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INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESS

Assess and Classify
the sick Child
Age 2 Months
Up to 5 Years



Ministry of Health, Pakistan



World Health
Organization

unicef 

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

Government of Pakistan,
World Health Organization and UNICEF
August 2014

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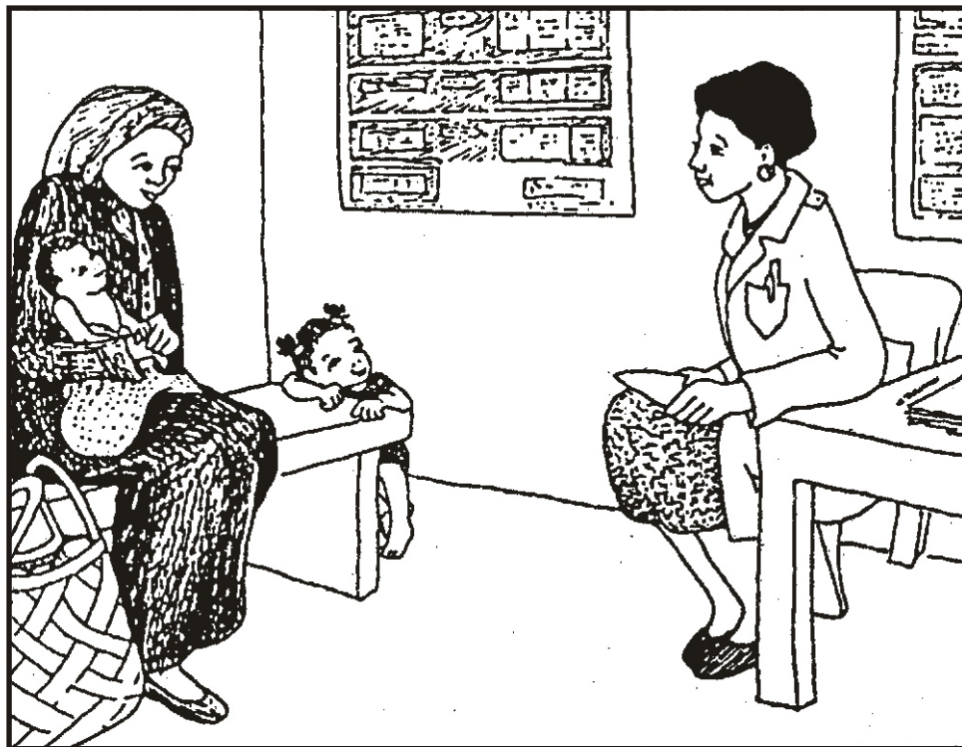
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ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

INTRODUCTION

A mother brings her sick child to the clinic for a particular problem or symptom. If you only assess the child for that particular problem or symptom, you might overlook other signs of disease. The child might have pneumonia, diarrhoea, malaria, measles, or malnutrition. These diseases can cause death or disability in young children if they are not treated.

The chart *ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS* describes how to assess and classify sick children so that signs of disease are not overlooked. According to the chart, you should ask the mother about the child's problem and check the child for general danger signs. Then ask about the five main symptoms: cough or difficult breathing, diarrhoea, sore throat, ear problem and fever. A child who has one or more of the main symptoms could have a serious illness. When a main symptom is present, ask additional questions to help classify the illness. Check the child for malnutrition and anaemia. Also check the child's immunization, vitamin A supplementation and deworming status and assess other problems the mother has mentioned.



LEARNING OBJECTIVES

This module will describe and allow you to practice the following skills:

- * Asking the mother about the child's problem.
- * Checking for general danger signs.
- * Asking the mother about the five main symptoms:
 - cough or difficult breathing
 - diarrhoea
 - sore throat
 - ear problem
 - fever
- * When a main symptom is present:
 - assessing the child further for signs related to the main symptom
 - classifying the illness according to the signs which are present or absent.
- * Checking for signs of malnutrition and anaemia and classifying the child's nutritional status.
- * Checking the child's immunization, vitamin A supplementation and deworming status and deciding if the child needs any immunizations or vitamin A supplementation or deworming today.
- * Assessing any other problems.

Your facilitator will tell you more about the *ASSESS & CLASSIFY* chart.

1.0 ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

A mother (or other family member such as the father, grandmother, sister or brother) usually brings a child to the clinic because the child is sick. But mothers also bring children for well-child visits, immunization sessions and for treatment of injuries. The steps on the *ASSESS & CLASSIFY* chart describe what you should do when a mother brings her child to the clinic because he is sick. The chart should not be used for a well child brought for immunization or for a child with an injury or burn.

When patients arrive at most clinics, clinic staff identify the reason for the child's visit. Clinic staff obtain the child's weight and temperature and record them on a patient chart, another written record, or on a small piece of paper. Then the mother and child see a health worker.

When you see the mother and her sick child:

- * **Greet the mother appropriately** and ask her to sit with her child.

You need to know the child's age so you can choose the right case management chart. Look at the child's record to find the child's age.

- If the child is age 2 months up to 5 years, assess and classify the child according to the steps on the *ASSESS & CLASSIFY* chart.
- If the child is less than 2 months, assess and classify the young infant according to the steps on the *YOUNG INFANT* chart. (You will learn more about managing sick young infants later in the course.)

Look to see if the child's weight and temperature have been measured and recorded. If not, weigh the child and measure his temperature later when you assess and classify the child's main symptoms. Do not undress or disturb the child now.

- * **Ask the mother what the child's problems are.**

Record what the mother tells you about the child's problems.

An important reason for asking this question is to open good communication with the mother. Using good communication helps to reassure the mother that her child will receive good care. When you treat the child's illness later in the visit, you will need to teach and advise the mother about caring for her sick child at home. So it is important to have good communication with the mother from the beginning of the visit.

To use good communication skills:

- **Listen carefully to what the mother tells you.** This will show her that you are taking her concerns seriously.
- **Use words the mother understands.** If she does not understand the questions you ask her, she cannot give the information you need to assess and classify the child correctly.
- **Give the mother time to answer the questions.** For example, she may need time to decide if the sign you asked about is present.
- **Ask additional questions when the mother is not sure about her answer.** When you ask about a main symptom or related sign, the mother may not be sure if it is present. Ask her additional questions to help her give clearer answers.

*

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

If this is the child's first visit for this episode of an illness or problem, then this is an ***initial*** visit.

If the child was seen a few days ago for the same illness, this is a ***follow-up*** visit.

A follow-up visit has a different purpose than an initial visit. During a follow-up visit, the health worker finds out if the treatment he gave during the initial visit has helped the child. If the child is not improving or is getting worse after a few days, the health worker refers the child to a hospital or changes the child's treatment.

How you find out if this is an initial or follow-up visit depends on how your clinic registers patients and identifies the reason for their visit. Some clinics give mothers follow-up slips that tell them when to return. In other clinics the health worker writes a follow-up note on the multi-visit card or chart. Or, when the patient registers, clinic staff ask the mother questions to find out why she has come.

You will learn how to carry out a follow-up visit later in the course. The examples and exercises in this module describe children who have come for an initial visit.

2.0 CHECK FOR GENERAL DANGER SIGNS

Check ALL sick children for general danger signs.

A general danger sign is present if:

- the child is not able to drink or breastfeed
- the child vomits everything
- the child has had convulsions during current illness
- the child is lethargic or unconscious.
- the child is convulsing now

A child with a general danger sign has a serious problem. Most children with a general danger sign need URGENT referral to hospital. They may need lifesaving treatment with injectable antibiotics, oxygen or other treatments which may not be available in your clinic. Complete the rest of the assessment immediately. How to provide urgent treatment is described in the module *Identify Treatment*.

2.1 ASSESS FOR GENERAL DANGER SIGNS

Here is the first box in the "Assess" column. It tells you how to check for general danger signs.

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
- if follow-up visit, use the follow-up instructions on *FOLLOW-UP* chart.
- if initial visit, assess the child as follows:

CHECK FOR GENERAL DANGER SIGNS

<p>ASK:</p> <ul style="list-style-type: none">· Is the child notable to drink or breastfeed?· Does the child vomit everything?· Has the child had convulsions ?	<p>LOOK:</p> <ul style="list-style-type: none">· See if the child is lethargic or unconscious.· See if the child is convulsing now
--	--

A child with any general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.

When you check for general danger signs:

ASK: Is the child able to drink or breastfeed?

A child has the sign "not able to drink or breastfeed" if the child is not able to suck or swallow when offered a drink or breastmilk.

When you ask the mother if the child is able to drink, make sure that she understands the question. If she says that the child is not able to drink or breastfeed, ask her to

describe what happens when she offers the child something to drink. For example, is the child able to take fluid into his mouth and swallow it? If you are not sure about the mother's answer, ask her to offer the child a drink of clean water or breastmilk. Look to see if the child is swallowing the water or breastmilk.

A child who is breastfed may have difficulty sucking when his nose is blocked. If the child's nose is blocked, clear it. If the child can breastfeed after his nose is cleared, the child does not have the danger sign, "not able to drink or breastfeed."

ASK: Does the child vomit everything?

A child who is not able to hold anything down at all has the sign "vomits everything." What goes down comes back up. A child who vomits everything will not be able to hold down food, fluids or oral drugs. A child who vomits several times but can hold down some fluids does not have this general danger sign.

When you ask the question, use words the mother understands. Give her time to answer. If the mother is not sure if the child is vomiting everything, help her to make her answer clear. For example, ask the mother how often the child vomits. Also ask if each time the child swallows food or fluids, does the child vomit? If you are not sure of the mother's answers, ask her to offer the child a drink. See if the child vomits.

ASK: Has the child had convulsions?

During a convulsion, the child's arms and legs stiffen with jerky / abnormal movements because the muscles are contracting. The child may lose consciousness or not be able to respond to spoken directions.

Ask the mother if the child has had convulsions during this current illness. Use words the mother understands. For example, the mother may know convulsions as "fits" or "spasms."

LOOK: See if the child is lethargic or unconscious.

A lethargic child is not alert when he should be. He is drowsy and does not show interest in what is happening around him. Often the lethargic child does not look at his mother or watch your face when you talk. The child may stare blankly and appear not to notice what is going on around him.

An unconscious child cannot be wakened. He does not respond when he is touched, shaken or spoken to.

Ask the mother if the child seems unusually sleepy or if she cannot wake the child. Look to see if the child awakens when the mother talks or shakes the child or when you clap your hands.

Note: If the child is sleeping and has cough or difficult breathing, count the number of breaths first before you try to wake the child.

LOOK: See if the child is convulsing now

During a convulsion the child's arms and legs stiffen because the muscles are contracting. The child loses consciousness and is not able to respond to spoken directions.

If the child is convulsing now, treat the child by managing the airway and giving diazepam rectally. How to give diazepam is described in the *TREAT THE CHILD* module.

If the child has a general danger sign, complete the rest of the assessment immediately. This child has a severe problem. There must be no delay in his treatment.

2.2 CLASSIFY CHILD'S ILLNESS

CLASSIFICATION TABLES: Signs of illness and their classifications are listed on the *ASSESS & CLASSIFY* chart in classification tables. Most classification tables have three rows. If the chart is in colour, each row is coloured either pink, yellow, or green. The colour of the rows tells you quickly if the child has a serious illness. You can also quickly choose the appropriate treatment. This is the same colour system used on the CDD and ARI case management charts.

- ▶ A classification in a *pink* row needs urgent attention and referral or admission for inpatient care. This is a severe classification.
- ▶ A classification in a *yellow* row means that the child needs an appropriate antibiotic, an oral antimalarial or other treatment. The treatment includes teaching the mother how to give the oral drugs or to treat local infections at home. The health worker advises her about caring for the child at home and when she should return.
- ▶ A classification in a *green* row means the child does not need specific medical treatment such as antibiotics. The health worker teaches the mother how to care for her child at home. For example, you might advise her on feeding her sick child or giving fluid for diarrhoea.

Depending on the combination of the child's signs and symptoms, the child is classified in either the pink, yellow, or green row. That is, the child is classified only once in each classification table.

To classify a child's illness, you must follow the steps as they are-presented in this section of the module.

* * *

2.3 CLASSIFY CHILD WITH A GENERAL DANGER SIGN

There is only one classification for child with any general danger sign i.e. very severe disease.

SIGNS	CLASSIFY AS	TREATMENT
Any general danger sign	VERY SEVERE DISEASE	<p>(Urgent pre-referral treatments are in bold and italic print.)</p> <ul style="list-style-type: none"> ▶ <i>Treat convulsions if present now.</i> ▶ <i>Complete assessment immediately</i> ▶ <i>Give first dose of an appropriate antibiotic.</i> ▶ <i>Treat the child to prevent low blood sugar.</i> ▶ <i>Refer URGENTLY to hospital.</i>

You will learn to record information about the sick child on a special form. This form is called a **Recording Form**. The front of the Recording Form is similar to the *ASSESS & CLASSIFY* chart. It lists the questions to ask the mother and the signs for which you should look, listen and feel.

In most of the exercises in this module, you will only use part of the Recording Form. As you learn each step in the chart, you will use more of it.

Your facilitator will show you a Recording Form and tell you how to use it.



EXERCISE A

Note: This picture means you will do a written exercise. You will read case studies describing signs and symptoms in sick children. You will use the Recording Form to record the child's signs and how you classified the illness. When you finish the exercise, a facilitator will discuss your work with you. The facilitator can also answer your questions about information in the module or on the chart.

* * *

Read the following case studies and answer the questions about each one.

Case 1: Salina

Salina is 15 months old. She weighs 8.5 kg. Her temperature is 38.5°C.

The health worker asked, "What are the child's problems?" The mother said, "Salina has been coughing for 4 days, and she is not eating well." This is Salina's initial visit for this problem.

The health worker checked Salina for general danger signs. He asked, "Is Salina able to drink or breastfeed?" The mother said, "No. Salina does not want to breastfeed." The health worker gave Salina some water. She was too weak to lift her head. She was not able to drink.

Next he asked the mother, "Is she vomiting?" The mother said, "No." Then he asked, "Has she had convulsions?" The mother said, "No."

The health worker looked to see if Salina was lethargic or unconscious. When the health worker and the mother were talking, Salina watched them and looked around the room. She was not lethargic or unconscious. She is not convulsing now.

Now answer the questions on the next page.

Here is the top part of a Recording Form:

I.D-No _____.			
MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS			
Name: _____ Age: _____ months Weight _____ kg Temperature _____ °C _____ °F			
ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____			
ASSESS (Circle all signs present)	CLASSIFY		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> <p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASFEED · VOMITS EVERYTHING · CONVULSIONS · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW <p>ANY DANGER SIGN PRESENT</p> </td> <td style="width: 30%; padding: 5px; vertical-align: bottom;"> <p>Yes _____ No _____</p> </td> </tr> </table>		<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASFEED · VOMITS EVERYTHING · CONVULSIONS · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW <p>ANY DANGER SIGN PRESENT</p>	<p>Yes _____ No _____</p>
<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASFEED · VOMITS EVERYTHING · CONVULSIONS · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW <p>ANY DANGER SIGN PRESENT</p>	<p>Yes _____ No _____</p>		

- a. Write Salina's name, age, weight and temperature in the spaces provided on the top line of the form.
- b. Write Salina's problem on the line after the question "Ask -- What are the child's problems?"
- c. Tick (✓) whether this is the initial or follow-up visit for this problem.
- d. Does Salina have a general danger sign? Circle her general danger sign. Circle the sign on the recording form. Tick (✓) either "Yes" or "No" for the question of general danger sign present.
- e. How would you classify Salina's illness? Write your classification on the Recording Form.

Case 2: Jamal

Jamal is 4 years old. He weighs 10 kg. His temperature is 38°C.

The health worker asked about the child's problems. Jamal's parents said, "He is coughing and has ear pain." This is his initial visit for this problem.

The health worker asked, "Is your child able to drink or breastfeed?" The parents answered, "Yes." "Does Jamal vomit everything?" he asked. The parents said, "No." The health worker asked, "Has he had convulsions?" They said, "No." The health worker looked at Jamal. The child was not lethargic or unconscious. He was not convulsing in the clinic.

Here is the top part of a Recording Form:

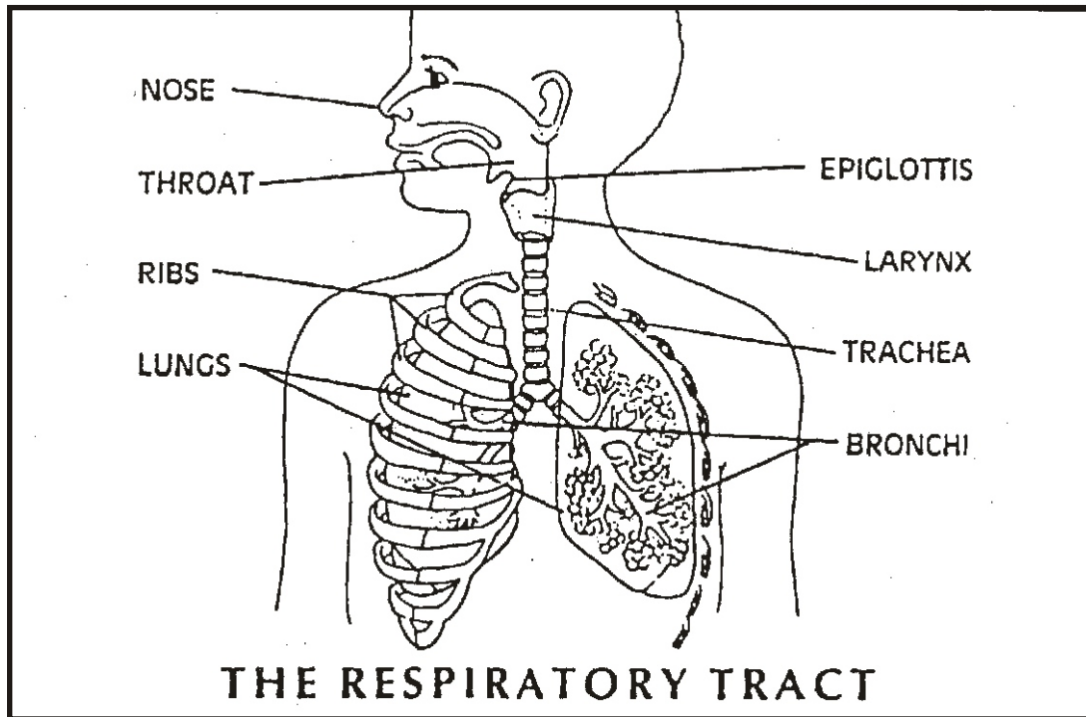
I.D-No _____.	
MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS	
Name: _____	Age: _____ months Weight _____ kg Temperature _____ °C _____ °F
ASK: What are the child's problems? _____	Initial visit? _____ Follow-up Visit? _____
ASSESS (Circle all signs present)	CLASSIFY
CHECK FOR GENERAL DANGER SIGNS · NOT ABLE TO DRINK OR BREASFEED · LETHARGIC OR UNCONSCIOUS · VOMITS EVERYTHING · CONVULSING NOW · CONVULSIONS ANY DANGER SIGN PRESENT Yes _____ No _____	

- a. Write Jamal's name, age, weight and temperature in the spaces provided on the top line of the form.
- b. Write Jamal's problem on the line after the question, "Ask -- What are the child's problems?"
- c. Tick (✓) whether this is the initial or follow-up visit.
- d. Does Jamal have a general danger sign? If yes, circle the sign on the recording form. Tick () eotjer "Yes" or "No" for the question of general danger sign present.
- e. Write the classification.

Tell the facilitator when you have completed this exercise.

3.0 ASSESS AND CLASSIFY COUGH OR DIFFICULT BREATHING

Respiratory infections can occur in any part of the respiratory tract such as the nose, throat, larynx, trachea, air passages or lungs.



A child with cough or difficult breathing may have pneumonia or another severe respiratory infection. Pneumonia is an infection of the lungs. Both bacteria and viruses can cause pneumonia. In developing countries, pneumonia is often due to bacteria. The most common are *Streptococcus pneumonia* and *Hemophilus influenza*. Children with bacterial pneumonia may die from hypoxia (too little oxygen) or sepsis (generalized infection).

There are many children who come to the clinic with less serious respiratory infections. Most children with cough or difficult breathing have only a mild infection. For example, a child who has a cold may cough because nasal discharge drips down the back of the throat. Or, the child may have a viral infection of the bronchi called bronchitis. These children are not seriously ill. They do not need treatment with antibiotics. Their families can treat them at home.

Health workers need to identify the few, very sick children with cough or difficult breathing who need treatment with antibiotics. Fortunately, health workers can identify almost all cases of pneumonia by checking for these two clinical signs: fast breathing and chest indrawing.

When children develop pneumonia, their lungs become stiff. One of the body's responses to stiff lungs and hypoxia (too little oxygen) is fast breathing.

When the pneumonia becomes more severe, the lungs become even stiffer. Chest indrawing may develop. Chest indrawing is a sign of pneumonia.

3.1 ASSESS COUGH OR DIFFICULT BREATHING

A child with cough or difficult breathing is assessed for:

- ▶ How long the child has had cough or difficult breathing
- ▶ Fast breathing
- ▶ Chest indrawing
- ▶ Stridor in a calm child.
- ▶ Wheezing

Here is the box in the "Assess" column that lists the steps for assessing a child for cough or difficult breathing:

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

IF YES, ASK: LOOK, LISTEN:

<ul style="list-style-type: none">· For how long?	<ul style="list-style-type: none">· Count the breaths in oneminute.· Look for chest indrawing.· Look and listen for stridor· Look and listen for wheeze.
---	---

} CHILD MUST
BE CALM

For ALL sick children, ask about cough or difficult breathing.

ASK: Does the child have cough or difficult breathing?

"Difficult breathing" is any unusual pattern of breathing. Mothers describe this in different ways. They may say that their child's breathing is "fast" or "noisy" or "interrupted."

If the mother answers NO, look to see if you think the child has cough or difficult breathing. If the child does not have cough or difficult breathing, ask about the next main symptom, diarrhoea. Do not assess the child further for signs related to cough or difficult breathing.

If the mother answers YES, ask the next question.

ASK: For how long?

A child who has had cough or difficult breathing for more than 30 days has a chronic cough. This may be a sign of tuberculosis, asthma, whooping cough or another problem.

COUNT the breaths in one minute.

You must count the breaths the child takes in one minute to decide if the child has fast breathing. The child must be quiet and calm when you look and listen to his breathing. If the child is frightened, crying or angry, you will not be able to obtain an accurate count of the child's breaths.

Tell the mother you are going to count her child's breathing. Remind her to keep her child calm. If the child is sleeping, do not wake the child.

To count the number of breaths in one minute:

1. Use a watch with a second hand or a digital watch.
 - a. Ask another health worker to watch the second hand and tell you when 60 seconds have passed. You look at the child's chest and count the number of breaths.
 - b. If you cannot find another health worker to help you, put the watch where you can see the second hand. Glance at the second hand as you count the breaths the child takes in one minute.

2. Look for breathing movement anywhere on the child's chest or abdomen. Usually you can see breathing movements even on a child who is dressed. If you cannot see this movement easily, ask the mother to lift the child's shirt. If the child starts to cry, ask the mother to calm the child before you start counting.

If you are not sure about the number of breaths you counted (for example, if the child was actively moving and it was difficult to watch the chest, or if the child was upset or crying), repeat the count.

The cut-off for fast breathing depends on the child's age. Normal breathing rates are higher in children age 2 months up to 12 months than in children age 12 months up to 5 years. For this reason, the cut-off for identifying fast breathing is higher in children 2 months up to 12 months than in children age 12 months up to 5 years.

If the child is:	The child has fast breathing if you count:
2 months up to 12 months:	50 breaths per minute or more
12 months up to 5 years:	40 breaths per minute or more.

Note: The child who is exactly 12 months old has fast breathing if you count 40 breaths per minute or more.

* * *

Before you look for the next two signs -- chest indrawing and stridor -- watch the child to determine when the child is breathing IN and when the child is breathing OUT.

LOOK for chest indrawing.

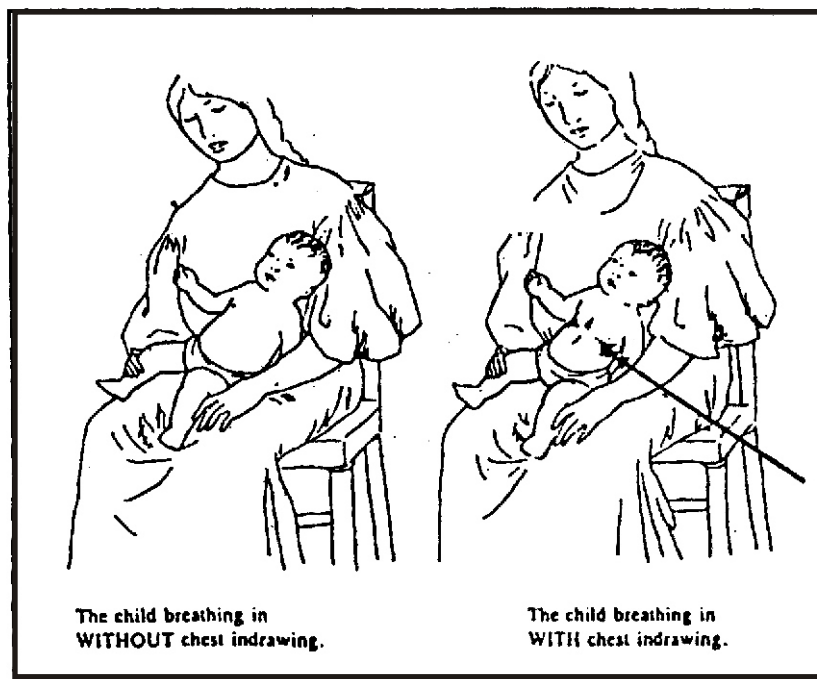
If you did not lift the child's shirt when you counted the child's breaths, ask the mother to lift it now.

