

# INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESS

## FACILITATOR GUIDELINES

### MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS



*Ministry of National Health Services, Regulation  
And Coordination, Government of Pakistan*



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PROCEDURES		FEEDBACK
1.	Distribute and introduce the module.	----- -----
2.	Participants read the Introduction and section 1.0 up to Exercise A.	Drill
3.	Lead drill on cut-offs for determining fast breathing in infants and in children.	Group discussion
4.	Exercise A, Part 1: Video -- Show the video -- how to assess young infant for Possible Serious Bacterial Infection or Very Severe Disease.	
5.	Part 2: Photographs -- Discuss photographs of local infections.  Give each participant 7 copies of the Young Infant Recording Form to use in Exercise B.	Group discussion
6.	Participants read sections 1.2 through 1.5 and work individually on Exercise B: Assess and classify a sick young infant.	Individual
7.	For Exercise C, show the video case study -- assess and classify possible serious bacterial infection or very severe disease and diarrhoea.	Group discussion
8.	Participants read through section 1.6 and 1.6.1. Lead a drill on reading a weight for age chart for young infants.	Drill
9.	Participants read section 1.6.2.	
10.	Exercise D, Part 1 -- Show the video on breastfeeding assessment.	
11.	Participants study the example photographs in Exercise D, Part 2. Lead a brief group discussion of example photographs.	Group discussion
	Participants work individually on rest of photographs.	Group discussion
12.	Participants read sections 1.7 - 1.19 and then work individually on Exercise E: Assess and classify feeding problem and weight for age.	
13.	Participants read sections 2.0 up through section 3.2 Refer the Young Infant.	Individual
14.	<b>Introduce the section 3.3 and the table on page 12 of the chart booklet, "Where Referral is Refused or Not Possible, Further Assess and Classify the Sick Young Infant."</b>	Individual
	A. Introduce Where Referral is Refused or Not Possible	
	B. Review some barriers to referral	
	C. Describe that the sick young infant with the classification POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE is at risk of death and needs to have treatment immediately	Group discussion

PROCEDURES	FEEDBACK
<p>14. <b>Introduce the section 3.3 and the table on page 12 of the chart booklet, “Where (cont,)</b></p> <p>D. Review how to use the table to further assess and classify an infant with Possible Serious Bacterial Infection or Very Severe Disease where referral is refused or not possible.</p>	Group discussion
15. Ask participants to read sections 3.3 through 4.1 up to Exercise F.	
16. Lead a drill on determining the correct amount of gentamicin to give per dose.	Drill
17. After preparing for Exercise F, demonstrate how to give a gentamicin injection. Then lead participants through Exercise F.	Group discussion
18. Participants read sections 4.2 through 4.4 and work individually on Exercise G.	Individual
19. Participants read sections 4.5 through 4.10.	
20. For Exercise H, Part 1 -- Show the video (helping a mother to improve her baby's positioning and attachment for breastfeeding).	Group discussion
21. Exercise H, Part 2 -- Participants study the photographs. Facilitator leads group discussion of example photographs. Participants work individually on rest of photographs.	Group discussion
Facilitator leads discussion of how to help each mother in photographs better position her infant.	Group discussion
22. Participants read section 4.11.	
23. For Exercise I, show the video of helping a mother keep a low weight infant warm at home.	Group discussion
24. Participants read section 4.12 and work individually on Exercise J.	Individual
25. Lead a drill on points of advice for mothers of young infants.	Drill
26. Participants read section 5.0.	
27. Conclusion	Group discussion
28. Summarize the module.	

## 1. INTRODUCTION OF MODULE

Explain that this module describes how to care for a young infant age 0 to 59 days. It describes how to use the chart booklet "Management of the Sick Young Infant Age Up To 2 Months." This is referred to as the *Young Infant Chart Booklet*.

The process for managing a sick young infant is generally the same process as the participants have learned for managing a sick child. Point to the relevant sections of the Young Infant Chart Booklet while outlining the tasks to be learned:

- \* Assess, classify, and identify treatment (presented in the same manner as on the *ASSESS AND CLASSIFY* chart)
- \* Treat the young infant and counsel the mother
- \* Give follow-up care for the young infant

Explain that there are differences because the problems and treatments of young infants are somewhat different from older infants and children. For example, when young infants are sick, they may have only non-specific signs of illness such as few movements, fever, or low body temperature. Mild chest indrawing is normal, so only severe chest indrawing is a serious sign. Young infants may need different antibiotics than older infants.

2. Ask participants to read the Introduction and section 1.0 up to Exercise A.

3. DRILL: Review of **cutoffs** for determining fast breathing

Conduct this drill at any convenient time after this point in the module. You may wish to do it while participants are gathered to watch the video, or at another time when they need a break from reading and writing.

Tell participants that this drill will review the cutoffs for determining fast breathing in children and young infants.

State or ask participants to state the three age groups that you must keep in mind when determining fast breathing and the respiratory rate threshold for each:

- \* Young infants (age 0 to 59 days) = 60 breaths per minute or more is fast breathing
- \* Infants 2 months up to 12 months = 50 breaths per minute or more is

fast breathing

- \* Children 12 months up to 5 years = 40 breaths per minute or more is fast breathing

Then ask the questions in the left column. Participants should answer in turn.

<b>WHAT IS FAST BREATHING IN AN INFANT OR CHILD:</b>	<b>ANSWER</b>
age 4 weeks?	<i>60 breaths per minute or more</i>
age 6 weeks?	<i>60+</i>
age 2 months?	<i>50+</i>
age 6 months?	<i>50+</i>
age 12 months	<i>40+</i>
age 11½ months	<i>50+</i>
age 1 month?	<i>60+</i>
age 4 months?	<i>50+</i>
age 3 weeks?	<i>60+</i>
age 3 years?	<i>40+</i>
age 3 months?	<i>50+</i>
age 5 weeks?	<i>60+</i>
age 10 months?	<i>50+</i>

**DOES THIS INFANT OR CHILD HAVE FAST BREATHING?**

<b>If the baby is age:</b>	<b>And breathing rate is:</b>	<b>Does the infant or child have fast breathing?</b>
3 weeks	55	<i>no</i>
4 weeks	63	<i>yes</i>
2 weeks	59	<i>no</i>
18 months	44	<i>yes</i>
2 months	48	<i>no</i>
12 months	40	<i>yes</i>

<b>If the baby is age:</b>	<b>And breathing rate is:</b>	<b>Does the infant or child have fast breathing?</b>
3 years	38	<i>no</i>
12 months	38	<i>no</i>
3 years	42	<i>yes</i>
12 months	49	<i>yes</i>
11 months	49	<i>no</i>
6 months	52	<i>yes</i>
6 weeks	65	<i>yes</i>
14 months	45	<i>yes</i>

**4. EXERCISE A: Part 1: Video demonstration -- Assessing a young infant for Possible Serious Bacterial Infection or Very Severe Disease.**

**Note to Facilitator:** *Prior to this exercise, you should preview this video and decide which parts of it to show. Not all signs demonstrated in the video are used in this Young Infant chart. In order to avoid confusion, you may plan to skip signs that are not relevant for this training.*

**Remind participants that not all the signs that they will learn based on the chart booklet are shown on the video. The classifications will also be different.**

When all the participants are ready, arrange for them to move to where the video exercise will be shown. Make sure they bring their manuals and chart booklets.

**To show the video:**

- 1) Tell participants that they will watch a demonstration of how to assess a young infant for Possible Serious Bacterial Infection or Very Severe Disease, Pneumonia, and Local Infection. The video will show examples of abnormal signs.
- 2) Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
- 3) Show the video. Follow the instructions given in the video. Pause the video and give explanations or discuss what the participants are seeing as needed to be sure the participants understand how to assess these signs.
- 4) At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

Important points to emphasize about the assessment in this video are:

- \* It is particularly difficult to count breathing in a young infant because of irregular breathing. Repeat any count which is 60 or more.



**Note to Facilitator:** *The signs grunting and nasal flaring are not used in this Young Infant Chart, so you may skip those signs on the video.*

**5. EXERCISE A: Part 2: Group discussion of photographs of a young infant's umbilicus and skin pustules**

Talk about each of the first 3 photographs, pointing out or having participants point out and tell how they can recognize the signs.

Then ask participants to work individually to study the rest of the photographs for this exercise and write the answers in the Participant Manual.

**Give feedback in a group discussion:** For each photograph, ask a participant to explain what he sees in the photograph. Discuss as necessary so that participants understand how to recognize an infected umbilicus.

Give the participants a copy of the answer sheet.

After the discussion, ask participants to continue working in the manual. They should read sections 1.2 through 1.5, referring to the Chart Booklet when they are asked to. Then they should work individually on Exercise B. Give each participant 7 copies of the Recording Form to use in Exercise B

MANAGEMENT OF THE SICK YOUNG INFANT

**Answers to Exercise A Part 2 -- Photographs**

- Photograph 60: Normal umbilicus in a newborn
- Photograph 61: An umbilicus with redness extending to the skin of the abdomen.
- Photograph 62: Many skin pustules

UMBILICUS	Normal	Redness or draining pus	Redness extending to the skin of abdomen
Photograph 63			✓
Photograph 64	✓		
Photograph 65		✓ (pus)	

**6. EXERCISE B: Individual work followed by individual feedback -- Assess and classify sick young infants for Possible Serious Bacterial Infection and Very Severe Disease, Pneumonia, Local Infection, Jaundice, Diarrhoea, and**

Watch to see when participants have finished reading section 1.5 and are beginning Exercise B. Be sure that each participant has 7 copies of the Young Infant Recording Form and understands that he should record the information about each case in Exercise B on these forms. If any participant seems confused, explain or show him individually how to use the Recording Forms, so that he can get started on the exercise without delay.

Compare the participant's Recording Forms with the Answer Sheets for Exercise B. Where the participant has recorded something different, discuss why he did that, and go back to the case study as needed to verify the reason for the answer. Give the participant a copy of the answer sheet to keep.

