सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)

CHART BOOKLET FOR MEDICAL OFFICERS

Child Health Division
Ministry of Health & Family Welfare
Government of India

2023

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

SICK YOUNG INFANT AGE UPTO 2 MONTHS

- **ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT**
  - **Assess, Classify and Identify Treatment**
    - Check for Possible Bacterial Infection **/4**
    - Check for Jaundice **/5**
    - Then ask: Does the young infant have diarrhoea? **/6**
    - Then Check for Feeding Problem or low weight for age **/7**
    - Then Check the Young Infant's Immunization Status **/8**
    - Assess Other Problems **/8**
  - **Treat the Young Infant and Counsel the Mother**
    - Give first dose of Intramuscular Antibiotics **/9**
    - Treat the Young Infant to Prevent Low Blood Sugar **/9**
    - Keep the young infant warm **/10**
    - Keep the young infant warm on the way to the hospital **/10**
    - Teach the mother to give oral drugs at home **/11**
    - Give oral antibiotic **/11**
    - Teach the mother to treat local infection at home **/11**
    - To Treat Skin Pustules or Umbilical infection **/11**
    - Advice mother to give home care for young infant **/11**
    - Teach correct position and attachment for breastfeeding **/12**
    - Teach the mother how to express breastmilk **/12**
    - Teach mother/ caregiver where there is no prospect of breastfeeding or has to give replacement feeds temporarily **/12**
    - Teach the mother to feed with a cup and spoon **/12**
    - To treat thrush (*ulcers or white patches in mouth*) **/12**
    - Teach the mother to treat breast or nipple problems **/13**
    - Teach the mother how to keep the young infant with low weight warm at home **/13**
    - Immunize Every Sick Young Infant **/13**
    - Advice mother to give home care for the young infant **/14**
    - Advice the mother when to return to physician or health worker immediately **/14**
    - Counsel the mother about her own health **/14**
  - **Give Follow-up Care for the Sick Young Infant**
    - Pneumonia **/15**
    - Local Bacterial Infection **/15**
    - Jaundice **/15**
    - Diarrhoea **/15**
    - Feeding Problem **/15**
    - Thrush **/15**
    - Low Weight **/15**

SICK CHILD AGE 2 MONTHS UPTO 5 YEARS

- **ASSESS, CLASSIFY AND TREAT THE SICK CHILD**
  - **Assess, Classify and Identify Treatment**
    - Check for General Danger Signs **/16**
    - Then Ask About Main Symptoms:
      - Does the child have cough or difficult breathing? **/17**
      - Does the child have diarrhoea? **/18**
      - Does the child have fever? **/19**
        - Classify malaria **/19**
        - Classify dengue**/19**
        - Classify measles **/19**
    - Does child have ear problem? **/20**
    - Then Check for Malnutrition **/20**
  - Then Check for Anemia **/21**
  - Then Check the Child's Immunization, Prophylactic **/21**
  - Vitamin A & Iron Folic Acid Supplementation Status **/21**
  - Assess Other Problems **/21**
  - Counsel the mother about her own health **/21**
- **TREAT THE CHILD**
  - **Give These Treatments in Clinic Only**
    - Give an Intramuscular Antibiotic **/22**
    - Give Quinine for Severe Malaria **/22**
    - Give inhaled salbutamol for wheezing **/23**
    - Plan C: Treat Severe Dehydration Quickly **/23**
    - Treat the Child to Prevent Low Blood Sugar **/23**
  - **Teach the Mother to Give Oral Drugs at Home**
    - Give an Oral Appropriate Antibiotic **/24**
    - Give Paracetamol for high fever **/24**
    - Give Zinc **/24**
    - Give Vitamin A **/24**
    - Give Iron & Folic Acid **/24**
  - **Teach the Mother to Treat Local Infections at Home**
    - Soothe the Throat, Relieve the Cough with a Safe Remedy if the infant is 6 months or older **/25**
    - Treat Eye Infection with antibiotic **/25**
    - Clear the ear by dry wicking and give ear drops **/25**

    Give Extra Fluid for Diarrhoea and Continue Feeding
    - Plan B: Treat Some Dehydration with ORS **/25**
    - Give Oral Antimalarials **/26**
    - Educate caregivers for care in dengue fever **/27**
    - Give multivitamins and micro-nutrients to children with severe acute malnutrition without medical complications **/27**
  - **Counsel the mother on how to feed the child with acute malnutrition /28**

- **TREAT THE CHILD**
  - **Give Extra Fluid, Zinc Supplementation for Diarrhoea and Continue Feeding**
    - Plan A: Treat Diarrhoea at Home **/29**
- **COUNSEL THE MOTHER**
  - Assess the Child's Feeding **/30**
  - Feeding Recommendations during Sickness and Health **/31**
  - Counsel the Mother About Feeding Problems **/32**
  - Assess mother's/ caregivers practices to support child's development **/33**
  - Recommendations on care for child development **/34**
  - Counsel the Mother for practices to support child's development using MCP cards **/35**
  - Advise mother to increase fluid during illness **/36**
  - **When to Return**
    - Advise the Mother When to Return to Health Worker **/36**
  - **Give Follow-up Care**
    - Pneumonia **/37**
    - Diarrhoea **/37**
    - Persistent Diarrhoea **/37**
    - Dysentery **/37**
    - Malaria **/38**
    - Dengue fever **/38**
    - Fever-Malaria Unlikely **/38**
    - Measles with Eye or Mouth Complications **/38**
    - Ear Infection **/38**
    - Feeding problem **/39**
    - Uncomplicated SAM **/39**
    - MAM **/39**
    - Anemia **/39**
- **ANNEXURES**
- **RECORDING FORMS**
  - **Management of the sick young infant age upto 2 months /40-41**
  - **Management of sick child aged 2 months upto 5 years /42-43**
- **WEIGHT FOR AGE SD score /44**
- **WEIGHT FOR LENGTH SD score /45**
- **WEIGHT FOR HEIGHT SD score /46**

REMEMBER

Several infections like seasonal flu, COVID-19 are highly infectious. Use recommended infection prevention measures like use of personal protection equipment (PPE), hand washing etc. when taking history, during clinical examination and providing treatment to sick infants & children to protect yourself and cross-transmission.

