITH A SAFE REMEDY

The facilitator asks

- What do you currently prescribe for a child with a sore throat and cough? (*Possible responses tea with honey, lemon water with sugar etc*)

S/he asks participants to locate the box titled SOOTHE THE THROAT, RELIEVE THE COUGH WITH A SAFE REMEDY on page 10 of their IMCI Chart Booklets

S/he reads the box SOOTHE THE THROAT, RELIEVE THE COUGH WITH A SAFE REMEDY aloud

The co-facilitator moves around the room to ensure that all participants are looking at the following box

▶ **Soothe the Throat, Relieve the Cough with a Safe Remedy**

Safe remedies to recommend

- Breastmilk for exclusively breastfed infant
- Tea with sugar

• Harmful remedies to discourage _____

S/he asks

- What does SOOTHE mean? (*Desired response Relieving, to reduce pain*)

If participants do not define SOOTHE accurately, s/he states

- SOOTHE means to relieve pain

S/he continues by asking

- What is the best safe remedy for a child who is exclusively breastfeeding? *(Desired response breastmilk)*
- What do you do if a caretaker brings a child in who has a cough, and s/he says that she has been giving the child a cough remedy with codeine? *(Desired response Tell the caretaker to stop giving the child the cough medicine It can actually keep the child from improving by sedating the child and interfering with feeding)*
- What are some harmful remedies that you should discourage caretakers from using with sick children? *(Desired responses Cough medicines with codeine or alcohol medicated nose drops)*

S/he instructs participants

- Write these harmful remedies in the space provided in the box on page 10 of their IMCI Chart Booklets

IV PRACTICE USING GOOD TEACHING SKILLS TO TREAT LOCAL INFECTION

(Optional 45 minutes)

FACILITATOR'S NOTE

The purpose of this activity is for participants to design a demonstration of how to teach a caretaker to treat a local infection. They will demonstrate how to TREAT EYE INFECTION and TREAT MOUTH ULCERS. Make sure that all participants are seated so that they can see the demonstrations. The total time allocated for this activity is 20 minutes.

1 Divide the group into pairs. Assign each group one of the following: TREAT EYE INFECTION or TREAT MOUTH ULCERS.

2 Give each pair the material for their demonstration.

TREAT EYE INFECTION

Basin with water for hand washing
Two cloths
Tube of tetracycline ointment
Doll

TREAT MOUTH ULCERS

Basin with water for hand washing
Cloth
Salt and clean water
Gentian violet (if available)

3 Ask each pair to design a demonstration that allows the facilitators and participants to see how they teach a caretaker to treat the local infection.

4 Ask each pair to decide who will be the caretaker and who will be the health worker.

5 Allow each pair 10 minutes to design the demonstration and 5 minutes to practice.

6 Ask them to demonstrate how to treat the local infection for the entire group.

7 Counsel and advise them about their teaching skills if necessary. For example, listen to see if the health worker tells the caretaker what s/he is doing, if s/he demonstrates the technique, if s/he asks the caretaker to practice herself, if s/he checks the caretaker's understanding.

The facilitator reviews the steps in using good teaching skills by asking

- What should health workers do to teach caretakers to give drugs at home?
(Desired response: Ask, Give Information, Show Examples, and Let Caretaker Practice)

The facilitator explains

- You will now have an opportunity to practice using these skills by teaching the caretaker to treat a local infection at home.

A Practice SKILLS

The facilitator posts *Flipchart #10 Tasks for Teaching Caretaker* and reads it aloud

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?

Treat the Child - Flipchart #10

The facilitator assigns the task according to Facilitator's Note above

B Discuss DEMONSTRATION

After participants have prepared their demonstrations, the facilitator asks each pair to demonstrate how to teach the caretaker to treat a local infection at home

After each demonstration, s/he leads a discussion about the demonstration by asking

- After watching this demonstration, how can we know that the caretaker understands how to treat the child at home? (*Desired responses The health worker watches the caretaker practice, the caretaker demonstrates the treatment correctly, the health worker asks checking questions*)

S/he reinforces that watching the caretaker practice and asking checking questions help us know that the caretaker understands the treatment

C Summarize DEMONSTRATION

The facilitator summarizes by praising the participants for their hard work

S/he states

- They have demonstrated very important communications and teaching skills during the two sessions on Teach the Caretaker to Treat They will continue to use these skills throughout the rest of the Course

TREAT THE CHILD

ACTIVITY 4

Give These Treatments in Clinic Only

LEARNING 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

TIME 1 hour 45 minutes

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
TREAT THE CHILD Chart
IMCI Chart Booklet
Flipchart #1 (from Activity 1)
Flipcharts #11 - #12
Participant's Manual, pages 14 - 22
Evaluation Cards Give These Treatments in Clinic Only

ACTIVITY OUTLINE
Give These Treatments in Clinic Only

<u>Content</u>	<u>Materials</u>
I Introduce Session	Flipchart #1
A Introduce Session Objectives	Flipchart #11
II Find Out What Participants Know and Do	
A Review Classifications Requiring Pre-Referral Treatment	ACSC Wall Chart
B Assess Participants' Experience Administering Pre-Referral Drugs	
III Build on What Participants Know and Do	
A Introduce Give Injectable Drugs	Participant's Manual, page 14
B Introduce Give Intramuscular Antibiotics	Participant's Manual page 15
1 Assign Case Study Tasks	Flipchart #12
2 Complete Case Study #1	Participant's Manual page 16
C Introduce Intramuscular Quinine	Participant's Manual, pp 17 - 18
1 Check Current Practice of Intramuscular Quinine	
D Preview of Remaining Pre-Referral Treatments	Flipchart #12
E Check Current Practice in Managing a Child With On-Going Convulsions	Participant's Manual, page 19
F Introduce Treat Severe Wheezing in a Child 12 Months or Older	
1 Complete Case Study #3	Participant's Manual, page 20
G Introduce Treatment for Low Blood Sugar	
1 Prevent Low Blood Sugar	
H Practice Preparing Intramuscular Drugs	Drugs, syringes
1 Assign Task	Participant's Manual page 21
2 Participants Demonstrate	
IV Summary and Evaluation	
A Complete Case Study Wing	Participant's Manual, page 22
B Evaluation Exercises	
1 Distribute Evaluation Cards	Evaluation Cards
2 Correct and Add Additional Information	

ACTIVITY DESCRIPTION

I INTRODUCE SESSION

The facilitator opens the session by referring to *Flipchart #1 TREAT THE CHILD Sessions*

TREAT THE CHILD SESSIONS

- ✓ Select the Appropriate Oral Drug
- ✓ Using Good Communications Skills to Teach a Caretaker to Give Oral Drugs
- ✓ Teach the Caretaker to Treat Local Infections at Home
- ✓ Give These Treatments in Clinic Only

Immunize Every Sick Child, As Needed

Oral Rehydration Corner

Treat the Child - Flipchart #1

S/he states

- So far in the TREAT THE CHILD Sessions, we have learned about Select the Appropriate Oral Drug, Using Good Communications Skills to Teach the Caretaker to Give Oral Drugs, and Teach the Caretaker to Treat Local Infections at Home
- The next step is to learn about the treatments that a health worker gives to a child in the clinic before the child is referred to hospital Give These Treatments in Clinic Only

A Introduce SESSION OBJECTIVES

S/he posts *Flipchart #11 Session Objectives* and reads it aloud

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

Treat the Child - Flipchart #11

S/he states

- These are all treatments that a health worker gives in clinic before the child is referred to hospital
- The reason the health worker gives these treatments is to ensure that the child will arrive safely at hospital

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Review CLASSIFICATIONS REQUIRING PRE-REFERRAL TREATMENT

The facilitator asks the participants to go to the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart

S/he makes the connection between the CLASSIFY and IDENTIFY TREATMENT columns of the Wall Chart

S/he asks

- Which SEVERE CLASSIFICATIONS require URGENT REFERRAL and some treatment in clinic before referral? (*Desired responses*
 - *SEVERE PNEUMONIA OR VERY SEVERE DISEASE*
 - *VERY SEVERE FEBRILE DISEASE*
 - *SEVERE COMPLICATED MEASLES*
 - *MASTOIDITIS*)

S/he asks a volunteer participant to point to these boxes on the Wall Chart

The facilitator asks

- What is the identified TREATMENT before urgent referral for each of these SEVERE CLASSIFICATIONS? (*Desired responses for SEVERE PNEUMONIA OR VERY SEVERE DISEASE give first dose of an appropriate antibiotic, if wheezing and 12 months or older, treat for severe wheezing, for VERY SEVERE FEBRILE DISEASE, give quinine for severe malaria, give first dose of an appropriate antibiotic, treat the child to prevent low blood sugar, give one dose of paracetamol in clinic for high fever, for SEVERE COMPLICATED MEASLES, give Vitamin A, give first dose of an appropriate antibiotic, if clouding of the cornea or pus draining from the eye apply tetracycline eye ointment, for MASTOIDITIS, give first dose of an appropriate antibiotic give first dose of paracetamol for pain*)

S/he asks a volunteer participant to point to these boxes on the Wall Chart

S/he asks participants to return to their seats

B Assess PARTICIPANTS' EXPERIENCE ADMINISTERING PRE-REFERRAL DRUGS

FACILITATOR'S NOTE

Many of the treatments covered in this activity have dangerous side effects if they are not measured and administered properly

The questions that you ask participants in this activity will help you find out which participants are qualified to administer these treatments

Use participants' responses to make sure that the participants who do administer these drugs are doing so properly. You should make it clear to all participants that they should not attempt to give these drugs if they are not confident that they know how to give them correctly and safely. In this case they should simply refer the child.

The facilitator asks

- Who has been trained to administer injections?
- For those who have been trained to administer injections, do you administer
 - ▶ intramuscular injections?
 - ▶ subcutaneous injections?
 - ▶ intravenous injections?

- For those who administer injections, how frequently do you administer each of these injections?
- Who can insert a nasogastric tube?
- What is your experience in measuring doses of
 - epinephrine?
 - aminophylline?
 - benzylpenicillin?
 - chloramphenicol?
 - intramuscular quinine?

S/he emphasizes

- These drugs have dangerous side effects if they are not administered correctly
- If you are not confident that you can give any of these drugs correctly and safely, you should not give them. You should simply refer the child to hospital

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Introduce GIVE INJECTABLE DRUGS

The facilitator states

- In some cases you will need to give a drug, but you will not be able to give it orally

S/he asks

- Under what conditions would you give an injectable drug rather than an oral drug? (*Desired response: If the child is not able to drink or breastfeed, vomits everything, is having convulsions, or is unconscious or lethargic*)

The facilitator asks participants to turn to page 14 of the Participant's Manual *Give These Treatments in Clinic Only*. S/he reads page 14 aloud.