Look for chest indrawing when the child breathes IN. Look at the lower chest wall (lower ribs). The child has chest indrawing if ***the lower chest wall goes IN when the child breathes IN***. Chest indrawing occurs when the effort the child needs to breathe in is much greater than normal. In normal breathing, the whole chest wall (upper and lower) and the abdomen move OUT when the child breathes IN. When chest indrawing is present, the lower chest wall goes IN when the child breathes IN.

If you are not sure that chest indrawing is present, look again. If the child's body is bent at the waist, it is hard to see the lower chest wall move. Ask the mother to change the child's position so he is lying flat in her lap. If you still do not see the lower chest wall go IN when the child breathes IN, the child does not have chest indrawing.

For chest indrawing to be present, it must be clearly visible and present all the time. If you only see chest indrawing when the child is crying or feeding, the child does not have chest indrawing.

If only the soft tissue between the ribs goes in when the child breathes in (also called intercostal indrawing or intercostal retractions), the child does not have chest indrawing. In this assessment, chest indrawing is lower chest wall indrawing¹. It does not include "intercostal indrawing."



¹This is the same as "subcostal indrawing" or "subcostal retractions."

LOOK and LISTEN for stridor.

Stridor is a harsh noise made when the child breathes IN. Stridor happens when there is a swelling of the larynx, trachea or epiglottis². This swelling interferes with air entering the lungs. It can be life-threatening when the swelling causes the child's airway to be blocked. A child who has stridor when calm has a dangerous condition.

To look and listen for stridor, look to see when the child breathes IN. Then listen for stridor. Put your ear near the child's mouth because stridor can be difficult to hear.

Sometimes you will hear a wet noise if the nose is blocked. Clear the nose, and listen again. A child who is not very ill may have stridor only when he is crying or upset. Be sure to look and listen for stridor when the child is calm.

You may hear a wheezing noise when the child breathes OUT. This is not stridor.

LOOK and LISTEN for wheeze

Wheeze is a soft, musical noise when the child breaths OUT. It may be caused by swelling and narrowing of the small airways of the lungs or by a contraction of the smooth muscles surrounding the airways in the lung.

Look to see when the child is breathing OUT. Listen for the wheeze noise by holding your ear near the child's mouth, since the noise may be difficult to hear. Wheezing is caused by a narrowing of the air passages in the lungs. The breathing out takes longer than normal and requires effort.

Sometimes so little air moves that there is no noise. Look to see if the breathing out phase requires great effort and is longer than normal.

If the child is wheezing, ask the mother if her child has had a previous episode of wheezing within the last year. A child with "recurrent wheeze" has had more than one episode of wheeze in a 12 month period. The main causes of wheezing are asthma and respiratory infections including bronchodilator and pneumonia.

²These conditions are often called croup.

3.2 CLASSIFY COUGH OR DIFFICULT BREATHING

There are three possible classifications for a child with cough or difficult breathing. They are:

- VERY SEVERE DISEASE or
- PNEUMONIA or
- NO PNEUMONIA: COUGH OR COLD

Here is the classification table for cough or difficult breathing.

SIGNS	CLASSIFY AS	TREATMENT <small>(Urgent pre-referral treatments are in bold and italic print.)</small>
<ul style="list-style-type: none"> • Any general danger sign or • Stridor in calm child 	VERY SEVERE DISEASE	<ul style="list-style-type: none"> ▶ <i>Give first dose of an appropriate antibiotic.</i> ▶ <i>Treat wheezing if present</i> ▶ <i>Treat the child to prevent low blood sugar.</i> ▶ <i>Refer URGENTLY to hospital.*</i>
<ul style="list-style-type: none"> • Fast Breathing and / or Lower Chest Indrawing 	PNEUMONIA	<ul style="list-style-type: none"> ▶ <i>Give an appropriate Oral antibiotic for 5 days</i> ▶ If wheezing (even if it disappeared after rapidly acting bronchodilator) give a inhaled bronchodilator for 5 days ▶ Soothe the throat and relieve the cough with a safe remedy ▶ If coughing for more than 3 weeks or if having recurrent wheezing, refer for assessment for TB or Asthma ▶ Advise mother when to return immediately. ▶ Follow-up in 3 days.
<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. (if wheeze go directly to treat) 	NO PNEUMONIA: COUGH OR COLD	<ul style="list-style-type: none"> ▶ If wheezing (even if it disappeared after rapidly acting bronchodilator) give a inhaled bronchodilator for 5 days. ▶ If coughing more than 3 weeks or if having recurrent wheezing refer for assessment for TB or Asthma. ▶ Soothe the throat and relieve the cough with a safe remedy. ▶ Advise mother when to return immediately. ▶ Follow up in 3 days if not improving.

How to use the classification table: After you assess for the main symptom and related signs, classify the child's illness. For example, to classify cough or difficult breathing:

1. Look at the pink (or top) row.

Does the child have a general danger sign? OR Does the child have stridor in a calm child?

If the child has a general danger sign or any of the other signs listed in the pink row, select the severe classification, VERY SEVERE DISEASE. If the child has wheeze, go directly to "treat wheezing" before selecting the classification.

Children presenting with chest indrawing and fast breathing if accompanied with wheezing, should be managed differently since both pneumonia and wheezing can cause chest indrawing and fast breathing. Reassess and classify the child after giving rapid acting bronchodilator.

2. If the child does not have the severe classification, look at the yellow (or second) row.

This child does not have a severe classification. Does the child have fast breathing? OR is there lower chest indrawing in a calm child?

If the child has fast breathing and/or lower chest indrawing in a calm child, signs in the yellow row, and the child does not have a severe classification, select the classification in the yellow row, PNEUMONIA.

If the child has fast breathing and wheeze, treat wheezing immediately before selecting the classification.

If the child has wheezing, give a dose of rapid acting bronchodilator. Bronchodilators act rapidly when given by inhalation as a vapour. This is why they are called "rapid acting bronchodilator" they can be used in a health center to treat a child who is wheezing.

Further instructions are described in "identify treatment" and "treat the child" modules and are summarized in the "treat wheezing" box on the chart.

<ul style="list-style-type: none">• Any general danger sign or• Stridor in calm child	VERY SEVERE DISEASE
<ul style="list-style-type: none">• Fast Breathing and / or• Lower Chest Indrawing	PNEUMONIA
<ul style="list-style-type: none">• No signs of pneumonia or very severe disease. (if wheeze go directly to treat	NO PNEUMONIA: COUGH OR COLD

3. If the child does not have the severe classification or the classification in the yellow row, look at the green (or bottom) row.

This child does not have any of the signs in the pink or yellow row. If the child does not have any of the signs in the pink or yellow row, select the classification in the green row, NO PNEUMONIA: COUGH OR COLD.

If the child has wheezing, the instructions for further assessment are described in "Treat Wheezing" box.

4. Whenever you use a classification table, start with the top row. In each classification table, a child receives only one classification. If the child has signs from more than one row, always select the more serious classification.

EXAMPLE: This child has a general danger sign and fast breathing.
Classify the child with the more serious classification --VERY SEVERE DISEASE.

<ul style="list-style-type: none"> • Any general danger sign or • Stridor in calm child 	VERY SEVERE DISEASE
<ul style="list-style-type: none"> • Fast Breathing and / or • Lower Chest Indrawing 	PNEUMONIA
<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. (if wheeze go directly to treat) 	NO PNEUMONIA: COUGH OR COLD

Your facilitator will answer any questions you have about classifying illness according to the *ASSESS & CLASSIFY* chart.

Here is a description of each classification for cough or difficult breathing.

VERY SEVERE DISEASE

A child with cough or difficult breathing and with any of the following signs -- any general danger sign, or stridor in a calm child -- is classified as having VERY SEVERE DISEASE.

A child with chest indrawing usually has pneumonia. Or the child may have another serious acute lower respiratory infection such as bronchiolitis, pertussis, or a wheezing problem.

Chest indrawing develops when the lungs become stiff. The effort the child needs to breathe in is much greater than normal.

A child with chest indrawing has a higher risk of death from pneumonia than the child who has fast breathing and no chest indrawing. If the child is tired, and if the effort the child needs to expand the stiff lungs is too great, the child's breathing slows down. Therefore, a child with chest indrawing may not have fast breathing. Chest indrawing may be the child's only sign of pneumonia.

Treatment

In developing countries, bacteria causes most cases of pneumonia. These cases need treatment with antibiotics. Viruses also cause pneumonia. But there is no reliable way to find out if the child has bacterial pneumonia or viral pneumonia. Therefore, whenever a child shows signs of pneumonia, give the child an appropriate antibiotic.

A child classified as having VERY SEVERE DISEASE is seriously ill. He needs urgent referral to a hospital for treatments such as oxygen, a bronchodilator or injectable antibiotics. Before the child leaves your clinic, give the first dose of an appropriate antibiotic. The antibiotic helps treat serious bacterial infections such as severe pneumonia, sepsis or meningitis. If the child has convulsions in the clinic, manage the airway and give the child diazepam rectally. Also if the child has chest indrawing and wheeze give a dose of rapid acting bronchodilator. Also treat the child to prevent low blood sugar.

PNEUMONIA

A child with cough or difficult breathing who has fast breathing and or chest indrawing and no stridor when calm is classified as having PNEUMONIA.

Treatment

Treat PNEUMONIA with an appropriate antibiotic. If the child is wheezing give a dose of rapid acting bronchodilator followed by oral salbutamol for 5 days. Show the mother how to give the antibiotic. Advise her when to return for follow-up and when to return immediately.

NO PNEUMONIA: COUGH OR COLD

A child with cough or difficult breathing who has no general danger signs, no stridor when calm , no fast breathing and no chest indrawing, is classified as having
NO PNEUMONIA: COUGH OR COLD.

Treatment

A child with NO PNEUMONIA: COUGH OR COLD does not need an antibiotic. The antibiotic will not relieve the child's symptoms. It will not prevent the cold from developing into pneumonia. But the mother brought her child to the clinic because she is concerned about her child's illness. Give the mother advice about good home care. Teach her to soothe the throat and relieve the cough with a safe remedy such as warm tea with sugar. If the child is wheezing give oral salbutamol for 5 days. Advise the mother to watch for fast or difficult breathing and chest indrawing and to return if either one develops.

A child with a cold normally improves in one to two weeks. However, a child who has a chronic cough (a cough lasting more than 3 weeks) may have tuberculosis, asthma, whooping cough or another problem. Refer the child with a chronic cough to hospital for further assessment.

EXAMPLE: Read this case study. Also study how the health worker classified this child's illness.

* * *

Aziz is 18 months old. He weighs 11.5 kg. His temperature is 37.5C. His mother brought him to the clinic because he has a cough. She says he is having trouble breathing. This is his initial visit for this illness.

The health worker checked Aziz for general danger signs. Aziz is able to drink. He has not been vomiting. He has not had convulsions and is not convulsing now. He is not lethargic or unconscious.

"How long has Aziz had this cough?" asked the health worker. His mother said he had been coughing for 6 or 7 days. Aziz sat quietly on his mother's lap. The health worker counted the number of breaths the child took in a minute. He counted 41 breaths per minute. He thought, "Since Aziz is over 12 months of age, the cut-off for determining fast breathing is 40. He has fast breathing."

The health worker did not see any chest indrawing. He did not hear stridor or wheeze.

1. Here is how the health worker recorded Aziz's case information and signs of illness:

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: Aziz Age: 18 months Weight 11.5 kg Temperature 37.5 C _____ F

ASK: What are the child's problems? Cough, Trouble Breathing Initial visit? Follow-up Visit? _____

ASSESS (Circle all signs present) CLASSIFY

CHECK FOR GENERAL DANGER SIGNS · NOT ABLE TO DRINK OR BREASTFEED · LETHARGIC OR UNCONSCIOUS · VOMITS EVERYTHING · CONVULSING NOW · CONVULSIONS ANY DANGER SIGN PRESENT Yes ___ No <input checked="" type="checkbox"/>		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No ___ · For how long? <u>7</u> Days · Count the breaths in one minute (child must be calm) <u>41</u> breaths per minute (fast breathing?) · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze		

2. To classify Aziz's illness, the health worker looked at the classification table for cough or difficult breathing.

- a. First, he checked to see if Aziz had any of the signs in the pink row. He thought, "Does Aziz have any general danger signs? No, he does not. Does Aziz have any of the other signs in this row? No, he does not." Aziz does not have any of the signs for a severe classification.
- b. Next, the health worker looked at the yellow row. He thought, "Does Aziz have signs in the yellow row? He has fast breathing."
- c. The health worker classified Aziz as having PNEUMONIA.

<ul style="list-style-type: none"> • Any general danger sign or • Stridor in calm child 	VERY SEVERE DISEASE
<ul style="list-style-type: none"> • Fast Breathing and / or • Lower Chest Indrawing 	PNEUMONIA
<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. (if wheeze go directly to treat 	NO PNEUMONIA: COUGH OR COLD

3. He wrote PNEUMONIA on the Recording Form.

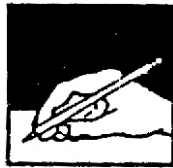
I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: Aziz Age: 18 months Weight 11.5 kg Temperature 37.5 C _____ F

ASK: What are the child's problems? Cough, Trouble Breathing Initial visit? Follow-up Visit? _____
 ASSESS (Circle all signs present) CLASSIFY

CHECK FOR GENERAL DANGER SIGNS · NOT ABLE TO DRINK OR BREASTFEED · LETHARGIC OR UNCONSCIOUS · VOMITS EVERYTHING · CONVULSING NOW · CONVULSIONS ANY DANGER SIGN PRESENT Yes ___ No <input checked="" type="checkbox"/>	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No ___ · For how long? <u>7</u> Days · Count the breaths in one minute (child must be calm) <u>41</u> breaths per minute (fast breathing?) · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze	<u>Pneumonia</u>



EXERCISE B

In this exercise, you will practice recording signs related to cough or difficult breathing. You will also classify the child's illness. Read the following case studies. Record the child's signs on the Recording Form and classify the illness. To do this exercise, look at a classification table for cough or difficult breathing. Use the one in your chart booklet or look at the wall chart.

Note: Be sure to tick (✓) "initial visit" on the top part of the Recording Form each time you do a case study in this module.

Case 1: Gul

Gul is 6 months old. He weighs 5.5 kg. His temperature is 38C. His mother said he has had cough for 2 days. The health worker checked for general danger signs. The mother said that Gul is able to breastfeed. He has not vomited during this illness. He has not had convulsions and is not convulsing now. Gul is not lethargic or unconscious.

The health worker said to the mother, "I want to check Gul's cough. You said he has had cough for 2 days now. I am going to count his breaths. He will need to remain calm while I do this."

The health worker counted 58 breaths per minute. He did not see chest indrawing. He did not hear stridor. He did not hear wheeze.

a. Record Gul's signs on the Recording Form below.

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: _____ Age: _____ months Weight _____ kg Temperature _____ C _____ F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASTFEED · VOMITS EVERYTHING · CONVULSIONS · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW <p>ANY DANGER SIGN PRESENT Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes _____ No _____</p> <ul style="list-style-type: none"> · For how long? _____ Days · Count the breaths in one minute (child must be calm) _____ breaths per minute fast breathing? · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze 	

To classify Gul's illness, look at the classification table for cough or difficult breathing in your chart booklet. Look at the pink (or top) row.

<ul style="list-style-type: none"> • Any general danger sign or • Stridor in calm child 	VERY SEVERE DISEASE
<ul style="list-style-type: none"> • Fast Breathing and / or • Lower Chest Indrawing 	PNEUMONIA
<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. (if wheeze go directly to treat) 	NO PNEUMONIA: COUGH OR COLD

- Decide: Does Gul have a general danger sign? Yes ___ No ___
 - Does he have chest indrawing or stridor or wheeze when calm?
Yes ___ No ___
 - Does he have the severe classification VERY SEVERE DISEASE?
Yes ___ No ___
- c. If he does not have the severe classification, look at the yellow (or middle) row.
- Does Gul have fast breathing? Yes ___ No ___
- d. How would you classify Gul's illness? Write the classification on the Recording Form.

Case 2: Basima

Basima is 8 months old. She weighs 6 kg. Her temperature is 39C.

Her father told the health worker, "Basima has had cough for 3 days. She is having trouble breathing. She is very weak." The health worker said, "You have done the right thing to bring your child today. I will examine her now."

The health worker checked for general danger signs. The mother said, " Basima will not breastfeed. She will not take any other drinks I offer her." Basima does not vomit everything and has not had convulsions. She is not convulsing now. Basima is lethargic. She did not look at the health worker or her parents when they talked.

The health worker counted 55 breaths per minute. He saw chest indrawing. He decided Basima had stridor because he heard a harsh noise when she breathed in. He decided Basima did not have wheeze.

Record Basima's signs on the Recording Form below.

Now look at the classification table for cough or difficult breathing on the chart. Classify this child's illness and write your answer in the Classify column. Be prepared to explain to your facilitator how you selected the child's classification.

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: _____ Age: _____ months Weight _____ kg Temperature _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present) CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASTFEED · VOMITS EVERYTHING · CONVULSIONS · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW <p>ANY DANGER SIGN PRESENT Yes ____ No ____</p>		
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____</p> <ul style="list-style-type: none"> · For how long? ____ Days · Count the breaths in one minute (child must be calm) _____ breaths per minute fast breathing? · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze 		

Case 3: Aamir

Aamir is 18 months old. He weighs 9 kg, and his temperature is 37C. His mother says he has had a cough for 3 days.

The health worker checked for general danger signs. Aamir's mother said that he is able to drink and has not vomited anything. He has not had convulsions and is not convulsing now. Aamir was not lethargic or unconscious.

The health worker counted the child's breaths. He counted 38 breaths per minute. The mother lifted the child's shirt. The health worker did not see chest indrawing. He did not hear stridor or wheeze when he listened to the child's breathing.

Record Aamir's signs on the Recording Form below. Then look at the classification table for cough or difficult breathing on the chart. Classify this child's illness and write your answer in the Classify column.

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: _____ Age: _____ months Weight _____ kg Temperature _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present) CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASTFEED · VOMITS EVERYTHING · CONVULSIONS <p>LETHARGIC OR UNCONSCIOUS CONVULSING NOW ANY DANGER SIGN PRESENT</p> <p style="text-align: right;">Yes ____ No ____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? ____ Days</p> <p>Count the breaths in one minute (child must be calm) ____ breaths per minute fast breathing?</p> <ul style="list-style-type: none"> · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze <p style="text-align: right;">Yes ____ No ____</p>	

Case 4: Azra

Azra is two years old she weighs 11 kg and has temperature 39.5C. Her mother tells that yesterday Azra became sick very suddenly. She had a cough and runny nose for two days, but her mother did not think she needed any treatment. Yesterday Azra stopped playing, and her mother saw that she was breathing faster than normal. She did not have convulsion and is not convulsing now.

In response to assessment questions, the health worker finds out from her mother that Azra has been able to drink water and eat a little bit.

When health worker counted Azra's breathing. He finds that she is breathing 36 times per minutes. When her mother undressed her, he saw that Azra does not have chest indrawing. She was wheezing, and her mother said this was the first time she has heard Azra make this noise. She does not appear to be abnormally sleepy.

Record Azra's signs on the recording form below. Then look at the classification table for cough or difficult breathing on the chart. Classify the Child's Illness and write your answer in the classify column.

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: _____ Age: _____ months Weight _____ kg Temperature _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present) CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASTFEED · VOMITS EVERYTHING · CONVULSIONS 		<ul style="list-style-type: none"> · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW 		
<p>ANY DANGER SIGN PRESENT</p>		Yes _____	No _____	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <ul style="list-style-type: none"> · For how long? _____ Days 		<p>Count the breaths in one minute (child must be calm) _____ breaths per minute fast breathing?</p> <ul style="list-style-type: none"> · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze 		Yes _____ No _____

Tell the facilitator when you are ready to discuss this exercise.



EXERCISE C

Note: A picture like this one means you will do a video exercise. In a video exercise, you see examples of signs and practice identifying them. You also see demonstrations showing how to assess children for particular main symptoms. Sometimes you will see an actual case study. You will practice assessing and classifying the child's illness.

* * *

In this exercise you will practice identifying general danger signs. You will also practice assessing cough or difficult breathing.

1. For each of the children shown, answer the question:

	Is the child lethargic or unconscious?	
	YES	NO
Child 1		
Child 2		
Child 3		
Child 4		

2. For each of the children shown, answer the question:

			Does the child have fast breathing?	
	Age	Breaths per minute	YES	NO
Mano				
Wumbi				

3. For each of the children shown, answer the question:

	Does the child have chest indrawing?	
	YES	NO
Mary		
Jenna		
Ho		
Anna		
Lo		

4. For each of the children shown, answer the question:

	Does the child have stridor?		Does the child have wheeze?	
	YES	NO	YES	NO
Petty				
Helen				
Simbu				
Hassan				

Video Case Study: Watch the case study. Record the child's signs and symptoms on the Recording Form excerpt below. Then classify the child's illness.

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: _____ Age: _____ months Weight _____ kg Temperature _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> · NOT ABLE TO DRINK OR BREASTFEED · VOMITS EVERYTHING · CONVULSIONS · LETHARGIC OR UNCONSCIOUS · CONVULSING NOW <p>ANY DANGER SIGN PRESENT Yes ____ No ____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____</p> <ul style="list-style-type: none"> · For how long? ____ Days · Count the breaths in one minute (child must be calm) ____ breaths per minute fast breathing? · Look for chest indrawing · Look and listen for stridor · Look and listen for wheeze 	

4.0 ASSESS AND CLASSIFY DIARRHOEA

Diarrhoea occurs when stools contain more water than normal. Diarrhoea is also called **loose** or **watery** stools. It is common in children, especially those between 6 months and 2 years of age. It is more common in babies under 6 months who are drinking cow's milk or infant feeding formulas. Frequent passing of normal stools is not diarrhoea. The number of stools normally passed in a day varies with the diet and age of the child. In many regions diarrhoea is defined as three or more loose or watery stools in a 24-hour period.

Mothers usually know when their children have diarrhoea. They may say that the child's stools are loose or watery. Mothers may use a local word for diarrhoea.

Babies who are exclusively breastfed often have stools that are soft; this is not diarrhoea. The mother of a breastfed baby can recognize diarrhoea because the consistency or frequency of the stools is different than normal.

What are the Types of Diarrhoea?

Most diarrhoea which cause dehydration are **loose or watery**. Cholera is one example of loose or watery diarrhoea. Only a small proportion of all loose or watery diarrhoea are due to cholera.

If an episode of diarrhoea lasts less than 14 days, it is **acute** diarrhoea. Acute watery diarrhoea causes dehydration and contributes to malnutrition. The death of a child with acute diarrhoea is usually due to dehydration.

If the diarrhoea lasts 14 days or more, it is **persistent** diarrhoea. Up to 20% of episodes of diarrhoea become persistent. Persistent diarrhoea often causes nutritional problems and contributes to deaths in children.

Diarrhoea with blood in the stool, with or without mucus, is called **dysentery**. The most common cause of dysentery is *Shigella* bacteria. Amoebic dysentery is not common in young children. A child may have both watery diarrhoea and dysentery.

4.1 ASSESS DIARRHOEA

A child with diarrhoea is assessed for:

how long the child has had diarrhoea
blood in the stool to determine if the child has dysentery, and for
signs of dehydration.

Look at the following steps for assessing a child with diarrhoea:

Does the child have diarrhoea?	
<i>IF YES, ASK:</i>	<i>LOOK AND FEEL:</i>
<ul style="list-style-type: none">• For how long?• Is there blood in the stool?	<ul style="list-style-type: none">• Look at the child's general condition. Is the child:<ul style="list-style-type: none">Lethargic or unconscious?Restless and irritable?• Look for sunken eyes.• Offer the child fluid. Is the child:<ul style="list-style-type: none">Not able to drink or drinking poorly?Drinking eagerly, thirsty?• Pinch the skin of the abdomen. Does it go back:<ul style="list-style-type: none">Very slowly (longer than 2 seconds)?Slowly?

Ask about diarrhoea in ALL children:

ASK: Does the child have diarrhoea?

Use words for diarrhoea the mother understands.

If the mother answers NO, ask about the next main symptom, throat problem. You do not need to assess the child further for signs related to diarrhoea.

If the mother answers YES, or if the mother said earlier that diarrhoea was the reason for coming to the clinic, record her answer. Then assess the child for signs of dehydration, persistent diarrhoea and dysentery.

ASK: For how long?

Diarrhoea which lasts *14 days or more* is persistent diarrhoea.

Give the mother time to answer the question. She may need time to recall the exact number of days.

ASK: Is there blood in the stool?

Ask the mother if she has seen blood in the stools at any time during this episode of diarrhoea.

* * *

Next, check for signs of *dehydration*.

When a child becomes dehydrated, he is at first restless and irritable. If dehydration continues, the child becomes lethargic or unconscious.

As the child's body loses fluids, the eyes may look sunken. When pinched, the skin will go back slowly or very slowly.

* * *

LOOK and FEEL for the following signs:

LOOK at the child's general condition. Is the child lethargic or unconscious? restless and irritable?

When you checked for general danger signs, you checked to see if the child was *lethargic or unconscious*. If the child is lethargic or unconscious, he has a general danger sign. Remember to use this general danger sign when you classify the child's diarrhoea.

A child has the sign *restless and irritable* if the child is restless and irritable all the time or every time he is touched and handled. If an infant or child is calm when breastfeeding but again restless and irritable when he stops breastfeeding, he has the sign "restless and irritable". Many children are upset just because they are in the clinic. Usually these children can be consoled and calmed. They do not have the sign "restless and irritable".

LOOK for sunken eyes.

The eyes of a child who is dehydrated may look sunken. Decide if you think the eyes are sunken. Then ask the mother if she thinks her child's eyes look unusual. Her opinion helps you confirm that the child's eyes are sunken.

Note: In a severely malnourished child who is visibly wasted (that is, who has marasmus), the eyes may always look sunken, even if the child is not dehydrated. Even though sunken eyes is less reliable in a visibly wasted child, still use the sign to classify the child's dehydration.

OFFER the child fluid. Is the child not able to drink or drinking poorly? drinking eagerly, thirsty?

