

ASSESS AND CLASSIFY THE CHILD AGED 2 MONTHS - 5 YEARS

CHECK FOR GENERAL DANGER SIGNS	LOOK AND FEEL	URGENT Attention	SIGNS	CLASSIFY	IDENTIFY TREATMENT (URGENT PRE-REFERRAL TREATMENTS ARE IN BOLD PRINT)
<p>ASK</p> <ul style="list-style-type: none"> Is the able to drink or breastfeed? Does the child vomit everything? Has the child had convulsions (fits)? <i>Ask if more than 1 convulsion or if prolonged more than 15 minutes if yes to other.</i> <p>LOOK AND FEEL</p> <ul style="list-style-type: none"> See if the child is lethargic or unconscious Is the child convulsing now? <i>IF YES</i> <p>A child with any general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.</p>			<ul style="list-style-type: none"> ANY GENERAL DANGER SIGN 	<p>VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> Give diazepam if convulsing now Quickly complete the assessment Give any pre-referral treatment immediately Treat to prevent low blood sugar Keep child warm Refer URGENTLY
<p>THEN ASK ABOUT MAIN SYMPTOMS: Does the child have a cough or difficulty breathing</p> <p>IF YES, ASK</p> <ul style="list-style-type: none"> For how long? <p>LOOK, LISTEN, FEEL</p> <ul style="list-style-type: none"> Count the breaths in one minute Look for chest indrawing Look and listen for stridor Look and listen for wheezing <p>CHILD MUST BE CALM</p> <p>If wheezing with either fast breathing or chest indrawing Give a trial of rapid acting inhaled bronchodilator for up to 3 times 15-20 minutes apart. Count the breaths and look for chest indrawing again, then classify</p> <p>If the child is: 2 mths - 12 mths: 50 breaths per minute or more 12 mths - 5 yrs: 40 breaths per minute or more</p> <p><small>*If pulse oximeter is available measure oxygen saturation and refer if <90% **If referral is not possible, manage child as described in the pneumonia section of the national referral guidelines or as in WHO Pocket Book for hospital care for children ***Oral Amoxicillin for 3 days could be used in patients with fast breathing ****In settings where an inhaled bronchodilator is unavailable, oral salbutamol may be tried, but not recommended for treatment of severe, acute wheeze</small></p>		<p>CLASSIFY COUGH OR DIFFICULT BREATHING</p>	<ul style="list-style-type: none"> Any general danger sign OR Stridor in calm child Chest indrawing OR Fast breathing 	<p>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> Give oral Amoxicillin for 5 days*** If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days*** Soothe the throat and relieve the cough with a safe remedy If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment Advise mother when to return immediately Follow-up after 3 days
			<ul style="list-style-type: none"> No signs of pneumonia or very severe disease 	<p>COUGH OR COLD</p>	<ul style="list-style-type: none"> If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days Soothe the throat and relieve cough with a safe remedy If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment Advise mother when to return immediately Follow-up after 5 days if not improving
			<p>Two of the following signs:</p> <ul style="list-style-type: none"> Movement only when stimulated or no movement at all Sunken eyes Skin pinch goes back very slowly 	<p>SEVERE DEHYDRATION</p>	<ul style="list-style-type: none"> If infant has no other severe classification <ul style="list-style-type: none"> Follow plan C to treat severe dehydration quickly Start IV fluid immediately, or refer urgently for IV fluid. If that is not possible, start rehydration by NG tube OR If infant also has another severe classification <ul style="list-style-type: none"> Refer URGENTLY to the hospital with mother giving frequent sips of ORS on the way Advise mother to continue breastfeeding Teach mother how to keep the infant warm on the way to the hospital
			<ul style="list-style-type: none"> Restless and irritable Sunken eyes Skin pinch goes back slowly 	<p>SOME DEHYDRATION</p>	<ul style="list-style-type: none"> Give fluid and breastmilk for some dehydration (Plan B) OR If infant also has another severe classification <ul style="list-style-type: none"> Refer URGENTLY to the hospital with mother giving frequent sips of ORS on the way Advise mother to continue breastfeeding Advise mother when to return immediately Follow-up on day 3 if not improving