GIVE THESE TREATMENTS IN CLINIC ONLY

- ▶ **Explain to the mother why the drug is given**
 - ▶ **Determine the dose appropriate for the child's weight (or age)**
 - ▶ **Use a sterile needle and sterile syringe Measure the dose accurately**
 - ▶ **Give the drug as an intramuscular injection**
 - ▶ **If child cannot be referred, follow the instructions provided**
-
- **Give an injectable drug if**
 - ▶ **the child is not able to drink or breastfeed, or**
 - ▶ **vomits everything, or**
 - ▶ **is having convulsions, or is**
 - ▶ **lethargic or unconscious**

B Introduce GIVE INTRAMUSCULAR ANTIBIOTIC

The facilitator asks participants to locate the box titled *Give an Intramuscular Antibiotic* on page 11 of their IMCI Chart Booklets

The co-facilitator moves around the room to ensure that all participants are looking at the following box

► ***Give An Intramuscular Antibiotic***

FOR CHILDREN BEING REFERRED URGENTLY WHO CANNOT TAKE AN ORAL ANTIBIOTIC

- ▶ Give first dose of intramuscular chloramphenicol and refer child urgently to hospital
- ▶ If chloramphenicol is not available give first dose of IM benzylpenicillin and refer urgently

IF REFERRAL IS NOT POSSIBLE

- ▶ Repeat the chloramphenicol injection every 12 hours for 5 days
- ▶ Then change to an appropriate oral antibiotic to complete 10 days of treatment
- ▶ Do not attempt to treat with benzylpenicillin alone

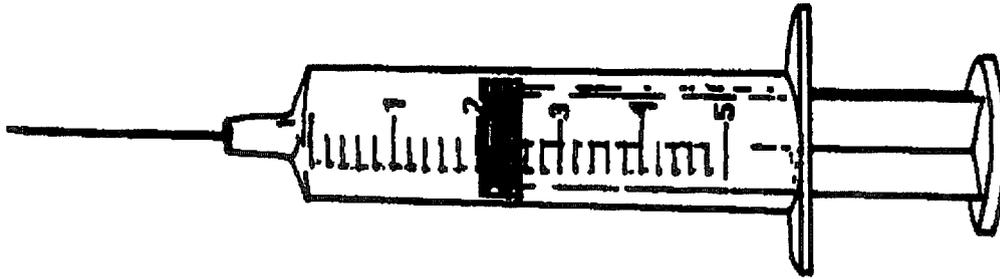
AGE or WEIGHT	CHLORAMPHENICOL Dose 40 mg per kg Add 5.0 ml sterile water to vial containing 1000 mg = 5.6 ml at 180 mg/ml	BENZYLPENICILLIN To a vial of 600 mg (1 000 000 units) Add 2.1 ml sterile water = 2.5 ml at 400 000 units/ml Give 50 000 units per kg exactly or
2 months up to 4 months (4 - < 6 kg)	1.0 ml = 180 mg	0.8 ml
4 months up to 9 months (6 - < 8 kg)	1.5 ml = 270 mg	1.0 ml
9 months up to 12 months (8 - < 10 kg)	2.0 ml = 360 mg	1.2 ml
12 months up to 3 years (10 - < 14 kg)	2.5 ml = 450	1.5 ml
3 years up to 5 years (14 - 19 kg)	3.5 ml = 630 mg	2.0 ml

The facilitator reads the box *Give An Intramuscular Antibiotic* aloud

S/he asks participants to turn to page 15 of the Participant's Manual *Give an Intramuscular Antibiotic* S/he reads page 15 aloud and asks the questions below

► **Give an Intramuscular Antibiotic**

Below is an illustration of the type of syringe used for chloramphenicol injections
Measure the dose accurately



- *For which injections do you use this syringe? (Desired response Chloramphenicol injections)*
- *What is the maximum amount of mls you can use in this syringe? (Desired response 5 mls)*
- *Why do you use a 5 ml syringe? (Desired response A 5 ml syringe makes it easier to dilute the dose)*

1 Assign CASE STUDY TASKS

The facilitator posts *Flipchart #12 Tasks for Case Studies* and reads it aloud

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

Treat the Child - Flipchart #12

The facilitator asks participants to turn to page 16 of the Participant's Manual *Case Studies*

S/he explains

- The facilitator and participants will complete the first case study together, using page 14 of the Participant's Manual (*Give These Treatments in Clinic Only*) as reference

S/he reads page 16 (Case Study #1) aloud and asks the questions below

CASE STUDY #1

A child is classified as having SEVERE PNEUMONIA OR VERY SEVERE DISEASE and is unconscious. The child is 6 months old and weighs 7 kg.

What is the treatment for this child? If appropriate, what is the appropriate antibiotic, what is its route, and what is the appropriate dose for this child's condition?

- *In this child, what is the treatment for SEVERE PNEUMONIA OR VERY SEVERE DISEASE? (Desired response: Give first dose of intramuscular chloramphenicol and refer urgently)*
- *Can you give this child an oral antibiotic? (Desired response: No)*
- *Why not? (Desired response: The child is unconscious)*
- *Which antibiotic should you use? (Desired response: Chloramphenicol)*
- *What dose? (Desired response: 1.5 ml)*
- *What drug should you give if you do not have chloramphenicol? (Desired response: Benzylpenicillin)*
- *What dose of benzylpenicillin? (Desired response: 1 ml)*
- *How do you mix chloramphenicol solution? (Desired response: Chloramphenicol usually comes in powder form in 1000 mg vials. Add 5.0 ml of sterile water (diluent) to a 1000 mg vial of chloramphenicol. This will give you 5.6 ml of chloramphenicol with a concentration of 180 mg/ml)*

C Introduce INTRAMUSCULAR QUININE

The facilitator asks participants to locate the box titled *Give Intramuscular Quinine for Severe Malaria* on page 11 of their IMCI Chart Booklets.

The co-facilitator moves around the room to ensure that all participants are looking at the following box:

▶ **Give Intramuscular Quinine for Severe Malaria**

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE

- ▶ Check which quinine formulation is available in your clinic
- ▶ Give first dose of intramuscular quinine and refer child urgently to hospital

IF REFERRAL IS NOT POSSIBLE

- ▶ Give first dose of intramuscular quinine
- ▶ The child should remain lying down for one hour
- ▶ Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week

AGE or WEIGHT	INTRAMUSCULAR QUININE	
	150 mg/ml* (in 2 ml ampoules)	300 mg/ml* (in 2 ml ampoules)
2 months up to 4 months (4 - < 6 kg)	0.4 ml	0.2 ml
4 months up to 12 months (6 - < 10 kg)	0.6 ml	0.3 ml
12 months up to 2 years (10 - < 12 kg)	0.8 ml	0.4 ml
2 years up to 3 years (12 - < 14 kg)	1.0 ml	0.5 ml
3 years up to 5 years (14 - 19 kg)	1.2 ml	0.6 ml

The facilitator reads the box *Give Intramuscular Quinine for Severe Malaria* aloud

S/he asks participants to turn to page 17 of the Participant's Manual *Give Intramuscular Quinine for Severe Malaria* S/he reads it aloud and asks the question below

Treat the Child - 17

► **Give Intramuscular Quinine for Severe Malaria**

Below is an illustration of the type of syringe used for quinine and epinephrine injections. The syringe should have fine gradations such as a tuberculin syringe. Measure the dose accurately.



- *For which injections do you use this syringe? (Desired response: Quinine and epinephrine injections)*

The facilitator asks participants to turn to page 18 of the Participant's Manual *Case Study #2*

S/he reads page 18 aloud and asks the questions below

CASE STUDY #2 DETERMINE INTRAMUSCULAR DRUG

A child is classified as having VERY SEVERE FEBRILE DISEASE and is unable to drink. The child is 12 months old and weighs 10 kg. His temperature is 38.5°C.

What are the appropriate drugs, and what are the appropriate dosages for this child's condition?

- *What is the treatment for VERY SEVERE FEBRILE DISEASE in a child who is unable to drink? (Desired response: Give first dose of intramuscular quinine for severe malaria, first dose of intramuscular chloramphenicol & one dose of paracetamol for fever, treat for low blood sugar and refer urgently)*
- *What dose should this child receive? (Desired response: Quinine 0.8 ml (150 mg/ml) or 0.4 ml (300 mg/ml), chloramphenicol 2.5 mls, paracetamol 1 tab (100 mg) or 1/4 tab (500 mg))*
- *Can you use a regular 5 ml syringe to measure this dose? Why or why not? (Desired response: No. To measure such a small volume you must use a 1 cc syringe, or a tuberculin syringe)*
- *What if the child had VERY SEVERE FEBRILE DISEASE and was able to drink? What antimalarial would you give? (Desired response: Quinine)*

1 Check CURRENT PRACTICE OF INTRAMUSCULAR QUININE

To assess the participants' current understanding of the use of intramuscular quinine, the facilitator asks

- *What are the possible side effects of a quinine injection? (Desired response: Abscesses at the injection site, dizziness, ringing in the ears, sudden drop of blood pressure)*
- *What can happen if there is a sudden drop in the child's blood pressure? (Desired response: The child could faint)*

- What should a health worker do to prevent injury if the child's blood pressure drops suddenly? *(Desired response Make sure the child is lying down when giving the injection Because a drop in blood pressure may cause the child to faint, the child should be lying down to prevent any injury)*
- If there is no quinine, can a health worker give intramuscular chloroquine instead of intramuscular quinine? Why or why not? *(Desired response No Chloroquine is not always effective and is less safe)*
- Chloramphenicol and benzylpenicillin and quinine are given as deep intramuscular injections Can you give this injection in the buttock? *(Desired response No)*
- Where should you give an IM injection? *(Desired response In the front of the thigh)*
- Can quinine be given as an intravenous injection in the clinic? Why or why not? *(Desired response No Never This may kill the child, unless it is done in a well staffed hospital where the drug is given slowly over 4 to 8 hours with special monitoring)*

The facilitator emphasizes

- Even with IM quinine the child should be carried to the hospital lying down

D Preview REMAINING PRE-REFERRAL TREATMENTS

The facilitator states

- In addition to giving intramuscular antibiotics and quinine, there are three more treatments that a health worker should be able to carry out in the clinic before referring a child to hospital

Referring to *Flipchart #12 Session Objectives*, the facilitator states that the three remaining pre-referral treatments are

- treat convulsions
- treat severe wheezing
- prevent low blood sugar

E Check CURRENT PRACTICE IN MANAGING A CHILD WITH ON-GOING CONVULSIONS

To find out how participants currently manage a child with convulsions, the facilitator asks

- How do you manage a child during a convulsion?

The co-facilitator lists their responses on a blank flipchart

The facilitator asks

- Why is it important to treat a child with convulsions? (*Desired response. Because convulsions can harm the child's brain if they continue for too long*)

The facilitator asks participants to turn to page 19 of the Participant's Manual *Treat a Convulsing Child with Diazepam*. S/he reads it aloud and asks the appropriate checking questions

▶ **Treat a Convulsing Child with Diazepam**

- **Manage the Airway**
 - Turn the child on his or her side to avoid aspiration
 - *What does "aspiration" mean?*
 - Do not insert anything in the mouth
 - If the lips and tongue are blue, open the mouth and make sure the airway is clear
 - If necessary, remove secretions from the throat through a catheter inserted through the nose

- ▶ **Give Diazepam Rectally**
 - Draw up the dose from an ampoule of diazepam into a small syringe, then remove the needle
 - Insert approximately 5 cm of nasogastric tube into the rectum
 - Inject the diazepam solution into the nasogastric tube and flush it with room-temperature water
 - Hold buttocks together for a few minutes

AGE OR WEIGHT	DIAZEPAM GIVEN RECTALLY 10 mg/2 ml Solution Dose 0.5 mg/kg
1 month up to 4 months (3 - <6 kg)	0.5 ml
4 months up to 12 months (6 - <10 kg)	1.0 ml
12 months up to 3 years (10 - <14 kg)	1.25 ml
3 years up to 5 years (14 - 19 kg)	1.5 ml

- ▶ If High Fever (38.5°C or above) • Sponge the child with luke warm water

- ▶ Treat the Child to Prevent Low Blood Sugar

To emphasize the procedure for administering medicine into the rectum, the facilitator asks

- How do you administer diazepam rectally? (*Desired response Use a tuberculin syringe to squirt the solution into the child's rectum Hold or tape the buttocks together to keep the solution from leaking out*)

The facilitator asks

- Why should you turn the child on his or her side? (*Desired response So that secretions can drain from his or her mouth and his tongue will hang forward out of his throat and clear his airway*)
- Some people like to put things in the mouth to keep it open or to prevent the patient from biting the tongue Is this a good practice? (*Desired response No*)
- Why is this not a good practice? (*Desired response Health workers should avoid putting things into the mouth because it only causes more injury*)

F Introduce TREAT SEVERE WHEEZING IN A CHILD 12 MONTHS OR OLDER

The facilitator asks

- How do you currently treat a child with severe wheezing?