Ask the mother to offer the child some water in a cup or spoon. Watch the child drink.

A child is *not able to drink* if he is not able to suck or swallow when offered a drink. A child may not be able to drink because he is lethargic or unconscious.

A child is *drinking poorly* if the child is weak and cannot drink without help. He may be able to swallow only if fluid is put in his mouth.

A child has the sign *drinking eagerly, thirsty* if it is clear that the child wants to drink. Look to see if the child reaches out for the cup or spoon when you offer him water. When the water is taken away, see if the child is unhappy because he wants to drink more.

If the child takes a drink only with encouragement and does not want to drink more, he does not have the sign "drinking eagerly, thirsty."

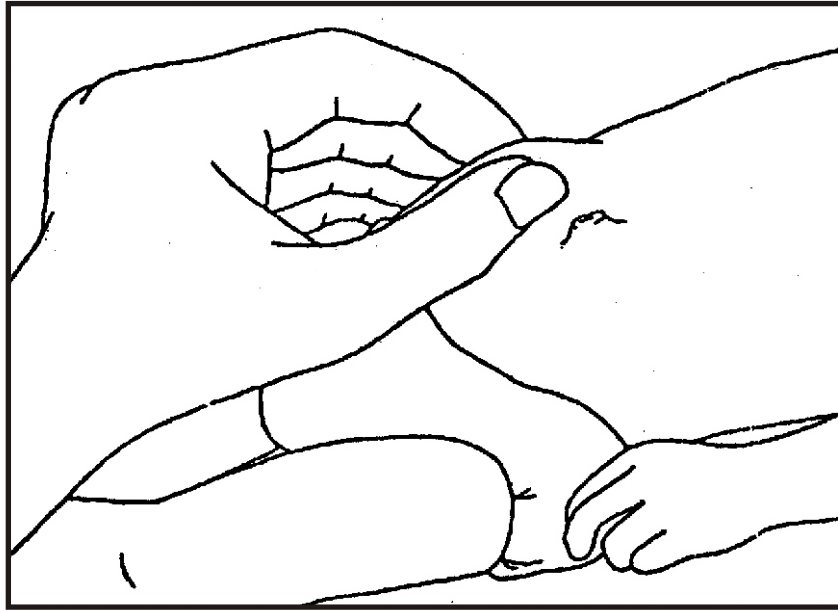
PINCH the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

Ask the mother to place the child on the examining table so that the child is flat on his back with his arms at his sides (not over his head) and his legs straight. Or, ask the mother to hold the child so he is lying flat in her lap.

Locate the area on the child's abdomen halfway between the umbilicus and the side of the abdomen. To do the skin pinch, use your thumb and first finger. Do not use your fingertips because this will cause pain. Place your hand so that when you pinch the skin, the fold of skin will be in a line up and down the child's body and not across the child's body. Firmly pick up all of the layers of skin and the tissue under them. Pinch the skin for one second and then release it. When you release the skin, look to see if the skin pinch goes back:

- very slowly (longer than 2 seconds)
- slowly
- immediately

If the skin stays up for even a brief time after you release it, decide that the skin pinch goes back slowly.



Note: In a child with marasmus (severe malnutrition), the skin may go back slowly even if the child is not dehydrated. In an overweight child, or a child with oedema, the skin may go back immediately even if the child is dehydrated. Even though skin pinch is less reliable in these children, still use it to classify the child's dehydration.



EXERCISE D

In this exercise you will look at photographs of children with diarrhoea and identify signs of dehydration.

Part 1: Look at photographs 1 and 2 in the photograph booklet. Read the explanation for each photograph:

Photograph 1: This child's eyes are sunken.

Photograph 2: The skin pinch for this child goes back very slowly.

Part 2: Study photographs 3 through 7. Then write your answers to these questions:

Photograph 3: Look at the child's eyes. Are they sunken?

Photograph 4: Look at the child's eyes. Are they sunken?

Photograph 5: Look at the child's eyes. Are they sunken?

Photograph 6: Look at the child's eyes. Are they sunken?

Photograph 7: Look at this photo of a skin pinch. Does the skin go back slowly or very slowly?

When you have identified the signs of dehydration in these photographs, discuss your answers with the facilitator.

4.2 CLASSIFY DIARRHOEA

There are three classification tables for classifying diarrhoea.

- * All children with diarrhoea are classified for dehydration.
- * If the child has had diarrhoea for 14 days or more, classify the child for persistent diarrhoea.
- * If the child has blood in the stool, classify the child for dysentery.

4.2.1 Classify Dehydration

There are three possible classifications of dehydration in a child with diarrhoea:

- ▶ SEVERE DEHYDRATION
- ▶ SOME DEHYDRATION
- ▶ NO DEHYDRATION

<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly. 	<p>SEVERE DEHYDRATION</p>	<p>▶ If child has no other severe classification: - Give fluid for severe dehydration (Plan C). - Give appropriate dose of Zinc Suspension for 10 days. OR <i>If child also has another severe classification: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.</i> ▶ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.</p>
<p>Two of the following signs:</p> <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly. 	<p>SOME DEHYDRATION</p>	<p>▶ Give fluid and food for some dehydration (Plan B). ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ <i>If child also has any other severe classification: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.</i> ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days if not improving.</p>
<p>Not enough signs to classify as some or severe dehydration.</p>	<p>NO DEHYDRATION</p>	<p>▶ Give fluid and food to treat diarrhoea at home (Plan A). ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days if not improving.</p>

To classify the child's dehydration, begin with the pink (or top) row.

- If **two** or more of the signs in the pink row are present, classify the child as having SEVERE DEHYDRATION.
- If **two** or more of the signs are not present, look at the yellow (or middle) row. If two or more of the signs are present, classify the child as having SOME DEHYDRATION.
- A child may have one sign in pink box and other sign in the yellow box (e.g. a child is lethargic or unconscious, but also has diarrhoea and slow skin pinch). Even though this child has one sign in the pink box, he will receive yellow classification for dehydration, because two signs in the pink box are necessary for pink classification.

-- If two or more of the signs from the yellow row are not present, classify the child as having NO DEHYDRATION. This child does not have enough signs to be classified as having SOME DEHYDRATION. Some of these children may have one sign of dehydration or have lost fluids without showing signs.

* * *

EXAMPLE: A 4-month-old child named Sadaf was brought to the clinic because she had diarrhoea for 5 days. She did not have danger signs and she was not coughing. The health worker assessed the child's diarrhoea. He recorded the following signs:

DOES THE CHILD HAVE DIARRHOEA?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> For how long? <u>5</u> Days Is there in the stools? 	<ul style="list-style-type: none"> Look at the child's general condition is the child: <ul style="list-style-type: none"> Lethargic or unconscious? Restless or irritable Look for sunken eyes. Offer the child fluid is the child. <ul style="list-style-type: none"> Not able to drink or drinking poorly? Drinking eagerly thirsty? Pinch the skin of abdomen Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? Slowly? 		

The child does not have two signs in the pink row. The child does not have SEVERE DEHYDRATION.

The child had two signs from the yellow row. The health worker classified the child's dehydration as SOME DEHYDRATION.

Two of the following signs: <ul style="list-style-type: none"> Lethargic or unconscious Sunken eyes Not able to drink or drinking poorly Skin pinch goes back very slowly. 	SEVERE DEHYDRATION
Two of the following signs: <ul style="list-style-type: none"> <u>Restless, irritable</u> <u>Sunken eyes</u> Drinks eagerly, thirsty Skin pinch goes back slowly. 	SOME DEHYDRATION
Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION

The health worker recorded Sadaf's classification on the Recording Form.

DOES THE CHILD HAVE DIARRHOEA?		Yes _____	No _____
<ul style="list-style-type: none">• For how long? _____ Days• Is there in the stools?	<ul style="list-style-type: none">• Look at the child's general condition is the child: Lethargic or unconscious? Resiles or available• Look for sunken eyes.• Offer the child fluid is the child. Not able to drink or drinking poorly? Drinking eagerly thirsty?• Pinch the skin of abdomen Does if go back: Very slowly (longer than 2 seconds)? Slowly?		

* * *

Here is a description of each classification for dehydration:

SEVERE DEHYDRATION

If the child has two of the following signs -- lethargic or unconscious, sunken eyes, not able to drink or drinking poorly, skin pinch goes back very slowly -- classify the dehydration as SEVERE DEHYDRATION.

Treatment

Any child with dehydration needs extra fluids. A child classified with SEVERE DEHYDRATION needs fluids quickly. Treat with IV (intravenous) fluids. The box "Plan C: Treat Severe Dehydration Quickly" on the *TREAT* chart describes how to give fluids to severely dehydrated children. You will learn more about Plan C in the module *Treat The Child*.

SOME DEHYDRATION

If the child does not have signs of SEVERE DEHYDRATION, look at the next row. Does the child have signs of SOME DEHYDRATION?

If the child has two or more of the following signs -- restless, irritable, sunken eyes, drinks eagerly, thirsty, skin pinch goes back slowly -- classify the child's dehydration as SOME DEHYDRATION.

Treatment

A child who has SOME DEHYDRATION needs fluid and foods. Treat the child with ORS solution.

In addition to fluid, the child with SOME DEHYDRATION needs food. Breastfed children should continue breastfeeding. Other children should receive their usual milk or some nutritious food after 4 hours of treatment with ORS.

This treatment is described in the box "Plan B: Treat Some Dehydration With ORS" on the *TREAT* chart.

NO DEHYDRATION

A child who does not have two or more signs in either the pink or yellow row is classified as having NO DEHYDRATION.

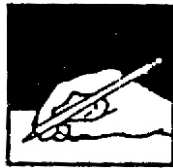
Treatment

This child needs extra fluid to prevent dehydration. A child who has NO DEHYDRATION needs home treatment. The 3 rules of home treatment are:

1. Give extra fluid
2. Continue feeding
3. When to return.

"Plan A: Treat Diarrhoea At Home" describes what fluids to teach the mother to use and how much she should give. A child with NO DEHYDRATION also needs food, and the mother needs advice about when to return to the clinic. Feeding recommendations and information about when to return are on the chart *COUNSEL THE MOTHER*.

Your facilitator will lead a drill to help you review the steps for checking a child for general danger signs. You will also review the steps for assessing a child with cough or difficult breathing.



EXERCISE E

In this exercise, you will practice assessing and classifying dehydration in children with diarrhoea. Read the following case studies of children with diarrhoea. Use the dehydration classification table in the chart.

1. Paro has had diarrhoea for five days. He has no blood in the stool. He is irritable. His eyes are sunken. His father and mother also think that Paro's eyes are sunken. The health worker offers Paro some water, and the child drinks eagerly. When the health worker pinches the skin on the child's abdomen, it goes back slowly.

Record the child's signs and classification for dehydration on the Recording Form.

DOES THE CHILD HAVE DIARRHOEA?	Yes ___	No ___	
* For how long? ___ Days * Is there blood in the stools?	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly, thirsty? * Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?		----- -----

Circle the child's signs on the classification table below to show how you selected the child's classification.

Two of the following signs: <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly. 	SEVERE DEHYDRATION
Two of the following signs: <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly. 	SOME DEHYDRATION
Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION

2. Jani has had diarrhoea for 3 days. There was no blood in the stool. The child was not lethargic or unconscious. She was not irritable or restless. Her eyes were sunken. She was able to drink, but she was not thirsty. The skin pinch went back immediately.

Record the signs of dehydration and classify them on the Recording Form:

DOES THE CHILD HAVE DIARRHOEA?		Yes___	No___
* For how long? _____ Days	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable?		
* Is there blood in the stools?	* Look for sunken eyes		
	* Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly. Thirsty?		-----
	* Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?		-----

3. Nayyer has had diarrhoea for 2 days. She does not have blood in the stool. She is restless and irritable. Her eyes are sunken. She is not able to drink. A skin pinch goes back very slowly.

Record the signs of dehydration and classify them on the Recording Form:

DOES THE CHILD HAVE DIARRHOEA?		Yes___	No___
* For how long? _____ Days	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable?		
* Is there blood in the stools?	* Look for sunken eyes		
	* Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly. thirsty?		-----
	* Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?		-----

4. Jamil has had diarrhoea for five days. There is no blood in the stool. The health worker assesses the child for dehydration. The child is not lethargic or unconscious. He is not restless and irritable. His eyes look normal and are not sunken. When offered water, the child drinks eagerly. A skin pinch goes back immediately.

Record the signs of dehydration and classify them on the Recording Form:

DOES THE CHILD HAVE DIARRHOEA?		Yes___	No___
* For how long? _____ Days	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable?		
* Is there blood in the stools?	* Look for sunken eyes		
	* Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly, thirsty?		-----
	* Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?		-----

Tell your facilitator when you have completed this exercise.

4.2.2 Classify Persistent Diarrhoea

After you classify the child's dehydration, classify the child for persistent diarrhoea if the child has had diarrhoea for 14 days or more. There are two classifications for persistent diarrhoea.

- ▶ SEVERE PERSISTENT DIARRHOEA
- ▶ PERSISTENT DIARRHOEA

<ul style="list-style-type: none"> • Dehydration present. 	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Treat dehydration before referral unless the child has any other severe classification. ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Refer to hospital.
<ul style="list-style-type: none"> • No dehydration. 	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ▶ Give appropriate dose of Zinc Suspension for 10 days. ▶ Give multivitamin, mineral supplement for two weeks ▶ Advise mother when to return immediately ▶ Follow-up in 5 days.

SEVERE PERSISTENT DIARRHOEA

If a child has had diarrhoea for 14 days or more and also has some or severe dehydration, classify the child's illness as SEVERE PERSISTENT DIARRHOEA.

Treatment

Children with diarrhoea lasting 14 days or more who are also dehydrated need referral to hospital. These children need special attention to help prevent loss of fluid. They may also need a change in diet. They may need laboratory tests of stool samples to identify the cause of the diarrhoea.

Treat the child's dehydration before referral unless the child has another severe classification. Treatment of dehydration in children with severe disease can be difficult. These children should be treated in a hospital.

PERSISTENT DIARRHOEA

A child who has had diarrhoea for 14 days or more and who has no signs of dehydration is classified as having PERSISTENT DIARRHOEA.

Treatment

Special feeding is the most important treatment for persistent diarrhoea. Feeding recommendations for persistent diarrhoea are explained in the module *Counsel The Mother*. Children with persistent diarrhoea can also be given multivitamin mineral supplement.

4.2.3 Classify Dysentery

There is only one classification for dysentery:

► **DYSENTERY**

<ul style="list-style-type: none"> • Blood in the stool. 	DYSENTERY	<ul style="list-style-type: none"> ► <i>Treat for 3 days with an oral antibiotic recommended for Shigella.</i> ► Give appropriate dose of Zinc Suspension for 10 days. ► Advise mother when to return immediately Follow-up in 2 days.
---	------------------	---

DYSENTERY

Classify a child with diarrhoea and blood in the stool as having DYSENTERY.

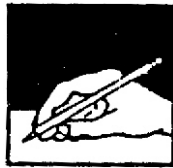
Treatment

Treat the child's dehydration. Also give an antibiotic recommended for *Shigella* in your area. You can assume that *Shigella* caused the dysentery because:

- *Shigella* cause about 60% of dysentery cases seen in clinics.
 - *Shigella* cause nearly all cases of life-threatening dysentery.
- Finding the actual cause of the dysentery requires a stool culture. It can take at least 2 days to obtain the laboratory test results.

Note: A child with diarrhoea may have one or more classifications for diarrhoea. Record any diarrhoea classifications the child has in the Classify column on the Recording Form. For example, this child was classified as having NO DEHYDRATION and DYSENTERY. Here is how the health worker recorded his classifications:

DOES THE CHILD HAVE DIARRHOEA?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
* For how long? <u>5</u> Days * <u>Is there blood in the stools?</u>	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly. Thirsty? * Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?	No DEHYDRATION ----- ----- DYSENTERY



EXERCISE F

In this exercise, you will practice classifying several children with diarrhoea. Read these case studies. Record the child's signs and classify them on the Recording Form. Refer to your chart.

Case 1: Mona

Mona is at the clinic today because she has had diarrhoea for 4 days. She is 25 months old. She weighs 9 kg. Her temperature is 37.0C.

Mona has no general danger signs. She does not have cough or difficult breathing.

The health worker said to the mother, "When Mona has diarrhoea, is there any blood in the stool?" The mother said, "No." The health worker checked for signs of dehydration. Mona is not lethargic or unconscious. She is not restless or irritable. Her eyes are not sunken. Mona drinks eagerly when offered some water. Her skin pinch goes back immediately.

Record Mona's signs on the Recording Form and classify them.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Cucle all signs present)

CHECK FOR GENERAL DANGER SIGNS * NOT ABLE TO DRINK OR BREAST FEED * VOMITS EVERY THING * CONVULSIONS	* LETHARGIC OR UNCONSCIOUS * CONVULSING NOW ANY DANGER SIGN PRESENT Yes____ No____	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes____ No____ * For how long? _____ Days		* Count the breaths in one minute (child must be calm) _____ breath per minute. Fast breathing? * Look for chest indrawing. * Look and listen for stridor * Look and listen for wheeze
DOES THE CHILD HAVE DIARRHOEA? Yes____ No____ * For how long? _____ Days * Is there blood in the stools?		* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? * Princh the skin of the abdomen. Does it go back Very slowly (longer than 2 seconds)? Slowly? ----- -----

Case 2: Rana

Rana is 14 months old. She weighs 12 kg. Her temperature is 37.5C. Rana's mother said the child has had diarrhoea for 3 weeks.



Rana does not have any general danger signs. She does not have cough or difficult breathing.

The health worker assessed her diarrhoea. He noted she has had diarrhoea for 21 days. He asked if there has been blood in the child's stool. The mother said, "No." The health worker checked Rana for signs of dehydration. The child is irritable throughout the visit. Her eyes are not sunken. She drinks eagerly. The skin pinch goes back immediately.

Record Rana's signs and classify them on the Recording Form.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS * NOT ABLE TO DRINK OR BREAST FEED * VOMITS EVERYTHING * CONVULSIONS	* LETHARGIC OR UNCONSCIOUS * CONVULSING NOW ANY DANGER SIGN PRESENT Yes ___ No ___	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___ * For how long? _____ Days	* Count the breaths in one minute (child must be calm) _____ breath per minute. Fast breathing? * Look for chest indrawing. * Look and listen for stridor * Look and listen for wheeze	
DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___ * For how long? _____ Days * Is there blood in the stools?	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? * Princh the skin of the abdomen. Does it go back Very slowly (longer than 2 seconds)? Slowly?	----- -----

Case 3: Adeela

Adeela is 7 months old. She weighs 5.6 kg. Her temperature is 37C. Her mother brought her to the clinic because Adeela has diarrhoea.

Adeela does not have any general danger signs. She does not have cough or difficult breathing.

The health worker assessed Adeela for signs of diarrhoea. The mother said the diarrhoea began 2 days ago. There is no blood in the stool. Adeela is not lethargic or unconscious, and she is not restless or irritable. Her eyes are sunken. When offered fluids, Adeela drinks eagerly as if she is thirsty. The skin pinch goes back immediately.



Record Adeela's signs and classify them on the Recording Form.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS * NOT ABLE TO DRINK OR BREAST FEED * VOMITS EVERYTHING * CONVULSIONS	* LETHARGIC OR UNCONSCIOUS * CONVULSING NOW ANY DANGER SIGN PRESENT	Yes ___ No ___
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? * For how long? _____ Days	* Count the breaths in one minute (child must be calm) _____ breath per minute. Fast breathing? * Look for chest indrawing. * Look and listen for stridor * Look and listen for wheeze	Yes ___ No ___
DOES THE CHILD HAVE DIARRHOEA? * For how long? _____ Days * Is there blood in the stools?	* Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? * Princh the skin of the abdomen. Does it go back Very slowly (longer than 2 seconds)? Slowly?	Yes ___ No ___ ----- -----

Case 4: Heera

Heera is 3 years old. She weighs 10 kg. Her temperature is 37C. Her mother came today because Heera has a cough and diarrhoea.

She does not have any general danger signs. The health worker assessed her for cough or difficult breathing. She has had cough for 3 days. He counted 36 breaths per minute. She does not have chest indrawing or stridor or wheeze.

When the health worker asked how long Heera has had diarrhoea, the mother said, "For more than 2 weeks." There is no blood in the stool. Heera is irritable during the visit, but her eyes are not sunken. She is able to drink, but she is not thirsty. A skin pinch goes back immediately.

Record Heera's signs and classify them on the Recording Form.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Cucle all signs present)

CHECK FOR GENERAL DANGER SIGNS * NOT ABLE TO DRINK OR BREAST FEED * VOMITS EVERY THING * CONVULSIONS	* LETHARGIC OR UNCONSCIOUS * CONVULSING NOW ANY DANGER SIGN PRESENT Yes____ No____	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? * For how long? _____ Days	Yes____ No____ * Count the breaths in one minute (child must be calm) _____ breath per minute. Fast breathing? * Look for chest indrawing. * Look and listen for stridor * Look and listen for wheeze	
DOES THE CHILD HAVE DIARRHOEA? * For how long? _____ Days * Is there blood in the stools?	Yes____ No____ * Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink of drinking poorly? Drinking eagerly thirsty? * Princh the skin of the abdomen. Does it go back Very slowly (longer than 2 seconds)? Slowly?	----- -----

Case 5: Zahid

Zahid is 10 months old. He weighs 8 kg. His temperature is 38.5C. He is here today because he has had diarrhoea for 3 days. His mother noticed blood in the child's stool.

Zahid does not have any general danger signs. He does not have cough or difficult breathing.

The health worker assesses the child for diarrhoea. "You said Zahid has had blood in his stool. I will check now for signs of dehydration." The child is not lethargic or unconscious. He is not restless or irritable. He does not have sunken eyes. The child drank normally when offered some water and does not seem thirsty. The skin pinch goes back immediately.

Record Zahid's signs and classify them on the Recording Form below.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Cucle all signs present)

CHECK FOR GENERAL DANGER SIGNS * NOT ABLE TO DRINK OR BREAST FEED * VOMITS EVERY THING * CONVULSIONS	* LETHARGIC OR UNCONSCIOUS * CONVULSING NOW ANY DANGER SIGN PRESENT Yes____ No____	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? * For how long? _____ Days	Yes____ No____ * Count the breaths in one minute (child must be calm) _____ breath per minute. Fast breathing? * Look for chest indrawing. * Look and listen for stridor * Look and listen for wheeze	
DOES THE CHILD HAVE DIARRHOEA? * For how long? _____ Days * Is there blood in the stools?	Yes____ No____ * Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink of drinking poorly? Drinking eagerly thirsty? * Princh the skin of the abdomen. Does it go back Very slowly (longer than 2 seconds)? Slowly?	----- -----



EXERCISE G

In this video exercise, you will see a demonstration of how to assess and classify a child with diarrhoea. You will see examples of signs and practice identifying them. Then you will see a case study and practice assessing and classifying the child's illness.

1. For each of the children shown, answer the question:

	Does the child have sunken eyes?	
	YES	NO
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		

2. For each of the children shown, answer the question:

	Does the skin pinch go back:		
	very slowly?	slowly?	immediately?
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

Video Case Study: Watch the case study and record the child's signs on this Recording Form. Then classify the illness.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS * NOT ABLE TO DRINK OR BREAST FEED * VOMITS EVERY THING * CONVULSIONS	* LETHARGIC OR UNCONSCIOUS * CONVULSING NOW ANY DANGER SIGN PRESENT Yes ___ No ___	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___ * For how long? _____ Days * Count the breaths in one minute (child must be calm) _____ breath per minute. Fast breathing? * Look for chest indrawing. * Look and listen for stridor * Look and listen for wheeze		
DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___ * For how long? _____ Days * Is there blood in the stools? * Look at the child's general condition is the child Lethargic or unconscious? Restless or irritable? * Look for sunken eyes * Offer the child fluid is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? * Princh the skin of the abdomen. Does it go back Very slowly (longer than 2 seconds)? Slowly?		----- -----

At the end of this videotape exercise, there will be a group discussion.

5.0 ASSESS AND CLASSIFY SORE THROAT

One of the most frequent symptoms of a common cold is sore throat. The majority of sore throats are due to viruses, and get better in a few days with good home care and no additional treatment. Most children only need a safe, soothing remedy for a sore throat, to keep the throat moist. The sore throat will get better on its own without antibiotic treatment, except in a few children who develop an abscess.

However, a sore throat requires an antibiotic if a streptococcal infection is suspected. A streptococcal sore throat needs to be treated with an effective antibiotic because the bacteria can cause rheumatic fever, a disease that involves the joints and can lead to heart damage. The purpose of antibiotic treatment is to kill all the streptococcal bacteria to prevent rheumatic fever.

5.1 ASSESS SORE THROAT

A child with a sore throat is assessed for:

Not able to drink

Fever

Tender enlarged lymph nodes on neck

Red, enlarged tonsils

White exudate on throat.

Here is the box from the "Assess" column that tells you how to assess a child for sore throat.

Does the child have throat problem:	
<i>IF YES ASK:</i>	<i>LOOK AND FEEL:</i>
<ul style="list-style-type: none">• Does the child have sore throat?• Is the child not able to drink?• Does the child have fever?	<ul style="list-style-type: none">• Fever (temperature 37.5°C or above).• Feel the front of the neck for tender enlarged lymph nodes.• Look for red, enlarged tonsils• Look for exudate on the throat.

Ask about throat problems in ALL sick children.

ASK: Does the child have throat problem?

Ask the mother if the child has any throat problem. Be sure mother understands, use words that the mother understands about throat problem.

If the mother answers NO, record her answer. Do not assess the child and go to the next question and ask does the child have ear problem.

If the mother answers YES, ask the next question.

ASK: Does the child have a sore throat?

Ask the mother if the child has a sore throat. Use words that the mother understands. Use local terms for sore throat to make the mother understand. If the mother answers NO, record her answer.

Note: Remember sometimes it is difficult, especially for the child less than age 2 years, to know whether the child's throat is sore. If the mother is not sure and says she cannot tell or she does not know, do assess the child for signs related to sore throat. Exclude the presence of streptococcal sore throat.

ASK: Is the child able to drink?