ASSESS AND CLASSIFY THE SICK YOUNG INFANT AGE UPTO 2 MONTHS

ASSESS

ASK THE MOTHER WHAT THE YOUNG INFANT'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 TREAT THE INFANT CHART.
  - ➢ if initial visit, assess the young infant as follows:

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

A child with a pink classification needs URGENT attention, complete the assessment and pre- referral treatment immediately so that referral is not delayed

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION

ASK:

- Is the infant having difficulty in feeding?
- Has the infant had convulsions?

LOOK, LISTEN, FEEL:

- Count the breaths in one minute. Repeat the count if it is 60 or more breaths per minute.
- Look for severe chest indrawing.

} **YOUNG INFANT MUST BE CALM**

- Measure axillary temperature (if not possible, feel for fever or low body temperature).
- Look at the young infant's movements. *If infant is sleeping , ask the mother to wake him/her.*
  - ➢ *Does the infant move on his/her own?*
  - ➢ *Does the infant move only when stimulated but then stops?*
  - ➢ *Does the infant not move at all?*
- *Look at the umbilicus. Is it red or draining pus?*
- *Look for skin pustules.*

Classify ALL YOUNG INFANTS

*# If referral is not possible, see the section **Where Referral Is Not Possible**.*

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
Any one or more of the following signs: • Not able to feed at all or not feeding well or • Convulsions or • Fast breathing (60 breaths per minute or more in infants less than 7 days) or • Severe chest indrawing or • Axillary temperature 37.5°C/99.5°F or above (or feels hot to touch) or • Axillary temperature less than 35.5°C/95.9°F (or feels cold to touch) or • Movement only when stimulated or no movement at all	**POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE**	• ***Give anticonvulsant, if convulsing now*** • ***Give first dose of intramuscular ampicillin and gentamicin*** • ***Treat to prevent low blood sugar*** • ***Advise the mother how to keep the infant warm on the way to the hospital*** • ***Give oxygen on the way to hospital, if infant has fast breathing/ chest indrawing*** • ***Refer URGENTLY to hospital #***
• Fast breathing (60 breaths per minute or more) in infants 7-59 days old	**PNEUMONIA**	• ***If infant also has low weight for age or another severe classification:*** ➢ ***Give first dose of intramuscular ampicillin and gentamicin*** ➢ ***Refer URGENTLY to hospital#*** • *If infant does not have low weight for age or another severe classification:* ➢ ***Give oral amoxicillin for 7 days*** ➢ *Advise the mother to give home care for the young infants* ➢ *Advise mother when to return immediately* ➢ *Follow up after 2 days*
• Umbilicus red or draining pus or • Skin pustules	**LOCAL BACTERIAL INFECTION**	• ***Give oral amoxicillin for 5 days*** • *Teach the mother how to treat local infections at home* • *Advise the mother to give home care for the young infant* • *Advise mother when to return immediately* • *Follow up after 2 days*
• No Signs of bacterial infections or very severe disease	**INFECTION UNLIKELY**	• *Advise the mother to give home care for the young infant*

THEN,CHECK FOR JAUNDICE

ASK:	***LOOK, LISTEN, FEEL:***
• When did jaundice first appear?	• Look for jaundice (yellow skin) • Look at the young infant's palms and soles. Are they yellow ?

Classify JAUNDICE

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
• Any jaundice in an infant aged less than 24 hours or • Yellow palms or soles at any age	**SEVERE JAUNDICE**	• *Treat to prevent low blood sugar.* • ***Refer URGENTLY to hospital #*** • *Advise mother how to keep baby warm on the way to the hospital*
• Jaundice appearing after 24 hours of age and • Palms and soles not yellow	**JAUNDICE**	• *Advise the mother to give home care for young infants* • *Advise the mother to return immediately if the infant's palm or soles appear yellow* • *If the infant is older than 2 weeks, refer to a hospital for assessment* • Follow up after 2 day
• No jaundice	**NO JAUNDICE**	• Advise the mother to give home care to the young infant

 # If referral is not possible, see the section ***Where Referral Is Not Possible****.*

THEN ASK:

Does the young infant have diarrhoea?*

IF YES LOOK AND FEEL:

- Look at the young infant's general condition:
  - ➢ Look at Infant's movements:
    - ⇨ Does the infant move on his/her own?
    - ⇨ Does the infant move only when stimulated and then stops?
    - ⇨ Does the infant not move at all?
  - ➢ Is the infant restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen.
  - ➢ Does it go back:
    - ⇨ Very slowly (longer than 2 seconds)?
    - ⇨ Slowly?