S/he encourages different participants to describe how they currently treat severe wheezing

S/he asks participants to look at page 12 of their IMCI Chart Booklets and locate the box *Treat for Severe Wheezing in Children*

The co-facilitator moves around the room to ensure that all participants are looking at the following box

▶ **Treat for Severe Wheezing in Children**

▶ **Weigh the child**

▶ **Give Subcutaneous Epinephrine**
1 1,000 dilution (1mg/ml) in a dose of 0.01 ml/kg of body weight
Example a 10 kg child would receive 0.1 ml

or

▶ **Give Intravenous Aminophylline** (25 mg/ml) very slowly (over at least 20 minutes) with an initial dose of 0.3 ml/kg

The facilitator reads the box *Treat for Severe Wheezing in Children* aloud

FACILITATOR'S NOTE

The following question and answer exercise will help you know if the participants understand how to calculate the dose of subcutaneous epinephrine to treat severe wheezing

Prepare participants for the exercise by asking them to locate a piece of paper where they can write their calculations

If participants have difficulty calculating the dose correctly, ask a participant to write his/her calculation on blank flipchart so that all participants can see how to correctly calculate the dose

The facilitator asks

- If an 18 month old child is classified as SEVERE PNEUMONIA OR VERY SEVERE DISEASE and the child has wheezing, how should you treat the child? (*Desired response Give the first dose of an appropriate antibiotic, treat for severe wheezing, and refer URGENTLY to hospital*)
- Do you give all children the same treatment for severe wheezing? (*Desired response No*)

- What do you have to consider when determining a child's treatment for severe wheezing? (*Desired response The child's age and weight*)
- If a child weighs 10kg, how much subcutaneous epinephrine would he receive? (*Desired response 1 ml*)
- How did you calculate this dose? (*Multiply the child's weight by 01*)

S/he asks a participant to volunteer to write this calculation on blank flipchart

S/he asks

- How much subcutaneous epinephrine would a child who weighs 15kg receive? (*Desired response 15ml*)
- How much subcutaneous epinephrine would a child who weighs 18kg receive? (*Desired response 18ml*)
- How much subcutaneous epinephrine would a child who weighs 11kg receive? (*Desired response 11ml*)
- How much subcutaneous epinephrine would a child who weighs 20kg receive? (*Desired response 2ml*)

S/he emphasizes

- In children under the age of 12 months, drugs do not improve wheezing and the drugs are more dangerous than the wheezing itself So do not give children under the age of 12 months drugs for wheezing
- The injectable drugs for severe wheezing have serious side effects if they are not measured and administered correctly Be careful to weigh the child and accurately measure and administer the dose
- If you are not confident that you know how to give these drugs correctly and safely do not use them Simply refer the child

1 Complete CASE STUDY #3

The facilitator asks participants to turn to page 20 of the Participant's Manual *Case Study #8*

S/he asks the questions below

CASE STUDY #3
DETERMINE SUBCUTANEOUS INJECTION

A 14 month old child is brought to the clinic by his mother. He is classified as SEVERE PNEUMONIA OR VERY SEVERE DISEASE and has severe wheezing. He weighs 10 kg.

- What dose of epinephrine should this child receive? (*Desired response subcutaneous epinephrine 0.1*)
- What type of syringe should the health worker use? (*Desired response Tuberculin syringe*)
- How much aminophylline do you give initially? (*Desired response 3.0 ml*)
- How do you calculate the dose of aminophylline? (*Desired response Multiply the child's weight by 0.3*)
- How can you give only 3.0 ml over 20 minutes time? (*Desired response Mix the 3.0 ml into a larger volume (e.g. 25 ml) of saline in an IV bottle or burette and give that larger volume over 20 minutes time*)

S/he states that

- If participants have never treated children with epinephrine injection or intravenous aminophylline, they should not administer them unless they are accompanied by someone who is experienced in administering them.

G Introduce TREATMENT FOR LOW BLOOD SUGAR

FACILITATOR'S NOTE

In Zambia the urgent pre-referral treatment TREAT THE CHILD TO PREVENT LOW BLOOD SUGAR is relatively new at this writing. Participants may not have heard of the treatment in the past.

The facilitator asks

- What is the pre-referral treatment for the classification VERY SEVERE FEBRILE DISEASE? (*Desired responses: Give quinine for severe malaria, give first dose of an appropriate antibiotic, treat the child to prevent low blood sugar, give one dose of paracetamol in clinic for high fever*)
- Low blood sugar is dangerous because it can cause brain damage. It occurs in serious infections like malaria and meningitis.

1 PREVENT LOW BLOOD SUGAR

The facilitator asks participants to look at page 12 of their IMCI Chart Booklets and locate the box *Treat the Child to Prevent Low Blood Sugar*.

S/he reads the box *Treat the Child to Prevent Low Blood Sugar* aloud and asks the checking questions below.

The co-facilitator moves around the room to ensure that all participants are looking at the following box.

▶ **Treat the Child
to Prevent Low Blood Sugar**

▶ ***If the child is able to breastfeed***

Ask the mother to breastfeed the child

▶ ***If the child is not able to breastfeed but is able to swallow***

Give expressed breastmilk or a breastmilk substitute

- *What is an example of a breastmilk substitute?*
- *Is a breastmilk substitute available in your area?*

If neither of these is available, give sugar water

- *What can you give the child if sugar is not available? (Desired response Dextrose or honey can be used as a substitute for sugar)*

Give 30-50 ml of milk or sugar water before departure

- *What does "before departure" mean? (Desired response 'Before departure' means before leaving the health centre to go to hospital)*

To make sugar water Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water

▶ ***If the child is not able to swallow***

Give 50 ml of milk or sugar water by nasogastric tube

- *If you see a child who needs urgent referral and cannot swallow and you are not trained to give a nasogastric tube, what should you do? (Desired response Give dextrose intravenously)*

H Practice PREPARING INTRAMUSCULAR DRUGS

FACILITATOR'S NOTE

You will lead participants as they demonstrate how to

- Decide doses
- Measure and mix two intramuscular drugs chloramphenicol and quinine

Have the proper syringes, drugs, sterile water and other equipment prepared on a side table before beginning the session. Make sure to demonstrate good hygienic technique for participants

If you are not able to prepare the materials to conduct this demonstration, ask the participants to complete page 22 as a written exercise

1 Assign TASK

The facilitator explains

- Participants will now demonstrate how to decide dosages and measure and administer two intramuscular drugs quinine and chloramphenicol

S/he instructs participants to move to the demonstration table

Once all participants are at the demonstration table, the facilitator asks participants to turn to page 21 of the Participant's Manual *Prepare Intramuscular Drugs*

Treat the Child - 21

PREPARE INTRAMUSCULAR DRUGS

1 Chloramphenicol for a 6-kg-child

Write dose (1.5 ml = 270 mg)

2 Quinine for an 11-kg-child

Write dose (0.8 ml, 150 mg/ml)
(0.4 ml, 300 mg/ml)

2 PARTICIPANTS DEMONSTRATE

The facilitator instructs

- Decide the doses for the cases on page 21 Write each dose in the space provided Ask a facilitator to check each dose
- Prepare the doses Dilute the powder with sterile water and draw up the correct amount in the appropriate syringe

S/he and the co-facilitator watch to make sure the participants are following proper procedure They correct technique as necessary

IV SUMMARY AND EVALUATION

A Complete CASE STUDY. WING

To review the major points involved in administering Pre-Referral Treatments in Clinic, the facilitator asks participants to turn to page 22 of the Participant's Manual *Summary Case Study Wing*

S/he reads the information about Wing on page 22 aloud S/he instructs the participants to write Wing's treatment and the dose for each treatment

SUMMARY CASE STUDY WING

Wing, a 12-month-old (10 kg) boy, was brought to the clinic this morning because he has had fever for 2 days and has been sleeping since yesterday

A health worker assessed Wing and found that he is unconscious. He classified Wing as VERY SEVERE FEBRILE DISEASE and NO ANAEMIA AND NOT VERY LOW WEIGHT

Specify the dose of each treatment that Wing will receive

- *What is the TREATMENT for Wing? (Desired response: The health worker will give Wing an intramuscular antibiotic and quinine. He will also give him sugar water by nasogastric tube to prevent low blood sugar. Then the health worker will refer Wing urgently to the nearest hospital.)*
- *What dose should Wing receive? (Desired responses: Chloramphenicol 2.5 ml, Quinine 0.8 ml if concentration is 150 mg/ml, or 0.4 ml if concentration is 300 mg/ml, Sugar water by NG tube 50 ml)*

The facilitator and co-facilitator circulate to get a sense of participants' accuracy in responding

After participants have individually completed *Summary Case Study Wing*, the facilitator asks the questions about Wing above

The facilitator corrects participants' answers as necessary and clarifies misunderstandings

B EVALUATION EXERCISES

If time allows, the facilitator uses the *Evaluation Cards Give These Treatments in Clinic Only* to evaluate participants' learning

1 Distribute EVALUATION CARDS

The facilitator gives at least one card to each participant

GIVE THESE TREATMENTS IN CLINIC ONLY

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

Explain to the caretaker why the drug is given

Use the TREAT THE CHILD chart to determine the appropriate dose

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

Use a sterile needle and syringe to give the injection

Measure the dose accurately

S/he asks each participant in turn to read his/her card(s) aloud, and then to place his/her card on the wall in the front of the classroom

As participants place their cards on the wall, s/he asks

- What does this statement mean?
- Why is it an important guideline in giving pre-referral treatments?