A child has the sign "Not able to drink". If the child is not able to suck or swallow, when offered a drink or breast milk.

When you ask the mother if the child is able to drink, make sure that she understands the question. If she says that the child is not able to drink or breastfeed, ask her to describe what happens when she offers the child something to drink. For example, is the child able to take fluid into his mouth and swallow it? If you are not sure about the mother's answer, ask her to offer the child a drink of clean water or breastmilk. Look to see if the child is swallowing the water or breastmilk. A child who is breastfed may have difficulty sucking when his nose is blocked. If the child's nose is blocked, clear it. If the child can breastfeed after his nose is cleared, the child does not have the danger sign, "not able to drink or breastfeed."

ASK: Does the child has fever?

Check or see if the child has history of fever or feels hot or has a temperature of 37.5C or above.

FEEL the neck for enlarged lymph node.

Feel the glands in the front of the neck to see if they are enlarged and tender.

LOOK for white exudate on the throat.

Look into the throat with a light. See if there is white exudate (white patches) on the throat.

LOOK for red enlarged tonsils.

Look into throat with light. See if tonsils are red and enlarged.

5.2 CLASSIFY THROAT PROBLEM

There are four possible classifications of throat problem:

- Throat abscess
- Streptococcal sore throat
- Viral sore throat
- No throat problem

Here is the table for classification of throat problem.

<ul style="list-style-type: none"> • Sore throat AND not able to drink 	THROAT ABSCESS	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat the child to prevent low blood sugar. ▶ Give first dose of paracetamol for high fever or pain. ▶ Refer URGENTLY to hospital.
Fever and/ or sore throat AND at least two of the following signs. <ul style="list-style-type: none"> • Tender, enlarged lymph nodes on neck. • Red, enlarged tonsils. • White exudate on throat. 	STREPTOCOCCAL SORE THROAT	<ul style="list-style-type: none"> ▶ Give benzathine penicillin or Amoxycillin. ▶ Give paracetamol for high fever or pain. ▶ Give safe, soothing remedy for sore throat. ▶ Advice mother when to return immediately ▶ Follow-up in 5 days if not improving.
<ul style="list-style-type: none"> • Not enough signs to classify as throat abscess or streptococcal sore throat. 	VIRAL SORE THROAT	<ul style="list-style-type: none"> ▶ Give safe, soothing remedy for sore throat. ▶ Give paracetamol for high fever or pain. ▶ Advice mother when to return immediately. ▶ Follow-up in 5 days, if not improving.
<ul style="list-style-type: none"> • No signs present. 	NO THROAT PROBLEM	<ul style="list-style-type: none"> ▶ No additional treatment.

THROAT ABSCESS

A child who has a sore throat and is not able to drink at all is classified as having a THROAT ABSCESS. Although it is not common, children may develop abscess behind the throat or around the tonsils. The abscess make it difficult for the child to swallow any drink or breast milk.

Treatment

Refer the child to hospital for treatment and, if needed, to drain the abscess. Before the child leaves for the hospital, give benzathine penicillin by intramuscular injection.

STREPTOCOCCAL SORE THROAT

A child who has fever and at least two of the following signs i.e. red enlarged tonsils or tender enlarged lymph nodes in the front of the neck or white exudate on the throat, is classified as having STREPTOCOCCAL SORE THROAT.

Treatment

Many mothers will not complete the required ten-day treatment with an oral antibiotic. Therefore, an injection of benzathine penicillin is preferred for suspected streptococcal sore throat (use "treat the child" chart to determine the appropriate dose).

If only oral antibiotic are available, give amoxycillin, ampicillin or penicillin V for ten days. Cotrimoxazole is not recommended for streptococcal sore throat because it is not as effective in killing all the streptococcal bacteria.

Note that a child with STREPTOCOCCAL SORE THROAT is given a longer-lasting antibiotic than the child with PNEUMONIA. This does NOT mean that streptococcal sore throat is a more serious disease than pneumonia. A child with STREPTOCOCCAL SORE THROAT needs longer lasting antibiotics because:

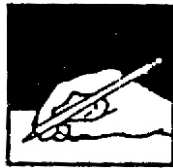
- * Treatment with a long-lasting antibiotic such as benzathine penicillin. or oral antibiotics for ten days is required to kill all the streptococcal bacterial. If a treatment does not kill all the bacteria, there may be later complications (that is a damaged heart following rheumatic fever).
- * Bacterial pneumonia can be cured with five days of antibiotic treatment.

VIRAL SORE THROAT

If the child can drink (does not have the sign in the pink, top row) and the child does not have appropriate signs in the yellow, middle row. Classify the child as having VIRAL SORE THROAT. Most children less than 5 years old with a sore throat have a viral infection and should not be treated with antibiotics.

NO THROAT PROBLEM

If the child does not have enough signs present to classify in the pink, yellow or green row, the child is classified as NO THROAT PROBLEM. This child needs no additional treatment.



EXERCISE H

This case study describes child who has sore throat. Record the child's signs on the part of Recording Form for sore throat. Look at the wall chart or in your chart booklet for help to classify signs.

Case 1: Ghori

Ghori has had fever off and on for two days and has complained of a sore throat. He has no general danger signs, no difficult breathing and he has not been coughing. He did not have diarrhoea. His mother brought him to you today because he is refusing to eat, although he is still able to drink clear soup. Ghori is four year old, he weighs 16kg.

You feel Ghori's neck and find that his glands are swollen and tender. He has red enlarged tonsils. He Has white exudate on his throat. His temperature is 39.7C.

Record Ghori's signs on the recording form below. Classify this child's illness and write your answer in the classify column.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ months Weight _____ kg Temperature _____ C _____ F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____
 ASSESS (Circle all signs present) _____ **CLASSIFY** _____

CHECK FOR GENERAL DANGER SIGNS <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS 	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT Yes _____ No _____	
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes _____ No _____ For how long? _____ Days	<ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
DOES THE CHILD HAVE DIARRHOEA? Yes _____ No _____ For how long? _____ Days Is there blood in the stools?	<ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	----- -----
DOES THE CHILD HAVE THROAT PROBLEM: Does the child have sore throat? Is the child not able to drink? Does the child have fever?	Yes _____ No _____ <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	

6.0 ASSESS AND CLASSIFY EAR PROBLEM

A child with an ear problem may have an ear infection.

When a child has an ear infection, pus collects behind the ear drum and causes pain and often fever. If the infection is not treated, the ear drum may burst. The pus discharges, and the child feels less pain. The fever and other symptoms may stop, but the child suffers from poor hearing because the ear drum has a hole in it. Usually the ear drum heals by itself. At other times the discharge continues, the ear drum does not heal, and the child becomes deaf in that ear.

Sometimes the infection can spread from the ear to the bone behind the ear (the mastoid) causing mastoiditis. Infection can also spread from the ear to the brain causing meningitis. These are severe diseases. They need urgent attention and referral.

Ear infections rarely cause death. However, they cause many days of illness in children. Ear infections are the main cause of deafness in developing countries, and deafness causes learning problems in school. The *ASSESS & CLASSIFY* chart helps you identify ear problems due to ear infection.

6.1 ASSESS EAR PROBLEM

A child with ear problem is assessed for:

- ▶ sever ear pain
- ▶ ear discharge and
- ▶ if discharge is present, how long the child has had discharge, and
- ▶ tender swelling behind the ear, a sign of mastoiditis.

Here is the box from the "Assess" column that tells you how to assess a child for ear problem.

Does the child have an ear problem?	
IF YES, ASK: <ul style="list-style-type: none">• Is there severe ear pain?• Is there ear discharge? If yes, for how long?	LOOK AND FEEL: <ul style="list-style-type: none">• Look for pus draining from the ear.• Feel for tender swelling behind the ear.

Ask about ear problem in ALL sick children.

ASK: Does the child have an ear problem?

If the mother answers NO, record her answer. Do not assess the child for ear problem. Go to the next question and ask about fever.

If the mother answers YES, ask the next question:

ASK: Does the child have severe ear pain?

Ear pain can mean that the child has an ear infection. The pain is very severe and agonizing if a child is having acute ear infection. If the mother is not sure that the child has ear pain, ask if the child has been irritable continuously crying and rubbing his ear.

ASK: Is there ear discharge? If yes, for how long?

Ear discharge is also a sign of infection.

When asking about ear discharge, use words the mother understands.

If the child has had ear discharge, ask for how long. Give her time to answer the question. She may need to remember when the discharge started.

You will classify and treat the ear problem depending on how long the ear discharge has been present.

- An ear discharge that has been present for 2 weeks or more is treated as a chronic ear infection.
- An ear discharge that has been present for less than 2 weeks is treated as an acute ear infection.

You do not need more accurate information about how long the discharge has been present.

LOOK for pus draining from the ear.

Pus draining from the ear is a sign of infection, even if the child no longer has any pain. Look inside the child's ear to see if pus is draining from the ear.

FEEL for tender swelling behind the ear.

Feel behind both ears. Compare them and decide if there is tender swelling of the mastoid bone. In infants, the swelling may be above the ear.

Both tenderness and swelling must be present to classify mastoiditis, a deep infection in the mastoid bone. Do not confuse this swelling of the bone with swollen lymph nodes.



6.2 CLASSIFY EAR PROBLEM

There are four classifications for ear problem:

MASTOIDITIS
 ACUTE EAR INFECTION
 CHRONIC EAR INFECTION
 NO EAR INFECTION

Here is the classification table for ear problem from the *ASSESS & CLASSIFY* chart.

<ul style="list-style-type: none"> • Tender swelling behind the ear. 	MASTOIDITIS	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Treat the child to prevent low blood sugar. ▶ Give first dose of paracetamol for high fever or pain. ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Pus is seen draining from the ear and/or discharge is reported for less than 14 days, OR • Severe ear pain. 	ACUTE EAR INFECTION	<ul style="list-style-type: none"> ▶ Give an antibiotic for 5 days. ▶ Give paracetamol for high fever or pain. ▶ Dry the ear by wicking. ▶ Advise mother when to return immediately. ▶ Follow-up in 5 days.
<ul style="list-style-type: none"> • Discharge is reported for 14 or more days (pus is seen or not seen draining from the ear). 	CHRONIC EAR	<ul style="list-style-type: none"> ▶ Dry the ear by wicking if pus seen draining from the ear ▶ Give paracetamol for high fever or pain ▶ Refer to Ear Nose & Throat specialist. ▶ Follow-up in 5 days.
<ul style="list-style-type: none"> • No ear pain and No pus draining from the ear. 	NO EAR INFECTION	<ul style="list-style-type: none"> ▶ If any other ear problem present give appropriate treatment or refer to Ear Nose & Throat specialist.

MASTOIDITIS

If a child has tender swelling behind the ear, classify the child as having MASTOIDITIS.

Treatment

Refer urgently to hospital. This child needs treatment with injectable antibiotics. He may also need surgery. Before the child leaves for hospital, give the first dose of an appropriate antibiotic. Also give one dose of paracetamol if the child is in pain and treat the child to prevent low blood sugar.

ACUTE EAR INFECTION

If you see pus draining from the ear and discharge has been present for less than two weeks, or if there is ear pain, classify the child's illness as ACUTE EAR INFECTION.

Treatment

Give a child with an ACUTE EAR INFECTION an appropriate antibiotic. Antibiotics for treating pneumonia are effective against the bacteria that cause most ear infections. Give paracetamol to relieve the ear pain (or high fever). If pus is draining from the ear, dry the ear by wicking.

CHRONIC EAR INFECTION

If discharge has been present for two weeks or more and whether you can see or do not see pus draining from the ear, classify the child's illness as CHRONIC EAR INFECTION. Some times discharge is reported to be present continuously or on and off for more than 14 days, this child has CHRONIC EAR INFECTION.

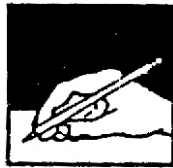
Treatment

Most bacteria that cause CHRONIC EAR INFECTION are different from those which cause acute ear infections. For this reason, oral antibiotics are not usually effective against chronic infections. Do not give repeated courses of antibiotics for a draining ear. Refer the child to Ear, Nose and Throat specialist.

The most important and effective treatment for CHRONIC EAR INFECTION is to keep the ear dry by wicking. Teach the mother how to dry the ear by wicking.

NO EAR INFECTION

If there is no ear pain and no pus is seen draining from the ear, the child's illness is classified as NO EAR INFECTION. If the child has any other ear problem give appropriate treatment or refer to Ear, Nose & Throat Specialist.



EXERCISE I

These two case studies describe children who have ear problems. Record each child's signs and their classifications on the part of the Recording Form for ear problem. Look at the wall chart or in your chart booklet for help classifying signs.

Case 1: Hira

Hira is 3 years old. She weighs 13 kg. Her temperature is 37.5C. Her mother came to the clinic today because Hira has felt hot for the last 2 days. She was crying last night and complained that her ear is hurting.

The health worker checked and found no general danger signs.

Hira does not have cough or difficult breathing. She does not have diarrhoea. Her malaria risk is high. Her fever was classified as SUSPECTED CLINICAL MALARIA.

Next the health worker asked about Hira's ear problem. The mother said she is sure Hira has ear pain. The child cried most of the night because her ear hurt. There has been discharge coming from Hira's ear on and off for about a year, said the mother. The health worker did not see any pus draining from the child's ear. He felt behind the child's ears and felt tender swelling behind one ear.

Record Hira's signs of ear problem and classify them on the Recording Form.

DOES THE CHILD HAVE AN EAR PROBLEM?	Yes ___ No ___	
<ul style="list-style-type: none">• Is there severe ear pain?• Is there ear discharge?• If Yes, for how long? ___ Days	<ul style="list-style-type: none">• Look for pus draining from the ear.• Feel for tender swelling behind the ear.	

Case 2: Dana

Dana is 18 months old. She weighs 9 kg. Her temperature is 37C. Her mother said that Dana had discharge coming from her ear for the last 3 days.

Dana does not have any general danger signs. She does not have cough or difficult breathing. She does not have diarrhoea and she does not have fever.

The health worker asked about Dana's ear problem. The mother said that Dana does not have ear pain, but the discharge has been coming from the ear for 3 or 4 days. The health worker saw pus draining from the child's right ear. He did not feel any tender swelling behind either ear.

Record Dana's signs of ear problem and classify them on the Recording Form.

DOES THE CHILD HAVE AN EAR PROBLEM?	Yes ___ No ___	
<ul style="list-style-type: none">• Is there severe ear pain?• Is there ear discharge?• If Yes, for how long? ___ Days	<ul style="list-style-type: none">• Look for pus draining from the ear.• Feel for tender swelling behind the ear.	

Tell your facilitator when you are ready to discuss your answers.

7.0 ASSESS AND CLASSIFY FEVER

A child with fever may have malaria, measles or another severe disease. Or, a child with fever may have a simple cough or cold or other viral infection.

MALARIA: Malaria is caused by parasites in the blood called "plasmodia." They are transmitted through the bite of female anophillies mosquitoes. Four species of plasmodia can cause malaria, but the only dangerous one is *Plasmodium falciparum*.

Fever, intermittent or continuous, associated with rigors and sweating, are the main symptoms of malaria. It can be present all the time or go away and return at regular intervals. In an area where malaria transmission is known to occur or there is travel history to an malaria endemic area, a child with this pattern of fever having one or more of the following is suspected case of uncomplicated malaria; headache, nausea, vomiting and joint pains. A child with malaria may have chronic anaemia (with no fever) as the only sign of illness. (You will read more about anaemia in section 8.0.)

Signs of malaria can overlap with signs of other illnesses. For example, a child may have malaria and cough with fast breathing, a sign of pneumonia. This child needs treatment for both falciparum malaria and pneumonia. Children with malaria may also have diarrhoea. They need an antimalarial and treatment for the diarrhoea.

In highly endemic areas where falciparum transmission occur, malaria is a major cause of child mortality. A case of uncomplicated falciparum malaria can progress to severe form of disease within 24 hours of the onset of fever. In falciparum malaria, a child may develop complications due to organ involvement (brain, lungs, kidneys and blood) if diagnoses and treatment is delayed. Even today, globally every 30 seconds, a child is dying due to severe form of malaria.

* * *

Deciding Malaria Endemicity: In Pakistan classification of malaria risk has been based on the distribution of malaria endemicity in terms of annul parasite incidence (cases / 1000 population / year). To classify and treat children with fever, you must know the malaria endemicity in your area. You should know, the malaria endemicity in your area/district using information from national malaria control programme. The area could be Hyper endemic, Meso endemic or Hypo endemic malaria area based on the information.

- * There is a Hyper endemic area where:
There are more than 5 confirmed malaria cases occurring per 1000 general population in one year.

⁵ Studies show that cough and fast breathing are common in children who have fever and falciparum malaria confirmed by blood smear. Even expert clinicians need laboratory tests to reliably distinguish falciparum malaria from pneumonia in a child with fever, cough and fast breathing.

* There is a Meso endemic Malaria areas where:
There are 1-5 confirmed malaria cases occurring per 1000 general population in one year.

There is a hypo endemic Malaria area where:
There are less than 1 confirmed malaria cases occurring per 1000 general population in one year.

Majority of the malaria hyper endemic districts fall in Sindh, Balochistan, FATA and Khyber Pakhtun Khwa. All the districts of Punjab province fall in lowest endemicity stratum of the country (API < 0.1 cases / per 1000 populations / year). The distribution of the dangerous species of malarial parasite (*falciparum*) is mainly confined to Sindh province, Balochistan and few agencies of FATA.

Malaria transmission in Pakistan is of unstable pattern i.e it is mainly seasonal (after the moon soon rains from July to December). As per national policy, every suspected case of malaria must be confirmed on blood microscopy or rapid diagnostic tests (RDTs) as early as possible, to ensure prompt and effective antimalarial treatment. Where there is no facility available for blood microscopy or RDTs, children under 5 years of age with both suspected and uncomplicated and complicated malaria (severe febrile disease) can be started immediate antimalarial treatment on clinical ground without waiting for the results of diagnostic tests.

* * *

MEASLES: Fever and a generalized rash are the main signs of measles. Measles is highly infectious. Maternal antibody protects young infants against measles for about 6 months. Then the protection gradually disappears. Most cases occur in children between 6 months and 2 years of age. Overcrowding and poor housing increase the risk of measles occurring early.

Measles is caused by a virus. It infects the skin and the layer of cells that line the lung, gut, eye, mouth and throat. The measles virus damages the immune system for many weeks after the onset of measles. This leaves the child at risk for other infections.

⁶ The definition of malaria endemicity should be based on results of investigations of the cause of illness in children with fever.

⁷ Some areas usually have a low risk of malaria but also have periodic epidemics with high malaria morbidity and mortality. The health workers and the population in these areas might consider the risk of malaria to be high, even though the risk is usually very low. In this course, malaria risk in these areas is usually considered low; when an epidemic is occurring, the malaria risk is high.

Complications of measles occur in about 30% of all cases. The most important are:

- diarrhoea (including dysentery and persistent diarrhoea)
- pneumonia
- stridor
- mouth ulcers
- ear infection and
- severe eye infection (which may lead to corneal ulceration and blindness).

Encephalitis (a brain infection) occurs in about one in one thousand cases. A child with encephalitis may have a general danger sign such as convulsions or lethargic or unconscious.

Measles contributes to malnutrition because it causes diarrhoea, high fever and mouth ulcers. These problems interfere with feeding. Malnourished children are more likely to have severe complications due to measles. This is especially true for children who are deficient in vitamin A. One in ten severely malnourished children with measles may die. For this reason, it is very important to help the mother to continue to feed her child during measles.

7.1 ASSESS FEVER

A child has the main symptom fever if:

- * the child has a history of fever or
- * the child feels hot or
- * the child has an axillary temperature of 37.5C or above.

Suspect malaria if there is known malaria transmission in the area or there is history of travel to malaria endemic area in last 15 days provided all other causes of fever have been excluded and case definition of suspected malaria has been followed.

Then assess a child with fever for:

- ▶ how long the child has had fever
- ▶ history of measles
- ▶ stiff neck
- ▶ runny nose
- ▶ signs suggesting measles -- which are generalized rash and one of these: cough, runny nose, or red eyes.
- ▶ if the child has measles now or within the last 3 months, assess for signs of measles complications. They are: mouth ulcers, pus draining from the eye and clouding of the cornea.

* * *

The box on the next page lists the steps for assessing a child for fever.

There are two parts to the box. The top half of the box (above the broken line) describes how to assess the child for signs of malaria, measles, meningitis and other causes of fever. The bottom half of the box describes how to assess the child for signs of measles complications if the child has measles now or within the last 3 months.

⁸ On the *ASSESS & CLASSIFY* chart, fever and high fever are based on axillary temperature reading. Thresholds for rectal temperature readings are approximately 0.5C higher.

If your clinic measures an **axillary** temperature, fever is 37.5C (99.5F). High fever is 38.5C (101.3F). If your clinic measures a **rectal** temperature, fever is 38C (100.4F). High fever is 39C (102F).

Does the child have fever?

(by history or feels hot or temperature 37.5°C** or above)

A patient presenting with fever (continuous or intermittent) (temp=or >more than 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.

IF YES:
Malaria transmission in the area = Yes
Transmission season = Yes
In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes
Yes ___ No ___
(if yes, use the treatment instructions for the relevant malaria risk area)

THEN ASK:

- Fever For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

LOOK AND FEEL

- Look or feel for stiff neck.
- Look for runny nose.
- Look for signs of MEASLES
 - Generalized rash of measles **AND**
 - One of these: cough, runny nose, or red eyes.

If the child has measles now or within the last 3 months:

- Look for mouth ulcers.
- Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

Ask about (or measure) fever in ALL sick children.

ASK: Does the child have fever?

Check to see if the child has a history of fever, feels hot or has a temperature of 37.5C or above.

The child has a history of fever if the child has had any fever with this illness. Use words for "fever" that the mother understands. Make sure the mother understands what fever is. For example, ask the mother if the child's body has felt hot.

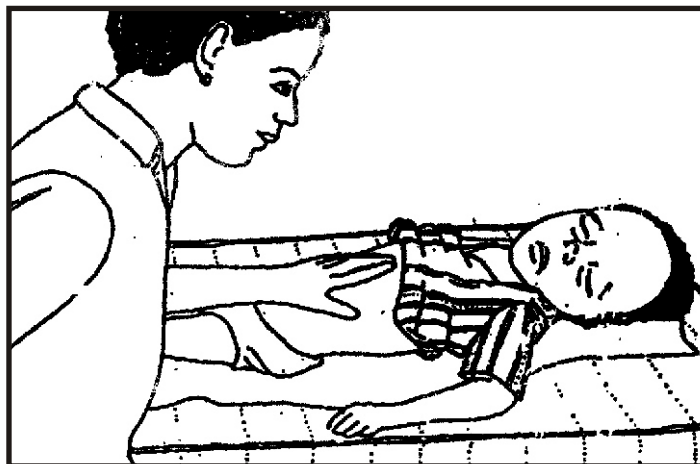
Feel the child's stomach or axilla (underarm) and determine if the child feels hot.

Look to see if the child's temperature was measured today and recorded on the child's chart. If the child has a temperature of 37.5C or above, the child has fever.

If the child's temperature has not been measured, and you have a thermometer, measure the child's temperature.

If the child does not have fever (by history, feels hot or temperature 37.5C or above), tick () NO on the Recording Form. Do not assess the child for signs related to fever.

If the child has fever (by history, feels hot or temperature 37.5C or above), assess the child for additional signs related to fever. Assess the child's fever even if the child does not have a temperature of 37.5C or above or does not feel hot now. History of fever is enough to assess the child for fever.



DECIDE Malaria endemicity: Hyper or Meso endemic

Decide if malaria may be cause of fever.

Decide if the area is known for malaria transmission (Look at the definitions for Hyper and Meso endemic malaria area in section 7.0). In some parts of the country malaria is highly endemic while in some areas there is hardly any transmission going on (majority of Punjab districts, AJK and FATA).

Even in areas of low or no malaria endemicity, if there is history of travel to malaria endemic areas within the last 15 days, the possibility of acquired malaria is there.

Many mothers will know whether the area where they have travelled has malaria transmission. If a mother does not know or is not sure, ask about the area and see the list of districts classified as hyper, meso or hypo endemic area and use your own knowledge of whether the area has falciparum malaria.

ASK: For how long? If more than 7 days, has fever been present every day? If the history of last episode is more than 72 hours, malaria is excluded.

Ask the mother how long the child has had fever. If the fever has been present for more than 7 days, ask if the fever has been present every day.

Most fevers due to viral illnesses go away within a few days. A fever which has been present every day for more than 7 days can mean that the child has a more severe disease such as typhoid fever. Refer this child for further assessment.

ASK: Has the child had measles within the last 3 months?

Measles damages the child's immune system and leaves the child at risk for other infections for many weeks.

A child with fever and a history of measles within the last 3 months may have an infection due to complications of measles such as an eye infection.

LOOK or FEEL for stiff neck.

A child with fever and stiff neck may have meningitis. A child with meningitis needs urgent treatment with injectable antibiotics and referral to a hospital.

While you talk with the mother during the assessment, look to see if the child moves and bends his neck easily as he looks around. If the child is moving and bending his neck, he does not have a stiff neck.

If you did not see any movement, or if you are not sure, draw the child's attention to his umbilicus or toes. For example, you can shine a flashlight on his toes or umbilicus or tickle his toes to encourage the child to look down. Look to see if the child can bend his neck when he looks down at his umbilicus or toes.

If you still have not seen the child bend his neck himself, ask the mother to help you lie the child on his back. Lean over the child, gently support his back and shoulders with one hand. With the other hand, hold his head. Then carefully bend the head forward toward his chest. If the neck bends easily, the child does not have stiff neck. If the neck feels stiff and there is resistance to bending, the child has a stiff neck. Often a child with a stiff neck will cry when you try to bend the neck.



LOOK for runny nose.

A runny nose in a child with fever may mean that the child has a common cold.

If the child has a runny nose, ask the mother if the child has had a runny nose only with this illness. If she is not sure, ask questions to find out if it is an acute or chronic runny nose.

When malaria risk is low, a child with fever and a runny nose does not need an antimalarial. This child's fever is probably due to the common cold.

