

TREAT THE CHILD AT HOME

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home
Also follow the instructions listed with each drug's dosage table

- Determine the appropriate drugs and dosage for the child's age or weight
- Tell the mother the reason for giving the drug to the child
- Demonstrate how to measure a dose
- Watch the mother practise measuring a dose by herself
- Ask the mother to give the first dose to her child
- Explain carefully how to give the drug, then label and package the drug
- If more than one drug will be given, collect, count, and package each drug separately
- Explain that all the oral drug tablets or syrups must be used to finish the course of treatment
- Check the mother understanding before she leaves the clinic

GIVE AN APPROPRIATE ORAL ANTIBIOTIC

- For PNEUMONIA and ACUTE EAR INFECTION, FIRST LINE ANTIBIOTIC Oral Amoxicillin

AGE OR WEIGHT	AMOXICILLIN* Give 2 times daily for 5 days	
	TABLET 250mg	SYRUP 250 mg/ 5ml
2 months up to 12 months (4- <10kg)	1	5 ml
12 months up to 3 years (10- <14kg)	2	10ml
3 years up to 5 years (14-19kg)	3	15 ml

*Amoxicillin is the first line drug in the treatment of pneumonia due to its efficacy & increasing high resistance to cotrimoxazole.

- For DYSENTERY, FIRST LINE ANTIBIOTIC Oral Ciprofloxacin

AGE OR WEIGHT	CIPROFLOXACIN Give 10 mg/ kg two times daily for 3 days	
	250 mg tablet	500 mg tablet
Less than 6 months	1/2	1/4
6 months up to 6 years	1	1/2

- For CHOLERA, FIRST LINE ANTIBIOTIC Oral Ciprofloxacin (as above);
- SECOND LINE ANTIBIOTIC S (as below):

AGE OR WEIGHT	ERYTHROMYCIN Give four times daily for 3 days	TETRACYCLINE Give four times daily for 3 days
	TABLET (250 mg)	TABLET (250 mg)
2 years up to 5 years (10—19 kg)	1	1

Give Extra Fluid for Diarrhoea and Continue Feeding (See FOOD advice on *COUNSELLING* chart)

PLAN A: TREAT DIARRHOEA AT HOME

Counsel the mother on the 4 Rules of Home Treatment:

1. Give Extra Fluid
2. Give Zinc Supplements (age 2 months up to 5 years)
3. Continue Feeding
4. 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 breast milk.
- * If the child is not exclusively breastfed, give one or more of the following: low osmolarity ORS solution, food-based fluids (such as soup, rice water, and yogurt drinks), or clean water.

It is especially important to give low osmolarity 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 diarrhea gets worse

TEACH THE MOTHER HOW TO MIX AND GIVE LOW OSMOLARITY ORS.

GIVE THE MOTHER TWO PACKETS OF LOW OSMOLARITY 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. GIVE ZINC (age 2 months up to 5 years)

TELL THE MOTHER HOW MUCH ZINC TO GIVE (20 mg tab):

2 months up to 6 months	1/2 tablet daily for 14 days
6 months or more	1 tablet daily for 14 days

SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS

- * Infants— dissolve tablet in a small amount of expressed breast milk, ORS or clean water in a cup.
- * Older children— tablets can be chewed or dissolved in a small amount of water.

Give Inhaled Salbutamol for Wheezing

USE OF A SPACER*

A spacer is a way of delivering the bronchodilator drugs effectively into the lungs. No child under 5 years should be given an inhaler without a spacer. A spacer works as well as a nebuliser if correctly used.

- From a salbutamol metered dose inhaler (100µg/ puff) give 2 puffs.
- Repeat up to 3 times every 15 minutes before classifying pneumonia.

Spacers can be made in the following way:

- Use a 500 ml drink bottle or similar
- Cut a hole in the bottle base in the same shape as the mouthpiece of the inhaler. This can be done with a sharp knife
- Cut the bottle between the upper quarter and the lower 3/4 and disregard the upper quarter of the bottle.
- Cut a small V in the border of the large open part of the bottle to fit to the child's nose and be used as a mask.
- Flame the edge of the cut bottle with a candle or a lighter to soften it.
- In a small baby, a mask can be made by making a similar hole in a plastic (not a polystyrene) cup.
- Alternatively, commercial spacers can be used if available.

To use an inhaler with a spacer:

- Remove the inhaler cap. Shake the inhaler well.
- Insert the mouthpiece of the inhaler through the hole in the bottle or plastic cup.
- The child should put the opening of the bottle into his mouth and breathe in and out through the mouth.
- A carer then presses down the inhaler and sprays into the bottle while the child continues to breathe normally.
- Wait for three to four breaths and then repeat.
- For younger children place the cup over the child's mouth and use as a spacer in the same way.

*If a spacer is being used for the first time, it should be primed by 4-5 extra puffs from the inhaler.

Give Iron*

* Give one dose daily for 14 days.

AGE or WEIGHT	IRONFOLATE TABLET	IRON SYRUP
	Ferrous sulfate 200 mg + 250 mcg Folate (60 mg elemental iron)	Ferrous fumarate 100 mg per 5 ml (20 mg/ml elemental iron)
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)	1/2 tablet	2.00 ml (< 1/2 tsp)
3 years up to 5 years (14—19 kg)	1/2 tablet	2.50 ml (< 1/2 tsp)

* Children with severe acute malnutrition who are receiving ready-to-use-therapeutic-food (RUTF) should not be given Iron.