* ***What is diarrhoea in a young infant?***
If the stools have changed from usual pattern and are many and watery (more water than fecal matter). Normal frequent or loose stools in a breastfed baby is not diarrhoea.

Blood in stool in young infant needs referral to a hospital to rule out surgical and medical causes

Classify DIARRHOEA for DEHYDRATION

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
Two of the following signs: • Movements only when stimulated or no movement at all • Sunken eyes • Skin pinch goes back very slowly	**SEVERE DEHYDRATION**	• ***Give first dose of intramuscular ampicillin and gentamicin*** • *If infant also has another severe classification:* ➢ ***Refer URGENTLY to hospital**** *with the mother giving frequent sips of ORS on the way* ➢ *Advise mother to continue breastfeeding* ➢ *Advise mother how to keep the young infant warm on the way to the hospital* *OR* • *If infant does not have any other severe classification:* ➢ *Give fluid for severe dehydration (Plan C) and then refer to hospital after rehydration*
Two of the following signs: • Restless, irritable • Sunken eyes • Skin pinch goes back slowly	**SOME DEHYDRATION**	• *If infant also has low weight for age or another severe classification:* ➢ ***Give first dose of intramuscular ampicillin and gentamicin*** ➢ ***Refer URGENTLY to hospital**** *with mother giving frequent sips of ORS on the way* ➢ *Advise mother to continue breastfeeding* ➢ *Advise mother how to keep the young infant warm on the way to the hospital* • *If infant does not have low weight or another severe classification:* ➢ *Give fluids for some dehydration (Plan B)*
• Not enough signs to classify as some or severe dehydration	**NO DEHYDRATION**	• *Give fluids and breastfeeds to treat diarrhoea at home (Plan A)* • *Advise mother when to return immediately* • *Follow up after 2 days if no improvement*

 # If referral is not possible, see the section ***Where Referral Is Not Possible****.*

THEN CHECK FOR A FEEDING PROBLEM OR LOW WEIGHT FOR AGE

ASK:

- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant usually receive any other foods or drinks?
  - If yes, how often?
  - What do you use to feed the infant?

LOOK, LISTEN, FEEL:

- Measure weight
  - Is weight less than 1800 gms? Yes/ No
  - Determine weight for age
    - Weight for age ≥ –2 SD score
    - Weight for age <-2 score
    - Weight for age less than –3SD score
- Look for ulcers or white patches in the mouth (thrush)

Classify FEEDING

IF AN INFANT: **Has any difficulty in feeding, or**
Is breastfeeding less than 8 times in 24 hours, or
Is taking any other foods or drinks, or
Is low weight for age, and
Has no indication to refer to hospital.

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?

If the infant has not fed in the previous hour, ask the mother to put her infant to the breast.
Observe the breastfeed for 4 minutes.
(If the infant was fed during the previous hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

- Is the infant able to attach?

no attachment at all *not well attached* *good attachment*

- *TO CHECK ATTACHMENT, LOOK FOR:*
  - *Chin touching breast*
  - *Mouth wide open*
  - *Lower lip turned outward*
  - *More areola visible above than below the mouth*

(All of these signs should be present if the attachment is good)

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?

not suckling at all *not suckling effectively* *suckling effectively*

- Does the mother have pain while breastfeeding?

Clear a blocked nose if it interferes with breastfeeding.
If yes, look and feel for:

- Flat or inverted nipples, or sore nipples
- Engorged breasts or breast abscess

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
• Weight less than 1800 gm in infants less than 7 days • Weight for age less than –3 SD in infants 7-59 days old	**VERY LOW WEIGHT**	• ***Refer URGENTLY to hospital#*** • Treat to prevent low blood sugar. • Warm the young infant by skin to skin contact if temperature < 36.5°C/97.7°F (or feels cold to touch) while arranging referral. • Advise mother how to keep the young infant warm on the way to the hospital.

• Not well attached to breast or
• Not suckling effectively or
• Less than 8 breastfeeds in 24 hours or
• Receives other foods or drinks or
• Thrush (ulcers or white patches in mouth) or
• Low weight for age (Weight for age <-2 SD) or
• Breast or nipple problems
	FEEDING PROBLEM AND/OR LOW WEIGHT FOR AGE	• If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks.
		• If not well attached or not suckling effectively, teach correct positioning and attachment.
		• If breastfeeding less than 8 times in 24 hours, advise to increase frequency of breastfeeding.
		• If not breastfeeding at all
		  ➢ refer for breastfeeding counseling and relactation .
		  ➢ advise mother for giving locally appropriate animal milk and teach the mother to feed with a cup and spoon
		• If thrush, teach the mother to treat thrush at home.
		• If low weight for age:
		  ➢ teach the mother how to keep the young infant warm at home.
		  ➢ advise to increase frequency of breastfeeding
		• If breast or nipple problem, teach the mother to treat breast or nipple problems.
		• Advise mother to give home care to the young infant.
		• Advise mother when to return immediately.
		• Follow-up any feeding problem or thrush after 2 days.
		• Follow-up low weight for age after 14 days.