LOOK for signs suggesting MEASLES.

Assess a child with fever to see if there are signs suggesting measles. Look for a generalized rash and for one of the following signs: cough, runny nose, or red eyes.

Generalized rash

In measles, a red rash begins behind the ears and on the neck. It spreads to the face. During the next day, the rash spreads to the rest of the body, arms and legs. After 4 to 5 days, the rash starts to fade and the skin may peel. Some children with severe infection may have more rash spread over more of the body. The rash becomes more discoloured (dark brown or blackish), and there is more peeling of the skin.

A measles rash does not have vesicles (blisters) or pustules. The rash does not itch. Do not confuse measles with other common childhood rashes such as chicken pox, scabies or heat rash. (The chicken pox rash is a generalized rash with vesicles. Scabies occurs on the hands, feet, ankles, elbows, buttocks and axilla. It also itches. Heat rash can be a generalized rash with small bumps and vesicles which itch. A child with heat rash is not sick.) You can recognize measles more easily during times when other cases of measles are occurring in your community.

Cough, Runny Nose, or Red Eyes

To classify a child as having measles, the child with fever must have a generalized rash AND one of the following signs: cough, runny nose, or red eyes. The child has "red eyes" if there is redness in the white part of the eye. In a healthy eye, the white part of the eye is clearly white and not discoloured.



EXERCISE J

Part 1: Study the photographs numbered 8 through 11. They show examples of common childhood rashes. Read the explanation for each of these photographs.

Photograph 8: This child has the generalized rash of measles and red eyes.

Photograph 9: This example shows a child with heat rash. It is not the generalized rash of measles.

Photograph 10: This is an example of scabies. It is not the generalized rash of measles.

Photograph 11: This is an example of a rash due to chicken pox. It is not a measles rash.

Part 2: Study photographs 12 through 21 showing children with rashes. For each photograph, tick whether the child has the generalized rash of measles. Use the answer sheet on the next page.

Part 2 (continued):

	Is the generalized rash of measles present?	
	YES	NO
Photograph 12		
Photograph 13		
Photograph 14		
Photograph 15		
Photograph 16		
Photograph 17		
Photograph 18		
Photograph 19		
Photograph 20		
Photograph 21		

Tell your facilitator when you are ready to discuss your answers to this exercise.

If the child has MEASLES now or within the last 3 months: Look to see if the child has mouth or eye complications. Other complications of measles such as stridor in a calm child, pneumonia, and diarrhoea are assessed earlier; malnutrition and ear infection are assessed later.

LOOK for mouth ulcers. Are they deep and extensive?

Look inside the child's mouth for mouth ulcers. Ulcers are painful open sores on the inside of the mouth and lips or the tongue. They may be red or have white coating on them. In severe cases, they are deep and extensive. When present, mouth ulcers make it difficult for the child with measles to drink or eat.

Mouth ulcers are different than the small spots called Koplik spots. Koplik spots occur in the mouth inside the cheek during early stages of the measles infection. Koplik spots are small, irregular, bright red spots with a white spot in the center. They do not interfere with drinking or eating. They do not need treatment.



EXERCISE K

In this exercise, you will look at photographs of children with measles. You will practice identifying mouth ulcers.

Part 1: Study photographs 22 through 24, and read the explanation for each one.

Photograph 22: This is an example of a normal mouth. The child does not have mouth ulcers.

Photograph 23: This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers.

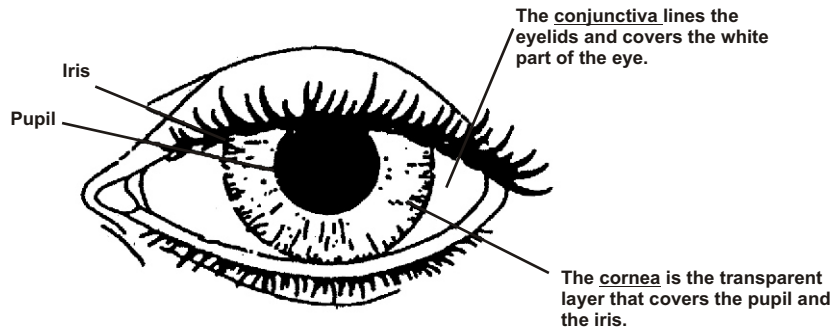
Photograph 24: This child has a mouth ulcer.

Part 2: Study photographs 25 through 27 showing children with measles. Look at each photograph and tick if the child has mouth ulcers.

	Does the child have mouth ulcers?	
	YES	NO
Photograph 25		
Photograph 26		
Photograph 27		

Tell your facilitator when you are ready to discuss your answers to this exercise.

The normal eye:



The conjunctiva lines the eyelids and covers the white part of the eye. The iris is the coloured part of the eye. The normal cornea (the clear window of the eye) is bright and transparent. Through it, you can see the iris and the round pupil at its middle. A normal cornea is clear. You can see the colour of the iris clearly. The pupil is black.

LOOK for pus draining from the eye.

Pus draining from the eye is a sign of conjunctivitis. Conjunctivitis is an infection of the conjunctiva, the inside surface of the eyelid and the white part of the eye.

If you do not see pus draining from the eye, look for pus on the conjunctiva or on the eyelids.

Often the pus forms a crust when the child is sleeping and seals the eye shut. It can be gently opened with clean hands. Wash your hands after examining the eye of any child with pus draining from the eye.

LOOK for clouding of the cornea.

The cornea is usually clear. When clouding of the cornea is present, there is a hazy area in the cornea.

Look carefully at the cornea for clouding. The cornea may appear clouded or hazy, such as how a glass of water looks when you add a small amount of milk. The clouding may Occur in one or both eyes.

Corneal clouding is a dangerous condition. The corneal clouding may be due to vitamin A deficiency which has been made worse by measles. If the corneal clouding is not treated, the cornea can ulcerate and cause blindness. A child with clouding of the cornea needs urgent treatment with vitamin A.

A child with corneal clouding may keep his eyes tightly shut when exposed to light. The light may cause irritation and pain to the child's eyes. To check the child's eye, wait for the child to open his eye. Or, gently pull down the lower eyelid to look for clouding.

If there is clouding of the cornea, ask the mother how long the clouding has been present. If the mother is certain that clouding has been there for some time, ask if the clouding has already been assessed and treated at the hospital. If it has, you do not need to refer this child again for corneal clouding.



EXERCISE L

In this photograph exercise, you will practice identifying eye complications of measles.

Part 1: Study photographs 28 through 30.

Photograph 28: This is a normal eye showing the iris, pupil, conjunctiva and cornea. The child has been crying. There is no pus draining from the eye.

Photograph 29: This child has pus draining from the eye.

Photograph 30: This child has clouding of the cornea.

Part 2: Now look at photographs 31 through 37. For each photograph, answer each question by writing "yes" or "no" in each column. If you cannot decide if pus is draining from the eye or if clouding of the cornea is present, write "not able to decide." Use the answer sheet on the next page.

Part 2 (continued):

	Does the child have:	
	Pus draining from the eye?	Clouding of the cornea?
Photograph 31		
Photograph 32		
Photograph 33		
Photograph 34		
Photograph 35		
Photograph 36		
Photograph 37		

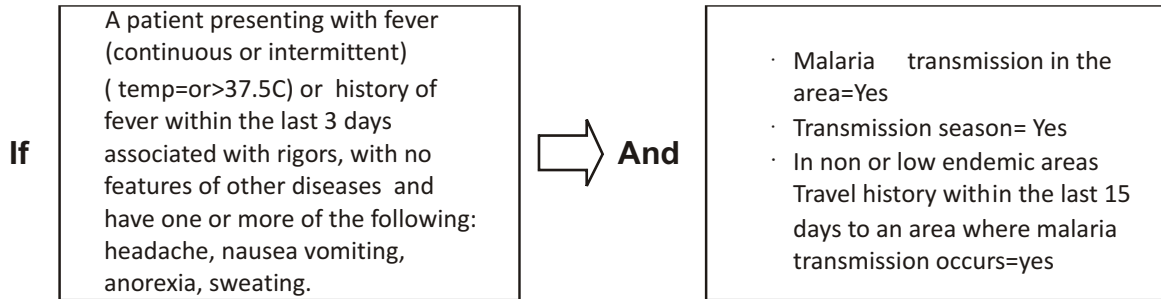
Tell your facilitator when you are ready to discuss your answers to this exercise.

Your facilitator will lead a drill for you to practice determining whether fast breathing is present based on the number of breaths the child takes in one minute.

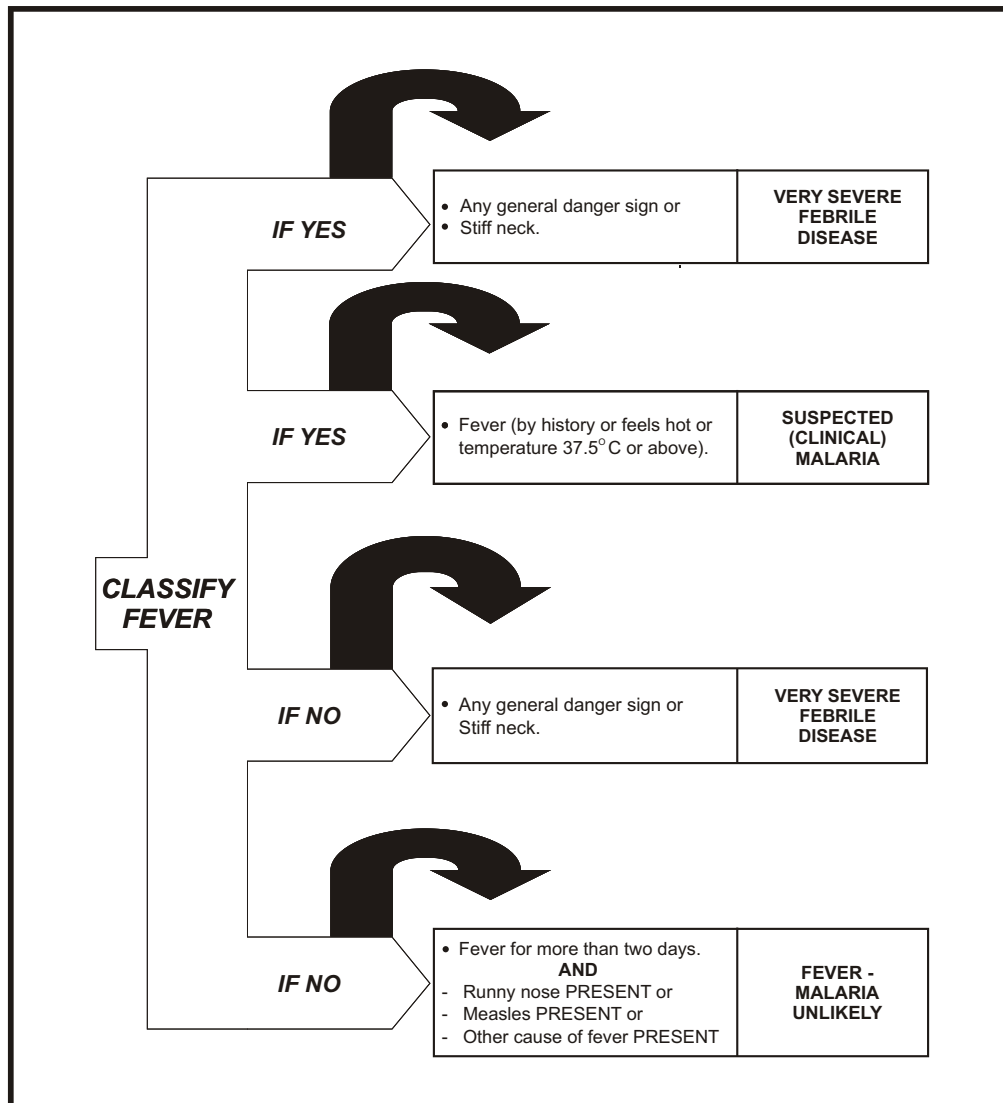
7.2 CLASSIFY FEVER

If the child has fever and no signs of measles, classify the child for fever only.

If the child has signs of both fever and measles, classify the child for fever and for measles.



Then Classify as:



IN HYPER ENDEMIC AREAS: i.e areas of high transmission potential;
The following are the possible classifications of fever.

▶ **VERY SEVERE FEBRILE DISEASE**

<ul style="list-style-type: none"> • Any general danger sign or • Stiff neck. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> ▶ <i>Take the slide (thick and thin) immediately before giving IM artimether or quinine and send it with the patient.</i> ▶ <i>Give first dose of IM artimether or quinine for suspected severe or complicated malaria.</i> ▶ <i>Give first dose of an appropriate antibiotic.</i> ▶ <i>Treat the child to prevent low blood sugar.</i> ▶ <i>Give one dose of paracetamol in clinic for high fever (38.5° C or above).</i> ▶ <i>Refer URGENTLY to hospital.</i>
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VERY SEVERE FEBRILE DISEASE

If the child with fever has any general danger sign or a stiff neck, classify the child as having VERY SEVERE FEBRILE DISEASE.

In areas highly endemic for falciparum malaria, children under the age of 5 years or highly vulnerable group to contract malaria and develop severe form of disease more quickly if diagnoses and appropriate treatment is delayed, if the child is provided inappropriate antimalarial treatment at home or by the care provider or the drugs have been prescribed in substandard dosage to treat the disease.

In low endemic areas, where there is sporadic malaria transmission, local population of all age groups including children < 5 years of age have the lowest level of disease specific acquired immunity, predisposing the patients to immediately develop the severe form of the disease when these patients present with altered consciousness and signs of symptoms of organ involvement.

Treatment

A child with fever and any general danger sign or stiff neck may have meningitis, severe complicated malaria (including cerebral malaria) or sepsis. It is not possible to distinguish between these severe diseases without laboratory tests. A child classified as having VERY SEVERE FEBRILE DISEASE needs urgent pre referral treatments and referral to higher level of care (secondary or tertiary). Before referring urgently, a thick and thin blood slide need to be prepared and labeled for onward dispatch along with a patients to the higher level of care. With severe form of the disease (SEVERE FEBRILE DISEASE), a child may die with in hours. A pre referral treatment with intramuscular diluted quinine, artimether, artisunate must be given. Suppositories of artimesinine derivatives (artimether, artisunate, artimethinine) are the best alternatives.

If the child has convulsions in clinic, give the child diazepam rectally and make sure the airway is clear. Also give the first dose of an appropriate antibiotic for meningitis or other severe bacterial infection. You should also treat the child to prevent low blood sugar. Also give paracetamol if there is a high fever.

SUSPECTED (CLINICAL) MALARIA

If a general danger sign or stiff neck is not present, look at the yellow row. Because the child has a fever (by history, feels hot, or temperature 37.5°C or above) in a hyper or meso endemic malaria area, classify the child as having SUSPECTED (CLINICAL) MALARIA if facility for microscopy or RDT is not available.

<ul style="list-style-type: none">• Fever (by history or feels hot or temperature 37.5°C or above).	SUSPECTED (CLINICAL) MALARIA	<ul style="list-style-type: none">▶ <i>Take the slide for Microscopy.</i>▶ <i>Treat the child with an Chloroquine.</i>▶ <i>Give one dose of paracetamol in clinic for high fever (38.5°C or above).</i>▶ Advise mother when to return immediately.▶ Follow-up in 3 days if fever persists.▶ If fever is present every day for more than 3 days, refer for assessment.
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When the endemicity of malaria is high, the chance is also high that the child's fever is due to malaria.

Treatment

Treat a child classified as having MALARIA with an appropriate oral antimalarial. Also give paracetamol to a child with high fever (axillary temperature of 38.5°C or above).

Most viral infections last less than a week. A fever that persists every day for more than 7 days may be a sign of typhoid fever or other severe disease. If the child's fever has persisted every day for more than 7 days, refer the child for additional assessment.

CONFIRMED FALCIPARUM AND VIVAX MALARIA

If facility for microscopy or RDT's is available, make sure that every child with fever is investigated for confirmation of diagnosis by microscopy or RDT's in malaria endemic areas. There can be two types of malaria in a child with fever in malaria endemic area.

- ▶ FALCIPARUM MALARIA
- ▶ VIVAX MALARIA

Treatment

In case of confirmed Falciparum Malaria, treat the child with oral ACT. Give a dose of Paractamol in clinic for high fever (38.5°C or above). If the fever is present every day for 3 days refer the child for assessment.

In case of confirmed Vivax Malaria treat the child with oral choloroquine. Give a dose of Paractamol in clinic for high fever (38.5°C or above). If the fever is present every day for 3 days refer the child for assessment.

FEVER MALARIA UNLIKELY:

To classify fever in malaria non endemic area and when other causes of fever like runny nose and measles are present, then the child is classified as FEVER MALARIA UNLIKELY.

EXAMPLE: A 2-year old child is brought to the clinic because he has felt hot for 2 days. He does not have general danger signs. He does not have cough or difficult breathing or diarrhoea or sore throat or ear problem. When the health worker assessed the child's fever, he recorded these signs:

<p>DOES THE CHILD HAVE FEVER? (by history ^{feels hot} / temperature 37.5°C or above) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>A patient presenting with fever (continuous or intermittent) (temp=$>$more than 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p>	<p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? <u>2 days</u> • if more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months?
	<ul style="list-style-type: none"> • Look or feel for stiff neck. • Look for <u>runny nose</u> • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes.

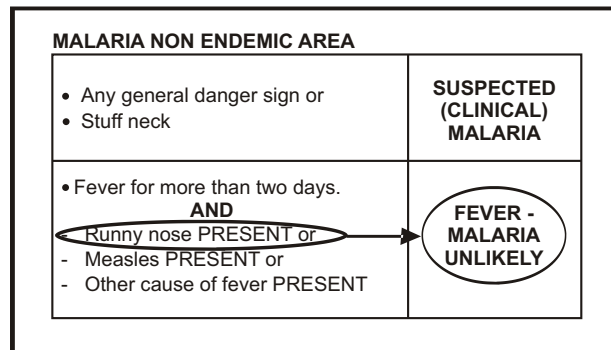
Because the risk of malaria is low, the health worker selected the table for classifying fever when there is a Low Malaria Endemicity.

The child does not have any of the signs in the pink row -- general danger signs or stiff neck. The health worker did not select the severe classification VERY SEVERE FEBRILE DISEASE.

Next he looked at the yellow row. To select the classification SUSPECTED (CLINICAL) MALARIA OR FALCIPARUM AND VIVAX MALARIA, the child must have fever and he should be coming from high malaria endemic area or should have travelled to high malaria endemic area from low or no malaria endemic areas. In this case the child is coming from no malaria endemic area for which he should not have signs of other causes of fever -- NO runny nose, NO measles and NO other cause of fever. This child has a runny nose. The health worker did not select the classification SUSPECTED (CLINICAL) MALARIA.

He looked at the green row. Because the child is coming from no malaria endemic area and has other cause of fever .i.e. has a runny nose, he is classified as having FEVER - MALARIA UNLIKELY.

FOR MALARIA NON ENDEMIC AREAS ONLY:



He recorded the classification on the Recording Form:

CHECK FOR GENERAL DANGER SIGNS	
<p>DOES THE CHILD HAVE FEVER? (by history is how temperature 35 S C or above) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> * Decide Malaria Risk High <u>Low</u> or No * Malaria Risk <p>If low or no then ask:</p> <ul style="list-style-type: none"> * Has the child travelled to high or low malaria risk area in the last one month Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if Yes use relevant malaria risk area) * Fever for how long? <u>2</u> Days * If more than 7 days, has fever been present every day? * Has Child had measles within the last three months? 	<p>Look for signs of MEASLES</p> <ul style="list-style-type: none"> * Generalized rash of measles and * One of these cough, runny nose, or red eyes
<p>FEVER MALARIA UNLIKELY</p>	

7.3 CLASSIFY MEASLES

A child who has the main symptom "fever" and measles now (or within the last 3 months) is classified both for fever and for measles. First you must classify the child's fever. Next you classify measles.

Does the child have fever?
(by history or feels hot or temperature 37.5°C *** or above)

IF YES:
Malaria transmission in the area = Yes
Transmission season = Yes
In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes
Yes ___ No ___
(if yes, use the treatment instructions for the relevant malaria risk area)

THEN ASK:

- Fever For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

LOOK AND FEEL

- Look or feel for stiff neck.
- Look for runny nose.
- Look for signs of MEASLES
- Generalized rash of measles **AND**
- One of these: cough, runny nose, or red eyes.

MEASLES NOW OR WITH IN THE LAST 3 MONTHS:

- Look for mouth ulcers.
- Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

CLASSIFY FEVER

IF YES

IF NO

MEASLES NOW OR WITH IN THE LAST 3 MONTHS

<ul style="list-style-type: none"> Any general danger sign or Stiff neck. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Take the slide (thick and thin) immediately before giving IM artemether or quinine and send it with the patient. Give first dose of IM artemether or quinine for suspected severe or complicated malaria. Give first dose of an appropriate antibiotic. Treat the child to prevent low blood sugar. Give one dose of paracetamol in clinic for high fever (38.5C or above). Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Fever (by history or feels hot or temperature 37.5°C*** or above). 	SUSPECTED (CLINICAL) MALARIA****	<ul style="list-style-type: none"> Confirm through RDTs or Microscopy if available. Treat the child with appropriate antimalarial. Give one dose of paracetamol in clinic for high fever (38.5°C or above). Advise mother when to return immediately. Follow-up in 3 days if fever persists. If fever is present every day for more than 3 days, refer for assessment.
<ul style="list-style-type: none"> Any general danger sign or Stiff neck. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Take the slide (thick and thin) immediately before giving IM artemether or quinine and send it with the patient. Give first dose of IM artemether or quinine for suspected severe or complicated malaria. Give first dose of an appropriate antibiotic. Treat the child to prevent low blood sugar. Give one dose of paracetamol in clinic for high fever (38.5C or above). Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Fever for more than two days. AND Runny nose PRESENT or Measles PRESENT or Other cause of fever PRESENT 	FEVER - MALARIA UNLIKELY	<ul style="list-style-type: none"> Give one dose of paracetamol in clinic for high fever (38.5°C or above). Treat other cause of fever accordingly. Advise mother when to return immediately. Follow-up in 3 days if fever persists. If fever is present every day for more than 7 days, refer for assessment.
<ul style="list-style-type: none"> Any general danger sign or Clouding of cornea or Deep or extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES****	<ul style="list-style-type: none"> Give first dose of an appropriate antibiotic. Give one dose of paracetamol in clinic for high fever (38.5°C or above). If clouding of the cornea or pus draining from the eye, apply chloramphenicol eye ointment. Treat the child to prevent low blood sugar. Give Vitamin A. Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Pus draining from the eye or Mouth ulcers. 	MEASLES WITH EYE AND / OR MOUTH COMPLICATIONS****	<ul style="list-style-type: none"> Give one dose of paracetamol in clinic for high fever (38.5°C or above). If pus draining from the eye, treat eye infection with chloramphenicol eye ointment. If mouth ulcers, treat with gentian violet Give Vitamin A. Advise mother when to return immediately. Follow-up in 2 days.
<ul style="list-style-type: none"> Measles now or within the last 3 months. 	MEASLES	<ul style="list-style-type: none"> Give one dose of paracetamol in clinic for high fever (38.5°C or above). Give Vitamin A. Advise mother when to return immediately. Follow-up in 2 days if not improving or if measles now follow-up in 2 days

SORE THROAT EAR PROBLEM FEVER, MALARIA, MEASLES,

** ACT Artemisinin based Combination Therapy.
*** These temperatures are based on axillary temperature.
**** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.
*** RDT is Rapid Diagnostic Test.
**** All Suspected (Clinical) Malaria may be confirmed through RDTs or Microscopy for determining whether it is a Vivax or Falciparum Malaria and then treat appropriately (Give Chloroquine for Vivax Malaria and ACT for Falciparum Malaria)

If the child has no signs suggesting measles, or has not had measles within the last three months, do not classify measles. Then check for malnutrition.

* * *

There are three possible classifications of measles:

- ▶ SEVERE COMPLICATED MEASLES
- ▶ MEASLES WITH EYE OR MOUTH COMPLICATIONS
- ▶ MEASLES

The table for classifying measles if present now or within the last 3 months is on the next page.

<ul style="list-style-type: none"> • Any general danger sign or • Clouding of cornea or • Deep or extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES***	<ul style="list-style-type: none"> ▶ Give first dose of an appropriate antibiotic. ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above). ▶ If clouding of the cornea or pus draining from the eye, apply chloramphenicol eye ointment. ▶ Treat the child to prevent low blood sugar. ▶ Give Vitamin A. ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Pus draining from the eye or • Mouth ulcers. 	MEASLES WITH EYE AND / OR MOUTH COMPLICATIONS* **	<ul style="list-style-type: none"> ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above). ▶ If pus draining from the eye, treat eye infection with chloramphenicol eye ointment. If mouth ulcers, treat with gentain violet ▶ Give Vitamin A. ▶ Advice mother when to return immediately. ▶ Follow-up in 2 days.
<ul style="list-style-type: none"> • Measles now or within the last 3 months. 	MEASLES	<ul style="list-style-type: none"> ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above). ▶ Give Vitamin A. ▶ Advice mother when to return immediately. ▶ Follow-up in 2 days if not improving or if measles now follow-up in 2 days

SEVERE COMPLICATED MEASLES

If the child has any general danger sign, clouding of cornea, or deep or extensive mouth ulcers, classify the child as having SEVERE COMPLICATED MEASLES. This child needs urgent treatment and referral to hospital.

Children with measles may have other serious complications of measles. These include stridor in a calm child, severe pneumonia, severe dehydration, or severe malnutrition. You assess and classify these signs in other parts of the assessment. Their treatments are appropriate for the child with measles.

Treatment

Some complications are due to bacterial infections. Others are due to the measles virus which causes damage to the respiratory and intestinal tracts. Vitamin A deficiency contributes to some of the complications such as corneal ulcer. Any vitamin A deficiency is made worse by the measles infection. Measles complications can lead to severe disease and death.