2 Correct and Add ADDITIONAL INFORMATION

After each card has been placed on the wall, s/he clarifies any questions and adds additional information as necessary

S/he notes any problems for the Facilitator's Meeting that evening

TREAT THE CHILD

ACTIVITY 5

Immunize Every Sick Child, As Needed

LEARNING OBJECTIVES

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

- Summarize 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 the procedure to follow in preparing and giving immunizations

TIME

1 hour

MATERIALS

Flipchart, markers, tape
ASSESS AND CLASSIFY SICK CHILD AGE 2 MONTHS TO
5 YEARS Wall Chart
IMCI Chart Booklets
Flipchart #1 (from Activity 1)
Flipcharts #13 - #15
Participant's Manual, pages 23 - 27

ACTIVITY OUTLINE

Immunize Every Sick Child, As Needed

Content

Materials

- | | | |
|-----|---|------------------------------------|
| I | Introduction | |
| A | Review TREAT THE CHILD Sessions | Flipchart #1 |
| B | Preview Session Objectives | Flipchart #13 |
| C | Review Contraindications to Immunization | |
| II | Build on What Participants Know and Do | |
| A | Immunize Every Sick Child, As Needed | |
| 1 | Review Important Points About Immunization | Participant's Manual
pp 23 - 24 |
| 2 | Answer Questions About Important Points About Immunization | Flipchart #14 |
| 3 | Review Answers to Questions About Important Points About Immunization | |
| B | Side Effects of Immunizations | |
| 1 | Match Side Effects With Specific Immunizations | Flipchart #15 |
| 2 | Tell the Caretaker About Side Effects of Immunizations | Participant's Manual, page 25 |
| III | Evaluate What Participants Have Learned | |
| A | Review Side Effects and Telling the Caretaker About Side Effects of Immunizations | |
| 1 | Read Case Studies | Participant's Manual
pp 26 - 27 |
| 2 | Discuss Answers to Case Study Questions | |

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review TREAT THE CHILD SESSIONS

The facilitator opens the session by referring to *Flipchart #1 TREAT THE CHILD Sessions*

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 Treat Local Infections at Home
- ✓ Give These Treatments in Clinic Only
- ✓ Immunize Every Sick Child, As Needed

Oral Rehydration Corner

Treat the Child - Flipchart #1

S/he states

- The next step in TREAT THE CHILD is Immunize Every Sick Child, As Needed

B Preview Session Objectives

The facilitator posts *Flipchart #13 Session Objectives* and reads it aloud

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

Treat the Child - Flipchart #13

S/he states

- — Participants will not be taught HOW to give immunizations in this session, it is assumed that they already know how to do that

S/he explains

- The group will begin this session by reviewing what was covered in the Immunization section of ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS
- To complete this session, it is essential that participants feel confident about their skills in performing certain tasks related to checking children's immunization status

C Review CONTRAINDICATIONS TO IMMUNIZATION

The facilitator asks

- What are the 3 contraindications to immunization that participants learned in ASSESS AND CLASSIFY THE SICK CHILD? (*Desired response 1 BCG should not be given to children with AIDS 2 DPT 2 and DPT 3 should not be given to children who had convulsions or shock within 3 days of the most recent dose of DPT 3 DPT should not be given to children with recurrent convulsions or another active neurological disease*)
- What is the general IMCI rule to keep in mind when deciding if a sick child can be immunized? (*Desired response If the sick child is able to be sent home meaning that s/he is not referred immunization(s) should be administered*)

II **BUILD ON WHAT PARTICIPANTS KNOW AND DO**

A IMMUNIZE EVERY SICK CHILD, AS NEEDED

1 Review IMPORTANT POINTS ABOUT IMMUNIZATION

The facilitator asks participants to turn to pages 23 and 24 of the Participant's Manual *Immunize Every Sick Child, As Needed* S/he reads them aloud

IMMUNIZE EVERY SICK CHILD, AS NEEDED

IMPORTANT POINTS ABOUT IMMUNIZATIONS.

- If a child is well enough to go home, give him any immunizations he needs before he leaves the clinic
- Use a sterile needle and a sterile syringe for each injection This prevents transmission of HIV and the Hepatitis B virus
- If only one child at the clinic needs an immunization, open a vial of the vaccine and give him the needed immunization
- Discard opened vials of BCG and measles vaccines at the end of each immunization session You may keep opened vials of OPV and DPT vaccines *if*
 - they are fitted with rubber stoppers,
 - the expiry date has not been passed, AND
 - the vaccines are clearly labeled and stored under proper cold chain conditions

The OPV and DPT vials may be used in later immunization sessions until the vial is empty
- Do *not* give OPV 0 to an infant who is more than 14 days old It could interfere with OPV 1
- Record all immunizations on the child's immunization card Record the date you give each dose Also keep a record of the child's immunizations in the immunization register or the child's chart, depending on what you use at your clinic

- If a child has diarrhoea and needs OPV, give it to the child, but do **not** record the dose on the immunization record. Tell the mother to return in 4 weeks for an extra dose of OPV.

When the child returns for the repeat dose, consider it to be the one that was due at the time of the diarrhoea. Record the date when the repeat dose is given on the immunization card and in your clinic's immunization register.

2 Answer QUESTIONS ABOUT IMPORTANT POINTS ABOUT IMMUNIZATION

The facilitator divides the participants into pairs.

S/he asks the pairs to

- Answer the questions on *Flipchart #14 Questions*

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?

Treat the Child - Flipchart #14

3 Review ANSWERS TO QUESTIONS ABOUT IMPORTANT POINTS ABOUT IMMUNIZATION

When the pairs have finished discussing their answers to the questions on *Flipchart #17*, the facilitator asks participants to tell their answers to the whole group (*see Facilitator s Note below*)

FACILITATOR'S NOTE

The answers to the questions on Flipchart #17 are as follows

- 1 Yes in order to avoid missed immunization opportunities
- 2 Discard opened BCG and measles at end of session
- 3 Keep unopened vials of OPV and DPT vaccines IF
 - they are fitted with rubber stoppers
 - the expiry date has not been passed, AND
 - the vaccines are clearly labeled and stored under proper cold chain conditions
- 4 No The cut-off for OPV 0 is 14 days old If OPV 0 is given after two weeks of age, it may interfere with the OPV 1 given at 6 weeks

The facilitator asks

- Why is it important to sterilize needles and syringes for each injection? (*Desired response To prevent the spread of infection and to reduce abscesses*)

B SIDE EFFECTS OF IMMUNIZATIONS

1 Match SIDE EFFECTS WITH SPECIFIC IMMUNIZATIONS

The facilitator explains

- Caretakers are sometimes concerned about the side effects of immunizations
- The group will review the side effects of common vaccinations and talk about how to explain these side effects to children's caretakers

S/he posts *Flipchart #15 Side Effects*

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

Treat the Child - Flipchart #15

S/he explains that participants will match each immunization with the appropriate side effect

S/he gives participants a minute to study the flipchart

S/he asks

- Which side effect is appropriate for each immunization?

When correct responses are given, the facilitator asks a volunteer participant to draw a line from the immunization to the appropriate side effect on *Flipchart #15 Side Effects*

FACILITATOR'S NOTE	
The appropriate side effects for each immunization listed on <i>Flipchart #18</i> are as follows	
BCG	Small, red, tender swelling, then an ulcer at the place of immunization Ulcer heals by itself and leaves a small scar
OPV	No side effects
DPT	Fever, irritability and soreness possible
Measles	Fever and mild rash possible. Fever for 1-3 days possible a week after getting the vaccine

2 TELL THE CARETAKER ABOUT SIDE EFFECTS OF IMMUNIZATIONS

The facilitator explains

- Now that they have discussed possible side effects of immunizations, they will discuss what to tell the caretaker about these side effects

S/he asks participants to turn to page 25 of the Participant's Manual *Side Effects*

S/he reads page 25 aloud and asks the checking questions below

SIDE EFFECTS

NOTE ALWAYS tell the caretaker which immunizations her child will receive today

IMMUNIZATION	POSSIBLE SIDE EFFECTS TO TELL THE CARETAKER
<i>BCG</i>	<p>Small, red, tender swelling, and then a small ulcer will occur at the place of immunization The ulcer heals by itself and leaves a small scar</p> <p>The ulcer should be left uncovered If necessary, cover it with a dry dressing only</p> <ul style="list-style-type: none"> • <i>Why should you leave the ulcer uncovered?</i>
<i>OPV</i>	No side effects
<i>DPT</i>	<p>Fever, irritability, and soreness are possible They are usually not serious and need no special treatment</p> <p>Paracetamol can be given for fever or pain</p> <p>Do not wrap the child up in more clothes than usual</p>
<i>Measles</i>	<p>Fever and a mild rash are possible A week after getting the vaccine, a child may have a fever for 1 - 3 days</p> <ul style="list-style-type: none"> • <i>If a child receives a measles vaccine on a Monday, when should you tell the caretaker that the child may develop a fever? (Desired response the following Monday, Tuesday and/or Wednesday)</i> <p>Paracetamol can be given for high fever</p>

The facilitator asks participants if they have any questions and answers their questions as necessary

III EVALUATE WHAT PARTICIPANTS HAVE LEARNED

A Review SIDE EFFECTS AND TELLING THE CARETAKER ABOUT SIDE EFFECTS OF IMMUNIZATIONS

1 Read CASE STUDIES

The facilitator asks participants to turn to pages 26 and 27 of the Participant's Manual *Case Studies*

CASE STUDIES

- 1 A mother brings her 5-month-old daughter, Joli, to the clinic because she has diarrhoea with blood in the stool. The health worker classifies Joli as NO DEHYDRATION, DYSENTERY and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. Joli's immunization card shows she had OPV 2 and DPT 2 five weeks ago.

- a Should the health worker give Joli OPV 3 and DPT 3 today?

(Yes. DYSENTERY is not a contraindication to immunizations)

The mother says that she does not want Joli to be immunized again. She tells the health worker that Joli had a fever and was irritable after the last time.

- b What should the health worker tell the mother about possible side effects of OPV and DPT vaccines?

(The health worker should tell the mother that there are no side effects of the OPV vaccine, but sometimes there are side effects from DPT. Fever, irritability and soreness are possible, but not serious. If the child is not immunized now, the child could get very sick from polio, diphtheria, pertussis, or tetanus. Tell the mother to give paracetamol to Joli if she feels very hot or is in pain this time.)

The mother agrees to let Joli be immunized. The health worker gives Joli the immunizations.

- c How should the health worker record the immunizations?

(The health worker should record the date that the DPT-3 is given on the immunization card and in the clinic's register. The OPV 3 should not be recorded because the child has diarrhoea today. Tell the mother to return in 4 weeks for another dose of OPV 3. When she returns, the health worker should then record the date of the OPV-3.)

- 2 A health worker wants to immunize a 1-year-old child for measles. The child has been classified as PNEUMONIA and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. The child's mother does not want her child to be immunized. She says that she will return for immunization when the child is better.

Using the communications skills ASK, LISTEN, PRAISE, ADVISE, CHECK UNDERSTANDING, describe what the health worker should say to a child's mother to try to convince her to have her child immunized for measles today.

Please be specific in your responses.

- What should the health worker ASK?
(Ask the mother if she has transportation to get to the clinic, why she doesn't want her child to be immunized)
- How should the health worker LISTEN?
(Listen to the mother's concerns with sensitivity and allow her to express her concerns)
- What should the health worker say to PRAISE the mother?
(Praise the mother for bringing her child to the clinic today. Praise her for taking good care of her child)
- What should the health worker say to ADVISE the mother?
(“Your child is at an age when he is very likely to get measles. Immunizing your child for measles will not make him sicker. It will prevent him from getting measles. If he is not immunized today, he may get measles before he comes back to the clinic. Measles can make your child very sick.”)
- What should the health worker say to CHECK UNDERSTANDING?
(Ask questions to check if she has understood what you have said. The questions should be open-ended, meaning that she cannot answer them with a yes or no answer. For example, ask the mother, “What will the measles immunization do for your child?” “What could happen to your child if he does not get the measles immunization today?” “What could happen to your child if he gets the measles?”)