			<ul style="list-style-type: none"> Not enough signs to classify as some or severe dehydration 	<p>NO DEHYDRATION</p>	<ul style="list-style-type: none"> Give fluids and breastmilk to treat for diarrhoea at home (Plan A) Advise mother when to return immediately Follow-up in 5 days if not improving
		<p>And if DIARRHOEA 14 days or more</p>	<p>Dehydration present</p>	<p>SEVERE PERSISTENT DIARRHOEA</p>	<ul style="list-style-type: none"> Treat dehydration before referral unless the child has another severe classification Refer to hospital
			<p>No dehydration</p>	<p>PERSISTENT DIARRHOEA</p>	<ul style="list-style-type: none"> Advise the mother on feeding a child who has persistent diarrhoea Give multivitamins and minerals (including zinc) for 14 days Follow-up in 5 days
		<p>And if blood in stool</p>	<p>Blood in the stool</p>	<p>DYSENTERY</p>	<ul style="list-style-type: none"> Give ciprofloxacin for 3 days Follow-up in 3 days
		<p>Classify FEVER</p>	<ul style="list-style-type: none"> Any general danger sign OR Stiff neck 	<p>VERY SEVERE FEBRILE DISEASE</p>	<ul style="list-style-type: none"> Give first dose of artesunate or quinine for severe malaria Give first dose of an appropriate antibiotic Treat the child to prevent low blood sugar Give first dose of paracetamol for fever 38.5 C or above Refer URGENTLY to hospital
		<p>High or Low Malaria Risk</p>	<ul style="list-style-type: none"> Malaria Test Positive 	<p>MALARIA</p>	<ul style="list-style-type: none"> Give recommended first line oral antimalarial Give first dose of paracetamol for fever 38.5 C or above Give appropriate antibiotic treatment for an identified bacterial cause of fever Advise mother when to return immediately Follow-up in 3 days if fever persists If fever is present everyday for more than 7 days, refer for treatment
			<ul style="list-style-type: none"> Malaria Test Negative 	<p>FEVER: NO MALARIA</p>	<ul style="list-style-type: none"> Give one dose of Paracetamol for 38.5 C or above Give appropriate antibiotic treatment for an identified bacterial cause of fever Advise mother when to return immediately Follow-up in 3 days if fever persists If fever is present everyday for more than 7 days, refer for treatment
		<p>No Malarial Risk and No Travel to Malaria Risk Area</p>	<ul style="list-style-type: none"> Any general danger sign Stiff neck 	<p>VERY SEVERE FEBRILE DISEASE</p>	<ul style="list-style-type: none"> Give first dose of an appropriate antibiotic Treat the child to prevent low blood sugar Give the first dose of Paracetamol for fever of 38.5 C or above Refer URGENTLY to hospital
			<ul style="list-style-type: none"> No general danger signs No stiff neck 	<p>FEVER</p>	<ul style="list-style-type: none"> Give the first dose of Paracetamol for fever of 38.5 C or above Give appropriate antibiotic treatment for any identified bacterial cause of fever Advise mother when to return immediately Follow-up in 2 days if fever persists If fever is present everyday for more than 7 days, refer for assessment
		<p>If MEASLES now or within the last 3 months, Classify</p>	<ul style="list-style-type: none"> Any general danger sign OR Clouding of cornea OR Deep or extensive mouth ulcers 	<p>SEVERE COMPLICATED MEASLES****</p>	<ul style="list-style-type: none"> Give Vitamin A treatment Give first dose of an appropriate antibiotic If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment Refer URGENTLY to hospital
			<ul style="list-style-type: none"> Pus draining from the eye OR Mouth ulcers 	<p>MEASLES WITH EYE OR MOUTH COMPLICATIONS****</p>	<ul style="list-style-type: none"> Give Vitamin A treatment If pus draining from the eye, treat eye infection with tetracycline eye ointment If mouth ulcers treat with gentian violet Follow-up in 3 days
			<ul style="list-style-type: none"> Measles now or within the last 3 months 	<p>MEASLES</p>	<ul style="list-style-type: none"> Give Vitamin A treatment