• Not low weight for age (≥ -2SD) and no other signs of inadequate feeding	**NO FEEDING PROBLEM**	• *Praise the mother for feeding the infant well.* • *Advise mother to give home care to the young infant.* • *Advise mother when to return immediately.*

*# If referral is not possible, see the section **Where Referral Is Not Possible**.*

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

IMMUNIZATION SCHEDULE*:

ASK:	*VACCINE:*		
At Birth	BCG	OPV 0	HEP-B 0
6 weeks	Penta-1	OPV 1	Rotavirus-1 fIPV-1 PCV-1

ASSESS OTHER PROBLEMS

ASSESS THE MOTHER/CAREGIVER'S DEVELOPMENT SUPPORTIVE PRACTICES & COUNSEL FOR PRACTICES TO SUPPORT CHILD'S DEVELOPMENT

COUNSEL THE MOTHER ABOUT HER OWN HEALTH

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

GIVE THESE TREATMENTS IN CLINIC ONLY

- **Explain to the mother why the drug is given.**
- **Determine the dose appropriate for the infant's weight (or age).**
- **Use a sterile needle and sterile syringe. Measure the dose accurately.**
- **Give the drug as an intramuscular injection.**

IF REFERRAL IS NOT POSSIBLE

- Referral is the best option for a young infant classification with POSSIBLE SERIOUS BACTERIAL INFECTION, DIARRHOEA WITH SEVERE DEHYDRATION, SOME DEHYDRATION AND LOW WEIGHT / VERY LOW WEIGHT FOR AGE.
- If referral is not possible or refused, give oral amoxicillin (25-30 mg/kg) every 12 hours and intramuscular gentamicin once daily.
  - ➢ *At each contact for injection of antibiotics, explain again to the caregiver that the infant is very sick and should urgently be referred for hospital care.*
  - ➢ *If referral is still not possible, continue giving once-daily intramuscular gentamicin and twice –daily oral amoxicillin until referral is feasible or for 7 days.*
- Urgent referral is also needed in SEVERE JAUNDICE. Explain & counsel for urgent referral at each visit .

- ***Give First Dose of Intramuscular Antibiotics***
- *Give first dose of both ampicillin and gentamicin intramuscularly.*

Weight	**Ampicillin** Dose : 50 mg/ kg	**Gentamicin** Dose: 5 - 7.5 mg /kg /day		**Treat Convulsion**
	Add 1.3 ml sterile water = 250 mg/1.5 ml or 166mg/ml	Strength 80 mg/ 2 ml vial (40 mg / ml)	Strength 20 mg/ ml	If the infant is convulsing, give diazepam (10 mg/2 ml solution) in dose 0.25 mg/kg (0.05 ml/kg) IV or 0.5 mg/ kg (0.1 ml/ kg) rectally; if convulsions continue after 10 minutes, give a second dose of diazepam. Use Phenobarbital (200 mg/ml solution) in a dose of 20 mg/kg IM to control convulsions in infants less than 2 weeks of age
<1.5 kg	0.4 ml	0.2 ml	0.4 ml	
1.5 kg upto 2.0 kg	0.5 ml	0.2 ml	0.4 ml	
2 kg upto 3.0 kg	0.8 ml	0.3 ml	0.6 ml	
3 kg upto 4.0 kg	1.0 ml	0.4 ml	0.8 ml	
4 kg upto 5.0 kg	1.3 ml	0.5 ml	1.0 ml	

Prefer to use 20 mg/ ml strength (may be prepared by adding 2 ml sterile water in 80 mg/ 2 ml vial i.e. total volume 4 ml giving strength of 20 mg/ml).

- ***Treat the Young Infant to Prevent Low Blood Sugar***
  - ➢ **If the child is able to breastfeed:**

    Ask the mother to breastfeed the child.
  - ➢ **If the child is not able to breastfeed but is able to swallow:**

    Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) of sugar water.

    To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200 ml cup of clean water.
  - ➢ **If the child is not able to swallow:**

    Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.

KEEP THE YOUNG INFANT WARM

- ***Warm the young infant using Skin to Skin contact (Kangaroo Mother Care)***

  - Provide privacy to the mother. If mother is not available, Skin to Skin contact may be provided by the father or any other adult.
  - Request the mother to sit or recline comfortably.
  - Undress the baby gently, except for cap, nappy and socks.
  - Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby's head to one side to keep airways clear.
  - Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother duo with an added blanket or shawl.
  - Breastfeed the baby frequently.
  - If possible, warm the room (>25°C/77°F) with a heating device.

- ***Skin to Skin contact is the most practical, preferred method of warming a hypothermic infant in a primary health care facility. If not possible:***
  - Clothe the baby in 3-4 layers, cover head with a cap, put gloves, socks and cover body with a soft, dry cloth and then by a blanket or a shawl; hold the baby close to the caregiver's body.

- ***Keep the young infant warm on the way to the hospital***

  - By Skin to Skin contact or
  - Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold the baby close to the caregiver's body.

TREAT THE YOUNG INFANT FOR LOCAL INFECTIONS/ JAUNDICE AT HOME

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

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

- ***Teach the Mother to Treat Local Infections at Home***
  - ➢ Explain how the treatment is given.
  - ➢ Watch her as she gives the first treatment in the clinic.
  - ➢ She should return to the clinic if the infection worsens.
  - ➢ Check the mother's understanding before she leaves the clinic.

- **Give oral amoxicillin**
  - ➢ For pneumonia or when referral is not possible, give twice daily for 7 days
  - ➢ For local bacterial infection: Give twice daily for 5 days

Weight (Kg)	Syrup (125 mg/5 ml) per dose in ml	Tab 125 mg (per dose)	Tab 250 mg (per dose)
1.5 kg upto 2.0 kg	2 ml	½	¼
2.0 kg upto 3.0 kg	2.5 ml	½	¼
3.0 kg upto 4.0 kg	3. 5 ml	1	½
4.0 kg upto 5.0 kg	5 ml	1	½

- ***To Treat Skin Pustules or Umbilical Infection***
  - ➢ Apply gentian violet paint twice daily.
  - ➢ The mother should:
    - ⇨ Wash hands.
    - ⇨ Gently wash off pus and crusts with soap and water.
    - ⇨ Dry the area and paint with gentian violet 0.5% or antibacterial ointment.
    - ⇨ Wash hands again.