The facilitator asks participants to form pairs

S/he states

- Each pair should discuss their answers to the questions
- Once the pair has agreed upon an answer, they should write their answers on the handout
- Each pair will report their answers to the whole group

S/he gives them adequate time to answer each question

The facilitator and co-facilitator circulate among participants, answering questions as necessary

When each pair has finished answering the questions, the facilitator assigns one question to each pair

S/he states

- Each pair will tell the whole group their answer to their assigned question

2 Discuss ANSWERS TO CASE STUDY QUESTIONS

FACILITATOR'S NOTE

If necessary reinforce the need for sterility and safe injection practices (1 syringe 1 needle 1 child) and the safe storage of vaccines

The facilitator asks each pair to tell their answer to their assigned question to the whole group

If incorrect answers are offered, s/he encourages other participants to provide the correct answers. If participants are not able to provide the correct answer, the facilitator provides it

Before concluding the session, the facilitator asks participants if they have any questions about immunizing children. S/he answers any questions that arise

TREAT THE CHILD

ACTIVITY 6 GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

61

PLAN B TREAT SOME DEHYDRATION WITH ORS

LEARNING 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

TIME 1 hour 30 minutes

MATERIALS Flipchart #16
IMCI Chart Booklet
ORT Pictures
IMCI Wall Charts Give Extra Fluids for Diarrhoea and Continue Feeding
Soap, water, 2 packets of ORS, a one litre bottle, a container such as a jar, bowl or bottle
Participant's Manual, pages 28 - 32

ACTIVITY OUTLINE
GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING
PLAN B TREAT SOME DEHYDRATION WITH ORS

Content	Materials
I Introduction	
A Review Session Objectives	Flipchart #16
B Introduce Plans A B and C	IMCI Chart Booklet
II Find Out What Participants Know and Do Plan B Treat Some Dehydration with ORS	
A Introduce ORT Pictures	ORT Pictures
B Conduct ORT Picture Exercise	ORT Pictures
C Review ORT Picture Exercise	
D Discuss ORT Corner	Participant's Manual pp 28 - 29
III Build On What Participants Know and Do Plan B Treat Some Dehydration with ORS	
A Introduce Steps of Plan B	IMCI Chart Booklet
B Determine Amount of ORS to Give During the First 4 Hours	IMCI Chart Booklet
C Show the Caretaker How to Give ORS Solution	IMCI Chart Booklet Participant s Manual page 30
D After 4 Hours	IMCI Chart Booklet
E If the Caretaker Must Leave Before Completing Treatment	IMCI Chart Booklet
IV Summary and Evaluation Treat Some Dehydration with ORS	
A Review Plan B Treat Some Dehydration with ORS	Participant s Manual pp 31 - 34

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review SESSION OBJECTIVES

The facilitator posts *Flipchart #16* and reads it aloud

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

Treat the Child - Flipchart #16

S/he emphasizes

- This activity will focus on the importance of understanding the treatment plans of rehydrating children and the need to teach caretakers how to mix and give ORS to children with dehydration

B Introduce PLANS A, B, AND C

The facilitator asks participants to look at the three plans on pages 13 and 14 of their IMCI Chart Booklets

S/he asks

- What are the three treatment plans for diarrhoea that participants learned in ASSESS and CLASSIFY? (*Desired responses Plan A Treat Diarrhoea at Home to Prevent Dehydration, Plan B Treat Some Dehydration with ORS, Plan C Treat Severe Dehydration Quickly*)
- What are the only CLASSIFICATIONS for diarrhoea that are treated with antibiotics? (*Desired responses Diarrhoea with SEVERE DEHYDRATION with cholera in the area and DYSENTERY*)

S/he states

- Plans A, B and C each provide fluid to replace water and salts lost during diarrhoea
- Plans A and B are home treatment plans while Plan C is a treatment plan that is done in clinics and hospitals
- Intravenous fluids should be used only in cases of SEVERE DEHYDRATION
- Health workers teach caretakers to do Plan A and Plan B at home Teaching them how to do both plans is simple

II FIND OUT WHAT PARTICIPANTS KNOW AND DO PLAN B TREAT SOME DEHYDRATION WITH ORS

FACILITATOR'S NOTE

To check what participants already know and to illustrate the importance of using good communication skills in teaching caretakers to treat diarrhoea at home the facilitator uses a series of pictures which clearly demonstrate the effects of ORS on a child who was dehydrated

A demonstration of one of the plans is often used to show health workers and caretakers how to give ORS and how to position the baby Sometimes a real baby is used in the demonstration to show the positioning that is needed to make sure that the baby takes the fluids Rarely can demonstrations show the impact of ORT rehydration on the baby Additionally, demonstrations rarely span the four hour period that is needed for health workers and caretakers to experience the change in condition

The use of ORT Pictures and accompanying discussion illustrate good diarrhoea case management procedures and underscore the usefulness of a functional Oral Rehydration Therapy Corner (ORT Corner) in health facilities

As the facilitator uses ORT Pictures to introduce this activity s/he needs to continually ask participants to explain the process as well as the changes in the child's condition that they and the caretakers should be looking for

A Introduce ORT PICTURES

The facilitator asks

- What is ORS? (*Desired response Oral Rehydration Salts or Solution*)
- Which participants currently teach caretakers to give ORS?

S/he states

- An excellent way to rehydrate and prevent dehydration in a child is to give the child a solution made with ORS

The facilitator holds up the *ORT Pictures* so that all participants can see them

S/he states

- Here are a series of four pictures that show the effect of rehydration using ORS
- Each picture focuses on the child's condition and demonstrates what the health worker and caretaker should be doing during the administration of ORS
- Each picture also has the time printed in the upper right hand corner so that participants can see what happens over time

B Conduct ORT PICTURE EXERCISE

The facilitator posts the 9 15 am ORT Picture on the wall next to the ACSC Wall Chart

S/he asks participants to go to the wall where they can see the ORT Picture and the Wall Chart

S/he asks

- Describe the child Are there any visible signs of dehydration? (*Desired responses The child's eyes are sunken*)
- What is the health worker doing? (*Desired responses With the mother s help the health worker is using a spoon to give the child fluid*)
- What should the health worker include in counseling the mother? (*Desired response S/he should explain what s/he is doing and why, s/he explains what to do if the child vomits, s/he should include an explanation of the changes that the caretaker will be able to see after the first half hour to hour of the ORS therapy*)
- What is the caretaker doing? (*Desired response She has positioned the child, removed some of its clothing and is holding the child firmly so that the fluids can be administered In this picture the mother is using her hand to shape the child's mouth to allow the fluids to enter more easily*)

- What would the health worker have done before this picture was taken? (*Desired responses S/he would have assessed the child for dehydration, s/he would have classified the level of the child's dehydration, s/he would have selected treatment (in this case, Plan B Treat Some Dehydration with ORS), s/he would have checked the child's age and weight to determine the amount of ORS to give during the first 4 hours of the treatment The chart for these calculations is part of Plan B on pages 13-14 of the IMCI Chart Booklet*)
- What changes should the mother and the health worker be able to see as the ORS therapy proceeds? (*Desired responses The sunken eyes gradually disappear and the child will become more alert and drink willingly*)

The facilitator displays the 10 00 am ORT Picture next to the 9 15 am ORT Picture

S/he asks

- Describe the child What are the changes in the signs of dehydration? (*Desired responses There are some noticeable changes The child is looking around it appears to have its mouth open wider, and is accepting the fluids The sunken eyes are not as noticeable*)
- What is the health worker doing? (*Desired response She continues to give the child fluids by spoon*)
- What is the caretaker doing? (*Desired response She continues to position the child helping open the mouth and hold it open so that the fluids can be given by spoon*)
- How much time has gone by? (*Desired response One hour*)

The facilitator displays the Noon ORT Picture next to the other two ORT Pictures and asks

- Describe the child (*Desired response The child looks more normal in overall appearance The eyes are not as sunken The child is looking around The mother appears more relaxed*)
- What is the mother doing? (*Desired response She seems more relaxed and appears to be using her hand to soothe the child*)
- How much time has gone by? (*Desired response Three hours since the first picture*)
- What changes can you clearly see when you compare this picture with the 9 15 am picture? (*Desired responses The child is more alert, it is looking around its eyes are less sunken*)

The facilitator posts 1 15 pm ORT Picture next to the other three and asks

- Describe the child (*Desired response The child is breast-feeding, taking the most important fluid, the mother's milk The eyes appear less sunken*)
- What have the health worker and mother managed to do? (*Desired responses Rehydrate the child to the point where the child is nursing on its own, use good communication skills to counsel the mother on how to give ORS and on the changes in the child's signs as the ORS is administered, reassure the mother that the ORS treatment is something that she can do at home the next time the child needs it*)
- How much time has gone by? (*Desired response Four hours and 15 minutes*)

C Review ORT PICTURE EXERCISE

To summarize the discussion about the ORT Pictures, the facilitator asks

- What did the ORT Pictures clearly show? (*Desired responses The importance of using ORS to address the signs of dehydration in the child, the visible changes that can be seen as the therapy progress, how the specific signs disappear as the therapy progresses, that health workers working closely with caretakers can treat dehydration, that four hours is usually needed in order to show that the child's condition has changed back to something close to normal, how to give ORS*)
- As the pictures don't show us everything we need to know about ORT, where do we need to look for information? (*Desired response Pages 13-14 of the Chart Booklet, the Wall Charts*)

D Discuss ORT CORNER

The facilitator asks

- Do any participants have an ORT corner in their health centre?

FACILITATOR'S NOTE

In health facilities where there are established functional ORT corners, there is evidence of improved communication between caretakers and health workers. There are also improved diarrhoea case management routines, which lead to improved home management of diarrhoea.

The ORT corner also functions as an observation room for active rehydration (Plan B) of children presenting some dehydration.

S/he specifically asks participants who responded that they have an ORT corner

- How is the ORT corner organized?
- Where in the facility is the ORT corner located?
- Who staffs the ORT corner?
- What are the good things about having an ORT corner? (*Possible responses: The caretaker can be more comfortable, it emphasizes the importance of giving ORS*)
- What are the challenges or difficulties in having an ORT corner? (*Possible responses: staffing can be difficult, space is not always available*)
- How can you improve the ORT corner and the way that it is organized in your health centre?

S/he encourages discussion of participants' different ORT corners

The facilitator asks participants to turn to pages 28 and 29 of the Participant's Manual *ORT Corner*. S/he reads pages 28 and 29 aloud and explains that pages 28 and 29 outline guidelines for establishing and maintaining an ORT corner.

ORT CORNER

An ORT Corner is an area in a health facility that is available for oral rehydration therapy (ORT). This area is needed because caretakers and their children who need ORT will have to stay at the clinic for several hours.

The ORT Corner should be

- Located in an area where staff frequently pass by but not in a passageway. The staff can observe the child's progress and encourage the caretaker.
- Near a water source.
- Near a toilet and washing facilities.
- Pleasant and well-ventilated.

The ORT Corner should have the following furniture

- Table for mixing Oral Rehydration Salts (ORS) solution and holding supplies.
- Shelves to hold supplies.
- Bench or chairs with a back where the mother can sit comfortably while holding the child.
- Small table where the mother can conveniently rest the cup or ORS solution.