All children with SEVERE COMPLICATED MEASLES should receive urgent treatment. Treat the child with vitamin A. Also give the first dose of an appropriate antibiotic.

If there is clouding of the cornea, or pus draining from the eye, apply chloramphenicol ointment. If it is not treated, corneal clouding can result in blindness. Ask the mother if the clouding has been present for some time. Find out if it was assessed and treated at the hospital. If it was, you do not need to refer the child again for this eye sign.

MEASLES WITH EYE OR MOUTH COMPLICATIONS

If the child has pus draining from the eye or mouth ulcers which are not deep or extensive, classify the child as having MEASLES WITH EYE OR MOUTH COMPLICATIONS. A child with this classification does not need referral.

You assess and classify the child for other complications of measles (pneumonia, diarrhoea, ear infection and malnutrition) in other parts of this assessment. Their treatments are appropriate for the child with measles.

Treatment

Identifying and treating measles complications early in the infection can prevent many deaths. Treat the child with vitamin A. It will help correct any vitamin A deficiency and decrease the severity of the complications. Teach the mother to treat the child's eye infection or mouth ulcers at home. Treating mouth ulcers helps the child to more quickly resume normal feeding.

MEASLES

A child with measles now or within the last 3 months and with none of the complications listed in the pink or yellow rows is classified as having MEASLES. Give the child vitamin A to help prevent measles complications.

All children with measles should receive vitamin A.



EXERCISE M

In this exercise, you will classify illness in children with signs of fever and, if present, signs suggesting measles. First, you will study an example. Then you will begin the exercise.

Read the example case study that begins on this page. Also study how the health worker classified this child's illness. When all the participants are ready, there will be a group discussion about this example.

* * *

EXAMPLE: Paal is 10 months old. He weighs 8.2 kg. His temperature is 37.5C. His mother says he has a rash and cough.

The health worker checked Paal for general danger signs. Paal was able to drink, was not vomiting, did not have convulsions and was not lethargic or unconscious.

The health worker next asked about Paal's cough. The mother said Paal had been coughing for 5 days. He counted 43 breaths per minute. He did not see chest indrawing. He did not hear stridor or wheeze when Paal was calm.

Paal did not have diarrhoea, sore throat or ear problem.

Next the health worker asked about Paal's fever. The malaria risk is high as Paal was living in malaria endemic area and there was malaria transmission going on. The mother said Paal has felt hot for 2 days. Paal did not have a stiff neck. He has had a runny nose with this illness, his mother said.

Paal has a rash covering his whole body. Paal's eyes were red. The health worker checked the child for complications of measles. There were no mouth ulcers. There was no pus draining from the eye and no clouding of the cornea.

1. Here is how the health worker recorded Paal's case information and signs of illness.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: Paal Age: 10 months Weight: 8.2 kg Temperature: 37.5°C _____°F

ASK: What are the child's problems? Rash, Cough Initial visit? Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS 	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW <p>ANY DANGER SIGN PRESENT</p> <p>Yes _____ No <input checked="" type="checkbox"/></p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? <u>5</u> Days</p>	<p>Yes <input checked="" type="checkbox"/> No _____</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) • <u>43</u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	<p><u>No Pneumonia cough or Cold</u></p>
<p>DOES THE CHILD HAVE DIARRHOEA?</p> <p>For how long? _____ Days</p> <p>Is there blood in the stools?</p>	<p>Yes _____ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE THROAT PROBLEM:</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p>	<p>Yes _____ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM?</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? _____ Days</p>	<p>Yes _____ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes <input checked="" type="checkbox"/> No _____</p> <p>Malaria transmission in the area = Yes <input checked="" type="checkbox"/></p> <p>Transmission season = Yes <input checked="" type="checkbox"/></p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes <input checked="" type="checkbox"/></p> <p>Yes _____ No _____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? <u>3</u> days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? 	<ul style="list-style-type: none"> • Look or feel for stiff neck. • Look for <u>runny nose</u>. • Look for signs of <u>MEASLES</u>. • <u>Generalized rash of measles AND One of these: cough, runny nose, or red eyes.</u> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>A patient presenting with fever (continuous or intermittent) (temp = or > more than 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div>	<p><u>SUSPECTED (CLINICAL) MALARIA</u></p>
<p><u>If the child has measles now or within the last 3 months:</u></p>	<ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p><u>MEASLES</u></p>

2. To classify Paal's fever, the health worker looked at the table for classifying fever when there is a High Malaria Risk due to malaria endemic area.
- He checked to see if Paal had any of the signs in the pink row. He thought, "Does Paal have any general danger signs? No, he does not. Does Paal have a stiff neck? No, he does not. Paal does not have any signs of **VERY SEVERE FEBRILE DISEASE.**"
 - Next, the health worker looked at the yellow row. He thought, "Paal has a fever. His temperature measures 37.5°C. He also has a history of fever because his mother says Paal felt hot for 2 days. He did not have the facility for blood microscopy, so he could not confirm it. But as Paal was coming from high malaria endemic area, he classified Paal as having **SUSPECTED (CLINICAL) MALARIA.**"
 - Because Paal had a generalized rash and red eyes, Paal has signs suggesting measles. To classify Paal's measles, the health worker looked at the classification table for classifying measles.
 - He checked to see if Paal had any of the signs in the pink row. He thought, "Paal does not have any general danger signs. The child does not have clouding of the cornea. There are no deep or extensive mouth ulcers. Paal does not have **SEVERE COMPLICATED MEASLES.**"
 - Next the health worker looked at the yellow row. He thought, "Does Paal have any signs in the yellow row? He does not have pus draining from the eye. There are no mouth ulcers. Paal does not have **MEASLES WITH EYE OR MOUTH COMPLICATIONS.**"
 - Finally the health worker looked at the green row. Paal has measles, but he has no signs in the pink or yellow row. The health worker classified Paal as having **MEASLES.**

HYPER AND MESO ENDEMIC MALARIA AREA	
<ul style="list-style-type: none"> Any general danger sign or Stiff neck. 	VERY SEVERE FEBRILE DISEASE
<ul style="list-style-type: none"> Fever (by history or feels hot or temperature 37.5°C*** or above) 	SUSPECTED (CLINICAL) MALARIA
<ul style="list-style-type: none"> Any general danger sign or Clouding of cornea or Deep or extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES****
<ul style="list-style-type: none"> Pus draining from the eye or Mouth ulcers. 	MEASLES WITH EYE AND / OR MOUTH COMPLICATIONS****
<ul style="list-style-type: none"> Measles now or within the last 3 months. 	MEASLES

Now read the following case studies. Record each child's signs and their classifications on the Recording Form. Remember to look at the chart to classify the signs.

Case 1: Kareem

Kareem is 5 months old. He weighs 5.2 kg. His axillary temperature is 37.5C. His mother said he is not eating well. She said he feels hot, and she wants a health worker to help him.

Kareem is able to drink, has not vomited, does not have convulsions, and is not lethargic or unconscious.

Kareem does not have a cough, said his mother. He does not have diarrhoea sore throat or ear problem.

Because Kareem's temperature is 37.5C and he feels hot, the health worker assessed Kareem further for signs related to fever. It is the rainy season, and malaria transmission has started to occur in the area, so the risk of contracting malaria is high. The mother said Kareem's fever began 2 days ago. He has not had measles within the last 3 months. He does not have stiff neck, his nose is not runny, and there are no signs suggesting measles.

Record Kareem's signs and classify them on the Recording Form on the next page.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months Weight _____ kg Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>LETHARGIC OR UNCONSCIOUS</p> <p>CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ___ No ___</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <p>For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <p>For how long? ___ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> • Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. <p>Offer the child fluid. Is the child:</p> <ul style="list-style-type: none"> • Not able to drink or drinking poorly? • Drinking eagerly, thirsty? <p>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</p>	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ___ No ___</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ___ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Yes ___ No ___</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ___ No ___ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ___ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>-----</p>

Case 2: Aamir

Aamir is 3 years old. He weighs 9.4 kg. His temperature is 37C. His mother says he feels hot. He also has a cough, she says.

The health worker checked for general danger signs. Aamir was able to drink, had not vomited, did not have convulsions, and was not lethargic or unconscious.

The mother said Aamir had been coughing for 3 days. The health worker counted 51 breaths a minute. He did not see chest indrawing. There was no stridor or wheeze when Aamir was calm.

Aamir does not have diarrhoea, sore throat or ear problem.

The health worker also thought that Aamir felt hot. He assessed the child further for signs of fever. The risk of malaria is high because Aamir lives in high malaria endemic area and malaria transmission is known to occur in the area. He has felt hot for 5 days, the mother said. He has not had measles within the last 3 months. He did not have a stiff neck, there was no runny nose, and no generalized rash.

Record the child's signs and classify them on the Recording Form on the next page.

ID No. _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months Weight _____ kg Temperature _____ ° C _____ ° F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>LETHARGIC OR UNCONSCIOUS</p> <p>CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ____ No ____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____</p> <p>For how long? ____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ____ No ____</p> <p>For how long? ____ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ____ No ____</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ____ No ____</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ____ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Yes ____ No ____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>A patient presenting with fever (continuous or intermittent) (temp=\geq more than 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes</p> <p>Transmission season = Yes</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes ____ No ____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>-----</p>

Case 3: Atika

Atika is 5 months old. She weighs 5 kg. Her temperature is 36.5C. Her family brought her to the clinic because she feels hot and has had cough for 2 days.

She is able to drink. She has not vomited or had convulsions, and is not lethargic or unconscious.

The health worker said, "I am going to check her cough now." The health worker counted 43 breaths per minute. There was no chest indrawing and no stridor or wheeze when Atika was calm.

Atika did not have diarrhoea, sore throat or ear infection.

"Now, I will check her fever," said the health worker. Atika lives in an area where many cases of malaria occur all year long (high malaria endemicity). Her mother said, "Atika has felt hot off and on for 2 days." She has not had measles within the last 3 months. She does not have stiff neck or runny nose.

Atika has a generalized rash. Her eyes are red. She has mouth ulcers. They are not deep and extensive. She does not have pus draining from the eye. She does not have clouding of the cornea.

Record the child's signs and classify them on the Recording Form on the next page.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months Weight _____ kg Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>LETHARGIC OR UNCONSCIOUS</p> <p>CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ____ No ____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____</p> <p>For how long? ____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ____ No ____</p> <p>For how long? ____ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ____ No ____</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ____ No ____</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ____ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Yes ____ No ____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes</p> <p>Transmission season = Yes</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes ____ No ____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>-----</p>

Case 4: Daliya

Daliya is 12 months old. She weighs 7.2 kg. Her axillary temperature is 36.5C. Her mother brought Daliya to the health centre today because she feels hot.

Daliya has no general danger signs. She does not have cough or difficult breathing.

When asked about diarrhoea, the mother said, "Yes, Daliya has had diarrhoea for 2 to 3 days." She has not seen any blood in the stool. Daliya has not been lethargic or unconscious. Her eyes are not sunken. She drinks normally. Her skin pinch returns immediately.

Daliya did not have sore throat or ear problem.

The health worker said, "You brought Daliya today because she feels hot. I will check her for fever." Daliya comes from low malaria endemic area and so the risk of malaria is low. She has not travelled outside the area. Her mother said that Daliya has felt hot for 2 days. She has not had measles within the last 3 months. There is no stiff neck, no runny nose, and no generalized rash. She has no other cause of fever.

Record the child's signs and classify them on the Recording Form on the next page.

ID No. _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg _____ Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)	CLASSIFY
<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ___ No ___</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <p>For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) • ___ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <p>For how long? ___ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> • Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> • Not able to drink or drinking poorly? • Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> • Very slowly (longer than 2 seconds)? • Slowly? 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ___ No ___</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ___ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ___ No ___ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ___ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. 	
<p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>-----</p>

Case 5: Surita

Surita is 3 years old. She weighs 10 kg. Her axillary temperature is 38C.

Her mother brought her to the health centre because she has a cough. She also has a rash.

The health worker checked Surita for danger signs. She was able to drink, she had not been vomiting everything, and she did not have convulsions. She was not lethargic or unconscious.

The health worker assessed Surita's cough. The mother told the health worker Surita had been coughing for 2 days. The health worker counted 42 breaths per minute. The health worker did not see chest indrawing. He did not hear stridor or wheeze when Surita was calm.

When the health worker asked if Surita had diarrhoea, the mother said, "No." She did not have sore throat or ear problem.

Next the health worker assessed Surita's fever. It is the dry season and the risk of malaria is low because she lives in low malaria endemic area. She has not travelled outside her area. She has felt hot for 3 days, the mother said. She does not have stiff neck. She does not have a runny nose.

Surita has a generalized rash. Her eyes are red. She does not have mouth ulcers. Pus is not draining from the eye. There is no clouding of the cornea.

Record the child's signs and classify them on the Recording Form on the next page.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg _____ Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ___ No ___</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <p>For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <p>For how long? ___ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> • Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> • Not able to drink or drinking poorly? • Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> • Very slowly (longer than 2 seconds)? • Slowly? 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ___ No ___</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ___ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ___ No ___ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ___ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>-----</p> <p>-----</p>

Case 6: Afeef

Afeef is 24 months old. He weighs 9.5 kg. His axillary temperature is 37C. His mother says Afeef has not been eating well lately, and she is worried about him.

The health worker checked for general danger signs. Afeef is able to drink, he is not vomiting, he has not had convulsions and he is not lethargic or unconscious.

Afeef does not have cough, and he does not have diarrhoea sore throat or ear problem.

The health worker asked if the mother thought Afeef had fever. She said he has been feeling hot the last 3 days. The malaria risk is always low because we live in area where malaria has not been occurring for long time now. They have travelled but not to areas with high malaria endemicity area. Afeef has not had measles within the last 3 months. He does not have stiff neck, but there is runny nose present.

He does not have a rash. He does not have signs suggesting measles. No other cause of fever is present.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg _____ Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)	CLASSIFY
<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ___ No ___</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <p>For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) ___ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <p>For how long? ___ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ___ No ___</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ___ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 30%;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes</p> <p>Transmission season = Yes</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes ___ No ___</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ___ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. 	
<p><i>If the child has measles now or within the last 3 months:</i></p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	

Tell your facilitator when you are ready to discuss your answers.



EXERCISE N

EXERCISE N

In this exercise, you will watch a demonstration of how to assess and classify a child with fever. You will see examples of signs related to fever and measles. You will practice identifying stiff neck. Then you will watch a case study.

For each of the children shown, answer the question:

	Does the child have a stiff neck?	
	YES	NO
Child 1		
Child 2		
Child 3		
Child 4		

Video Case Study: Record the child's signs and their classifications on the Recording Form below.

ID No. _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg _____ Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)	CLASSIFY
<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW <p>ANY DANGER SIGN PRESENT Yes ___ No ___</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <p>For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <p>For how long? ___ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ___ No ___</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ___ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 30%;"> <p>A patient presenting with fever (continuous or intermittent) (temp=\geqmore than 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ___ No ___ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? _____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	

8.0 CHECK FOR MALNUTRITION AND ANAEMIA

Check all sick children for signs suggesting malnutrition and anaemia.

A mother may bring her child to clinic because the child has an acute illness. The child may not have specific complaints that point to malnutrition or anaemia. A sick child can be malnourished, but the health worker or the child's family may not notice the problem.

A child with malnutrition has a higher risk of many types of disease and death. Even children with mild and moderate malnutrition have an increased risk of death.

Identifying children with malnutrition and treating them can help prevent many severe diseases and death. Some malnutrition cases can be treated at home. Severe cases need referral to hospital for special feeding, blood transfusion, or specific treatment of a disease contributing to malnutrition (such as tuberculosis).

Causes of Malnutrition: There are several causes of malnutrition. They may vary from country to country.

One type of malnutrition is **protein-energy malnutrition**. Protein-energy malnutrition develops when the child is not getting enough energy or protein from his food to meet his nutritional needs. A child who has had frequent illnesses can also develop protein-energy malnutrition. The child's appetite decreases, and the food that the child eats is not used efficiently. When the child has protein-energy malnutrition:

- * The child may become severely wasted, a sign of marasmus.
- * The child may develop oedema, a sign of kwashiorkor.
- * The child may not grow well and become stunted (too short).

A child whose **diet lacks recommended amounts of essential vitamins and minerals** can develop malnutrition. The child may not be eating enough of the recommended amounts of specific vitamins (such as vitamin A) or minerals (such as iron).

- Not eating foods that contain vitamin A can result in vitamin A deficiency. A child with vitamin A deficiency is at risk of death from measles and diarrhoea. The child is also at risk of blindness.
- Not eating foods rich in iron can lead to iron deficiency and anaemia. **Anaemia** is a reduced number of red cells or a reduced amount of haemoglobin in each red cell. A child can also develop anaemia as a result of:
 - Infections
 - Parasites such as hookworm or whipworm. They can cause blood loss from the gut and lead to anaemia.

- Malaria which can destroy red cells rapidly. Children can develop anaemia if they have had repeated episodes of malaria or if the malaria was inadequately treated. The anaemia may develop slowly. Often, anaemia in these children is due to both malnutrition and malaria.

8.1 ASSESS FOR MALNUTRITION AND ANAEMIA

Here is the box from the "Assess" column on the *ASSESS & CLASSIFY* chart. It describes how to assess a child for malnutrition and anaemia.

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

- Look for visible severe wasting.
- Look and feel for oedema of both feet.
- Determine weight for age.

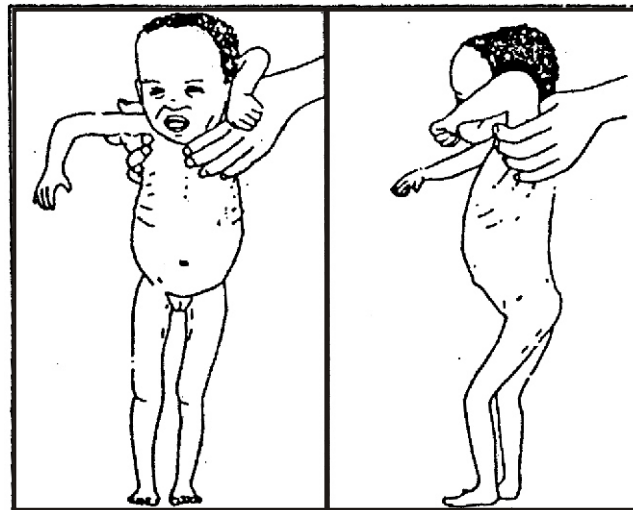
Assess ALL sick children for malnutrition and anaemia:

LOOK for visible severe wasting.

A child with visible severe wasting has marasmus, a form of severe malnutrition. A child has this sign if he is very thin, has no fat, and looks like skin and bones. Some children are thin but do not have visible severe wasting. This assessment step helps you identify children with visible severe wasting who need urgent treatment and referral to a hospital.

To look for visible severe wasting, remove the child's clothes. Look for severe wasting of the muscles of the shoulders, arms, buttocks and legs. Look to see if the outline of the child's ribs is easily seen. Look at the child's hips. They may look small when you compare them with the chest and abdomen. Look at the child from the side to see if the fat of the buttocks is missing. When wasting is extreme, there are many folds of skin on the buttocks and thigh. It looks as if the child is wearing baggy pants.

The face of a child with visible severe wasting may still look normal. The child's abdomen may be large or distended.

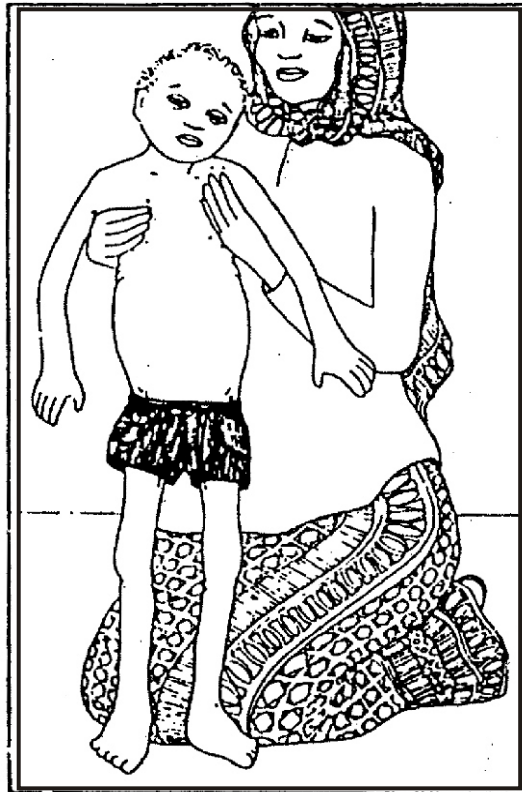


LOOK for palmar pallor.

Pallor is unusual paleness of the skin. It is a sign of anaemia.

To see if the child has palmar pallor, look at the skin of the child's palm. Hold the child's palm open by grasping it gently from the side. Do not stretch the fingers backwards. This may cause pallor by blocking the blood supply.

Compare the colour of the child's palm with your own palm and with the palms of other children. If the skin of the child's palm is pale, the child has some palmar pallor. If the skin of the palm is very pale or so pale that it looks white, the child has severe palmar pallor.



* Other common signs of kwashiorkor include thin. Sparse and pale hair which easily falls out, dry, scaly skin especially on the arms and legs, and a puffy or "moon" face



EXERCISE O

In this exercise, you will look at photographs in the photograph booklet and practice identifying children with palmar pallor.

Part 1: Now study photographs 47 through 50.

Photograph 47: This is an example of visible severe wasting. The child has small hips and thin legs relative to the abdomen. Notice that there is still cheek fat on the child's face.

Photograph 48: This is the same child as in photograph 47 showing loss of buttock fat.

Photograph 49: This is the same child as in photograph 47 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.

Photograph 50: This child has oedema of both feet.

Part 2: Now look at photographs numbered 51 through 58. For each photograph, tick () whether the child has visible severe wasting. Also look at photograph 59 and tick whether the child has oedema of both feet. Use the answer sheet on the next page.

Part 2 (continued):

	Does the child have visible severe wasting?	
	YES	NO
Photograph 51		
Photograph 52		
Photograph 53		
Photograph 54		
Photograph 55		
Photograph 56		
Photograph 57		
Photograph 58		
	Does the child have oedema of both feet?	
	YES	NO
Photograph 59		

Tell your facilitator when you are ready to discuss your answers to this exercise.

Determine weight for age.

Weight for age compares the child's weight with the weight of other children who are the same age.

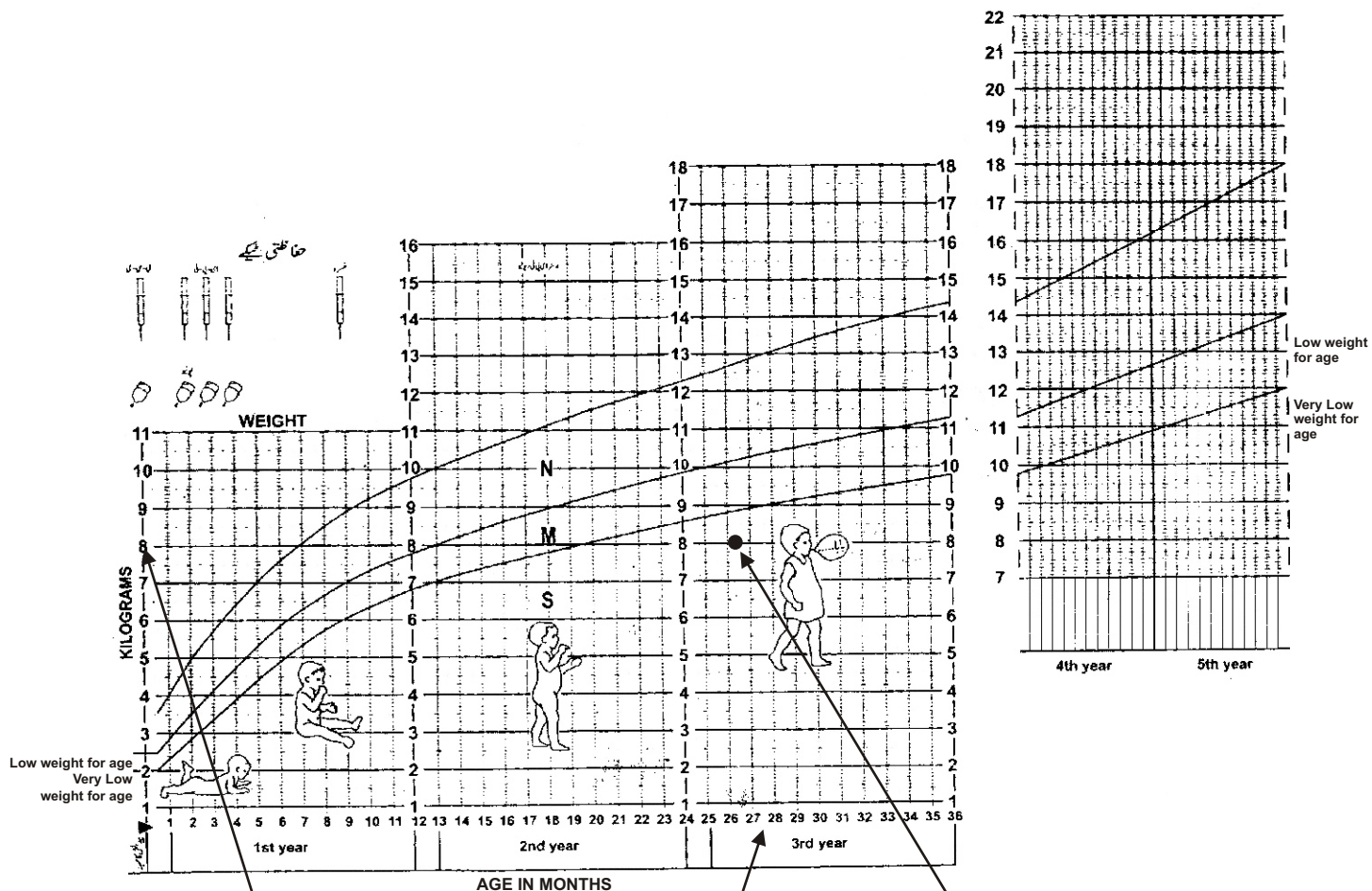
You will identify children whose weight for age is below the bottom curve of a weight for age chart. These are children who are very low weight for age. Children on or above the bottom curve of the chart can still be malnourished. But children who are below the bottom curve are very low weight and need special attention to how they are fed.