- ***Advise Mother to Give Home Care for the Young Infant***
  - ➢ Immediately after birth , baby should be put on the mother's abdomen for skin to skin contact.
  - ➢ Initiate breastfeeding within one hour of birth.
  - ➢ Breastfeed day and night as often as the baby wants , at least 8 times in 24 hours . Frequent feeding produces more milk.
  - ➢ If the baby is small (low birth weight), feed him or her at least every 2-3 hours . Wake the baby for feeding after 3 hours, if she or he does not wake-up self.
  - ➢ Breastfeed as often as the baby wants. Look for signs of hunger, such as beginning to fuss , sucking fingers , or moving lips.
  - ➢ DO NOT give other foods or fluids. Breast milk is all the baby needs.
  - ➢ Make sure the young infant stays warm at all times. In cool weather, cover the infant's head and feet and dress the infant with extra clothing.
  - ➢ Wash hands with soap and water after defecation and after cleaning bottom of the baby
  - ➢ Do not apply anything on the cord and keep the umbilicus cord dry.

To treat diarrhoea, see TREAT THE CHILD Chart

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS

- ***Teach Correct Positioning and Attachment for Breastfeeding***
  - ➢ Show the mother how to hold her infant:
    - ⇨with the infant's head and body straight
    - ⇨facing her breast, with infant's nose opposite her nipple
    - ⇨with infant's body close to her body
    - ⇨supporting infant's whole body, not just neck and shoulders.
  - ➢ Show the mother how to help her infant to attach, she should:
    - ⇨touch her infant's lips with her nipple
    - ⇨wait until her infant's mouth is opening wide
    - ⇨move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.
  - ➢ Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

- **Teach the mother how to express breastmilk**

To express breast milk:

- ➢ The mother should wash hands, sit comfortably and hold a cup or 'katori' under the nipple and areola.
- ➢ Place her finger on the top of the breast and the first finger on the underside of the breast so that they are opposite to each other (at least 4 cm from the tip of the nipple).
- ➢ Compress and release the breast tissue between her finger and thumb a few times.
- ➢ If the milk does not appear, she should re-position her thumb and finger closer to the nipple and compress and release the breast as before.
- ➢ Compress and release all the way round the breast, keeping her fingers the same distance from the nipple.
- ➢ She should be careful not to squeeze the nipple, to rub the skin or move her thumb or finger on the skin.
- ➢ Express one breast until the milk just drips, and then express the other breast until the milk just drips.
- ➢ Alternate 5–6 times between breasts for at-least 20-30 minutes.

- **Teach mother/caregiver where there is no prospects of breastfeeding or has to give replacement feeds temporarily**
  - ➢ Prepare milk correctly & hygienically
- **Teach the mother to feed with a cup and spoon (donor human milk/ animal milk)**
  - ➢ Place the young infant in upright posture (feeding him in lying position can cause aspiration)
  - ➢ Keep a soft cloth napkin or cotton on the neck and upper trunk to mop the spilled milk.
  - ➢ Gently stimulate the young infant to wake him up
  - ➢ Put a measured amount of milk in the cup
  - ➢ Hold the cup so that it rests lightly on young infant's lower lip
  - ➢ Tilt the cup so that the milk just reaches the infant's lips
  - ➢ Allow the infant to take the milk himself and swallows it. DO NOT pour the milk into the infant's mouth.

- ***To Treat Thrush (ulcers or white patches in mouth)***
  - ➢ Tell the mother to do the treatment twice daily.
- **The mother should:**
  - ➢ Wash hands.
  - ➢ Wipe mouth with clean soft cloth wrapped around the finger and wet with salt water.
  - ➢ Paint the mouth (ulcers /patches) with gentian violet 0.25% or put two– three drops of clotrimazole mouth paint on white patches.
  - ➢ Wash hands again.

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS OR LOW WEIGHT

- ***Teach the mother to treat breast or nipple problems***

  - If the nipple is flat or inverted, evert the nipple several times with fingers before each feed and put the baby to the breast.
  - If nipple is sore, apply breast milk for soothing effect and ensure correct positioning and attachment of the baby. If mother continues to have discomfort, feed expressed breast milk with a cup.
  - If breasts are engorged, let the baby continue to suck if possible. If the baby cannot suckle effectively, help the mother to express milk and then put the young infant to the breast. Putting a warm compress on the breast may help.
  - If breast abscess, advise mother to feed from the other breast and refer to a surgeon. If the young infant wants more milk, feed undiluted animal milk with added sugar by cup and spoon.

- ***Teach the mother how to keep the young infant with low weight warm at home:***

  - Do not bathe young infant with low weight or low body temperature; instead sponge with lukewarm water to clean.
  - Provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.
  - When Skin to Skin contact not possible:
    - Keep the room warm (>25^{o}C/77^{o}F) with a home heating device.
    - Clothe the baby in 3-4 layers; cover the head, hands and feet with cap, gloves and socks, respectively.
    - Let the baby and mother lie together on a soft, thick bedding.
    - Cover the baby and the mother with additional quilt, blanket or shawl, especially in cold weather.