The ORT Corner should have the following supplies (quantities are based on a clinic that receives 25-30 diarrhoea cases in one week)

- ORS packets (a supply of at least 300 packets per month)
- 6 bottles that will hold the correct amount of water for mixing the ORS packet, including some containers like those that the caretaker will have at home
- 6 cups
- 6 spoons
- 2 droppers (may be easier to use than spoons for small infants)
- Cards or pamphlets (such as a Mother's Card) that remind caretakers how to care for a child with diarrhoea. A card is given to each caretaker to take home
- Soap (for handwashing)
- Wastebasket
- Food available (such as bananas, pumpkins, nshima) so that caretakers and children may be offered food to eat at regular meal times

III BUILD ON WHAT PARTICIPANTS KNOW AND DO PLAN B TREAT SOME DEHYDRATION WITH ORS

A Introduce STEPS OF PLAN B

The facilitator asks participants to locate page 13 of their IMCI Chart Booklets and read the box *Plan B Treat Some Dehydration with ORS*

The co-facilitator moves around the room to ensure that all participants are looking at the following box

► **Plan B: Treat Some Dehydration with ORS**

Give in clinic recommended amount of ORS over 4-hour period

► **DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS**

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

* Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75

- If the child wants more ORS than shown, give more
- For infants under 6 months who are not breastfed, also give 100-200ml clean water during this period

► **SHOW THE MOTHER HOW TO GIVE ORS SOLUTION**

- Give frequent small sips from a cup
- If the child vomits, wait 10 minutes. Then continue, but more slowly
- Continue breastfeeding whenever the child wants

► **AFTER 4 HOURS**

- Reassess the child and classify the child for dehydration
- Select the appropriate plan to continue treatment
- Begin feeding the child in clinic

► **IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT**

- Show her how to prepare ORS solution at home
- Show her how much ORS to give to finish the 4-hour treatment at home
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A
- Explain the 3 Rules of Home Treatment

1 GIVE EXTRA FLUID

2. CONTINUE FEEDING

3 WHEN TO RETURN



See Plan A for recommended fluids and

See COUNSEL THE MOTHER chart

The facilitator asks

- What are the four major steps in Plan B? (*Desired responses Determine amount of ORS to give during first 4 hours, Show the mother how to give ORS solution, After 4 hours, If the mother must leave before completing treatment*)
- As we saw in the ORT Pictures, one of the steps by itself is not sufficient
- In our review of the ORT pictures, two of the most important steps were missing Which two steps were missing in the ORT pictures? (*Desired responses Determine the amount of ORS to give during the first 4 hours, Determine what to do if the caretaker has to leave the clinic before completing the treatment*)

B Determine AMOUNT OF ORS TO GIVE DURING THE FIRST 4 HOURS

The facilitator states

- We will now look at each of the four parts of Plan B

S/he asks participants to look at Plan B on page 13 of their IMCI Chart Booklets

S/he states

- Plan B on the chart shows how much ORS is to be given to the child in the first 4 hours of the treatment

S/he asks

- If you know the exact weight of the child, how would you calculate the required fluids to give to the child in the first 4 hours? (*Desired response Determine the recommended amount of ORS to be given by reading the chart in Plan B*)

To check participants' understanding in reading the chart, s/he asks

- How much ORS would a 5 kg child require? (*Desired response 200-400 mls of ORS*)
- How much ORS would a 4 kg child require? (*Desired response 200-400 mls of ORS*)
- How much ORS would a 3 kg child require? (*Desired response 200-400 mls of ORS*)
- How much ORS would a 9 kg child require? (*Desired response 400-700 mls*)

- How much ORS would a 13 kg child require? (*Desired response 900-1400 mls*)

S/he adds

- Caretakers should be informed that ORS does not stop diarrhoea, but keeps the child stronger and less sick through the diarrhoea episode
- The amounts indicated on the chart in Plan B are only used as guides. If a child needs more fluids s/he should be given as much as he wants to drink
- Caretakers should remember to continue breastfeeding

C SHOW THE CARETAKER HOW TO GIVE ORS SOLUTION

The facilitator asks

- What is the next step in Plan B? (*Desired response Show the Caretaker How to Give ORS*)

S/he asks

- How do you measure and mix ORS? Specifically, what utensils do you use? (*Possible responses bowl, one-litre bottle, spoon*)

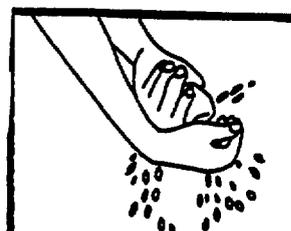
S/he states

- Health workers play an important role in teaching caretakers to prepare ORS correctly at home
- The next exercise will review and strengthen the participants' skills in preparing ORS

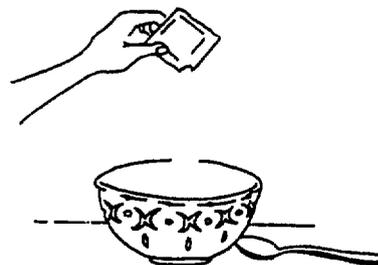
S/he asks participants to turn to page 30 of the Participant's Manual *How to Mix ORS*. S/he reads page 30 aloud and asks the question below

HOW TO MIX ORS

- 1 Wash hands with soap and water

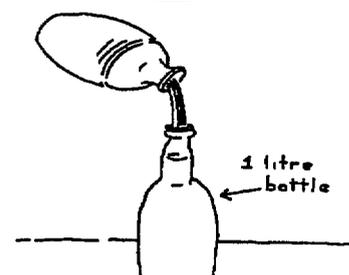


- 2 Pour all the powder from one packet of ORS into a clean container. Use any available container such as a jar, bowl, or bottle

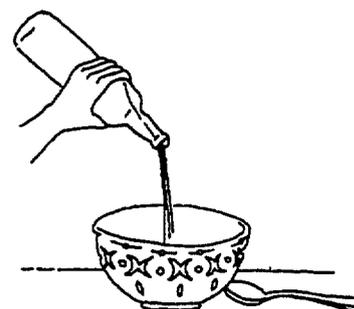


- 3 Measure one litre of clear water (using banana cups or the correct amount for packet used)

It is best to boil and cool the water. However, if this is not possible, use the cleanest drinking water available.



- 4 Pour the water into the container, mix well until the powder is completely dissolved



- 5 Taste the solution so you know how it tastes

- *How does ORS taste?*

Explain to the caretaker that she should mix fresh ORS solution each day in a clean container, and keep it covered. She should throw away any leftover solution from the day before.

Give the mother 2 one-litre packets (or the equivalent) of ORS to use at home

The facilitator asks for two volunteers to demonstrate how to mix ORS using a variety of home available or facility-based measuring utensils

FACILITATOR'S NOTE

During this exercise, two volunteer participants demonstrate how to prepare ORS. The rest of the participants observe the steps of preparation and finally test the solution.

After participants have tasted the solution, the facilitator asks them to describe how the ORS solution tastes. S/he records their responses on blank flipchart.

S/he then asks participants what they do when they do not have one-litre size utensils available. S/he encourages participants' initiative in explaining how they would revise preparations of ORS in these cases.

S/he emphasizes that when giving ORS in the health facility

- If the facility does not have an ORT corner, find a comfortable place
- Use a cup or spoon to give ORS

S/he asks

- What should you do if the child vomits? (*Desired response: Wait 10 minutes before giving solution*)
- How often should the child be checked? (*Desired response: Frequently*)

S/he states

- In between the ORS sips, encourage breast-feeding if the child is breastfeeding
- If the child's hydration status improves, change to treatment to Plan A, and teach the caretaker home treatment to prevent dehydration

D AFTER 4 HOURS

The facilitator asks

- What is the third part of Plan B? (*Desired response: After 4 hours*)

S/he asks participants to look again at the box *Plan B: Treat Some Dehydration with ORS* on page 13 of their Chart Booklets.

S/he reads the step **AFTER 4 HOURS** aloud.

S/he adds

- If the child improves, treat with Plan A and teach the caretaker the 3 Rules of Home Treatment
- Use checking questions with the caretaker to assess her understanding of the three rules of home treatment and to manage problems of giving extra fluids at home

S/he asks

- What checking questions would you ask the caretaker to assess her understanding? (*Possible responses What should you do if the child wants more ORS? What should you do if the child vomits?*)

E IF THE CARETAKER MUST LEAVE BEFORE COMPLETING TREATMENT

The facilitator asks

- What is the fourth part of Plan B? (*Desired response If the caretaker must leave before completing the treatment*)

S/he states

- Sometimes when a caretaker must leave the clinic while the child is still on Plan B, the child is not yet completely rehydrated

S/he reads the step **IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT** aloud

To check participants' understanding, s/he asks

- What are the 3 Rules of Home Treatment that you would explain to the mother? (*Desired responses 1 Give Extra Fluid, 2 Continue Feeding, 3 When to Return*)

S/he asks participants if they have any questions S/he clarifies as necessary

IV SUMMARY AND EVALUATION TREAT SOME DEHYDRATION WITH ORS

A Review PLAN B. TREAT SOME DEHYDRATION WITH ORS

The facilitator asks participants to turn to pages 31 - 34 of the Participant's Manual *Treat Some Dehydration with ORS*

S/he asks participants to form pairs or groups of three

S/he divides the questions on pages 31 - 34 among the different groups and explains that each group is responsible for answering their designated question(s) and presenting their response(s) to the entire group

TREAT SOME DEHYDRATION WITH ORS

- 1 The following children came to the clinic because of diarrhoea. They were assessed and found to have SOME DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. Write the range of amounts of ORS solution each child is likely to need in the first 4 hours of treatment.

<u>Name</u>	<u>Age or Weight</u>	<u>Range of Amounts of ORS Solution</u>
Mwanba	3 years	(900-1400 ml)
Mukuka	10 kg	(750 ml or 700-900 ml)
Chileshe	7.5 kg	(562.5 ml or 400-700 ml)
Kabamba	11 months	(400-700 ml)

2

Kasonde is 5 months old and has diarrhoea. She is classified as SOME DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. There is no scale for weighing Kasonde at the small clinic. Kasonde's mother died during childbirth, so Kasonde has been taking infant formula. The grandmother has recently started giving cooked cereal as well.

a Kasonde should be given 400-700 ml of ORS solution during the first 4 hours of treatment. She should also be given 100-200 ml of clean water during this period.

b What should the grandmother do if Kasonde vomits during the treatment?

(She should wait 10 minutes before giving more ORS solution Then she should give Kasonde the ORS solution more slowly)

c When should the health worker reassess Kasonde?

(After Kasonde is given ORS solution for 4 hours on Plan B)

d When Kasonde is reassessed, she has NO DEHYDRATION What treatment plan should Kasonde be put on?

(Because Kasonde has been reassessed as NO DEHYDRATION, she should be put on Plan A)

e How many one-litre packets of ORS should the health worker give the grandmother?

(2 one-litre packets)

f To continue treatment at home, the grandmother should give Kasonde

(50-100 ml) of (ORS solution) after each (loose stool)

3

Mambo is 9 months old and weighs 8kg. Her mother brought her to the clinic with diarrhoea. The health worker assesses Mambo as **SOME DEHYDRATION** and **NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING**. The health worker chooses Plan B. He asks if Mambo still breastfeeds. Her mother says that she breastfeeds several times each day. She also eats 3 meals each day of rice along with vegetables, beans, and sometimes bits of meat.

- a Approximately how much ORS solution should Mambo's mother give her during the first 4 hours?

(400-700 ml of ORS solution)

- b During the first 4 hours of treatment, should Mambo eat or drink anything in addition to the ORS solution? If so, what?

(Yes, Mambo should breastfeed whenever and as much as she wants.)

- c After 4 hours of treatment, the health worker reassesses Mambo. She is still classified as **SOME DEHYDRATION**. What is the appropriate plan to continue her treatment?

(Because Mambo is still classified as SOME DEHYDRATION, she should continue on Plan B.)