Look now at the weight for age chart on the next page.

To determine weight for age:

1. Calculate the child's age in months.
 2. Weigh the child if he has not already been weighed today. Use a scale which you know gives accurate weights. The child should wear light clothing when he is weighed. Ask the mother to help remove any coat, sweater, or shoes.
 3. Use the weight for age chart to determine weight for age.
 - Look at the left-hand axis to locate the line that shows the child's weight.
 - Look at the bottom axis of the chart to locate the line that shows the child's age in months.
 - Find the point on the chart where the line for the child's weight meets the line for the child's age.
 4. Decide if the point is above, on, or below the bottom curve.
 - If the point is below the bottom curve, the child is very low weight for age.
- If the point is above or on the bottom curve, the child is not very low weight for age.

EXAMPLE: A child is 27 months old and weighs 8.0 kilograms. Here is how the health worker determined the child's weight for age.



1
This line shows the child's weight:
8.0 kg

2
This line shows the child's age:
27 months

3
This is the point where the lines for age and weight meet. Because the point is below the bottom curve, the child is very low weight for age.

8.2 CLASSIFY NUTRITIONAL STATUS

There are three classifications for a child's nutritional status. They are:

- ▶ SEVERE MALNUTRITION
- ▶ VERY LOW WEIGHT
- ▶ NOT VERY LOW WEIGHT

<ul style="list-style-type: none"> • Visible severe wasting or • Oedema of both feet. 	SEVERE MALNUTRITION	<ul style="list-style-type: none"> ▶ <i>Give Vitamin A.</i> ▶ <i>Treat the child to prevent low blood sugar</i> ▶ <i>Refer URGENTLY to hospital.</i>
<ul style="list-style-type: none"> • Very low weight for age. 	VERY LOW WEIGHT	<ul style="list-style-type: none"> ▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. ▶ Advise mother when to return immediately. ▶ If feeding problem, follow-up in 5 days. ▶ Follow-up in 30 days.
<ul style="list-style-type: none"> • Not very low weight for age <i>AND</i> no other signs of malnutrition/. 	NOT VERY LOW WEIGHT	<ul style="list-style-type: none"> ▶ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. ▶ Advise mother when to return immediately. ▶ If feeding problem, follow-up in 5 days.

SEVERE MALNUTRITION

If the child has visible severe wasting or oedema of both feet, classify the child as having SEVERE MALNUTRITION.

Treatment

Children classified as having SEVERE MALNUTRITION are at risk of death from pneumonia, diarrhoea, measles, and other severe diseases. These children need urgent referral to hospital where their treatment can be carefully monitored. They may need special feeding, antibiotics or blood transfusions. Before the child leaves for hospital, give the child a dose of vitamin A. Also treat the child to prevent low blood sugar.

⁹ Children with oedema of both feet may have other diseases such as nephrotic syndrome. It is not necessary to distinguish these other conditions from kwashiorkor since they also require referral.

VERY LOW WEIGHT

If the child is very low weight for age, classify the child as having VERY LOW WEIGHT.

Treatment

A child classified as having VERY LOW WEIGHT has a higher risk of severe disease. Assess the child's feeding and counsel the mother about feeding her child according to the recommendations in the FOOD box on the *COUNSEL THE MOTHER* chart.

A child who is very low weight should return for follow-up in 1 month.

NOT VERY LOW WEIGHT

If the child is not very low weight for age and there are no other signs of malnutrition, classify the child as having NOT VERY LOW WEIGHT.

Treatment

If the child is less than 2 years of age, assess the child's feeding. Counsel the mother about feeding her child according to the recommendations in the FOOD box on the *COUNSEL THE MOTHER* chart. Children less than 2 years of age have a higher risk of feeding problems and malnutrition than older children.

8.3 ASSESS FOR ANAEMIA

Here is the box from the "Assess" column on the *ASSESS & CLASSIFY* chart. It describes how to assess a child for anaemia.

<p>THEN CHECK FOR ANAEMIA</p> <p><i>LOOK</i></p> <ul style="list-style-type: none">• Look for palmar pallor. Is it: Severe palmar pallor? Some palmar pallor?

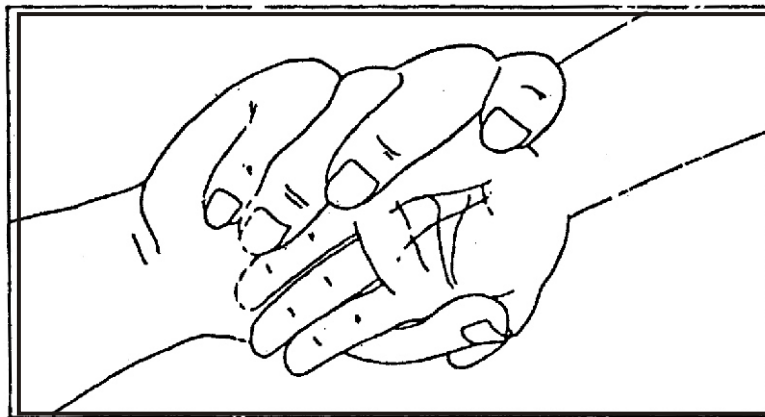
Assess ALL sick children for anaemia:

LOOK for palmar pallor.

Pallor is unusual paleness of the skin. It is a sign of anaemia.

To see if the child has palmar pallor, look at the skin of the child's palm. Hold the child's palm open by grasping it gently from the side. Do not stretch the fingers backwards. This may cause pallor by blocking the blood supply.

Compare the colour of the child's palm with your own palm and with the palms of other children. If the skin of the child's palm is pale, the child has some palmar pallor. If the skin of the palm is very pale or so pale that it looks white, the child has severe palmar pallor.





EXERCISE P

In this exercise, you will look at photographs in the photograph booklet and practice identifying children with palmar pallor.

Part 1: Study the photographs numbered 38 through 40b. Read the explanation below for each photograph.

- Photograph 38: This child's skin is normal. There is no palmar pallor.
- Photograph 39a: The hands in this photograph are from two different children. The child on the left has some palmar pallor.
- Photograph 39b: The child on the right has no palmar pallor.
- Photograph 40a: The hands in this photograph are from two different children. The child on the left has no palmar pallor.
- Photograph 40b: The child on the right has severe palmar pallor.

Part 2: Now look at photographs numbered 41 through 46. For each photograph, tick () whether the child has severe, some or no palmar pallor. Use the answer sheet on the next page.

Part 2 (continued):

	Does the child have:		
	Severe pallor	Some pallor	No pallor
Photograph 41			
Photograph 42			
Photograph 43a			
Photograph 43b			
Photograph 44			
Photograph 45			
Photograph 46			

8.4 CLASSIFY ANAEMIA

There are three classifications for a child's nutritional status. They are:

- ▶ SEVERE ANAEMIA
- ▶ ANAEMIA
- ▶ NO ANAEMIA

• Severe palmar pallor	SEVERE ANAEMIA	▶ <i>Treat the child to prevent low blood sugar</i> ▶ <i>Refer URGENTLY to hospital.</i>
• Some palmar pallor	ANAEMIA	▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. ▶ Give iron. ▶ <i>Give oral antimalarial if high malaria risk.</i> ▶ Deworm if child is two years or older & has not had a dose in previous six months, or has a positive stool test for worms. ▶ Advise mother when to return immediately. ▶ Follow-up in 14 days.
• No palmar pallor	NO ANAEMIA	No additional treatment.

SEVERE ANAEMIA

If the child has severe palmar pallor, classify the child as having SEVERE ANAEMIA.

Treatment

Children classified as having SEVERE ANAEMIA are at risk of death from pneumonia, diarrhoea, measles, and other severe diseases. These children need urgent referral to hospital where their treatment can be carefully monitored. They may need special feeding, antibiotics or blood transfusions. Before the child leaves for hospital, give the child a dose of vitamin A. Also treat the child to prevent low blood sugar.

ANAEMIA

If the child has some palmar pallor, classify the child as having ANAEMIA.

Treatment

A child classified as having ANAEMIA has a higher risk of severe disease. Assess the child's feeding and counsel the mother about feeding her child according to the recommendations in the FOOD box on the *COUNSEL THE MOTHER* chart.

A child with some palmar pallor may have anaemia. Treat the child with iron. When there is a high risk of malaria, give an antimalarial to a child with signs of anaemia. The anaemia may be due to malaria.

Hookworm and whipworm infections contribute to anaemia because the loss of blood from the gut results in iron deficiency. Give the child pyrantel pamoate only if there is hookworm or whipworm in the area. Only give pyrantel pamoate if the child with anaemia is 2 years of age or older and has not had a dose of pyrantel pamoate in the last 6 months.

Advise the mother of a child with some palmar pallor to return for follow-up in 14 days.

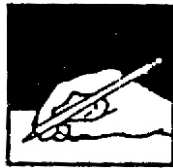
NO ANAEMIA

If the child has no palmar pallor, classify the child as having NO ANAEMIA.

Treatment

If the child is less than 2 years of age, assess the child's feeding. Counsel the mother about feeding her child according to the recommendations in the FOOD box on the COUNSEL THE MOTHER chart. Children less than 2 years of age have a higher risk of feeding problems and malnutrition than older children.

Tell your facilitator when you are ready to discuss your answers to this exercise.



EXERCISE Q

Read the following case studies. Record the child's signs and their classifications on the Recording Form. Refer to the classification tables on the chart.

Case 1: Nadia

Nadia is 18 months old. She weighs 7 kg. Her temperature is 38.5C. Her mother brought her today because the child has felt hot and has a rash. The health worker saw that Nadia looks like skin and bones.

The health worker checked for general danger signs. Nadia is able to drink, has not vomited, has not had convulsions and is not convulsing now, and is not lethargic or unconscious.

She does not have cough or difficult breathing. She does not have diarrhoea.

Nadia does not have an ear problem or sore throat.

Because Nadia's mother said the child felt hot, and because her temperature is 38.5C, the health worker assessed her for fever. Nadia lives where there is a high malaria endemicity. She has had fever for 5 days. Her rash is generalized rash, and she has red eyes. She has measles. She does not have a stiff neck. She does not have a runny nose.

The health worker assessed her for signs of measles complications. Nadia does not have mouth ulcers. There is no pus draining from the eye and no clouding of the cornea.

The health worker next checked her for malnutrition or anaemia. Nadia has visible severe wasting. There is no palmar pallor. She does not have oedema of both feet. The health worker determined her weight for age. (Look at the weight for age chart in your chart booklet. Determine if this child's weight for age is very low and record this on the Recording Form.)

Record Nadia's signs and classify them on the Recording Form on the next page.

ID No. _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg _____ Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ____ No ____</p>			
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____</p> <p>For how long? ____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) • _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 			
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ____ No ____</p> <p>For how long? ____ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	<p>-----</p> <p>-----</p>		
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ____ No ____</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 			
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ____ No ____</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ____ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 			
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ____ No ____</p> <table border="1" data-bbox="337 1230 574 1388"> <tr> <td> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more than 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </td> <td> <p>Malaria transmission in the area = Yes</p> <p>Transmission season = Yes</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes ____ No ____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? </td> </tr> </table> <ul style="list-style-type: none"> • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>A patient presenting with fever (continuous or intermittent) (temp=or >more than 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p>	<p>Malaria transmission in the area = Yes</p> <p>Transmission season = Yes</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes ____ No ____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? 	<p>-----</p> <p>-----</p>
<p>A patient presenting with fever (continuous or intermittent) (temp=or >more than 37.5 °C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p>	<p>Malaria transmission in the area = Yes</p> <p>Transmission season = Yes</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes ____ No ____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? 		
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedems of both feet. • Determine weight for age. very Low ____ Not Very Low 			
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor. • Severe palmar pallor? • Some palmar pallor? 			

Case 2: Kalifa

Kalifa is 11 months old. He weighs 8 kg. His temperature is 37C. His mother says he has had a dry cough for the last 3 weeks.

Kalifa does not have any general danger signs. The health worker assessed his cough. It has been present for 21 days. He counted 41 breaths per minute. The health worker does not see chest indrawing. There is no stridor or wheeze when the child is calm.

Kalifa does not have diarrhoea. He has not had a fever during this illness. He does not have an ear problem or sore throat.

The health worker checked Kalifa for malnutrition and anaemia. Kalifa does not have visible severe wasting. His palms are very pale and appear almost white. There is no oedema of both feet. The health worker determined Kalifa's weight for age. (Look at the weight for age chart in your chart booklet and determine Kalifa's weight for age.)

Record Kalifa's signs and their classifications on the Recording Form.

ID No. _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg Temperature _____ C ° _____ F °

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW 	
<ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS 	ANY DANGER SIGN PRESENT	Yes ____ No ____
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____		
For how long? ____ Days	<ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
DOES THE CHILD HAVE DIARRHOEA? Yes ____ No ____		
For how long? ____ Days Is there blood in the stools?	<ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	----- -----
DOES THE CHILD HAVE THROAT PROBLEM: Yes ____ No ____		
Does the child have sore throat? Is the child not able to drink? Does the child have fever?	<ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
DOES THE CHILD HAVE AN EAR PROBLEM? Yes ____ No ____		
Is there severe ear pain? Is there ear discharge? If Yes, for how long? ____ Days	<ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Yes ____ No ____		
<p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p>	<p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ____ No ____ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. 	
<i>If the child has measles now or within the last 3 months:</i>		
	<p>Look for mouth ulcers.</p> <ul style="list-style-type: none"> • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	
THEN CHECK FOR MALNUTRITION		
	<ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for ocdems of both feet. • Determine weight for age. very Low ____ Not Very Low 	
THEN CHECK FOR ANAEMIA		
	<ul style="list-style-type: none"> • Look for palmar pallor. • Severe palmar pallor? • Some palmar pallor? 	

Case 3: Alam

Alam is 9 months old. He weighs 5 kg. His temperature is 36.8C. He is at the clinic today because his mother and father are concerned about his diarrhoea.

He does not have any general danger signs. He does not have cough or difficult breathing.

He has had diarrhoea for 5 days, the father said. They have not seen any blood in the stool. Alam is not restless or irritable. He is not lethargic or unconscious. His eyes are not sunken. He is thirsty and eager to take the drink of water offered to him. His skin pinch goes back slowly.

He does not have a fever. He does not have an ear problem or sore throat.

Next, the health worker checked for signs of malnutrition and anaemia. The child does not have visible severe wasting. There is no palmar pallor. He does not have oedema of both feet. The health worker determined Alam's weight for age.

Record Alam's signs and classify them on the Recording Form.

ID No. _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT Yes ___ No ___</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <p>For how long? ___ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) • _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <p>For how long? ___ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> • Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> • Not able to drink or drinking poorly? • Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> • Very slowly (longer than 2 seconds)? • Slowly? 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ___ No ___</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ___ No ___</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ___ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Yes ___ No ___</p> <div style="border: 1px solid black; padding: 2px;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ___ No ___ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ___ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. <p>-----</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>-----</p>
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedems of both feet. • Determine weight for age. very Low ___ Not Very Low 	
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor. • Severe palmar pallor? • Some palmar pallor? 	

Case 4: Anwar

Anwar is 37 months old. He weighs 9.5 kg. His temperature is 37.5C. His mother says he feels hot. He has been crying and rubbing his ear.

The health worker checks Anwar for general danger signs. He is able to drink, does not vomit everything he drinks, has not had convulsions and is not lethargic or unconscious. He does not have cough or diarrhoea.

Because his mother has reported a history of fever and because his temperature is 37.5C, the health worker assesses Anwar for fever. Anwar live in high malaria endemic area and the risk for malaria is high. He has had fever for 3 days, says his mother. He has not had measles in the last 3 months. His neck moves easily. He has a runny nose, and there are no signs suggesting measles. He does not have sore throat.

The health worker asks if Anwar has an ear problem. The mother says he has had ear pain. She also says she has seen ear discharge for about 5 days. The health worker sees pus draining from the ear. He does not feel any tender swelling behind either ear.

He then checks the child for malnutrition and anaemia. Anwar looks thin, but he does not have visible severe wasting. He does not have palmar pallor. He does not have oedema of both feet. The health worker determined his weight for age.

Record Anwar's signs and their classification on the Recording Form on the next page.

ID No. _____

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name _____ Age _____ Months _____ Weight _____ kg Temperature _____ °C _____ °F

ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)	CLASSIFY
<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW <p>ANY DANGER SIGN PRESENT Yes ____ No ____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ____ No ____</p> <p>For how long? ____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ____ No ____</p> <p>For how long? ____ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE THROAT PROBLEM: Yes ____ No ____</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ____ No ____</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? ____ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ____ No ____</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>A patient presenting with fever (continuous or intermittent) (temp=or >more then 37.5 C) or history of fever with in the last 3 days associated with rigors, with no features of other diseases and have one or more of the following: headache, nausea vomiting.</p> </div> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes ____ No ____ (if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? ____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND One of these: cough, runny nose, or red eyes. 	
<p><i>If the child has measles now or within the last 3 months:</i></p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedems of both feet. • Determine weight for age. very Low ____ Not Very Low 	
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor. • Severe palmar pallor? • Some palmar pallor? 	

9.0 CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A SUPPLEMENTATION AND DEWORMING STATUS

9.1 CHECK THE CHILD'S IMMUNIZATION STATUS:

Check the immunization status for ALL sick children. Have they received all the immunizations recommended for their age? Do they need any immunizations today?

USE A RECOMMENDED IMMUNIZATION SCHEDULE

Use the recommended immunization schedule for Pakistan when you check the child's immunization status. Look at the *ASSESS & CLASSIFY* chart and locate the recommended immunization schedule. Refer to it as you read how to check a child's immunization status.

IMMUNIZATION SCHEDULE:	AGE	VACCINE	
	Birth	BCG	OPV-0
6 weeks	PENTAVLENT-1	OPV-1	
10 weeks	PENTAVLENT-2	OPV-2	
14 weeks	PENTAVLENT-3	OPV-3	
9 months	MEASLES-1		
15 months of age	MEASLES-2		

Give the recommended vaccine when the child is the appropriate age for each dose. If the child receives an immunization when the child is too young, the child's body will not be able to fight the disease very well. Also, if the child does not receive an immunization as soon as he is old enough, his risk of getting the disease increases.

All children should receive all the recommended immunizations before their first birthday. If the child does not come for an immunization at the recommended age, give the necessary immunizations any time after the child reaches that age. Give the remaining doses at least 4 weeks apart. You do not need to repeat the whole schedule.

¹⁰ In exceptional situations where measles morbidity and mortality before nine months of age represent a significant problem (more than 15% of cases and deaths), an extra dose of measles vaccine is given at 6 months of age. This is in addition to the scheduled dose given as soon as possible after 9 months of age. This schedule is also recommended for groups at high risk of measles death, such as infants in refugee camps, infants admitted to hospitals, infants affected by disasters and during outbreaks.

OBSERVE CONTRAINDICATIONS TO IMMUNIZATION

In the past some health workers thought minor illness was a contraindication to immunization (a reason to not immunize the child). They sent sick children away and told the mothers to bring them back when the children are well. This is a bad practice because it delays immunization. The mother may have travelled a long distance to bring her sick child to the clinic and cannot easily bring the child back for immunization at another time. The child is left at risk of getting measles, polio, diphtheria, pertussis, tetanus or tuberculosis. It is very important to immunize sick and malnourished children against these diseases.

There are only *three* situations at present which are contraindications to immunization:

- * Do not give BCG to a child known to have AIDS.
- * Do not give Pentavalent 2 or Pentavalent 3 to a child who has had convulsions or shock within 3 days of the most recent dose.
- * Do not give a vaccine containing pertussis to a child with recurrent convulsions or another active neurological disease of the central nervous system.

In all other situations, here is a good rule to follow:

There are no contraindications to immunization of a sick child if the child is well enough to go home.

If a child is going to be referred, do not immunize the child before referral. The hospital staff at the referral site should make the decision about immunizing the child when the child is admitted. This will avoid delaying referral.

Children with diarrhoea who are due for OPV should receive a dose of OPV (oral polio vaccine) during this visit. However, do not count the dose. The child should return in 4 weeks for an extra dose of OPV.

Advise the mother to be sure the other children in the family are immunized. Give the mother tetanus toxoid, if required.

To decide if the child needs an immunization today:

LOOK at the child's age on the clinical record.

If you do not already know the child's age, ask about the child's age.

ASK the mother if the child has an immunization card.

If the mother answers YES, ask her if she has brought the card to the clinic today.

- * If she has brought the card with her, ask to see the card.
- * Compare the child's immunization record with the recommended immunization schedule. Decide whether the child has had all the immunizations recommended for the child's age.
- * On the Recording Form, check all immunizations the child has already received. Write the date of the immunization the child received most recently. Circle any immunizations the child needs today.
- * If the child is not being referred, explain to the mother that the child needs to receive an immunization (or immunizations) today.

If the mother says that she does NOT have an immunization card with her:

- * Ask the mother to tell you what immunizations the child has received.
- * Use your judgement to decide if the mother has given a reliable report. If you have any doubt, immunize the child. Give the child OPV, Pentavalent and measles vaccine according to the child's age.
- * Give an immunization card to the mother and ask her to please bring it with her each time she brings the child to the clinic.

9.2 CHECK THE CHILD'S VITAMIN-A SUPPLEMENTATION STATUS:

Vitamin A is given both to treat and to prevent disease.

- * It is given as treatment to children with measles or severe malnutrition.
- * It is given as a supplement to prevent vitamin A deficiency.

Many children in Pakistan have some degree of vitamin A deficiency which does not show. Therefore, giving vitamin A to all children age 6 months or older will prevent vitamin A deficiency. This will of course include children with persistent diarrhoea, malnutrition, pneumonia and other illnesses. In several studies, this approach has been shown to reduce mortality in areas with vitamin-A deficiency. Another important way to prevent deficiency is to make sure that infants are breastfed and, that after 6 months of age, they are fed complementary foods which are rich in vitamin A.

When giving vitamin A as a supplement to prevent deficiency, make sure that it is not given more often than every 6 months. Record the date on which the vitamin A dose is given on the child's card.

When supplies of vitamin A are adequate, all children age 6 months up to 5 years should receive vitamin A every 6 months. Visits to clinic for illness are an opportunity to check when the child most recently received vitamin A. If the child is age 6 months or older and has not received vitamin A in the previous 6 months, give a single dose of vitamin A in the clinic.

Giving vitamin A for treatment of measles or severe malnutrition is the most important use. If vitamin A supplies are limited, use what vitamin A you have to treat children with these illness.

VITAMIN A SUPPLEMENTATION STATUS:

- If child is 6 months or older and has not received a dose in the last 6 months, give a dose of vitamin A in the clinic

To check a child's vitamin A supplementation status:

Look at the child's age. You will only give the vitamin A supplement if the child is age 6 months or older.

Look at the child's card.

- * See if there is a record of previous vitamin A doses.
- * If no vitamin A has been given in the last 6 months, the child should receive a dose. Circle the vitamin A supplementation box on the recording form.

9.3. CHECK THE CHILD'S DEWORMING STATUS:

Many children age 12 years or older in Pakistan have anaemia that is caused or made worse by hookworm infection. Mebendazole will reduce or eliminate the infection. Mebendazole is a safe drug. After 6 months children often become re-infected and the treatment should be repeated.

To check a child's deworming status:

Look at the child's age. You will only give Mebendazole if the child's age is 12 months or older.

Look at the child's card or ask the mother.

- * if no Mebendazole has been given in the last 6 months, the child should receive a dose. Circle Mebendazole on the recording form.

► Give Mebendazole

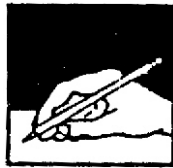
► FOR TREATMENT OF ANEMIA AND IF STOOLS POSITIVE FOR WORMS OR:

If the child is 2 years or older and has not had a dose in the previous 6 months or

If child is less than 12 months of age and has evidence of worm infestation, such cases should be referred and managed on case by case basis.

GIVE MEBENDAZOLE AS A SINGLE DOSE IN CLINIC.

AGE or WEIGHT	MEBENDAZOLE (500 mg)	ALBENDAZOLE (200 mg)
Above 12 months (10 - <19 kg)	1	1



EXERCISE R

Part 1: Review the information in section 9.1 about contraindications to immunizations. Then decide if a contraindication is present for each of the following children:

If the child:	Immunize this child today if due for immunization	Do not immunize today
will be treated at home with antibiotics		
has a local skin infection		
had convulsion immediately after Pentavalent 1 and needs Pentavalent 2 and OPV 2 today		
has a chronic heart problem		
is being referred for severe classification		
is exclusively breastfed		
older brother had convulsion last year		
was jaundiced at birth		
is VERY LOW WEIGHT		
is known to have AIDS and has not received any immunizations at all		
has NO PNEUMONIA: COUGH OR COLD		

Part 2: Read about the following children. For each one, decide if the child needs any immunizations or vitamin A supplementation or deworming today.

- 1. Salim, 6 months old.** No general danger signs. Classified as NO PNEUMONIA: COUGH OR COLD and NO ANAEMIA AND NOT VERY LOW WEIGHT FOR AGE.

Immunization history: BCG, OPV 0, OPV 1, OPV 2, Pentavalent 1 and Pentavalent 2. OPV 2 and Pentavalent 2 given 6 weeks ago.

- a. Is Salim up-to-date with his immunizations?
- b. What immunizations, if any, does Salim need today?
- c. When should he return for his next immunization?
- d. Should he be given vitamin A today?
- e. Should he be given Mebendazole today?

- 2. Shaheen 3 months old.** No general danger signs. Classified as diarrhoea with NO DEHYDRATION and also ANAEMIA.

Immunization history: BCG, OPV 0, OPV 1, and Pentavalent 1. OPV 1 and Pentavalent 1 given 5 weeks ago.

- a. Is Shaheen up-to-date with her immunizations?
- b. What immunizations, if any, does Shaheen need today?
- c. Shaheen has diarrhoea. What immunizations will she receive at her next visit?
- d. When should she return for her next immunization?
- e. Should she be given vitamin A today?
- f. Should she be given Mebendazole today?

3. **Ali, 9 months old.** No general danger signs. Classified as PNEUMONIA, MALARIA, NO ANAEMIA AND NOT VERY LOW WEIGHT.