Tell the participant that later exercises in this module will continue these same 7 case studies. The participant will continue completing the same 7 Recording Forms as he continues to work through the module.

In order to better understand the participant's work situation, discuss with the participant whether he sees sick young infants at his clinic.

**Answers to Exercise B: Case 1**

<b>IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS</b>				
Name: <u>Hassan</u> Age: <u>6 hr</u> Sex: <u>M</u> Weight: <u>3.0kg</u> Temperature: <u>36.5</u> °C				
ASK: What are the infant's problems? <u>no crying at birth, difficulty breathing</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>				
ASSESS (Circle all signs present)				<b>CLASSIFY</b>
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b>				<b>VERY SEVERE DISEASE</b>
<ul style="list-style-type: none"> <li>- Is the infant having difficulty feeding? <u>Not feeding</u> · Count the breaths in one minute. <u>74</u> breaths per minute Repeat if (≥ 60) elevated <u>70</u> <u>Fast breathing?</u></li> <li>- Has the infant had convulsions? · Look for <u>severe chest indrawing</u></li> <li>· Look if the infant is convulsing now.</li> <li>· Look at umbilicus. Is it red or draining pus?</li> <li>· Fever (temperature ≥ 38°C) or body temperature below 35.5°C</li> <li>· Look for skin pustules.</li> <li>· Look at young infant's movements. Does the infant move on his/her own? Does the infant <u>move only when stimulated?</u> Does the infant not move at all?</li> </ul>				
<b>CHECK FOR JAUNDICE</b>				<b>NO JAUNDICE</b>
<ul style="list-style-type: none"> <li>- When did the jaundice appear first?</li> <li>Are the palms or soles yellow?</li> </ul>				
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b>				
<ul style="list-style-type: none"> <li>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> <li>If yes, ASK:</li> <li>· For how long? _____ Days</li> <li>· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable?</li> <li>Look for sunken eyes.</li> <li>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly? _____</li> </ul>				
<b>CHECK FOR HIV INFECTION</b>				<b>HIV UNLIKELY</b>
<ul style="list-style-type: none"> <li>ASK: HIV status of the mother? Positive _____ Negative <input checked="" type="checkbox"/> Unknown _____</li> <li>HIV serological test of the infant? Positive _____ Negative _____ Unknown _____</li> <li>HIV virology test of the infant? Positive _____ Negative _____ Unknown _____</li> </ul>				

Answers to Exercise B: Case 2

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS				
Name: <u>SAJDA</u> Age: <u>1 w</u> Sex: <u>F</u> Weight: <u>3.4 kg</u> Temperature: <u>37</u> °C				
ASK: What are the infant's problems? <u>rash</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>				
ASSESS (Circle all signs present)				CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?				LOCAL INFECTION
· Count the breaths in one minute. <u>55</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature > 38°C) or body temperature below 35.5°C · Look for <u>skin pustules</u> . · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?				
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first?				NO JAUNDICE
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days				
· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly?				
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive _____ Negative <input checked="" type="checkbox"/> Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown _____ HIV virology test of the infant? Positive _____ Negative _____ Unknown _____				HIV UNLIKELY

Answers to Exercise B: Case 3

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS				
Name: <u>Edhi</u> Age: <u>2 wks</u> Sex: <u>M</u> Weight: <u>3.5kg</u> Temperature: <u>36.5</u> °C				
ASK: What are the infant's problems? <u>fast breathing</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>				
ASSESS (Circle all signs present)				CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?				PNEUMONIA
· Count the breaths in one minute. <u>65</u> breaths per minute Repeat if (≥ 60) elevated <u>70</u> <u>Fast breathing?</u> · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?				
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first?				NO JAUNDICE
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days				
· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly?				
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive _____ Negative <input checked="" type="checkbox"/> Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown _____ HIV virology test of the infant? Positive _____ Negative _____ Unknown _____				HIV UNLIKELY

Answers to Exercise B: Case 4

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS			
Name: <u>Raja</u> Age: <u>1 wk</u> Sex: <u>M</u> Weight: <u>2.2 kg</u> Temperature: <u>36.0</u> °C			
ASK: What are the infant's problems? <u>skin color changed</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>			
ASSESS (Circle all signs present)			CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? · Count the breaths in one minute. <u>58</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing? - Has the infant had convulsions? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?			SEVERE DISEASE OR INFECTION UNLIKELY
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first? <u>At 5 days old</u> <u>Is skin yellow?</u> Are the <u>palms or soles yellow?</u>			SEVERE JAUNDICE
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days · Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly?			
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive <input checked="" type="checkbox"/> Negative ___ Unknown ___ HIV serological test of the infant? Positive ___ Negative ___ Unknown <input checked="" type="checkbox"/> HIV virology test of the infant? Positive ___ Negative ___ Unknown <input checked="" type="checkbox"/>			HIV EXPOSED: POSSIBLE HIV INFECTION

Answers to Exercise B: Case 5

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS			
Name: <u>Aaliya</u> Age: <u>10 days</u> Sex: ___ Weight: <u>3.2kg</u> Temperature: <u>36.7</u> °C			
ASK: What are the infant's problems? _____ Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>			
ASSESS (Circle all signs present)			CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? · Count the breaths in one minute. <u>52</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing? - Has the infant had convulsions? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?			SEVERE DISEASE OR INFECTION UNLIKELY
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first? <u>At 3 days of age</u> <u>Is skin yellow?</u> Are the palms or soles yellow?			JAUNDICE
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days · Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly?			
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive ___ Negative <input checked="" type="checkbox"/> Unknown ___ HIV serological test of the infant? Positive ___ Negative ___ Unknown ___ HIV virology test of the infant? Positive ___ Negative ___ Unknown ___			HIV INFECTION UNLIKELY

Answers to Exercise B: Case 6

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS			
Name: <u>Jiya</u> Age: <u>7 wks</u> Sex: <u>F</u> Weight: <u>3.0 kg</u> Temperature: <u>36.4</u> °C			
ASK: What are the infant's problems? <u>diarrhoea</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>			
ASSESS (Circle all signs present)			CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?			<b>SEVERE DISEASE OR INFECTION UNLIKELY</b>
· Count the breaths in one minute. <u>50</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant move on his/her own? Does the infant move only when stimulated? Does the infant not move at all?			
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first?			NO JAUNDICE
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, ASK: · For how long? <u>3</u> Days			<b>SOME DEHYDRATION</b>
· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? <u>Slowly?</u>			
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive <input checked="" type="checkbox"/> Negative _____ Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown <input checked="" type="checkbox"/> HIV virology test of the infant? Positive _____ Negative _____ Unknown <input checked="" type="checkbox"/>			<b>HIV EXPOSED: POSSIBLE HIV INFECTION</b>

Answers to Exercise E: Case 7

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS			
Name: <u>Naheed</u> Age: <u>6 wk</u> Sex: <u>F</u> Weight: <u>4.2 kg</u> Temperature: <u>36.2</u> °C			
ASK: What are the infant's problems? <u>stopped feeding well</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>			
ASSESS (Circle all signs present)			CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?			<b>PSBI OR VERY SEVERE DISEASE LOCAL INFECTION</b>
· Count the breaths in one minute. <u>50</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant move on his/her own? Does the infant move only when stimulated? Does the infant not move at all?			
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first?			NO JAUNDICE
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes _____ No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days			
· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly?			
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive _____ Negative <input checked="" type="checkbox"/> Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown _____ HIV virology test of the infant? Positive _____ Negative _____ Unknown _____			<b>HIV INFECTION UNLIKELY</b>

7. **Exercise C: Video case study -- Group viewing and discussion of assessing and classifying a young infant for Possible Serious Bacterial Infection and Very Severe Disease, Local Infection, Jaundice**

When all the participants are ready, arrange for them to move to where the video exercise will be shown. Make sure they bring their chart booklets.

**To conduct the video exercise:**

- 1) Tell participants that during this exercise they will watch a case study of a young infant. The young infant will be assessed for very severe disease and diarrhoea.

**Explain that there have been changes in the assessment of young infants and the pneumonia classification based on evidence since the video was made, so it will not match the procedures shown in the chart booklet.**

**Note to Facilitator:** *The video shown will not have the classification of PNEUMONIA (fast breathing 60 breaths per minute or more) in infants 7 to 59 days old. Review your chart booklet on page 2. Infants who present with fast breathing as the only sign of illness may possibly have pneumonia. Research has shown that babies 7–59 days old can be treated with oral antibiotics if they present with fast breathing alone; they do not need hospital treatment unless they do not improve during the first days of treatment with oral antibiotics.*

Ask the participants to watch and learn what they can from this video.

**Note to Facilitator:** *In the video, Ikram is 10 days old. He weighs 3 kg, temperature is 35.7°C and he is sick. He was feeding well but not since 2 days. He has no convulsions. Respiratory rate is 44 per minute. He has difficulty feeding, severe chest indrawing, umbilicus not red or draining pus. No skin pustules. He moves on his own. He has no jaundice.*

They should record their assessment results on the recording form in the Participant's Manual. They will be given time to classify the young infant and write the classifications on the form.

- 2) Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
- 3) At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again. Review how to assess any of the signs that were not on the video.

The classifications should be: *Possible Severe Bacterial Infection or Very Severe Disease; no jaundice; no dehydration.* If there are any questions about the classifications, review the infant's signs and how they were classified, referring to a classification table.

8. Ask the participants to read section 1.6 and 1.6.1 and to let you know when they have finished. Then lead a drill.

### DRILL: Reading a weight for age chart for young infants

Conduct this drill when participants have finished reading section 1.6.1 or at any convenient time during work on this module.

Tell participants that in this drill they will practice determining whether a young infant is low weight for age. Ask them to take out their chart booklets and turn to the Weight for Age charts. Boys and girls have different charts.

Ask the question in the left column. Participants should answer in turn.