- d Describe the treatment to give Mambo now. (Your answer should include more than ORS solution.)

(Tell the caretaker to begin feeding Mambo. Offer the caretaker food, milk or juice to give the child. After the child has had some food, repeat the 4-hour Plan B treatment. Offer food, milk or juice every 3-4 hours. Remind the caretaker to continue to breastfeed Mambo frequently.)

4 A caretaker and her child must leave the clinic before the child is fully rehydrated. What should the health worker do before the mother leaves?

Complete the list below

- Show her how to prepare ORS solution at home
- *(Show the caretaker how much ORS solution to give to finish the 4-hour treatment at home)*
- *(Give her enough packets to complete rehydration. Also give her 2 one-litre packets as recommended in Plan A.)*
- Explain the 3 Rules of Home Treatment
 - 1 *(GIVE EXTRA FLUID Explain what extra fluids to give. Since the child is being treated with Plan B during this visit, the caretaker should give ORS at home. Explain how much ORS solution to give after each loose stool.)*
 - 2 *(CONTINUE FEEDING Instruct the caretaker how to continue feeding during and after diarrhoea.)*
 - 3 *(WHEN TO RETURN Teach the caretaker the signs to bring a child back immediately.)*

5 What checking question can you ask the caretaker to make sure that she knows when to return? *(“What are the signs that you should bring the child back immediately?”)*

When the participants have finished answering the questions, the facilitator asks the pairs to present their answer(s) to the whole group.

If participants have conflicting answers, the facilitator asks them to explain their reasoning for their responses by referring to page 13 of their IMCI Chart Booklets.

S/he clarifies any confusion about correct responses that participants are not able to clarify among themselves.

TREAT THE CHILD

ACTIVITY 6 GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

62

PLAN A TREAT DIARRHOEA AT HOME

LEARNING 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

TIME 1 hour 15 minutes

MATERIALS Flipcharts #17 - #18
IMCI Chart Booklet
IMCI Wall Charts Give Extra Fluids for Diarrhoea and Continue Feeding
Mother's Card
Participant's Manual, pages 35 - 43

ACTIVITY OUTLINE
GIVE EXTRA FOOD FOR DIARRHOEA AND CONTINUE FEEDING
PLAN A TREAT DIARRHOEA AT HOME

Content	Materials
I Introduction	
A Review Session Objectives	Flipchart #17
II Find Out What Participants Know and Do	
Plan A Treat Diarrhoea at Home	
A Read Case Study	Participant's Manual, page 35
B Answer Questions About Case Study	Participant's Manual page 36
C Plan A Treat Diarrhoea at Home	Blank flipchart, markers, tape
III Build Upon What Participants Know and Do	
Plan A Treat Diarrhoea at Home	
A Discuss Give Extra Fluids	IMCI Chart Booklet, Flipchart #18
B Discuss Continue Feeding	Participant's Manual, page 37
C Discuss When to Return	IMCI Chart Booklet
	Participant's Manual, page 38
	IMCI Chart Booklet
	Participant's Manual, page 39
IV Summary and Evaluation	
A Complete Written Exercise Plan A Treat Diarrhoea at Home	Participant's Manual, pp 40 - 43

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review SESSION OBJECTIVES

The facilitator posts *Flipchart #17* and reviews the session objectives with participants

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

Treat the Child - Flipchart #17

II FIND OUT WHAT PARTICIPANTS KNOW AND DO PLAN A TREAT DIARRHOEA AT HOME

A Read CASE STUDY

The facilitator explains that the group will read a case study to begin their discussion about Treating Diarrhoea at Home

S/he asks participants to turn to page 35 of the Participant's Manual *Case Study Chilufya* S/he reads it aloud

CASE STUDY CHILUFYA

A child was seen two days ago in your clinic when his mother brought him because of diarrhoea. The child's name is Chilufya and is three months old. He had no general danger signs and was classified as NO DEHYDRATION, NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING.

Chilufya and his mother were sent home with instructions from the clinic pharmacy window and with 2 one-litre packets of ORS. His mother was told to mix the ORS with one litre of water. No clear instructions were given on what utensils to use to measure the water, how much ORS to administer to the child, and when to come back to the clinic. All clinic staff said they had been too busy to counsel caretakers.

Chilufya's mother used initiative and mixed the ORS in an orange juice (mazoe) bottle measuring 600 ml. She had heard about this bottle in a mass health education campaign. After mixing the ORS she gave one-half cup of the solution 3 times a day and decreased the amount of times she breastfed. She stopped giving food, as she thought that it would make the diarrhoea worse.

Now, two days later, the caretaker comes back to your clinic with Chilufya. She says that he still has diarrhoea. He is classified SEVERE DEHYDRATION.

B Answer QUESTIONS ABOUT CASE STUDY

The facilitator asks participants to turn to page 36 of the Participant's Manual *Questions About Chilufya*. S/he asks participants to answer the questions.

QUESTIONS ABOUT CHILUFYA

- 1 What rehydration plan was applied in Chilufya's case?

(Plan A Treat Diarrhoea at Home to Prevent Dehydration)

- 2 What treatment was prescribed for Chilufya?

(2 packets of ORS)

- 3 Was the caretaker instructed on how to mix the ORS?

(Caretaker was instructed to mix ORS in one litre of water No available home measuring utensil was identified No instructions were provided on how much solution to give)

- 4 Was the caretaker given any other instructions on home management of the diarrhoea?

(No other instructions were given No instructions were given regarding the key signs for bringing Chilufya back to the clinic)

- 5 What went wrong in the clinic routines which led to Chilufya's condition of severe dehydration? Can you propose an action which would keep the same thing from happening again?

(Identified Problem Caretaker not given appropriate instructions on ORS preparations, administration and when to return to the health facility)

Possible Solution Establish ORT Corner and assign a health worker to counsel care takers on ORS preparation and administration, and discuss rules of home treatment of diarrhoea, including when to return to the clinic)

When all of the participants have finished answering the questions, the facilitator asks them to explain their responses to the whole group

If participants have conflicting responses, s/he encourages them to explain the reasoning for responses S/he clarifies any confusion that participants cannot resolve among themselves

To summarize, s/he asks

- What does this Case Study show? (*Desired response The importance of using good communication skills in teaching caretakers to treat diarrhoea at home*)
- What can happen when there is not an ORT corner in a health centre or when health workers do not use good communication skills with caretakers? (*Desired response A child's condition can get worse*)

III BUILD ON WHAT PARTICIPANTS KNOW AND DO PLAN A TREAT DIARRHOEA AT HOME

The facilitator asks

- When we talked about Plan B, we identified the three rules of home treatment of diarrhoea What are the three rules of home treatment of diarrhoea? (*Desired responses GIVE EXTRA FLUID, CONTINUE FEEDING AND WHEN TO RETURN TO THE CLINIC*)

S/he posts *Flipchart #18 Plan A Treat Diarrhoea at Home* and reads it aloud S/he reinforces participants' responses wherever possible

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

Treat the Child - Flipchart #18

A Discuss GIVE EXTRA FLUID

The facilitator explains

- They will discuss how to counsel the caretaker on the first rule of home treatment, GIVE EXTRA FLUID

S/he asks participants to look at page 13 of their Chart Booklets and locate the box *Plan A Treat Diarrhoea at Home*

S/he reads the box *Plan A Treat Diarrhoea at Home* aloud

The co-facilitator moves around the room to ensure that all participants are looking at the following box

► **Plan A: Treat Diarrhoea at Home**

**Counsel the mother on the 3 Rules of Home Treatment:
Give Extra Fluid, Continue Feeding, When to Return**

1 GIVE EXTRA FLUID (as much as the child will take)

► **TELL THE MOTHER**

- Breastfeed frequently and for longer at each feed
- If the child is exclusively breastfed, give ORS or clean water in addition to breastmilk
- If the child is not exclusively breastfed, give one or more of the following ORS solution, food-based fluids (such as soup, rice water, and yogurt drinks), or clean water

It is especially important to give ORS at home when

- *the child has been treated with Plan B or Plan C during this visit*
- *the child cannot return to a clinic if the diarrhoea gets worse*

► **TEACH THE MOTHER HOW TO MIX AND GIVE ORS GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME**

► **SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE**

Up to 2 years	50 to 100 ml after each loose stool
2 years or more	100 to 200 ml after each loose stool

Tell the mother to

- Give frequent small sips from a cup
- If the child vomits, wait 10 minutes. Then continue, but more slowly
- Continue giving extra fluid until the diarrhoea stops.

2 CONTINUE FEEDING

3 WHEN TO RETURN

} See **COUNSEL THE MOTHER** chart

S/he emphasizes

- You will need to teach caretakers to prevent dehydration by giving extra fluids

S/he asks

- What do we mean by “extra fluids”? (*Desired response more fluids than usual*)

To check participants’ understanding of GIVE EXTRA FLUID, s/he asks

- If a child is 6 months old, how much extra fluid should she have? (*Desired response 50 to 100 ml after each loose stool*)
- If a child is 1 year old, how much extra fluid should she have? (*Desired response 50 to 100 ml after each loose stool*)
- If a child is 2 years old, how much extra fluid should she have? (*Desired response 100 to 200 ml after each loose stool*)
- If a child is 18 months old, how much extra fluid should she have? (*Desired response 100 to 200 ml after each loose stool*)
- Plan A is an important treatment plan because children with diarrhoea who come to a health worker with no dehydration will be put on plan A and if poorly managed can easily become severely dehydrated. Children who are dehydrated need to be rehydrated on Plan B or C, then Plan A as they eventually have to be treated at home.

To illustrate the importance of giving extra fluids, the facilitator refers to *Case Study Chilufya* and states

- In this Case Study, three-month old Chilufya with diarrhoea would not have had to come back with severe dehydration if extra fluids were given

S/he emphasizes

- Health workers should emphasize to caretakers that they should give as much fluid as the child will take to replace lost fluids during diarrhoea

S/he asks participants to turn to page 37 of the Participant’s Manual *Plan A Treat Diarrhoea at Home Give Extra Fluid* S/he reads it aloud

PLAN A TREAT DIARRHOEA AT HOME

GIVE EXTRA FLUID

- The child with diarrhoea should drink the usual fluids that s/he drinks each day plus extra fluid
- Caretakers should be informed that ORS does not stop diarrhoea, but keeps the child stronger and less sick through the diarrhoea episode
- Caretakers should continue giving extra fluid until the diarrhoea stops.