FEEL THE FEET OF THE BABY PERIODICALLY– BABY'S FEET SHOULD BE ALWAYS WARM TO TOUCH

- ***Immunize Every Sick Young Infant, as Needed.***

COUNSEL THE MOTHER

- ***Assess the mother/caregiver's development supportive practices***
  - ***ASK-***
    - How do you play with your baby ?
    - How do you talk to your baby?
    - How do you get your baby smile?
  - ***LOOK-***
    - How does caregiver show he or she is aware of child's movements?
      - How does caregiver comfort the child and show love?

- ***Counsel the mother /caregiver for practices to support child's development***
  - **If the mother reports she does not** play with baby : Discuss ways to help baby see, hear, feel and move, appropriate for baby's age and Ask caregiver to do play or communication activity, appropriate for age.
  - **If the mother reports she does not** talk to child or talks harshly to child: Ask caregiver to looks into baby's eye , gently hold and talk to the baby.

- ***Counsel the Mother About Her Own Health***
  - *If the mother is sick, very thin or looking depressed, provide care for her, or refer her to hospital for help.*
  - *If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.*
  - *Advise her to eat well to keep up her own strength and health. Advise her to take one additional energy dense meal to meet requirements for good lactation.*
  - *Give iron folic acid (1 tab 60 mg elemental iron daily + 500 microgram folic acid) & Calcium tablets (500 mg elemental calcium with 250 IU Vitamin D twice daily) . Advise her to continue it for a total of 180 days.*
  - *Make sure she has access to:*
    - *Contraceptives*
    - *Counselling on STD and AIDS prevention*

Advise the Mother when to return to physician

If the infant has:	**Return for follow-up after:**
PNEUMONIA LOCAL BACTERIAL INFECTION JAUNDICE DIARRHOEA ANY FEEDING PROBLEM THRUSH	2 days
LOW WEIGHT FOR AGE	14 days

Advise the mother to return immediately if the young infant has any of these signs:

- Breastfeeding or drinking poorly
- Becomes sicker
- Develops a fever or feels cold to touch
- Fast breathing
- Difficult breathing
- Yellow palms and soles (if infant has jaundice)
- Diarrhoea with blood in stool

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

- ***PNEUMONIA after 2 days***
  - ➢ Reassess the young infant for PSBI or PNEUMONIA as described on page –4
  - ➢ Refer URGENTLY to hospital if the infant becomes worse or develops any new sign of POSSIBLE SERIOUS BACTERIAL INFECTION or VERY SEVERE DISEASE.
  - ➢ If respiratory rate is less but still fast breathing , ask mother to continue amoxicillin twice daily and follow-up after 2 days
  - ➢ If the young infant is improving , ask the mother to continue giving the oral amoxicillin twice daily and complete 7 days treatment

- ***LOCAL BACTERIAL INFECTION***

  After 2 days:
  - ➢ Look at the umbilicus. Is it red or draining pus?
  - ➢ Look for skin pustules.

  Treatment:
  - ➢ If ***umbilical redness or pus remains or is worse***, refer to hospital. If ***umbilical pus and redness are improved***, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.
  - ➢ If skin pustules are the same or worse , refer the infant to hospital . If they are improved , tell the mother to complete 5 days of treatment.

- ***LOW WEIGHT***

  After 14 days:

  Weigh the young infant and determine if the infant is still low weight for age. Reassess feeding. See "Then Check for Feeding Problem or Low Weight" above.
  - ➢ If the infant is ***no longer low weight for age***, praise the mother and encourage her to continue feeding as advised.
  - ➢ If the infant is ***still low weight for age but has gained weight and is feeding well***, praise the mother. Ask her to have her infant weighed again after 7 days.
  - ➢ If the infant ***still has a feeding problem***, counsel the mother about the feeding problem. Ask the mother to return again in 2 days.
  - ➢ If the young infant has ***lost weight*** in next follow-up visit or ***there is static weight during two follow-ups***, refer to hospital for assessment.

- ***JAUNDICE***

  After 2 days:
  - ⇨ Look for jaundice
    - ▫ Are the palms and soles yellow?
  - ➢ If palms and soles are yellow or age 14 days or more refer to hospital
  - ➢ If palms and soles are not yellow and age less than 14 days, advise home care and when to return immediately

- ***DIARRHOEA***

  After 2 days:

  Ask: Has the diarrhoea stopped?
  - ➢ If diarrhoea persists, Assess the young infant for diarrhoea (see *ASSESS & CLASSIFY* chart) and manage as per initial visit
  - ➢ If diarrhoea stopped—reinforce exclusive breastfeeding

- ***FEEDING PROBLEM***

  After 2 days:

  Reassess feeding. See "Then Check for Feeding Problem or Low Weight" above.

  Ask about any feeding problems found on the initial visit.
  - ➢ Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again in 2 days.

Exception: If you do not think that feeding will improve, or if the young infant has *lost weight*, refer to hospital

- ***THRUSH***

  After 2 days:

  Look for ulcers or white patches in the mouth (thrush).

  Reassess feeding. See "Then Check for Feeding Problem or Low Weight"
  - ➢ If *thrush is worse*, or the infant has *problems with attachment or suckling*, refer to hospital.
  - ➢ If *thrush is the same or better*, and if the infant is *feeding well*, continue gentian violet 0.25% / clotrimazole for a total of 5 days.

ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UPTO 5 YEARS

ASSESS

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 TREAT THE CHILD chart.

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

CHECK FOR GENERAL DANGER SIGNS

ASK:
- Is the child not able to drink or feed?
- Does the child vomits everything?
- Has the child had convulsions?

LOOK:
- See if the child is lethargic or unconscious.
- Is the child convulsing now ?

URGENT ATTENTION

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT
• Not able to feed /drink or • Vomits everything or • Lethargy/unconscious or • Convulsion /Convulsing now	**VERY SEVERE DISEASE**	• **Give diazepam if convulsing now** • **Quickly complete the assessment** • **Give any pre-referral treatment immediately for other pink classification identified** • **Treat to prevent low blood sugar** • **Keep the child warm** • **Refer URGENTLY to hospital**

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

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

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

IF YES, ASK:
- For how long?

LOOK, LISTEN:
- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.
- Look and listen for wheezing

CHILD MUST BE CALM

- Check oxygen saturation (Spo2): < 90% / ≥ 90%

If wheezing with either fast breathing or chest indrawing

Give a trial of rapid acting inhaled bronchodilator for up to three times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.

If the child is:	**Fast breathing is:**
2 months upto 12 months	50 breaths per minute or more
12 months upto 5 years	40 breaths per minute or more

Classify COUGH or DIFFICULT BREATHING

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
• Any general danger sign or • Stridor in calm child or • Spo2 < 90%	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**	• *Give first dose of injectable ampicillin and gentamicin* • ***Refer URGENTLY to hospital.#*** • *Provide oxygen to all children on the way to the hospital* • *If wheezing give an inhaled bronchiodialator before transfer*
• Chest indrawing or • Fast breathing	**PNEUMONIA**	• ***Give Amoxycillin for 5 days.*** • *If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days** • *Soothe the throat and relieve the cough with a safe remedy if child is 6 months or older.* • *Follow-up after 2 days.*
• No signs of severe pneumonia or pneumonia	**NO PNEUMONIA: COUGH OR COLD**	• *If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days ** • *Soothe the throat and relieve the cough with a safe home remedy if child is 6 months or older.* • *If coughing more than 14 days ,refer for possible TB, or asthma assessment.* • *Advise mother when to return immediately.* • *Follow-up after 5 days if not improving.*

*In settings where inhaled bronchodilator is not available, use oral salbutamol

*# If referral is not possible, see the section **Where Referral Is Not Possible**.*

Does the child have diarrhoea?

IF YES, ASK:	***LOOK AND FEEL:***
• For how long? • Is there blood in the stool?	• **Look at the child's general condition.** ➢ Is the child: ⇨ Lethargic or unconscious? ⇨ Restless and 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: ⇨ Slowly ? ⇨ very slowly (longer than 2 seconds)

Classify DIARRHOEA

for DEHYDRATION		
Two of the following signs: • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	• *If child has no other severe classification:* ➢ *Give fluid for severe dehydration (Plan C).* • *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.*** • *If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.*
Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly.	**SOME DEHYDRATION**	• *Give fluid ,zinc supplements and food for some dehydration (Plan B).* • *If child also has a severe classification:* ➢ ***Refer URGENTLY to hospital# with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.*** • *Advise mother when to return immediately.* • *Follow-up after 5 days if not improving.*
• Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	• *Give fluid, zinc supplements and food to treat diarrhoea at home (Plan A).* • *Advise mother when to return immediately.* • *Follow-up after 5 days if not improving.*
and if diarrhoea 14 days or more		
• Dehydration present.	**SEVERE PERSISTENT DIARRHOEA**	• ***Treat dehydration before referral unless the child has another severe classification.*** • ***Refer to hospital#***
• No dehydration.	**PERSISTENT DIARRHOEA**	• *Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.* • *Give single dose of vitamin A.* • *Give zinc, multivitamin supplements daily for 14 days.* • *Follow-up after 5 days*
and if blood in stool		
• Blood in the stool.	**DYSENTERY**	• ***Treat with cefixime for 5 days*** • *Give zinc supplements for 14 days.* • *Follow-up after 2 days.*

 # If referral is not possible, see the section ***Where Referral Is Not Possible****.*

Does the child have fever?

(by history or feels hot or temperature 37.5°C/99.5°F* or above)

IF YES

Is it a PF (p. falciparum) predominant area? Yes/ No

THEN ASK:

- Fever for how long?
  - ➢ If more than 7 days , has fever been present every day?
- Is it a dengue season? Yes/No
  - ➢ If yes, is there a continuous fever of 2-7 days?
- Has the child had measles within last 3 months

LOOK AND FEEL:

- Look or feel for stiff neck
- Look for any bacterial focus of fever
- Look for signs of Measles
  - ➢ Generalized rash and
  - ➢ One of these: cough, runny nose or red eyes

☞ Do RDT for malaria in all fever cases if it is PF predominant area and if no obvious cause of fever is present in other areas or malaria suspected

If suspected dengue (dengue season & has continuous fever of 2-7 days)

☞ Look for following warning signs:

- ➢ Cold extremities
- ➢ Severe abdominal pain (abdominal pain with restlessness /anxious look)
- ➢ Bleeding from any site (skin, mucosal, hematemesis or melena)
- ➢ Positive Tourniquet test: >10 petechiae per square inch

☞ **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?