QUESTIONS	ANSWERS
Which curve do you use to assess weight for age in a young infant?	Low weight for age or -2 Z-score line
If a young infant's weight is <u>on</u> the curve for low weight for age, is he low weight for age?	No- <u>Below</u> the curve is low weight. <u>On</u> or <u>above</u> the curve is not.
Does the bottom of the Weight for Age chart show age in weeks or months?	Both weeks and months; in weeks up to age 13 weeks; in months after 3 months.

### IS THE YOUNG INFANT LOW WEIGHT FOR AGE?

If the infant is:	And weighs:	Low weight for age?
3 weeks old boy	3 kg	<i>yes</i>
6 weeks old girl	4 kg	<i>no</i>
7 weeks old boy	3 kg	<i>yes</i>
If the infant is:	And weighs:	Low weight for age?
4 weeks old boy	2.5 kg	<i>yes</i>
5 weeks old girl	3.25 kg	<i>yes</i>
2 weeks old girl	2.5 kg	<i>yes</i>
6 weeks old boy	3.75 kg	<i>no</i>
5 weeks old girl	2.9 kg	<i>yes</i>

9. Participants read section 1.6.2.

10. **EXERCISE D, Part 1 – Video demonstration of breastfeeding assessment**

If possible, in the room where the video is being shown, display the enlarged section of the chart: Assess Breastfeeding.

Tell participants that they will see a demonstration of assessing feeding. In particular, they will see how to assess breastfeeding. Point to the enlargement and review the steps of assessing breastfeeding. (Or, ask participants to turn in the chart booklet and read over the steps to assess feeding of a young infant.) The video will show examples of the signs of good and poor attachment and effective and ineffective suckling.

Ask if participants have any questions before you start the video. When there are no additional questions, start the videotape.

At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

Important points to emphasize in the discussion are:

- \* The four signs of good attachment. (Point to these on the enlargement as you review them.)
- \* An infant who is well attached does not cause any pain or discomfort to the breast. Good attachment allows the infant to suckle effectively. Signs of effective suckling are:
  - the infant suckles with slow deep sucks
  - you may see or hear swallowing
- \* An infant who is suckling effectively may pause sometimes and then start suckling again. Remember that the mother should allow her baby to finish the feed and release the breast himself. A baby who has been suckling effectively will be satisfied after a breastfeed.

11. **EXERCISE D, Part 2: Group discussion of example photographs. Then individual work followed by individual feedback -- Recognizing signs of good attachment**

Talk about each of the first 4 photographs, pointing out or having participants point out and tell how they can see each sign of good or poor attachment. Participants should refer to the descriptions of each photograph in their module.

Then ask participants to work individually to study the rest of the photographs for this exercise and write the answers in the chart. They



should look for the signs of good attachment present in each photograph and make an overall assessment of the infant's attachment.

To give individual feedback on this exercise, compare the participant's answers with the answers on the answer sheet. If the participant had a different answer, look at the photograph together and discuss how to recognize the sign.

Then look at photographs 75 and 76 (thrush) with the participant. Answer any questions that the participant may have about these photographs.

Give the participant a copy of the answer sheet for this exercise.

Ask the participant to read sections 1.7 through 1.9 and then work individually on Exercise E

### Answers to Exercise D

Photo	Signs of Good Attachment				Assessment	Comments
	More areola seen above mouth	Mouth wide open	Lower lip turned outward	Chin touching breast		
66	yes (almost)	yes	yes	yes	Good attachment	
67	No (equal above and below)	no	yes	no	Not well attached	
68	yes	no	no	yes	Not well attached	lower lip turned in
69	no	no	no	no	Not well attached	cheeks pulled in
70	cannot see	yes	yes	yes	Good attachment	
71	<i>no (equal above and below)</i>	<i>no</i>	<i>yes</i>	<i>no</i>	<i>Not well attached</i>	
72	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>Good attachment</i>	
73	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>Yes (almost)</i>	<i>Good attachment</i>	
74	<i>no (more below)</i>	<i>no</i>	<i>no</i>	<i>yes</i>	<i>Not well attached</i>	<i>lower lip turned in</i>

Photographs 75 and 76: White patches (thrush) in the mouth of an infant.

**12. EXERCISE E: Individual work followed by individual feedback -- Assess and classify feeding problem and weight for age in case studies**

Compare the participant's recording forms with the Answer Sheets for Exercise E. If the participant recorded something different on his form, discuss his answer, and refer back to the case study as needed to verify the reason for the answer provided on the answer sheet.

Explain that Case 3 (Edhi), who is 14 days old, should get OPV O today. If an infant is even one day older than 2 weeks of age, he should not get OPV O.

Ask the participant to read sections 2.0 Identify Appropriate Treatment through Section 3.2 Refer the Young Infant.

<b>IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS</b>		
Name: <u>Hassan</u> Age: <u>6 hr</u> Sex: <u>M</u> Weight: <u>3.0kg</u> Temperature: <u>36.5</u> °C ASK: What are the infant's problems? <u>no crying at birth, difficulty breathing</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/> ASSESS (Circle all signs present) <span style="float: right;"><b>CLASSIFY</b></span>		
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? <u>Not feeding</u> - Has the infant had convulsions? · Count the breaths in one minute. <u>74</u> breaths per minute Repeat if ( $\geq 60$ ) elevated <u>70</u> Fast breathing? · Look for <u>severe chest indrawing</u> · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature $\geq 38^\circ\text{C}$ ) or body temperature below $35.5^\circ\text{C}$ · Look for skin pustules. · Look at young infant's movements. Does the infant move on his/her own? Does the infant <u>move only when stimulated?</u> Does the infant not move at all?	<b>PSBI or VERY SEVERE DISEASE</b>	
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first? Is skin yellow? Are the palms or soles yellow?	<b>NO JAUNDICE</b>	
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, ASK: · For how long? <u>      </u> Days · Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? <u>      </u> Slowly?		
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> HIV serological test of the infant? Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> HIV virology test of the infant? Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>HIV UNLIKELY</b>	
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b> - Is the infant breastfed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many times in 24 hrs? <u>      </u> times - Does the infant receive any other foods or drinks? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how often? <u>      </u> times - If yes, what do you use to feed the infant? - Determine weight for age. Very low weight for age ( $<1.5$ kg or $< -3$ Z score) <u>      </u> Low weight for age <u>      </u> NOT low weight for age <u>      </u> - Look for ulcers or white patches in the mouth (thrush).	<b>NOT ASSESSED</b>	
If the infant has any difficulty feeding, is feeding $< 8$ times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING: - Has the infant breastfed in the previous hour? - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes. - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again. - Is the infant able to attach? To check attachment, look for: - More areola seen above than below the mouth Yes <input type="checkbox"/> No <input type="checkbox"/> - Mouth wide open Yes <input type="checkbox"/> No <input type="checkbox"/> - Lower lip turned outward Yes <input type="checkbox"/> No <input type="checkbox"/> - Chin touching breast Yes <input type="checkbox"/> No <input type="checkbox"/> Good attachment <input type="checkbox"/> Poor attachment <input type="checkbox"/> No attachment at all <input type="checkbox"/> - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively <input type="checkbox"/> not suckling effectively <input type="checkbox"/> not suckling at all <input type="checkbox"/>		
<b>ASSESS FEEDING, WHEN HIV POSITIVE MOTHER IS NOT BREASTFEEDING</b> - Is there any difficulty feeding? - What milk are you giving? <u>      </u> - How many times during the day and night? <u>      </u> - How much is given at each feed? - How are you preparing the milk? o Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant - Are you giving any breast milk at all? - What foods or fluids in addition to the replacement feeding are given? - How is the milk being given? Cup or bottle? - How are you cleaning the feeding utensils? - Determine weight for age: Very low weight for age ( $<1.5$ kg or $< -3$ Z score) <u>      </u> Low weight for age <u>      </u> NOT low weight for age <u>      </u> - Look for ulcers or white patches in the mouth (oral thrush).		
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS</b> Circle immunizations needed today. <u>      </u> BCG <u>      </u> Hep B0 <u>      </u> OPV0 <u>      </u> DPT1+Hib1+Hep B1 <u>      </u> OPV-1 <u>      </u> Rotavirus-1 <u>      </u> PCV-1		Return for next immunization on:
<b>ASSESS OTHER PROBLEMS:</b>		
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>		