Immunization history: BCG, OPV 0, OPV 1 and Pentavalent 1. When Ali was 9 months old, he received OPV 2 and Pentavalent 2 and vitamin A supplementation was given 3 months back.

- a. Is Ali up-to-date with his immunizations?
- b. What immunizations, if any, does Ali need today?
- c. When should he return for his next immunizations?
- d. Should he be given vitamin A today?
- e. Should he be given Mebendazole today?

Tell your facilitator when you have completed this exercise.

Your facilitator will lead a drill to give you practice using a weight-for-age chart.

10.0 ASSESS OTHER PROBLEMS

The last box on the ASSESS side of the chart reminds you to assess any other problems that the child may have.

Since the *ASSESS & CLASSIFY* chart does not address all of a sick child's problems, you will now assess other problems the mother told you about. For example, she may have said the child has a skin infection, itching or swollen neck glands. Or you may have observed another problem during the assessment. Identify and treat any other problems according to your training, experience and clinic policy. Refer the child for any other problem you cannot manage in clinic.

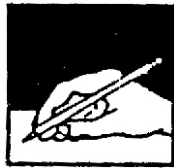
* * * * *

The last box on the "Classify" side of the chart has an important warning. It says:

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED after first dose of an appropriate antibiotic and other urgent treatments.

Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.

This note reminds you that a child with any general danger sign needs urgent treatment and referral. It is possible, though uncommon, that a child may have a general danger sign, but may not have a severe classification for any of the main symptoms. How to decide and plan for referral of a child with a general danger sign and without any other severe classification is taught in the module *Identify Treatment*.



EXERCISE S

Read the case studies and practice using the entire process as described on the *ASSESS & CLASSIFY* chart. Record the child's signs and classify them on the Recording Form for each exercise. Refer to the chart as you do the exercise.

The first case begins on the next page.

Case 1: Dano

Dano is 9 months old. He weighs 9.5 kg. His temperature is 39.5C. His mother says he has had diarrhoea for 1 week.

Dano does not have any general danger signs. He does not have cough or difficult breathing.

The health worker assessed Dano for signs of diarrhoea. The mother said earlier that Dano has had diarrhoea for 1 week. Dano does not have blood in the stool. He is not restless or irritable; he is not lethargic or unconscious. He has sunken eyes. He is thirsty and drinks eagerly when offered a drink. His skin pinch goes back slowly.

Next, the health worker assessed for additional signs related to fever. Dano's mother says he has felt hot for about 2 days. The risk of malaria is high because Dano live high malaria endemic area. He has not had measles in the last 3 months. He does not have a stiff neck, and he does not have a runny nose. He did not have signs suggesting measles.

There is no ear problem or sore throat.

The health worker checked for signs of malnutrition and anaemia. Dano does not have visible severe wasting. There are no signs of palmar pallor. He does not have oedema of both feet. The health worker determined his weight for age.

Dano has had BCG, Pentavalent 1, Pentavalent 2, and Pentavalent 3. He has also had OPV 0, OPV 1, OPV 2 and OPV 3.

Dano's card has no record of previous vitamin A treatment or supplementation, and his mother does not recall his receiving any.

Record Dano's signs and their classifications on the Recording Form on the next page.

I.D.-No. _____ **MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F
 ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

TREAT

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>ANY DANGER SIGN PRESENT Yes _____ No _____</p>	<p>• LETHARGIC OR UNCONSCIOUS CONVULSING NOW</p> <p>• ANY DANGER SIGN PRESENT Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? _____ Days</p>	<p>• Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing?</p> <p>• Look for chest indrawing.</p> <p>• Look and listen for stridor.</p> <p>• Look and listen for wheeze</p>	
<p>DOES THE CHILD HAVE DIARRHOEA?</p> <p>For how long? _____ Days Is there blood in the stools?</p>	<p>• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? Look for sunken eyes. Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</p>	
<p>DOES THE CHILD HAVE THROAT PROBLEM:</p> <p>Does the child have sore throat? Is the child not able to drink? Does the child have fever?</p>	<p>• Fever (temperature 37.5C or above)</p> <p>• Feel for tender enlarged lymph nodes on the neck.</p> <p>• Look for red, enlarged tonsils.</p> <p>• Look for white exudate on the throat.</p>	
<p>DOES THE CHILD HAVE AN EAR PROBLEM?</p> <p>Is there severe ear pain? Is there ear discharge? If Yes, for how long? _____ Days</p>	<p>• Look for pus draining from the ear</p> <p>• Feel for tender swelling behind the ear.</p>	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above)</p> <p>Malaria transmission in the area = Yes _____ No _____ Transmission season = Yes _____ No _____ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes _____ No _____ (if yes, use the relevant treatment instructions)</p> <p>• Fever For how long? _____ Days</p> <p>• Look or feel for stiff neck.</p> <p>• If more than 7 days, has fever</p> <p>• Look for rummy nose.</p> <p>• Has the child had measles within the last 3 months?</p> <p>• Generalized rash or measles AND One of these: cough, rummy nose, or red eyes.</p> <p>• Look for mouth ulcers. Are they deep and extensive?</p> <p>• Look for pus draining from the eye.</p> <p>• Look for clouding of the cornea.</p>	<p>• Look for pus draining from the ear</p> <p>• Feel for tender swelling behind the ear.</p>	

Remember to refer any child who has danger sign or severe classification
TREAT

ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ____ Not Very Low ____ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date)</p>	<p>Immunization to be given today? _____</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months _____</p>	<p>Vitamin-A needed Yes ____ No ____</p>	<p>Vitamin-A to be given today? Yes ____ No ____</p>
<p>FOR CHILDREN 1 YEAR OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months Yes ____ No ____</p>	<p>Mebendazole needed Yes ____ No ____</p>	<p>Mebendazole to be given today? Yes ____ No ____</p>
<p>ASSESS CHILD'S FEEDING If child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> • Do you breastfeed your child? If Yes, how many times in 24 hours? ____ times. Yes ____ No ____ Do you breastfeed during the night? ____ times. Yes ____ No ____ • Does the child take any other food or fluids? If Yes, what food or fluids? _____ _____ • How many times per day? ____ times What do you use to feed the child? _____ _____ • If very low weight for age: How large are servings? _____ _____ • Does the child receive his/her own servings? ____ Who feeds the child and how? _____ _____ • During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? _____ _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		

Advice mother when to return immediately
Return for follow-up in days

Case 2: Mishu

Mishu is 4 months old. She weighs 5.5 kg. Her temperature is 38.0C. She is in the clinic today because she has diarrhoea.



She does not have any general danger signs. She is not coughing and does not have difficult breathing.

The health worker assessed her further for signs of diarrhoea. She has had diarrhoea for 2 days and there is blood in the stool, said the mother. Mishu was not restless or irritable; she was not unconscious or lethargic. Her eyes were not sunken. She drank normally, and did not seem to be thirsty. Her skin pinch went back immediately.

The health worker next assessed her for fever. The malaria risk is high at this time of year because it is an area with high malaria endemicity and known malaria transmission. Mishu has had fever for 2 days, said the mother. She has not had measles in the last 3 months. She does not have a stiff neck or runny nose. There are no signs suggesting measles.

Mishu does not have an ear problem or sore throat. The health worker checked for malnutrition and anaemia. She does not have visible severe wasting. There is no palmar pallor and no oedema of both feet. The health worker determined her weight for age.

At birth Mishu received BCG and OPV 0. Four weeks ago, she received Pentavalent 1 and OPV 1.

Record Mishu's signs and their classifications on the Recording Form on the next page.

I.D. No _____ **MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**
 Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F
 ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

TREAT

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREATHE • VOMITS EVERYTHING • CONVULSIONS <p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? For how long? _____ Days</p>	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW • ANY DANGER SIGN PRESENT <p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 	
<p>DOES THE CHILD HAVE DIARRHOEA? For how long? _____ Days Is there blood in the stools?</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? • Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE THROAT PROBLEM: Does the child have sore throat? Is the child not able to drink? Does the child have fever?</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Is there severe ear pain? Is there ear discharge? If Yes, for how long? _____ Days</p>	<p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Look for tender swelling behind the ear. 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes _____ No _____ (if yes, use the relevant treatment instructions)</p> <p>• Fever For how long? _____ Days • Look or feel for stiff neck. • If more than 7 days, has fever • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND • Has the child had measles within the last 3 months? • One of these: cough, runny nose, or red eyes.</p> <p>if the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<p>Yes _____ No _____</p> <p>• Fever For how long? _____ Days • Look or feel for stiff neck. • If more than 7 days, has fever • Look for runny nose. • Look for signs of MEASLES • Generalized rash of measles AND • Has the child had measles within the last 3 months? • One of these: cough, runny nose, or red eyes.</p> <p>• Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.</p>	

Remember to refer any child who has danger sign or severe classification
TREAT

CLASSIFY

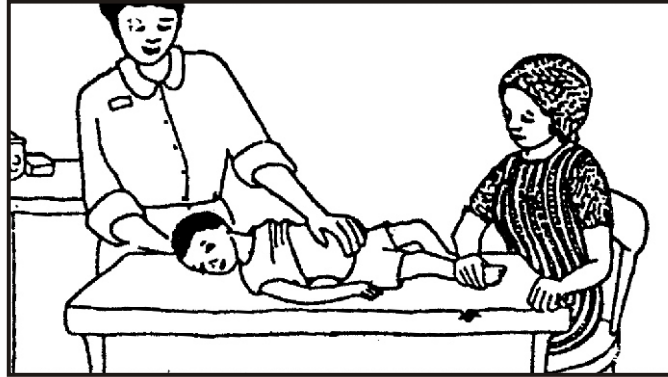
ASSESS (Circle all signs present)

<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> Look for visible severe wasting. Look and feel for oedema of both feet. Determine weight for age. Very Low _____ Not Very Low _____ 			
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> Look for palmar pallor Severe palmar pallor? _____ Some palmar pallor? _____ 			
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV 0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date)</p>	<p>Immunization to be given today? _____</p>	
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months Yes _____ No _____</p>	<p>Vitamin-A needed Yes _____ No _____</p>	<p>Vitamin-A to be given today? Yes _____ No _____</p>	
<p>FOR CHILDREN 1 YEARS OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months Yes _____ No _____</p>	<p>Mebendazole needed Yes _____ No _____</p>	<p>Mebendazole to be given today? Yes _____ No _____</p>	
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> Do you breastfeed your child? if Yes, how many times in 24 hours? _____ times. Yes _____ No _____ Do you breastfeed during the night? _____ times. Yes _____ No _____ Does the child take any other food or fluids? if Yes, what food or fluids? _____ _____ How many times per day? _____ times. What do you use to feed the child? _____ _____ If very low weight for age: How large are servings? _____ Does the child receive his/her own servings? _____ Who feeds the child and how? _____ _____ During the illness, has the child's feeding changed? Yes _____ No _____ if Yes, how? _____ _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>	
<p>ASSESS OTHER PROBLEMS</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Advice mother when to return immediately
Return for follow-up in days

Case 3: Jemilla

Jemilla is 37 months old. She weighs 15.3 kg. Her temperature is 38.5C. Jemilla's family brought her to the clinic today because she has a stomach ache, feels hot, has a runny nose and rash, and is coughing.



The health worker checked her for general danger signs. She was able to drink, did not vomit everything she drank, did not have convulsions, and was not lethargic or unconscious.

The health worker assessed the child for cough or difficult breathing. The parents said she has been coughing for 2 days. The health worker counted 55 breaths a minute. He did not see chest indrawing. He did not hear any unusual noise when she breathed in or out.

Jemilla does not have diarrhoea, said the parents. However, she has been feeling hot, they said. Her risk of malaria is high because she lives in high malaria endemic area and known malaria transmission. She has had fever for two days. She has not had measles in the last 3 months. Her neck moves easily. She has a runny nose. The health worker looked for signs suggesting measles. Her rash was not generalized; it was only on her hand.

Jemilla did not have an ear problem or sore throat, said the parents.

The health worker checked Jemilla for malnutrition and anaemia. She does not have visible severe wasting. She does not have palmar pallor. She does not have oedema of both feet. The health worker determined her weight for age.

Jemilla has received BCG, OPV 0, OPV 1, OPV 2, OPV 3, Pentavalent 1, Pentavalent 2, and pentavalent 3. There is no record that she has ever received vitamin A and treatment for worms.

I.D.No. _____ **MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F
 ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present) _____ CLASSIFY _____ TREAT _____

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT</p> <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? _____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE DIARRHOEA?</p> <p>For how long? _____ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> • Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: <ul style="list-style-type: none"> • Not able to drink or drinking poorly? • Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> • Very slowly (longer than 2 seconds)? • Slowly? <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE THROAT PROBLEM:</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE AN EAR PROBLEM?</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? _____ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above)</p> <p>Malaria transmission in the area = Yes _____ No _____</p> <p>Transmission season = Yes _____ No _____</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes _____ No _____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? _____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? <p>• Look or feel for stiff neck.</p> <p>• Look for runny nose.</p> <p>• Look for signs of MEASLES</p> <p>• Generalized rash of measles AND One of these: cough, runny nose, or red eyes.</p> <p>• Look for mouth ulcers.</p> <p>• Are they deep and extensive?</p> <p>• Look for pus draining from the eye.</p> <p>• Look for clouding of the cornea.</p>	

Remember to refer any child who has danger sign or severe classification

ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> Look for visible severe wasting. Look and feel for oedema of both feet. Determine weight for age. Very Low ___ Not Very Low ___ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV 0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date) _____</p>	<p>Immunization to be given today? _____</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months Yes ___ No ___</p>	<p>Vitamin-A needed Yes ___ No ___</p>	<p>Vitamin-A to be given today? Yes ___ No ___</p>
<p>FOR CHILDREN 1 YEAR OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months Yes ___ No ___</p>	<p>Mebendazole needed Yes ___ No ___</p>	<p>Mebendazole to be given today? Yes ___ No ___</p>
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> Do you breastfeed your child? If Yes, how many times in 24 hours? ___ times. Yes ___ No ___ Do you breastfeed during the night? ___ times. Yes ___ No ___ Does the child take any other food or fluids? If Yes, what food or fluids? _____ _____ How many times per day? ___ times. What do you use to feed the child? _____ _____ If very low weight for age: How large are servings? _____ Does the child receive his/her own servings? ___ Who feeds the child and how? _____ _____ During the illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____ _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		

Advice mother when to return immediately
Return for follow-up in days

Case 4: Talat

Talat is 6 months old. She weighs 4 kg. Her temperature is 37C. Her mother brought her to the clinic because Talat has a cough. Her mother is also concerned that Talat looks thin.

The health worker did not find any general danger signs.

The health worker assessed her cough. The mother said Talat had the cough for 4 days. The health worker counted 52 breaths per minute. Talat did not have chest indrawing, and there was no stridor or wheeze when the child was calm.

Talat did not have diarrhoea, and she did not have fever. There was no ear problem, said the mother. Talat does not have sore throat

The health worker saw that Talat had visible severe wasting. She did not have palmar pallor. She did not have oedema of both feet. The health worker determined the child's weight for age.

She has had BCG, OPV 0, OPV 1 and DPT 1, and she has not had vitamin A.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

I.D-No. _____
 Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F
 ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____
 ASSESS (Circle all signs present)

TREAT

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? _____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze <p>DOES THE CHILD HAVE DIARRHOEA?</p> <p>For how long? _____ Days</p> <p>Is there blood in the stools?</p>	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW <p>ANY DANGER SIGN PRESENT</p> <p>Yes _____ No _____</p> <p>Yes _____ No _____</p>	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE THROAT PROBLEM:</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p>	<ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? • Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE AN EAR PROBLEM?</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? _____ Days</p>	<ul style="list-style-type: none"> • Fever (temperature ≥ 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 	<p>-----</p> <p>-----</p>
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature ≥ 37.5C or above)</p> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes Yes _____ No _____ (if Yes, use the relevant treatment instructions)</p> <p>A patient presenting with fever (continuous or intermittent) (temp > 2 more than 37.5 C) or history of fever with in the last 3 days associated with rigors, headache, chills or more of the following: cough, sore throat, red eyes, headache, nausea vomiting.</p> <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. • Are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 	<ul style="list-style-type: none"> • Fever For how long? _____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? 	<p>-----</p> <p>-----</p>

Remember to refer any child who has danger sign or severe classification

ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ____ Not Very Low ____ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV0 _____ OPV1 _____ OPV2 _____ OPV3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date)</p>	<p>Immunization to be given today?</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months</p>	<p>Vitamin-A needed Yes ____ No ____</p>	<p>Vitamin-A to be given today? Yes ____ No ____</p>
<p>FOR CHILDREN 1 YEARS OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months</p>	<p>Mebendazole needed Yes ____ No ____</p>	<p>Mebendazole to be given today? Yes ____ No ____</p>
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> • Do you breastfeed your child? If Yes, how many times in 24 hours? ____ times. Yes ____ No ____ Do you breastfeed during the night? ____ times. Yes ____ No ____ • Does the child take any other food or fluids? If Yes, what food or fluids? _____ _____ • How many times per day? ____ times. What do you use to feed the child? _____ _____ • If very low weight for age. How large are servings? _____ _____ • Does the child receive his/her own servings? ____ Who feeds the child and how? _____ _____ • During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? _____ _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		

Advice mother when to return immediately
Return for follow-up in days



EXERCISE T

In this video exercise, you will see a demonstration of how to assess a child with an ear problem and how to look for signs of malnutrition and anaemia. You will see a case study. Record the child's signs and classifications on the Recording Form on the next page.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

I.D-No: _____
 Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F
 ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____
 ASSESS (Circle all signs present)

TREAT

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? _____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze <p>DOES THE CHILD HAVE DIARRHOEA?</p> <p>For how long? _____ Days</p> <p>Is there blood in the stools?</p>	<ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW <p>ANY DANGER SIGN PRESENT</p> <p>Yes _____ No _____</p> <p>Yes _____ No _____</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? Very slowly (longer than 2 seconds)? Slowly? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. <p>Yes _____ No _____</p> <p>• Look for pus draining from the ear.</p> <p>• Feel for tender swelling behind the ear.</p> <p>Yes _____ No _____</p> <p>• Look for pus draining from the eye.</p> <p>• Look for clouding of the cornea.</p>	
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Remember to refer any child who has danger sign or severe classification
TREAT

CLASSIFY

ASSESS (Circle all signs present)

<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ____ Not Very Low ____ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV 0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date) _____</p>	<p>Immunization to be given today? _____</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months Yes ____ No ____</p>	<p>Vitamin-A needed Yes ____ No ____</p>	<p>Vitamin-A to be given today? Yes ____ No ____</p>
<p>FOR CHILDREN 1 YEAR OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months Yes ____ No ____</p>	<p>Mebendazole needed Yes ____ No ____</p>	<p>Mebendazole to be given today? Yes ____ No ____</p>
<p>ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> • Do you breastfeed your child? If yes, how many times in 24 hours? ____ times. Yes ____ No ____ Do you breastfeed during the night? Yes ____ No ____ • Does the child take any other food or fluids? If Yes, what food or fluids? _____ How many times per day? ____ times What do you use to feed the child? _____ If very low weight for age: How large are servings? _____ • Does the child receive his/her own servings? ____ Who feeds the child and how? _____ During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		

Advice mother when to return immediately
Return for follow-up in days



EXERCISE U

In this video exercise, you will watch two case studies. Record the child's signs and classifications on the Recording Form on the next two pages.

I.D.-No. _____ **MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present)

TREAT

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT</p> <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? _____ Days</p> <ul style="list-style-type: none"> • Count the breaths in one minute. (child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE DIARRHOEA?</p> <p>For how long? _____ Days</p> <p>Is there blood in the stools?</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE THROAT PROBLEM:</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <ul style="list-style-type: none"> • Fever (temperature 37.5C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE AN EAR PROBLEM?</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? _____ Days</p> <ul style="list-style-type: none"> • Look for pus draining from the ear. • Feel for tender swelling behind the ear. <p>Yes _____ No _____</p>	
<p>DOES THE CHILD HAVE FEVER? (by history/feels no temperature 37.5C or above)</p> <p>Malaria transmission in the area = Yes Transmission season = Yes In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes</p> <p>Yes _____ No _____</p> <p>(if yes, use the relevant treatment instructions)</p> <ul style="list-style-type: none"> • Fever For how long? _____ days • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? <p>• Look for stiff neck.</p> <p>• Look for runny nose.</p> <p>• Look for signs of MEASLES</p> <p>• Generalized rash of measles AND One of these: cough, runny nose, or red eyes.</p> <p>• Look for mouth ulcers.</p> <p>Are they deep and extensive?</p> <ul style="list-style-type: none"> • Look for pus draining from the eye. • Look for clouding of the cornea. <p>If the child has measles now or within the last 3 months:</p>	

EXERCISE U, Video Summary Case Study 1

ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ____ Not Very Low ____ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date)</p>	<p>Immunization to be given today?</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months</p>	<p>Vitamin-A needed Yes ____ No ____</p>	<p>Vitamin-A to be given today? Yes ____ No ____</p>
<p>FOR CHILDREN 1 YEAR OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months</p>	<p>Mebendazole needed Yes ____ No ____</p>	<p>Mebendazole to be given today? Yes ____ No ____</p>
<p>ASSESS CHILD'S FEEDING If child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> • Do you breastfeed your child? If Yes, how many times in 24 hours? ____ times. Yes ____ No ____ Do you breastfeed during the night? ____ times. Yes ____ No ____ • Does the child take any other food or fluids? If Yes, what food or fluids? _____ _____ • How many times per day? ____ times What do you use to feed the child? _____ _____ • If very low weight for age: How large are servings? _____ _____ • Does the child receive his/her own servings? _____. Who feeds the child and how? _____ _____ • During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? _____ _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		
<p>Advice mother when to return immediately Return for follow-up in days</p>		

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

I.D.No _____

Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? _____ Follow-up Visit? _____

ASSESS (Circle all signs present)

TREAT

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS <p>• LETHARGIC OR UNCONSCIOUS</p> <p>• CONVULSING NOW</p> <p>ANY DANGER SIGN PRESENT</p> <p>Yes _____ No _____</p> <p>• Count the breaths in one minute. (child must be calm)</p> <p>breaths per minute. Fast breathing?</p> <p>• Look for chest indrawing.</p> <p>• Look and listen for stridor.</p> <p>• Look and listen for wheeze</p>			
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</p> <p>For how long? _____ Days</p> <p>• Look at the child's general condition. Is the child:</p> <p>Lethargic or unconscious?</p> <p>Restless or irritable?</p> <p>• Look for sunken eyes.</p> <p>• Offer the child fluid. Is the child:</p> <p>Not able to drink or drinking poorly?</p> <p>Drinking eagerly, thirsty?</p> <p>• Pinch the skin of the abdomen. Does it go back:</p> <p>Very slowly (longer than 2 seconds)?</p> <p>Slowly?</p>			
<p>DOES THE CHILD HAVE THROAT PROBLEM:</p> <p>Does the child have sore throat?</p> <p>Is the child not able to drink?</p> <p>Does the child have fever?</p> <p>Yes _____ No _____</p> <p>• Fever (temperature 37.5°C or above).</p> <p>• Feel for tender enlarged lymph nodes on the neck.</p> <p>• Look for red, enlarged tonsils.</p> <p>• Look for white exudate on the throat.</p>			
<p>DOES THE CHILD HAVE AN EAR PROBLEM?</p> <p>Is there severe ear pain?</p> <p>Is there ear discharge?</p> <p>If Yes, for how long? _____ Days</p> <p>Yes _____ No _____</p> <p>• Look for pus draining from the ear.</p> <p>• Feel for tender swelling behind the ear.</p>			
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)</p> <p>Malaria transmission in the area = Yes _____ No _____</p> <p>Transmission season = Yes _____ No _____</p> <p>In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = Yes _____ No _____</p> <p>(if yes, use the relevant treatment instructions)</p> <p>• Fever For how long? _____ days</p> <p>• If more than 7 days, has fever been present every day?</p> <p>• Has the child had measles within the last 3 months?</p> <p>• Look for mouth ulcers.</p> <p>Are they deep and extensive?</p> <p>• Look for pus draining from the eye.</p> <p>• Look for clouding of the cornea.</p>			

EXERCISE U, Video Summary Case Study 2

ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>THEN CHECK FOR MALNUTRITION</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Very Low ____ Not Very Low ____ 		
<p>THEN CHECK FOR ANAEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor Severe palmar pallor? Some palmar pallor? 		
<p>CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p>BCG _____ PENTAVALENT - 1 _____ PENTAVALENT - 2 _____ PENTAVALENT - 3 _____ Measles-1 _____ OPV0 _____ OPV 1 _____ OPV 2 _____ OPV 3 _____ Measles-2 _____</p>	<p>Return for next immunization on: _____ (Date)</p>	<p>Immunization to be given today?</p>
<p>FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS</p> <p>Has the child received vitamin A in the last 6 months</p>	<p>Vitamin-A needed Yes ____ No ____</p>	<p>Vitamin-A to be given today? Yes ____ No ____</p>
<p>FOR CHILDREN 1 YEAR OR ABOVE CHECK THE CHILD'S DEWORMING STATUS</p> <p>Has the child received Mebendazole in the last 6 months</p>	<p>Mebendazole needed Yes ____ No ____</p>	<p>Mebendazole to be given today? Yes ____ No ____</p>
<p>ASSESS CHILD'S FEEDING If child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> • Do you breastfeed your child? If Yes, how many times in 24 hours? ____ times. Yes ____ No ____ Do you breastfeed during the night? ____ times. Yes ____ No ____ • Does the child take any other food or fluids? If Yes, what food or fluids? _____ _____ • How many times per day? ____ times What do you use to feed the child? _____ _____ • If very low weight for age: How large are servings? _____ _____ • Does the child receive his/her own servings? _____. Who feeds the child and how? _____ _____ • During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? _____ _____ 	<p>FEEDING PROBLEMS</p>	<p>FEEDING ADVICE</p>
<p>ASSESS OTHER PROBLEMS</p>		
<p>Advice mother when to return immediately Return for follow-up in days</p>		

For each of the children shown, answer the question.

	Does the child have chest indrawing?	
	YES	NO
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		
Child 7		