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

Give Paracetamol every 6 hours or until high fever or ear pain is gone.

AGE OR WEIGHT	PARACETAMOL	
	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 1/2	1/2

Give Oral Antimalarial for MALARIA

Give the first dose of artemether-lumefantrine in the clinic and observe for one hour.

If the child vomits within an hour repeat the dose.

Give second dose at home after 8 hours.

Then twice daily for further two days as shown below.

Artemether-lumefantrine should be taken with food.

UNCOMPLICATED PLASMODIUM FALCIPARUM MALARIA

Artemether-Lumefantrine tablets (20 mg artemether and 120 mg lumefantrine) Give two times daily for 3 days			
WEIGHT (age)	Day 1	Day 2	Day 3
5 - <10 kg (2 months up to 12 months)	1	1	1
10 - <14 kg (12 months up to 3 years)	1	1	1
14 - <19 kg (3 years up to 5 years)	2	2	2

Artisunate – Sulfadoxine-pyrimethamine tablets (50 mg artisunate and 500 mg sulphadoxine+25mg pyrimethamine) Give two times daily for 3 days

AGE	Day 1				Day 2	Day 3
	SP	ARTISUMATE	ARTISUMATE	ARTISUMATE	ARTISUMATE	
5 months up to 11 months)	½	½	½	½	½	
12 months up to 6 years)	1	1	1	1	1	

UNCOMPLICATED PLASMODIUM VIVAX MALARIA

WEIGHT (age)	CHLOROQUINE					
	TABLETS 150 mg base (250 mg salt)			SYRUP 50 mg base per 5 ml teaspoon full (TSF)		
	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
5 - <10 kg (2 months up to 12 months)	¼	¼	¼	¼ TSF	¼ TSF	¼ TSF
10 - <14 kg (12 months up to 3 years)	1	1	1	¼ TSF	¼ TSF	¼ TSF

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- Explain to the mother what the treatment is and why it should be given
- Describe the treatment steps listed in the appropriate box
- Watch the mother as she does the first treatment in the clinic (except for remedy for cough or sore throat)
- Tell her how often to do the treatment at home
- If needed for treatment at home, give mother the tube of tetracycline ointment or a small bottle of gentian violet.
- Check the mother's understanding before she leaves the clinic.

Treat Eye Infection with

Tetracycline Eye Ointment

- Clean both eyes 4 times daily
 - * Wash hands
 - * Use clean cloth and water to gently wipe away pus
- Then apply tetracycline ointment in both eyes 4 times daily
 - * Squirt a small amount of ointment in the inside of the lower lid
 - * Wash hands again
- Treat until there is no pus discharge
- Do not put anything else in the eye

Clear the Ear by Dry Wicking and Give Eardrops*

- 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
 - * Instil quinolone eardrops after dry wicking three times daily for two weeks.

* Quinolone eardrops may include ciprofloxacin, norfloxacin, or ofloxacin

Treat Thrush with Nystatin

Treat thrush four times daily for 7 days

- Wash hands
- Wet a clean cloth with salt water and use it to wash the child's mouth
- Instil nystatin 1 ml 4 times a day
- Avoid feeding for 20 minutes after medication
- If breastfed, check mother's breasts for thrush. If present, treat with nystatin
- Advise mother to wash breasts after feeds. If bottle fed, practise change to cup and spoon
- Give paracetamol for pain

Treat the Mouth Ulcers with Gentian Violet

- Treat for mouth ulcers twice daily:
 - * Wash hands
 - * Wash the child's mouth with clean soft cloth wrapped around finger and wet with salt water
 - * Paint the mouth with half-strength gentian violet (0.25 % dilution)
 - * Wash hands again
 - * Continue using GV for 48 hours after the ulcers have been cured
 - * Give paracetamol for pain relief

Soothe the Throat, Relieve the Cough with a Safe Remedy

- Safe remedies to recommend
 - * Breast milk for breastfed infant
 - * Green tea
 - * Honey water
 - * Clear soup
- Harmful remedies to discourage
 - * Tea/coffee
 - * Soft drinks
 - * Self-medication

GIVE READY-TO-USE THERAPEUTIC FOOD

Give Ready-to-Use Therapeutic Food for Severe Acute Malnutrition

- Wash hands before giving the ready-to-use therapeutic food (RUTF).
- Sit with the child on the lap and gently offer the ready-to-use therapeutic food.
- Encourage the child to eat the RUTF without forced feeding.
- Give small, regular meals of RUTF and encourage the child to eat often, 5-6 meals per day.
- If still breastfeeding, continue by offering breast milk first before every RUTF feed.
- Give only the RUTF for at least 2 weeks. If breastfeeding, continue to breastfeed and gradually introduce foods recommended for the age(See Feeding Recommendations in *COUNSELLING* chart).
- When introducing recommended foods, ensure that the child completes his daily ration of RUTF before giving other foods.
- Offer plenty of clean water, to drink from a cup, when the child is eating the ready-to-use therapeutic food.

CHILD'S WEIGHT (kg)	RUTF PACKETS PER DAY (92 g packets containing 500 kcal)	RUTF PACKETS PER WEEK SUPPLY (92 g packets containing 500 kcal)
4.0— 4.9 kg	2.0	14
5.0— 6.9 kg	2.5	18
7.0— 8.4 kg	3.0	21
8.5— 9.4 kg	3.5	25
9.5— 10.4 kg	4.0	28
10.5— 11.9 kg	4.5	32
> 12.0 kg	5.0	35