Answers to Exercise E: Case 2

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS		
Name: <u>Sajda</u> Age: <u>1 w</u> Sex: <u>F</u> Weight: <u>3.4 kg</u> Temperature: <u>37</u> °C		
ASK: What are the infant's problems? <u>rash</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>		
ASSESS (Circle all signs present)		CLASSIFY
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b>		
<ul style="list-style-type: none"> <li>- Is the infant having difficulty feeding?</li> <li>- Has the infant had convulsions?</li> </ul>	<ul style="list-style-type: none"> <li>· Count the breaths in one minute. <u>55</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing?</li> <li>· Look for severe chest indrawing</li> <li>· Look if the Infant is convulsing now.</li> <li>· Look at umbilicus. Is it red or draining pus?</li> <li>· Fever (temperature &gt; 38°C) or body temperature below 35.5°C</li> <li>· Look for <u>skin pustules.</u></li> <li>· Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?</li> </ul>	LOCAL INFECTION
<b>CHECK FOR JAUNDICE</b>		NO JAUNDICE
<ul style="list-style-type: none"> <li>- When did the jaundice appear first?</li> </ul>	<ul style="list-style-type: none"> <li>Is skin yellow?</li> <li>Are the palms or soles yellow?</li> </ul>	
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b>		
Yes ___ No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days	<ul style="list-style-type: none"> <li>· Look at the young infant's general condition.</li> <li>Does the infant move only when stimulated?</li> <li>Does the infant not move at all?</li> <li>Is the infant restless and irritable?</li> <li>Look for sunken eyes.</li> <li>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly?</li> </ul>	
<b>CHECK FOR HIV INFECTION</b>		HIV UNLIKELY
ASK:	HIV status of the mother? Positive _____ Negative <input checked="" type="checkbox"/> Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown _____ HIV virology test of the infant? Positive _____ Negative _____ Unknown _____	
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b>		NO FEEDING PROBLEM
<ul style="list-style-type: none"> <li>- Is the infant breastfed? Yes <input checked="" type="checkbox"/> No _____ If Yes, how many times in 24 hrs? <u>9-11</u> times</li> <li>- Does the infant receive any other foods or drinks? Yes ___ No <input checked="" type="checkbox"/> If Yes, how often? _____ times</li> <li>- If yes, what do you use to feed the infant?</li> </ul>	<ul style="list-style-type: none"> <li>- Determine weight for age. Very low weight for age (&lt;1.5 kg or &lt; -3 Z score) _____</li> <li>Low weight for age _____</li> <li>NOT low weight for age <input checked="" type="checkbox"/></li> <li>- Look for ulcers or white patches in the mouth (thrush).</li> </ul>	
<b>If the infant has any difficulty feeding, is feeding &lt; 8 times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:</b>		
<ul style="list-style-type: none"> <li>- Has the infant breastfed in the previous hour?</li> <li>- If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.</li> <li>- If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.</li> </ul>	<ul style="list-style-type: none"> <li>- Is the infant able to attach? To check attachment, look for:               <ul style="list-style-type: none"> <li>- More areola seen above than below the mouth Yes ___ No ___</li> <li>- Mouth wide open Yes ___ No ___</li> <li>- Lower lip turned outward Yes ___ No ___</li> <li>- Chin touching breast Yes ___ No ___</li> </ul>               Good attachment _____ Poor attachment _____ No attachment at all _____             </li> <li>- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively _____ not suckling effectively _____ not suckling at all _____</li> </ul>	
<b>ASSESS FEEDING, WHEN HIV POSITIVE MOTHER IS NOT BREASTFEEDING</b>		
<ul style="list-style-type: none"> <li>- Is there any difficulty feeding?</li> <li>- What milk are you giving? _____</li> <li>- How many times during the day and night? _____</li> <li>- How much is given at each feed?</li> <li>- How are you preparing the milk?               <ul style="list-style-type: none"> <li>o Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant</li> </ul> </li> <li>- Are you giving any breast milk at all?</li> <li>- What foods or fluids in addition to the replacement feeding are given?</li> <li>- How is the milk being given? Cup or bottle?</li> <li>- How are you cleaning the feeding utensils?</li> </ul>	<ul style="list-style-type: none"> <li>- Determine weight for age: Very low weight for age (&lt;1.5 kg or &lt; -3 Z score) _____</li> <li>Low weight for age _____</li> <li>NOT low weight for age _____</li> <li>- Look for ulcers or white patches in the mouth (oral thrush).</li> </ul>	
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS</b> Circle immunizations needed today.		Return for next immunization on:
<input checked="" type="checkbox"/> BCG <input checked="" type="checkbox"/> Hep B0 <input checked="" type="checkbox"/> OPV0    _____ DPT1+Hib1+Hep B1    _____ OPV-1    _____ Rotavirus-1    _____ PCV-1		At 6 weeks old
<b>ASSESS OTHER PROBLEMS:</b>		
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>		

Answers to Exercise E: Case 3

<b>IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS</b>		
Name: <u>Edhi</u> Age: <u>2 wks</u> Sex: <u>M</u> Weight: <u>3.5kg</u> Temperature: <u>36.5 °C</u> ASK: What are the infant's problems? <u>fast breathing</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/> ASSESS (Circle all signs present) <span style="float: right;">CLASSIFY</span>		
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?		· Count the breaths in one minute: <u>65</u> breaths per minute Repeat if (≥ 60) elevated <u>70</u> <u>Fast breathing?</u> · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first?		Is skin yellow? Are the palms or soles yellow?
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days		· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly? _____
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive _____ Negative <input checked="" type="checkbox"/> Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown _____ HIV virology test of the infant? Positive _____ Negative _____ Unknown _____		<b>HIV UNLIKELY</b>
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b>		
- Is the infant breastfed? Yes <input checked="" type="checkbox"/> No ___ If Yes, how many times in 24 hrs? <u>6-7</u> times - Does the infant receive any other foods or drinks? Yes ___ No <input checked="" type="checkbox"/> If Yes, how often? _____ times - If yes, what do you use to feed the infant?		- Determine weight for age. Very low weight for age (<1.5 kg or < -3 Z score) _____ Low weight for age _____ NOT low weight for age <input checked="" type="checkbox"/> - Look for ulcers or white patches in the mouth (thrush).
If the infant has any difficulty feeding, is feeding < 8 times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:		
- Has the infant breastfed in the previous hour? - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes. - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.		- Is the infant able to attach? To check attachment, look for: - More areola seen above than below the mouth Yes <input checked="" type="checkbox"/> No ___ - Mouth wide open Yes <input checked="" type="checkbox"/> No ___ - Lower lip turned outward Yes <input checked="" type="checkbox"/> No ___ - Chin touching breast Yes <input checked="" type="checkbox"/> No ___ Good attachment <input checked="" type="checkbox"/> Poor attachment _____ No attachment at all _____ - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively <input checked="" type="checkbox"/> not suckling effectively _____ not suckling at all _____
<b>ASSESS FEEDING, WHEN HIV POSITIVE MOTHER IS NOT BREASTFEEDING</b>		
- Is there any difficulty feeding? - What milk are you giving? _____ - How many times during the day and night? _____ - How much is given at each feed? - How are you preparing the milk? o Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant - Are you giving any breast milk at all? - What foods or fluids in addition to the replacement feeding are given? - How is the milk being given? Cup or bottle? - How are you cleaning the feeding utensils?		- Determine weight for age: Very low weight for age (<1.5 kg or < -3 Z score) _____ Low weight for age _____ NOT low weight for age _____ - Look for ulcers or white patches in the mouth (oral thrush).
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS</b> Circle immunizations needed today.		Return for next immunization on:
BCG <input checked="" type="checkbox"/> Hep B0 <input checked="" type="checkbox"/> OPV0 <input checked="" type="checkbox"/> DPT1+Hib1+Hep B1 <input checked="" type="checkbox"/> OPV-1 <input checked="" type="checkbox"/> Rotavirus-1 <input checked="" type="checkbox"/> PCV-1		
<b>ASSESS OTHER PROBLEMS:</b>		
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>		

Answers to Exercise E: Case 4

<b>IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS</b>		
Name: <u>Raja</u> Age: <u>1 wk</u> Sex: <u>M</u> Weight: <u>2.2 kg</u> Temperature: <u>36.0</u> °C ASK: What are the infant's problems? <u>skin color changed</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/> ASSESS (Circle all signs present) <span style="float: right;">CLASSIFY</span>		
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?	· Count the breaths in one minute. <u>58</u> breaths per minute Repeat if (≥ 60) elevated _____ Fast breathing? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant <u>move only when stimulated?</u> Does the infant not move at all?	<b>SEVERE DISEASE OR INFECTION UNLIKELY</b>
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first? <u>At 5 days old</u>	<u>is skin yellow?</u> Are the <u>palms or soles yellow?</u>	<b>SEVERE JAUNDICE</b>
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, ASK: · For how long? _____ Days	· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly? _____	
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive <input checked="" type="checkbox"/> Negative _____ Unknown _____ HIV serological test of the infant? Positive _____ Negative _____ Unknown <input checked="" type="checkbox"/> HIV virology test of the infant? Positive _____ Negative _____ Unknown <input checked="" type="checkbox"/>		<b>HIV EXPOSED: POSSIBLE HIV INFECTION</b>
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b> - Is the infant breastfed? Yes _____ No _____ If Yes, how many times in 24 hrs? _____ times - Does the infant receive any other foods or drinks? Yes _____ No _____ If Yes, how often? _____ times - If yes, what do you use to feed the infant? _____ - Determine weight for age. Very low weight for age (<1.5 kg or < -3 Z score) _____ Low weight for age _____ NOT low weight for age _____ - Look for ulcers or white patches in the mouth (thrush).		<b>Not assessed</b>
If the infant has <b>any difficulty feeding, is feeding &lt; 8 times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:</b> - Has the infant breastfed in the previous hour? - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes. - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again. - Is the infant able to attach? To check attachment, look for: - More areola seen above than below the mouth Yes _____ No _____ - Mouth wide open Yes _____ No _____ - Lower lip turned outward Yes _____ No _____ - Chin touching breast Yes _____ No _____ Good attachment _____ Poor attachment _____ No attachment at all _____ - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively _____ not suckling effectively _____ not suckling at all _____		
<b>ASSESS FEEDING, WHEN HIV POSITIVE MOTHER IS NOT BREASTFEEDING</b> - Is there any difficulty feeding? - What milk are you giving? _____ - How many times during the day and night? _____ - How much is given at each feed? - How are you preparing the milk? o Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant - Are you giving any breast milk at all? - What foods or fluids in addition to the replacement feeding are given? - How is the milk being given? Cup or bottle? - How are you cleaning the feeding utensils? - Determine weight for age: Very low weight for age (<1.5 kg or < -3 Z score) _____ Low weight for age _____ NOT low weight for age _____ - Look for ulcers or white patches in the mouth (oral thrush).		
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS</b> Circle immunizations needed today. BCG _____ Hep B0 _____ OPV0 _____ DPT1+Hib1+Hep B1 _____ OPV-1 _____ Rotavirus-1 _____ PCV-1 _____		Return for next immunization on: <b>Not assessed</b>
<b>ASSESS OTHER PROBLEMS:</b>		
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>		