			<ul style="list-style-type: none"> Bleeding from the nose or gums Bleeding in the stool or vomits Black stool or vomitus Skin petechiae Slow capillary refill (more than 3 seconds) Persistent abdominal; pain Persistent vomiting Positive tourniquet test 	<p>SEVERE DENGUE HEMORRHAGIC FEVER</p>	<ul style="list-style-type: none"> If skin petechiae, peritent abdominal pain, persistent vomiting or positive tourniquet test are the only positive signs, then give ORS. If any other sign of bleeding is positive, give fluids rpidly as in Plan C. Treat the child to prevent low blood sugar. Refer URGENTLY to hospital. Do not give Aspirin.
			<ul style="list-style-type: none"> No sign of Dengue hemorrhagic fever 	<p>FEVER ONLY: DENGUE HEMORRHAGIC UNLIKELY</p>	<ul style="list-style-type: none"> Advise mother when to return immediately. Follow up in 2 days if the fever persists or if the child shows signs of bleeding Do not give aspirin Follow-up in 5 days
			<ul style="list-style-type: none"> Pus is seen draining from the ear and discharge is reported for 14 days or more 	<p>CHRONIC EAR INFECTION</p>	<ul style="list-style-type: none"> Dry the ear by wicking Treat with topical quinolone eardrops for 14 days Follow-up in 5 days
			<ul style="list-style-type: none"> No pus seen draining from the ear 	<p>NO EAR INFECTION</p>	<ul style="list-style-type: none"> No treatment
		<p>Classify ACUTE MALNUTRITION</p>	<ul style="list-style-type: none"> Oedema of both feet OR WFH / L less than -3 z-scores or MUAC less than 115 mm AND any one of the following: <ul style="list-style-type: none"> Medical complication present OR Not able to finish RUTF OR Breastfeeding problem 	<p>COMPLICATED SEVERE ACUTE MALNUTRITION</p>	<ul style="list-style-type: none"> Give first dose appropriate antibiotic Treat the child to prevent low blood sugar Keep the child warm Refer URGENTLY to the hospital
			<ul style="list-style-type: none"> WFH / L LESS THAN -3 z-scores OR MUAC less than 115 mm AND Able to finish RUTF 	<p>UNCOMPLICATED SEVERE ACUTE MALNUTRITION</p>	<ul style="list-style-type: none"> Give oral antibiotics for 5 days Give ready-to-use-therapeutic-food for a child aged 6 months or more Counsel the mother on how to feed the child Assess for possible TB infection Advise mother when to return immediately Follow-up in 7 days
			<ul style="list-style-type: none"> WFH / L between -3 and -2 z-scores OR MUAC 115 up to 124 mm 	<p>MODERATE ACUTE MALNUTRITION</p>	<ul style="list-style-type: none"> Assess the child's feeding and counsel the mother on the feeding recommendations If feeding problem, follow-up in 7 days Assess for possible TB infection Advise mother when to return immediately Follow-up in 30 days
			<ul style="list-style-type: none"> WFH / L -2 z-scores or more OR MUAC 125 mm or more 	<p>NO ACUTE MALNUTRITION</p>	<ul style="list-style-type: none"> If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the feeding recommendations If feeding problem, follow-up in 7 days
		<p>Classify ANAEMIA</p>	<ul style="list-style-type: none"> Severe palmar pallor 	<p>SEVERE ANAEMIA</p>	<ul style="list-style-type: none"> Refer URGENTLY to the hospital
			<ul style="list-style-type: none"> Some palmar pallor 	<p>ANAEMIA</p>	<ul style="list-style-type: none"> Give iron** Give mebendazole if child is 1 year or older and has not had a dose in the past 6 months Advise mother when to return immediately Follow-up in 14 days
			<ul style="list-style-type: none"> No palmar pallor 	<p>NO ANAEMIA</p>	<ul style="list-style-type: none"> If child is less than 2 years old, assess the child's feeding and counsel the mother according to the feeding recommendations If feeding-problem, follow-up in 5 days

AGE	VACCINE		
Birth	BCG	OPV 0	Hep B 0
6 weeks	Pentavalent* 1	OPV 1	Pnemococcal 1
10 weeks	Pentavalent 2	OPV 2	Pnemococcal 2
14 weeks	Pentavalent 3	OPV 3	Pnemococcal 3
9 months	Measles 1		
15 months	Measles 2		

Vitamin A Supplementation

Give every child a dose of Vitamin A every six months from the age of 6 month.

Record the dose in child's chart.

ROUTINE WORM TREATMENT

Give every child pyrantel pamoate every 6 months form one year of age.