B Discuss CONTINUE FEEDING

The facilitator asks

- What is next in the Rules of Home Treatment? (*Desired responses Continue Feeding*)

The facilitator emphasizes

- It is important to continue feeding children with diarrhoea as they lose nutrients together with fluids

S/he states

- Information about how to continue feeding the child was discussed in Counsel the Mother
- Information on when a mother should return to a health worker is also on the Mother's Card

She asks participants to turn to page 38 of the Participant's Manual *Plan A Treat Diarrhoea at Home* S/he reads it aloud and asks the questions below

PLAN A TREAT DIARRHOEA AT HOME

CONTINUE FEEDING

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

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

Feeding Recommendations for a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding give more frequent longer breastfeeds, day and night
- If taking other milk
 - replace with increased breastfeeding, **OR**
 - replace with fermented milk products, such as sour milk or yogurt, **OR**
 - replace half the milk with thick porridge and added vegetable oil mixed with well cooked and mashed beans, vegetables and finely ground chicken or fish
 - *What does "mashed" mean?*
 - *What does "finely ground" mean?*
- For other foods, follow feeding recommendations for the child's age

The facilitator asks if participants have any questions and clarifies as necessary

C Review WHEN TO RETURN

The facilitator asks

- What is the third Rule of Home Treatment? (*Desired response When to Return*)

S/he asks participants to turn to page 39 of the Participant's Manual *Plan A Treat Diarrhoea at Home When to Return* S/he reads it aloud

Treat the Child - 39	
PLAN A TREAT DIARRHOEA AT HOME WHEN TO RETURN	
► Advise the Caretaker When to Return to Health Worker	
WHEN TO RETURN IMMEDIATELY	
Advise caretaker 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 Diarrhoea also return if	<ul style="list-style-type: none">• Blood in stool• Drinking poorly

IV SUMMARY AND EVALUATION

A Complete WRITTEN EXERCISE. PLAN A. TREAT DIARRHOEA AT HOME

The facilitator states

- Participants will now answer some questions about Plan A Treat Diarrhoea at Home

S/he asks participants to turn to pages 40 - 43 of the Participant's Manual *Home Treatment for Diarrhoea* S/he asks participants to complete it individually

S/he states

- Participants should refer to their IMCI Chart Booklets to answer the questions

HOME TREATMENT FOR DIARRHOEA

1 Lwendo is a 4 year old boy who has diarrhoea. He has no general danger signs. He was classified as having diarrhoea with NO DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. He will be treated with Plan A.

a What are the three rules of home treatment of diarrhoea?

-- *(Give extra fluid)*

-- *(Continue feeding)*

-- *(When to return)*

b What fluids should the health worker tell his caretaker to give?

(ORS solution, food-based fluids such as soup, rice water, and yoghurt drinks, and clean water)

2 Chilufya is a 3 month old boy who has diarrhoea. He has no general danger signs. He was classified as NO DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. He is exclusively breastfed. What should the health worker tell his caretaker about giving him extra fluids?

(Breastfeed him more frequently than usual. After breastfeeding, she should give him ORS solution or clean water)

3 For which children with NO DEHYDRATION is it especially important to give ORS at home?

--- (Children who have been treated with Plan B or Plan C during the clinic visit)

--- (Children who cannot return to a clinic if the diarrhoea gets worse)

4 The following children came to the clinic because of diarrhoea. They were assessed and found to have no general danger signs. They were classified as NO DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. Which Plan should these children follow?

Write the amount of extra fluid that the caretaker should give after each stool

a) Mutubilia 6 months (50 to 100 ml)

b) Chilanga 2 years (100 to 200 ml)

c) Misozi 15 months (50 to 100 ml)

d) Mofya 4 years (100 to 200 ml)

5 A 4 year old boy has diarrhoea. He has no general danger signs. He was classified with NO DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. The health worker has taught his caretaker Plan A and given her 2 packets of ORS to use at home.

Tick all the fluids that the caretaker should encourage her son to drink as long as the diarrhoea continues

a Clean water or tea that the child usually drinks with meals

b Fruit juice that the child usually drinks each day

c Clean water from the water jug. The child can get clean water from the jug whenever he is thirsty

d ORS after each loose stool

e Yoghurt drink when the mother makes some for the family

- 6 A caretaker brought her 11 month old daughter, Malpaso, to the clinic because she has diarrhoea. Malpaso usually eats cereal and bits of meat, vegetables and fruit. Her caretaker has continued to breastfeed her as well. The caretaker says she lives far from the clinic and might not be able to come back for several days, even if the child gets worse.

The health worker assesses Malpaso and finds she has no general danger signs and no other disease classifications. He classifies her as NO DEHYDRATION and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. He decides Malpaso needs treatment according to Plan A.

- a Should the health worker give this caretaker ORS packets to take home? If so, how many one-litre packets should he give?

(Yes, 2 packets)

- b Mark this Mother's Card for Malpaso's caretaker

FLUIDS	FOR CHILD WITH DIARRHOEA
FOR ANY SICK CHILD	Giving more fluid can be lifesaving!
• Breastfeed frequently	• Give these extra fluids, as much as the child will take
• Increase fluid. Give soup, rice water, yoghurt drinks or clean water	<input checked="" type="checkbox"/> ORS Solution <input checked="" type="checkbox"/> Food-based fluids, such as soup, rice water, yoghurt drinks
	<input checked="" type="checkbox"/> Clean water
	• Breastfeed more frequently and longer at each feeding
	• Continue giving extra fluids until diarrhoea stops

- c Why did you mark the Mother's Card this way?

(Because Malpaso has diarrhoea and needs extra fluid and more frequent and longer breastfeeds until the diarrhoea stops, according to Plan A)

- d Write 3 checking questions to ask Malpaso's caretaker to make sure she understands how to mix and give ORS solution

-- *(What container will you use to mix the ORS?)*

-- *(How many packets will you use each time you mix it?)*

-- *(How much ORS will you give after each loose stool?)*

Why are these good checking questions?

(Because these questions require the caretaker to answer with more than "yes" or "no" and they help the health worker know whether or not the caretaker understands what to do)

- e What should the caretaker do if the child vomits while being fed the solution?

(The caretaker should wait 10 minutes before giving more fluid Then she should give the solution more slowly)

- f How long should Mpasos's caretaker continue giving extra fluid?

(The caretaker should continue giving extra fluid until the diarrhoea stops)

- g The health worker will tell the caretaker to continue feeding Mpasos He will also teach her the signs to return immediately What signs should the health worker teach Mpasos's caretaker?

(Drinking poorly or not able to drink or breastfeed, becomes sicker, develops a fever, has blood in stool)

- 7 At your clinic, what are the recommended fluids for children with diarrhoea with NO DEHYDRATION?

(Answers will vary according to practices at participants' clinics, but they should include ORS, clean water, and a food-based fluid)

B Discuss WRITTEN EXERCISE

When the participants have completed page , the facilitator asks participants to tell their answers to the group

S/he clarifies participants' answers as necessary

TREAT THE CHILD

ACTIVITY 6

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

63

PLAN C TREAT SEVERE DEHYDRATION QUICKLY

LEARNING OBJECTIVES

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

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

TIME 20 minutes

MATERIALS Flipchart # 19
Participant's Manual, page 44

FACILITATOR'S NOTE

Children who come with SEVERE DEHYDRATION are at high risk. However, if quickly rehydrated their lives can be saved. In this activity it will be important to review the participants' knowledge and skills in providing fluids using IV infusion or a nasogastric (NG) tube.

ACTIVITY OUTLINE
GIVE EXTRA FOOD FOR DIARRHOEA AND CONTINUE FEEDING
PLAN C TREAT SEVERE DEHYDRATION QUICKLY

	<u>Content</u>	<u>Materials</u>
I	Introduction	
	A Review Session Objectives	Flipchart #19
II	Find Out What Participants Know and Do	
	Plan C Treat Severe Dehydration Quickly	
	A Introduce Plan C	
	B Discuss Individual Situations	Blank flipchart, markers tape
	C Read Plan C Annexes	Participant's Manual, page 44
	D Match Individual Situations with Plan C Annexes	Blank flipchart markers tape

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review SESSION OBJECTIVES

The facilitator posts *Flipchart #19 Session Objectives* and reviews it with participants

SESSION OBJECTIVES
By the end of this session, participants will be able to
<ul style="list-style-type: none">• State the purposes for carrying out Plan C• Identify capability to carry out Plan C in individual health facilities
Treat the Child - Flipchart #19

II FIND OUT WHAT PARTICIPANTS KNOW AND DO PLAN C TREAT SEVERE DEHYDRATION QUICKLY

A Introduce PLAN C

The facilitator explains

- Severely dehydrated children need water and salts replaced quickly
- Intravenous (IV) fluids are usually used for this purpose
- Rehydration therapy using IV fluids or a nasogastric (NG) tube is recommended only for children who have SEVERE DEHYDRATION

S/he states

- Plan C is the treatment plan for SEVERE DEHYDRATION

S/he asks

- What factors help you decide whether or not to give Plan C? (*Desired responses: The type of equipment available at your clinic or a nearby clinic, the training you have received, whether or not the child can drink*)

B Discuss INDIVIDUAL SITUATIONS

The facilitator asks

- What do you do in your clinic when a severely dehydrated child comes in?

S/he records participants' responses on blank flipchart and encourages discussion of different practices in different clinics

C Read PLAN C ANNEXES

The facilitator asks participants to locate the box *Plan C Treat Severe Dehydration Quickly* on page 14 of their Chart Booklets

As review, s/he reads the box aloud

The facilitator asks participants to turn to page 44 of the Participant's Manual *PLAN C ANNEXES* S/he reads page 44 aloud

S/he explains that in order to practice how to treat a severely dehydrated child according to Plan C, participants should identify the Annex that matches the situation in their health facility

PLAN C ANNEXES

To learn how to treat a severely dehydrated child according to Plan C at your clinic, read the descriptions of Annexes. Then, match your situation with the appropriate Annex.

- 1 Annex C-1 teaches you how to treat according to Plan C if
 - your clinic has IV equipment and acceptable fluids, and
 - you have been trained to give IV fluid

- 2 Annex C-2 teaches you how to treat according to Plan C if
 - you cannot give IV fluid at your clinic, and
 - IV treatment is available at another clinic or hospital that can be reached within 30 minutes

- 3 Annex C-3 teaches you how to treat according to Plan C if
 - you cannot give IV fluid at your clinic,
 - there is no clinic or hospital offering IV treatment nearby,
 - your clinic has nasogastric equipment, and
 - you are trained to use a nasogastric (NG) tube

- 4 Annex C-4 teaches you how to treat according to Plan C if
 - you cannot give IV fluid at your clinic,
 - there is no clinic or hospital offering IV treatment nearby,
 - you cannot give NG therapy, and
 - the child can drink

If you cannot give IV or NG fluid and the child cannot drink, refer the child urgently to the nearest clinic or hospital which can give IV or NG treatment

The facilitator states

- Plan C Annexes are on pages 45 - 58 of the Participant's Manual
- Participants should use the specific Plan C Annex that corresponds to their situation for future reference

TREAT THE CHILD

ACTIVITY 6 GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

64 TREAT PERSISTENT DIARRHOEA

FACILITATOR'S NOTE

The treatment for PERSISTENT DIARRHOEA requires special feeding

The caretaker of a child with PERSISTENT DIARRHOEA is advised on feeding her child. The feeding recommendations for a child with persistent diarrhoea are on the COUNSEL THE MOTHER Chart and were explained in ASSESS AND CLASSIFY THE SICK CHILD page 290

You should refer back to page 290 of ASSESS AND CLASSIFY THE SICK CHILD and review the feeding recommendations for a child with persistent diarrhoea with participants

TREAT THE CHILD

ACTIVITY 6 GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

65 TREAT DYSENTERY

FACILITATOR'S NOTE

To treat DYSENTERY, give an oral antibiotic recommended for Shigella in your area. Tell the caretaker to return in 2 days for follow-up care to be sure the child is improving.

The box 'Give an Appropriate Oral Antibiotic' on the TREAT THE CHILD chart tells the recommended antibiotics. How to give the antibiotic is described in TREAT THE CHILD, page 47, Using Good Communications Skills to Teach the Caretaker to Give Oral Drugs at Home.

You should refer to TREAT THE CHILD page 47 to review Using Good Communications Skills to Teach the Caretaker to Give Oral Drugs at Home.