Answers to Exercise E: Case 5

IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS		CLASSIFY
Name: <u>Aaliya</u> Age: <u>10 days</u> Sex: <u>    </u> Weight: <u>3.2kg</u> Temperature: <u>36.7</u> °C ASK: What are the infant's problems? <u>    </u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <u>    </u> ASSESS (Circle all signs present)		
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?	· Count the breaths in one minute. <u>52</u> breaths per minute Repeat if (≥ 60) elevated <u>    </u> Fast breathing? · Look for severe chest indrawing · Look if the Infant is convulsing now. · Look at umbilicus. Is it red or draining pus? · Fever (temperature ≥ 38°C) or body temperature below 35.5°C · Look for skin pustules. · Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?	<b>SEVERE DISEASE OR INFECTION UNLIKELY</b>
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first? <u>At 3 days of age</u>	<u>Is skin yellow?</u> Are the palms or soles yellow?	<b>JAUNDICE</b>
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes <u>    </u> No <input checked="" type="checkbox"/> If yes, ASK: · For how long? <u>    </u> Days	· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? <u>    </u> Slowly?	
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive <u>    </u> Negative <input checked="" type="checkbox"/> Unknown <u>    </u> HIV serological test of the infant? Positive <u>    </u> Negative <u>    </u> Unknown <u>    </u> HIV virology test of the infant? Positive <u>    </u> Negative <u>    </u> Unknown <u>    </u>		<b>HIV INFECTION UNLIKELY</b>
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b> - Is the infant breastfed? Yes <input checked="" type="checkbox"/> No <u>    </u> If Yes, how many times in 24 hrs? <u>6-7</u> times - Does the infant receive any other foods or drinks? Yes <u>    </u> No <input checked="" type="checkbox"/> If Yes, how often? <u>    </u> times - If yes, what do you use to feed the infant?	- Determine weight for age. Very low weight for age (<1.5 kg or < -3 Z score) <u>    </u> Low weight for age <u>    </u> NOT low weight for age <input checked="" type="checkbox"/> - Look for ulcers or white patches in the mouth (thrush).	<b>FEEDING PROBLEM</b>
If the infant has any difficulty feeding, is feeding < 8 times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:		
- Has the infant breastfed in the previous hour? - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes. - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.	- Is the infant able to attach? To check attachment, look for: - More areola seen above than below the mouth Yes <u>    </u> No <u>    </u> - Mouth wide open Yes <u>    </u> No <u>    </u> - Lower lip turned outward Yes <u>    </u> No <u>    </u> - Chin touching breast Yes <u>    </u> No <u>    </u> Good attachment <input checked="" type="checkbox"/> Poor attachment <u>    </u> No attachment at all <u>    </u> - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively <input checked="" type="checkbox"/> not suckling effectively <u>    </u> not suckling at all <u>    </u>	
<b>ASSESS FEEDING, WHEN HIV POSITIVE MOTHER IS NOT BREASTFEEDING</b>		
- Is there any difficulty feeding? - What milk are you giving? <u>    </u> - How many times during the day and night? <u>    </u> - How much is given at each feed? - How are you preparing the milk? o Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant - Are you giving any breast milk at all? - What foods or fluids in addition to the replacement feeding are given? - How is the milk being given? Cup or bottle? - How are you cleaning the feeding utensils?	- Determine weight for age: Very low weight for age (<1.5 kg or < -3 Z score) <u>    </u> Low weight for age <u>    </u> NOT low weight for age <u>    </u> - Look for ulcers or white patches in the mouth (oral thrush).	
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS</b> Circle immunizations needed today. <u>BCG</u> <u>Hep B0</u> <u>OPV0</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>		Return for next immunization on:
<b>ASSESS OTHER PROBLEMS:</b>		
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>		





Answers to Exercise E: Case 7

<b>IMCI Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS</b>		
Name: <u>Naheed</u> Age: <u>6 wk</u> Sex: <u>F</u> Weight: <u>4.2 kg</u> Temperature: <u>36.2</u> °C ASK: What are the infant's problems? <u>stopped feeding well</u> Initial visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/> ASSESS (Circle all signs present)		<b>CLASSIFY</b>
<b>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION AND VERY SEVERE DISEASE, PNEUMONIA and LOCAL INFECTION</b> - Is the infant having <u>difficulty feeding</u> ? - Has the infant had convulsions? - Count the breaths in one minute. <u>50</u> breaths per minute Repeat if ( $\geq 60$ ) elevated _____ Fast breathing? - Look for severe chest indrawing - Look if the Infant is <u>convulsing now</u> . - Look at umbilicus. <u>Is it red or draining pus?</u> - Fever (temperature $\geq 38^\circ\text{C}$ ) or body temperature below $35.5^\circ\text{C}$ - Look for skin pustules. - Look at young infant's movements. Does the infant <u>move on his/her own?</u> Does the infant move only when stimulated? Does the infant not move at all?		<b>PSBI OR VERY SEVERE DISEASE</b>  <b>LOCAL INFECTION</b>
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first? Is skin yellow? Are the palms or soles yellow?		<b>NO JAUNDICE</b>
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/> If yes, ASK: - For how long? _____ Days - Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? _____ Slowly? _____		
<b>CHECK FOR HIV INFECTION</b> ASK: HIV status of the mother? Positive ___ Negative <input checked="" type="checkbox"/> Unknown ___ HIV serological test of the infant? Positive ___ Negative ___ Unknown ___ HIV virology test of the infant? Positive ___ Negative ___ Unknown ___		<b>HIV INFECTION UNLIKELY</b>
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b> - Is the infant breastfed? Yes ___ No ___ If Yes, how many times in 24 hrs? _____ times - Does the infant receive any other foods or drinks? Yes ___ No ___ If Yes, how often? _____ times - If yes, what do you use to feed the infant? - Determine weight for age. Very low weight for age ( $<1.5$ kg or $< -3$ Z score) ___ Low weight for age ___ NOT low weight for age ___ - Look for ulcers or white patches in the mouth (thrush).		<b>Not assessed</b>
If the infant has any difficulty feeding, is feeding $< 8$ times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: <b>ASSESS BREASTFEEDING:</b> - Has the infant breastfed in the previous hour? - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes. - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again. - Is the infant able to attach? To check attachment, look for: - More areola seen above than below the mouth Yes ___ No ___ - Mouth wide open Yes ___ No ___ - Lower lip turned outward Yes ___ No ___ - Chin touching breast Yes ___ No ___ Good attachment ___ Poor attachment ___ No attachment at all ___ - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively ___ not suckling effectively ___ not suckling at all ___		
<b>ASSESS FEEDING, WHEN HIV POSITIVE MOTHER IS NOT BREASTFEEDING</b> - Is there any difficulty feeding? - What milk are you giving? _____ - How many times during the day and night? _____ - How much is given at each feed? - How are you preparing the milk? o Let the mother demonstrate or explain how a feed is prepared, and how it is given to the infant - Are you giving any breast milk at all? - What foods or fluids in addition to the replacement feeding are given? - How is the milk being given? Cup or bottle? - How are you cleaning the feeding utensils? - Determine weight for age: Very low weight for age ( $<1.5$ kg or $< -3$ Z score) ___ Low weight for age ___ NOT low weight for age ___ - Look for ulcers or white patches in the mouth (oral thrush).		
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS</b> Circle immunizations needed today. BCG <input type="checkbox"/> Hep B0 <input type="checkbox"/> OPV0 <input type="checkbox"/> DPT1+Hib1+Hep B1 <input type="checkbox"/> OPV-1 <input type="checkbox"/> Rotavirus-1 <input type="checkbox"/> PCV-1 <input type="checkbox"/>		Return for next immunization on:
<b>ASSESS OTHER PROBLEMS:</b>		
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>		

13. Participants read sections 2.0 up through section 3.2.
14. **Explain section 3.3 and the table on page 12 of the chart booklet, “Where Referral is Refused or Not Possible, Further Assess and Classify the Sick Young Infant.”**

**Note to Facilitators:** *For participants who were previously trained using an older version of the IMCI module on Management of the Sick Young Infant (this newer version is dated 2016), you may need to explain that these updated training materials apply the recommendations in the WHO GUIDELINE: Managing Possible Serious Bacterial Infection (PSBI) in Young Infants When Referral Is Not Feasible, released in 2015. When they return to their health facilities, they should begin to follow the new chart booklet and this Participant Manual instead of an earlier version.*

## A. Introduce Where Referral is Refused or Not Possible

Explain:

- Page 12 of the chart booklet presents a step that addresses the possibility that a young infant who should be referred cannot be referred. Sometimes, even after good counselling, a family will refuse to take the young infant to the hospital, or referral will not be possible for some reason.
- The table gives a procedure for further assessing and classifying a young infant who has Possible Severe Bacterial Infection or Very Severe Disease, to determine if it is possible to give the young infant treatment at the outpatient facility.

## B. Review some barriers to referral

Ask participants whether they have encountered the problem that sick young infants (or children) who are referred do not actually reach a hospital. Ask participants what the possible referral barriers are; listen to their answers.

Some common barriers include:

- Distance to hospital/health centre
- Costs related to transport, time, payment of medicines and staying in large towns
- Cultural and religious belief preventing women and newborn to go outside home and travel long distances
- Inability to travel daily to and from health centre due to issues of distance and time

c. **Describe** that the sick young infant with the classification POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE **is at risk of death and needs to have treatment immediately:**

Emphasize the following points:

- The best possible treatment for an infant with a very severe illness is at a hospital. However, compliance with referral is not possible in many cases, in spite of the health worker's efforts to explain the need for referral.
- The **reality is that very few newborns are seen at health centers/hospitals** due to barriers to referral discussed previously. In such cases, the health worker should do all that she can do to help the family care for the baby.
- To help reduce deaths in severely ill young infants who cannot not access treatment in hospital, the health worker can further assess and classify the young infant to determine **whether** the infant can be treated as an outpatient, and **what treatment** can be given.
- **Some young infants MUST be treated in hospital.** Emphasize that a sick young infant with any of the following problems needs urgent referral and should not be treated at outpatient level:
  - Unable to feed
  - Convulsing (having abnormal movement) now
  - Unconscious, no movement even on stimulation
  - Apnoea
  - Cyanosis

These infants are at higher risk of dying and thus you should explain again to the mother that the infant is very sick and needs hospital care. Health care providers should facilitate referral of sick young infants with these signs because these infants will need specialized care including parenteral antibiotics, oxygen, and round-the-clock monitoring.

- **Some young infants can be treated as outpatients.** For these young infants, the health worker can offer simplified treatment with antibiotics at her clinic and follow up frequently to ensure that the infant improves.

Answer if there are any questions. Involve participants in answering questions.

**D. Review how to use the table to further assess and classify an infant with Possible Serious Bacterial Infection or Very Severe Disease.**

- 1) Explain that you should check for the signs in the left column. When an infant has signs in more than one row, choose the most severe classification.
- 2) Ask a participant to read out the signs in the left column in the top row. Ask a different participant to describe how to assess any sign that was not already assessed on page 2.
- 3) Then review the recommended treatment for a young infant with the classification CRITICAL ILLNESS.
- 4) Ask a participant to read the signs in the second row. Then review the recommended treatment for the classification CLINICAL SEVERE INFECTION. Review the footnote about the duration of treatment with intramuscular gentamicin and specify the recommendation to be followed in this country.
- 5) Ask a participant to read the signs in the third row. Then review the treatment for the classification SEVERE PNEUMONIA.
- 6) How to give treatment with oral amoxicillin and with intramuscular gentamicin will be described in detail in section 4.0 of the Participant's Manual.

**Note to Facilitators:** *Participants would benefit from some practice using the table to further assess and classify young infants. If possible, prepare a few cases to review as a group, or as handouts for individual work.*

*For each case, provide the results of the initial assessment, the infant's classification POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE (and the classifications may include others, such as local infection or some dehydration), and the information that the family has refused referral. Ask participants to further assess the child (given further information on the case that you provide), classify, and specify the treatment that could be given to this young infant.*

15. Participants read sections 3.3 through 4.1 Give an Intramuscular Injection of Gentamicin, up to Exercise F.
16. **Drill: Determining the correct amount of gentamicin to give per dose.**

After participants have read section 4.1 up to Exercise F, lead the drill.

Explain that you will call out the weight of a young infant who needs a dose of gentamicin.

Ask participants to refer to their chart booklets (page 13) to determine the correct dose of gentamicin for the young infant.

Call out the weight in the left column below. Ask participants, in turn, to tell you the dose. The correct answer is in the right column. Repeat some of the weights or call out different ones as needed to give every participant practice.

<b>Weight</b>	<b>Gentamicin injection once daily for 7 days or 2 days Strength 20 mg/ml</b>
1.5 kg	<i>0.4 ml</i>
2.3 kg	<i>0.4 ml</i>
2.7 kg	<i>0.8 ml</i>
2.8 kg	<i>0.8 ml</i>
3.6 kg	<i>0.8 ml</i>
4.4 kg	<i>1.2 ml</i>
5.0 kg	<i>1.2 ml</i>
3.2 kg	<i>0.8 ml</i>
2.0 kg	<i>0.4 ml</i>

- 17. After preparing all the supplies for Exercise F, demonstrate mixing, drawing up and giving the correct dose of intramuscular gentamicin to a young infant.**

**Then lead participants through Exercise F.**

**A. PREPARATION FOR DEMONSTRATION AND EXERCISE F**

Obtain enough of the following items to use in the demonstration and for **every** participant to practice mixing, drawing up and giving a gentamicin injection.

- Syringes and needles
- Gentamicin vials
- Distilled water
- Safe box for disposal of used syringes and needles
- Files

Arrange the tables, supplies and participants so that each will have adequate work space.

## B. DEMONSTRATION

Let participants observe carefully as you explain and demonstrate mixing, drawing up and administering the correct dose of gentamicin.

### **EQUIPMENT:**

- Show the 1cc and 2cc syringe and explain the parts of the syringe.
- Provide a syringe to each of the participants so that they can see the gradients listed on the syringe.
- Explain that 'sterilization' means something is cleaned by special means (boiling water, steam or chemicals) so that no germs are on it. This syringe has been pre-sterilized (sterilized beforehand) and prepackaged (put in a package and sealed) so it is *sterile*. The syringe should not be used if the package is open or the seal is broken. Only sterilized syringes (and needles) may be used, as they prevent transmission of infections.
- Show the gentamicin vial, distilled water, safe box for disposal of used needles and syringes, file.
- Check the strength of the gentamicin in the vial. If necessary to dilute to have 20 mg/ml, demonstrate that procedure.

### **PREPARATION OF A GENTAMICIN INJECTION**

The vial of gentamicin which may be available has 2 ml solution at 40 mg/ml. When gentamicin will be given to a young infant, the strength should be 20 mg/ml. To obtain the required strength of 20 mg/ml complete these steps (this is the same list as in the Participant Manual):

- 1) Put the needle straight through the open top of the ampoule. You may tip the ampoule carefully (ampoules do not spill very easily because the opening is narrow).
- 2) Withdraw gentamicin from the ampoule.
  - Pull up slightly more than 1 mL of gentamicin into the syringe.
  - Remove needle/syringe from ampoule.
  - Hold syringe with exposed needle upwards. Tap the syringe to displace any air bubbles.
- 3) Press the plunger slowly to displace air on top, continuing to depress the plunger until no further air can be expelled, then continuing slowly to press until exactly 1 mL remains in the syringe.
- 4) Place syringe on clean tray. Do not touch the exposed needle.

- 5) Discard the contents of the ampoule (but not the ampoule itself) by vigorously shaking out the fluid into a bucket. Do not touch or tap the vial onto any object or surface (since it can easily break). Ensure that there are no drops of fluid left in the ampoule.
- 6) Replace the 1 mL of gentamicin back into the emptied ampoule.
  - Carefully place the end of the needle inside the ampoule.
  - Completely depress the plunger slowly and carefully, so that all of the 1 mL of gentamicin is expelled back into the empty ampoule.
  - Place the ampoule upright on a hard flat surface (e.g., a tray).
- 7) Open an ampoule of distilled water.
- 8) Using the same syringe and needle (as long as it has remained sterile), Put the needle straight through the open top of the ampoule and withdraw 1 (one) mL of distilled water into the syringe.
- 9) Insert 1 mL of distilled water into the original gentamicin ampoule (which now contains exactly 1 mL of gentamicin).
- 10) Mix the contents of the ampoule (1 mL gentamicin and 1 mL water) by repeatedly drawing up the full 2 mL contents up into the syringe, and then expelling it back into the ampoule at least 3 times, without removing the needle from the ampoule. There is no need to make measurements at this step, since this is just for mixing.
- 11) Using the syringe and needle draw up the exact dose of diluted gentamicin.
  - Choose the dose from the row of the table in the chart booklet which is closest to the infant's weight.
  - Pull up slightly more than the required volume of diluted gentamicin into the syringe.
  - Remove needle/syringe from ampoule.
  - Hold the syringe with the exposed needle upwards. Tap the syringe to displace any air bubbles. Press the plunger slowly to displace air on top, continuing to depress the plunger until no further air can be expelled, then continuing very slowly to press until exactly the required volume (dose) remains in the syringe.
- 12) Place syringe on clean tray. Do not touch the exposed needle.

## GIVING THE INJECTION TO THE YOUNG INFANT

- Remind participants to refer to the chart booklet every time and never try to memorize the dose of gentamicin to be given to the baby. It is easy to make mistakes.
- Emphasize the need for the health worker to complete the full course of treatment. If the course of treatment is seven days (7 injections), the health worker has to be present on weekends.
- The injection is an intramuscular injection. It is given in the front and side (anterior-lateral) of the baby's mid-thigh, half way from the knee to the top of the leg. The injection is given in the muscle in the thigh.
- Ask the participants to look at the illustration of the injection site in their manual. The injection can be given in either the right or left thigh.
- Health worker should ONLY give ONE injection of gentamicin daily and alternate the thigh (right or left) from day to day.
- Demonstrate how to give the injection on oranges.
- Explain the need to use proper infection prevention techniques and that the used syringe and needle should be put into a safe box after giving the injection.
- Demonstrate proper disposal of syringe and needle.
- Review the information that the health worker should give to the caregivers:
  - Explain what medicines are to be given to the young infant: gentamicin injection and, if the young infant is not being referred, oral amoxicillin will be given by the family.
  - Explain to the mother why the medicine is given.
  - Instruct the mother that the young infant should return each day for another injection (tomorrow, or every day for 6 more days), even if the young infant improves
  - Discuss with the mother where the young infant could receive the next injection. It could be given by a trained health worker at the health facility or home.
- Review the table of Possible Mistakes and Consequent Dangers. Discuss how to prevent mistakes with participants.



## C. EXERCISE F: PRACTICE PREPARING AND GIVING A GENTAMICIN INJECTION TO A YOUNG INFANT

- Divide participants into four groups.
- Distribute syringes, gentamicin vials, and files.
- Have trainees become acquainted with the syringes, the needle, fixing the needle to the syringe, removing the caps of the vial, removing the thin part of the vial, inserting the needle, pulling on the plunger, drawing liquid into the barrel, dispelling the air bubble, and measuring the amount of 'medicine' required (until the required mark).
- Facilitators observe and support participants as they practice diluting gentamicin to obtain the strength 20 mg/ml. Remind them to refer to the list of steps in their manuals.
- Observe participants as they draw up the correct dose of gentamicin. Getting the appropriate amount in the syringe is crucial.
- Using the illustration as a guide, have trainees practice locating a proper injection site.
- Using oranges, let participants practice infection prevention techniques and giving injections.
- Circulate in the room and make sure each trainee can find a correct injection site and administer gentamicin.
- Summarize the exercise. Clean up the classroom area. Dispose of used supplies and save the remaining supplies.

## D. RESUME WORK IN THE PARTICIPANT MANUAL

Ask participants to return to their normal seats and to read sections 4.2 Give an Appropriate Oral Antibiotic, 4.3 Manage Jaundice, and 4.4 Teach the Mother how to Treat Local Infections at Home. When they reach Exercise G, they should work on it individually.

## 18. EXERCISE G: Individual work followed by individual feedback -- Determine whether young infant needs referral and identify treatments needed, including antibiotics with dosages

When giving individual feedback, compare the participant's recording forms with the back sides of the Answer Sheets for the 7 case studies. You may

now give the answer sheets to the participant.

In their answers, participants should select the first-line oral antibiotic recommended for the infant's problem on their country's own chart. The answer sheets assume that amoxicillin is the first-line oral antibiotic, but if the country recommends a different medicine, it would be a correct answer.

After checking all the treatments listed for all the cases, discuss with the participant the need to quickly give some breastmilk or sugar water to the two infants who will be referred, case 1 (Hassan) and case 7 (Naheed). Review with the participant why this is needed, that is, to prevent or treat low blood sugar (hypoglycaemia), which can cause brain damage. Discuss the difference in the two young infants:

*Naheed is awake and normally breastfeeds well, so her mother can probably quickly breastfeed her, whereas Hassan is not feeding at all. He will need to be given some breastmilk or sugar water by NG tube.*

Ask the participant to read sections 4.5 through 4.10. He should let you know when he comes to Exercise H. It includes looking at a video and photographs.

## Answers to Exercise G

### Case 1: Hassan

**RECORD ACTIONS AND TREATMENTS HERE**  
**Always remember to counsel the mother.**

*Give first dose intramuscular gentamicin: 0.8 ml*

*Treat to prevent low blood sugar: Give 30 ml expressed breast milk or sugar water by nasogastric tube*

*Teach how to keep the young infant warm on the way to the hospital*

*Refer urgently to hospital*

**Give any immunizations and feeding advice needed today.**  
**Ask the mother to return for follow up on day \_\_\_\_\_ .**  
**Teach her signs to return immediately.**

Case 2: Sajda

**RECORD ACTIONS AND TREATMENTS HERE**

**Always remember to counsel the mother.**

*Give amoxicillin to give at home: 1 dispersible tablet (125 mg) twice daily for 5 days*

*Teach the mother how to give oral medicine at home*

*Teach mother to treat skin pustules at home. Give her full strength gentian violet (0.5%) to paint the skin pustules twice daily*

*Advise on home care of the young infant*

**Give any immunizations and feeding advice needed today.**

**Ask the mother to return for follow up on day 3 .**

**Teach her signs to return immediately.**

Case 3: Edhi

**RECORD ACTIONS AND TREATMENTS HERE**

**Always remember to counsel the mother.**

*Give amoxicillin to give at home: 1 dispersible tablet (125 mg)  
twice daily for 7 days*

*Teach the mother how to give oral medicine at home*

*Give immunizations: OPV0, BCG, HepB 0*

**Give any immunizations and feeding advice needed today.**

**Ask the mother to return for follow up on day 4 .**

**Teach her signs to return immediately.**

Case 4: Raja

**RECORD ACTIONS AND TREATMENTS HERE**  
**Always remember to counsel the mother.**

*Treat to prevent low blood sugar: breastfeed*

*Refer urgently to hospital*

*Teach the mother how to keep the infant warm on the way to the hospital*

**Give any immunizations and feeding advice needed today.**  
**Ask the mother to return for follow up on day \_\_\_\_ .**  
**Teach her signs to return immediately.**

Case 5 : Aaliya

**RECORD ACTIONS AND TREATMENTS HERE**  
**Always remember to counsel the mother.**

*Advise the mother to give home care for the young infant.*

*Advise her to return immediately if palms or soles appear yellow*

*Advise to increase frequency of breastfeeding (8 or more times in 24 hours). Breastfeed as often and for as long as the infant wants, day and night.*

*Give immunizations: OPV0, BCG, HepB 0*

**Give any immunizations and feeding advice needed today.**

**Ask the mother to return for follow up on day 2.**

**Teach her signs to return immediately.**

Case 6: Jiya

**RECORD ACTIONS AND TREATMENTS HERE**  
**Always remember to counsel the mother.**

*Advise the mother to give home care for the young infant*

*Give fluid and breastmilk for some dehydration.*

- *Give 225 ml of ORS solution over 4 hours in clinic.*
- *Show the mother how to give ORS solution.*
- *After 4 hours, reassess the child for dehydration and select plan to continue treatment.*
- *Explain the rules of home treatment for the young infant.*

*Advise mother when to return immediately*

*Teach correct positioning and attachment for breastfeeding*

*Advise to increase frequency of feeding (8 or more times in 24 hours)*

*Counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup.*

*Advise how to feed and keep low weight infant warm at home.*

*Give immunization: OPV-1, DPT-1+HIB-1+HepB-1, Rotavirus-1, PCV-1  
(HepB0 is not given if infant is older than 2 weeks).*

**Give any immunizations and feeding advice needed today.**  
**Ask the mother to return for follow up on day 3.**  
**Teach her signs to return immediately.**

Case 7: Naheed

**RECORD ACTIONS AND TREATMENTS HERE**  
**Always remember to counsel the mother.**

*Give first dose of intramuscular gentamicin: 1.2 ml*

*Treat to prevent low blood sugar: breastfeed*

*Refer urgently to hospital*

*Teach mother how to keep the young infant warm on the way to the hospital*

**Give any immunizations and feeding advice needed today.**  
**Ask the mother to return for follow up on day \_\_\_\_.**  
**Teach her signs to return immediately.**



19. Participants read sections 4.5 through 4.10.

**20. EXERCISE H: Part 1 -- Video demonstration of how to help a mother to improve her baby's positioning and attachment for breastfeeding**

When all the participants are ready, arrange for them to move to where the video will be shown. Make sure they bring their manuals.

If it is possible in the room where the video is shown, display the enlargement of "Teach Correct Positioning and Attachment for Breastfeeding."

***To show the video:***

- 1) Tell participants that they will watch a demonstration of helping a mother to improve positioning and attachment for breastfeeding.
- 2) Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
- 3) At the end of the video, lead a short discussion. Ask participants to look at the box, "Teach Correct Positioning and Attachment for Breastfeeding." Explain that the video showed exactly these steps. Then make the following points:
  - \* Good positioning is important for good attachment. A baby who is well positioned can take a good mouthful of breast.
  - \* Review the four steps to help her position the infant. (As you speak, point to the steps on the enlargement.)
  - \* When you explain to a mother how to position and attach her infant, let her do as much as possible herself.
  - \* Then review the 3 steps to help the infant to attach.
  - \* Check for signs of good attachment and effective suckling. It may take several attempts before the mother and baby are able to achieve good attachment.

If participants are not clear about the steps, rewind the tape and show it again.

**21. EXERCISE H: Part 2 -- Photographs -- Group discussion of example photographs.** Individual work, then group discussion -- Recognizing signs of good positioning

This exercise uses photographs numbered 77 through 82.

Talk about the first three photographs by describing or asking participants to describe the signs of good and poor positioning in each photograph.

Ask participants to work individually and study each remaining photograph to identify the signs of good or poor positioning. They should record whether each of the signs of good positioning is present and write any comments about the infant's attachment.

**Give feedback in a group discussion:**

Display the enlargement of "Teach Correct Positioning and Attachment for Breastfeeding."

For each photograph, ask a participant to explain the signs of good or poor position (such as baby's body is twisted away from mother). After the photograph has been assessed, ask a participant what he would advise this woman to do differently to improve her baby's position (for example, hold the baby closer to her body, with the baby's head and body straight.) During this discussion, have the participants continually refer to the enlargement (or to the box on the *YOUNG INFANT* chart, "Teach Correct Positioning and Attachment for Breastfeeding") so that they repeat and learn all the correct steps.

Tell participants that when teaching a mother to position and attach her infant for breastfeeding, the health worker can place her hand on the mother's arm or hand to guide it into the appropriate position.

Pass out the answer sheets for Exercise H.

Ask the participants to read section 4.11 and work individually on Exercise I.

MANAGEMENT OF THE SICK YOUNG INFANT  
**Answers to Exercise H**

Photo	Signs of Good Positioning				Comments on attachment
	Infant's head and body in line	Infant approaches breast with nose opposite to the nipple	Infant held close to mother's body	Infant's whole body supported	
77	yes	yes	yes	yes	
78	yes	yes	yes	yes	
79	no -- neck turned, so not straight with body	no	no -- turned away from mother's body	no	Not well attached: areola equal above top lip and below bottom lip, mouth not wide open, lower lip not turned out,
80	<i>no</i>	<i>no -- body turned away</i>	<i>no -- body not close</i>	<i>no -- only neck and shoulders supported</i>	<i>Not well attached: mouth not wide open, lower lip not turned out, more areola below than above</i>
81	yes	yes	yes -- very close	yes	Good attachment: chin touching breast
82	<i>no -- head and neck twisted and bent forward, not straight with body</i>	<i>no -- body turned away</i>	<i>no -- not close</i>	<i>no -- only neck and shoulders supported</i>	<i>Not well attached: mouth not wide open</i>

22. Participants read section 4.11.

23. **EXERCISE I: Video demonstration of showing a mother how to keep a young infant warm at home.**

When all the participants are ready, arrange for them to move to where the video will be shown. Make sure they bring their chart booklet.

***To show the video demonstration:***

- 1) Tell participants that they will watch a demonstration of showing a mother how to keep a young infant warm at home.
- 2) Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
- 3) At the end of the video, lead a short discussion. Ask participants to tell you the steps shown in the video.

Ask participants to read section 4.12 and then do Exercise J individually.

24. **EXERCISE J: Individual work followed by individual feedback --  
Describing treatment for young infants, including treatment for local  
infection and home care**

Compare the participant's answers to the answer sheet. If there are differences, refer to the chart and have the participant locate the correct instructions.

**Case 2: Sajda**

1. Steps that her mother should take to treat the skin pustules at home:
  - \* *Wash hands*
  - \* *Gently wash off pus and crusts with soap and water*
  - \* *Dry the area*
  - \* *Paint with gentian violet*
  - \* *Wash hands*
2. How often should her mother treat the skin pustules? *Twice each day*
3. The 3 main points to advise the mother about home care are:
  - \* *Food/Fluids: Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health*
  - \* *When to return*
  - \* *Make sure the young infant stays warm at all times*
4. What would you tell Sajda's mother about when to return?
  - *Return on day 3 for follow-up (to be sure the skin pustules are improving).*
  - *Return **immediately** if Sajda is breastfeeding poorly, has reduced activity, becomes sicker, develops a fever, feels unusually cool, breathing becomes fast or difficult, or if palms or soles appear yellow.*

## 25. DRILL: Review of points of advice for mothers of young infants

Conduct this drill at a convenient time after this point in the module. If possible, do the drill before the participants go to the last clinical session which should include counseling for mothers of young infants.

Tell the participants that in this drill, they will review important points of advice for mothers of infants, including

- improving positioning and attachment for breastfeeding
- home care.

They may look at the *YOUNG INFANT* chart if needed, but should try to learn these points so they can recall them from memory.

Ask the question in the left column. Participants should answer in turn. When a question has several points in the answer, you may ask each participant to give one point of the answer. This will move along smoothly and quickly if participants are setting in a circle or semi-circle and they reply in order.

QUESTIONS	ANSWERS
When advising a mother about Home Care for a young infant, what are the three <b>major</b> points of advice?	<i>Food / Fluids</i> <i>When to return</i> <i>Make sure the young infant stays warm</i>
What is the advice to give about food and fluids?	<ul style="list-style-type: none"> <li>- <i>Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health.</i></li> <li>- <i>Exclusive breastfeeding is best.</i></li> <li>- <i>Do not use a bottle.</i></li> </ul>
What are the signs to teach a mother to return immediately with the young infant?	<i>Return immediately with the young infant if:</i> <ul style="list-style-type: none"> <li>- <i>Breastfeeding poorly</i></li> <li>- <i>Reduced activity</i></li> <li>- <i>Becomes sicker</i></li> <li>- <i>Develops a fever</i></li> <li>- <i>Feels unusually cold</i></li> <li>- <i>Fast breathing</i></li> <li>- <i>Difficult breathing</i></li> <li>- <i>Palms and soles appear yellow</i></li> </ul>
What is another reason that a mother may return with the young infant?	<i>Return for a follow-up visit as scheduled.</i> <i>Return for immunization.</i>

QUESTIONS	ANSWERS
If a young infant has a feeding problem, when should the mother bring him back for follow-up?	<i>On day 3</i>
What advice would you give about keeping the infant warm?	<i>In cool weather, cover the infant's head and feet and dress the infant with extra clothing.</i>
What are the four signs of good attachment?	<i>Chin touching breast Mouth wide open Lower lip turned outward More areola visible above than below the mouth</i>
Describe effective suckling.	<i>The infant takes slow, deep sucks, sometimes pausing.</i>
When you help a mother hold and position her infant for breastfeeding, what are 4 points to show her?	<i>Show her how to hold the infant</i> <ul style="list-style-type: none"> <li>- <i>with the infant's head and body straight</i></li> <li>- <i>facing her breast, with infant's nose opposite her nipple</i></li> <li>- <i>with infant's body close to her body</i></li> <li>- <i>supporting infant's whole body, not just neck and shoulders</i></li> </ul>
To show a mother how to help her infant attach, what are 3 points to show her?	<i>She should</i> <ul style="list-style-type: none"> <li>- <i>touch her infant's lips with her nipple</i></li> <li>- <i>wait until her infant's mouth is opening wide</i></li> <li>- <i>move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple</i></li> </ul>
When the infant has attached, what should you do?	<i>Look for the signs of good attachment and effective suckling.</i>
Again, what are the signs of good attachment?	<i>Chin touching breast Mouth wide open Lower lip turned outward More areola visible above the mouth than below</i>
If attachment or suckling is not good, what should you do?	<i>Ask the mother to take the infant off the breast. Help the mother position and attach the infant again.</i>

26. Participants read section 5.0.

## 27. CONCLUSION

Review the conclusion with participants. Answer any questions. If simplified antibiotic treatment of sick young infants with possible severe bacterial infection or very severe disease where referral is refused or not possible is a new/recent addition to IMCI practice, there may be questions about availability of the medicines at the primary health care facilities or their formulations.

There may also be questions about whether these regimens should replace referring to hospital. Emphasize that all sick young infants with Possible Severe Bacterial Infection or Very Severe Disease should be referred urgently after pre-referral treatment with antibiotics. Only where referral is refused or not possible should the young infant be further assessed and classified and treated with a simplified antibiotic regimen if appropriate. Also ask participants to tell the specific hospital to which they refer sick young infants.

## 28. SUMMARY OF MODULE

Review with participants the main skills covered in this module. These are listed in the learning objectives in the beginning of the module. Also review any points that you may have noted below:

A large empty rectangular box with a black border, intended for participants to write down any points they have noted during the module review.



**IMNCI Case Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT -- BIRTH UP TO AGE 2 MONTHS**

ID No. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Temperature: \_\_\_\_\_ °C

**ASK:** What are the infant's problems? \_\_\_\_\_ Initial visit? \_\_\_\_ Follow-up Visit? \_\_\_\_

**ASSESS** (Circle all signs present)

**CLASSIFY**

**CHECK FOR POSSIBLE VERY SEVERE DISEASE and LOCAL INFECTION**

- Is the infant having difficulty feeding?
  - Count the breaths in one minute. \_\_\_\_\_ breaths per minute Repeat if ( $\geq 60$ ) elevated \_\_\_\_\_ Fast breathing?
- Has the infant had convulsions?
  - Look for severe chest indrawing
  - Fever (temperature  $\geq 38^\circ\text{C}$ ) or body temperature below  $35.5^\circ\text{C}$
  - Look at young infant's movements.
  - Does the infant move on his/her own?
  - Does the infant move only when stimulated?
  - Does the infant not move at all?
    - Look at umbilicus. Is it red or draining pus?
    - Look for skin pustules.

**CHECK FOR JAUNDICE**

- When did the jaundice appear first? \_\_\_\_\_
- Is skin yellow?
- Are the palms or soles yellow?

**DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes \_\_\_ No \_\_\_** If yes, ASK:

- For how long? \_\_\_\_\_ Days
- Look at the young infant's general condition.
- Does the infant move only when stimulated?
- Does the infant not move at all?
- Is the infant restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

**THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE**

- Is the infant breastfed? Yes \_\_\_ No \_\_\_
- If Yes, how many times in 24 hrs? \_\_\_\_\_ times
- Does the infant receive any other foods or drinks? Yes \_\_\_ No \_\_\_
- If Yes, how often? \_\_\_\_\_ times
- If yes, what do you use to feed the infant? \_\_\_\_\_
- Determine weight for age.
- Very low weight for age ( $< 1.5\text{ kg}$  or  $< -3\text{ Z score}$ ) \_\_\_
- Low weight for age \_\_\_
- NOT low weight for age \_\_\_
- Look for ulcers or white patches in the mouth (thrush)

**If the infant has any difficulty feeding, is feeding < 8 times in 24 hours, is taking any other food or drinks, or is low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:**

- Has the infant breastfed in the previous hour?
- If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes
- If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.
- Is the infant able to attach? To check attachment, look for:
  - More areola seen above than below the mouth Yes \_\_\_ No \_\_\_
  - Mouth wide open Yes \_\_\_ No \_\_\_
  - Lower lip turned outward Yes \_\_\_ No \_\_\_
  - Chin touching breast Yes \_\_\_ No \_\_\_
- Good attachment \_\_\_ Poor attachment \_\_\_
- No attachment at all \_\_\_
- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
- Suckling effectively \_\_\_ not suckling effectively \_\_\_
- not suckling at all \_\_\_

**CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:** Circle immunizations needed today.

\_\_\_\_\_ BCG \_\_\_\_\_ Hep B-0 \_\_\_\_\_ OPV-0 \_\_\_\_\_ Pentavalent-1 \_\_\_\_\_ OPV-1 \_\_\_\_\_ Rotavirus-1 \_\_\_\_\_ PCV-1

Return for next immunization on:

**ASSESS OTHER PROBLEMS:**

**COUNSEL THE MOTHER ABOUT HER OWN HEALTH**

**Integrated Management of Neonatal and Childhood Illnes (IMNCI)**  
**Checklist for monitoring CLINICAL Session- Sick Young Infant Age less than 2 months**

Day :		Date :		Name of Facilitateur :					Venue :					Group :							
➤ Tick Correct classifications		➤ Circle if any assesment or classification problem					➤ Annote below														
Participants Initial																					
Sick Young Infant (NUMBER MANAGED)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sick Young Infant age less than 2 months (days):																					
Possible Serious Bacterial Infection (PSBI)	PSBI OR VERY SEVERE DISEASE																				
	PNEUMONIA																				
	LOCAL INFECTION																				
	SERIOUS DISEASE OR INFECTION UNLIKELY																				
Jaundice	SEVERE JAUNDICE																				
	JAUNDICE																				
	NO JAUNDICE																				
Diarrhea	SEVERE DEHYDRATION																				
	SOME DEHYDRATION																				
	NO DEHYDRATION																				
	VERY LOW WEIGHT																				
Feeding Assesment	FEEDING PROBLEM OR LOW WEIGHT FOR AGE																				
	NO FEEDING PROBLEM																				
OTHERS PROBLEM																					
IDENTIFY TREATMENTS NEEDED																					
- Tick treatments or counselling actually given		- Circle if any problem					-Annote below														
Treat and Counsel	Teach Correct Positioning and attachment																				
	Advise on home care																				
	Refer																				
COUNSEL WHEN TO RETURN																					
Number of cases with problem																					
Number of classifications with problem																					
Proportion of cases managed without problem																					
Proportion of classifications made without problem																					
SIGNS DEMONSTRATED IN ADDITION CHILDREN																					