**This cutoff is for axillary temperature*

*** Other causes of fever include no pneumonia: cough or cold, pneumonia, diarrhoea, dysentery, tonsillitis, skin infections , dengue , measles.*

**** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.*

*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child**.*

Classify FEVER

If Suspected Dengue, Classify

If MEASLES Now or within last 3 months, Classify

• Any general danger sign or • Stiff neck	**VERY SEVERE FEBRILE DISEASE**	• ***Give first dose of appropriate IM antibiotics*** • ***Give first dose of artesunate or quinine if it is a PF predominant area or RDT is positive for malaria*** • ***Treat the child to prevent low blood sugar.*** • ***Give one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above).*** • ***Refer URGENTLY to hospital #.***
• Positive RDT or • RDT not available / RDT negative and no other obvious cause of fever	**MALARIA/ SUSPECTED MALARIA**	• ***Give oral antimalarial as per national guidelines after making a smear*** • *Give one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above).* • *Advise mother when to return immediately.* • *Follow-up after 2 days .*
• Negative RDT and/or other causes of fever PRESENT**	**FEVER - MALARIA UNLIKELY**	• *Give one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above)* • *Give appropriate treatment for an identified cause of fever* • *Advise mother when to return immediately.* • *Follow-up after 2 days if fever persists* • *If fever is present every day for more than 7 days , refer for assessment*
• Any general danger sign or • Cold extremities or • Severe abdominal pain or • Bleeding from any site or • Positive Tourniquet test	**SEVERE DENGUE / DENGUE WITH WARNING SIGNS**	• ***Refer URGENTLY to hospital*** • *If accepting orally , advise mother to give frequent sips of ORS / fluids on the way to the hospital* • *Give one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above).*
• No warning signs	**DENGUE FEVER**	• *Give one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above).* • *Educate caregivers about care of a child with dengue fever* • *Follow–up after 2 days*
• Any general danger sign or • Clouding of cornea or • Deep or extensive Mouth ulcers	**SEVERE COMPLICATED MEASLES*** **	• ***Give first dose of Vitamin A.*** • ***Give first dose of IM ampicillin and gentamicin.*** • ***If clouding of the cornea or pus draining from the eye, apply antibiotic eye ointment.*** • ***Refer URGENTLY to hospital#***
• Pus draining from the eye or • Mouth ulcers	**MEASLES WITH EYE OR MOUTH COMPLICATIONS**	• ***Give first dose of Vitamin A.*** • *If pus draining from the eye, treat eye infection with antibiotic eye ointment.* • *If mouth ulcers, treat with gentian violet.* • *Follow-up after 2 days.*
• Measles now or within the last 3 months	**MEASLES**	• ***Give a dose of Vitamin A.***

Does the child have an ear problem?

THEN ASK:	***LOOK AND FEEL:***
• Is there ear pain? • Is there ear discharge? • If yes, for how long?	• Look for pus draining from the ear. • Feel for tender swelling behind the ear.

CLASSIFY EAR PROBLEM

• Tender swelling behind the ear.	**MASTOIDITIS**	• ***Give first dose of injectable. Ampicillin and gentamicin*** • ***Give first dose of paracetamol for pain.*** • ***Refer URGENTLY to hospital [¥].***
• Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain.	**ACUTE EAR INFECTION**	• ***Give Amoxycillin for 5 days.*** • *Give paracetamol for pain.* • *Dry the ear by wicking.* • *Follow-up after 5 days.*
• Pus is seen draining from the ear and discharge is reported for 14 days or more.	**CHRONIC EAR INFECTION**	• Dry the ear by wicking. • Topical quinolone ear drops for 2 weeks. • Follow-up in 5 days.
• No ear pain and No pus seen draining from the ear.	**NO EAR INFECTION**	No additional treatment.

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

- Measure weight , length/height and determine WFL SD score
- Look for oedema of both feet.
- Measure MUAC, if child is 6 months or older

Check for medical complications in children with Severe Acute Malnutrition

- Any general danger signs
- Any severe classification
- Pneumonia
- Diarrhoea with dehydration
- Poor appetite
- Oedema of both feet

Classify NUTRITIONAL STATUS

• WFL <-3 SD score and /or • MUAC <11.5 cm and /or • Oedema of both feet and • Medical complications	**SEVERE ACUTE MALNUTRITION WITH MEDICAL COMPLICATION**	• ***Give injectable ampicillin and gentamicin.*** • ***Treat the child to prevent low blood sugar.*** • ***Refer URGENTLY to hospital.*** • *While referral is being organized, warm the child.* • *Keep the child warm on the way to hospital.*
• WFL <-3 SD score and /or • MUAC <11.5 cm and • No medical complications	**SEVERE ACUTE MALNUTRITION WITHOUT MEDICAL COMPLICATION**	• ***Give oral amoxicillin for 5 days*** • ***Give a dose of Vitamin A if not received in last one month*** • *Assess feeding & counsel the mother on how to feed the child* • *Give multivitamins , zinc for 14 days* • *Advise mother when to return immediately* • *Follow-up after 7 days*
• WFL <-2SD score and /or • MUAC 11.5 -12.4 cm and • No oedema	**MODERATE ACUTE MALNUTRITION**	• Assess feeding & counsel the mother on how to feed the child • Advise mother when to return immediately • Follow-up after 30 days
• WFL ≥ -2SD score and • MUAC ≥ 12.5 cm and • No oedema of both feet	**NO ACUTE MALNUTRITION**	• 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 *COUNSEL THE MOTHER* chart. • If feeding problem, follow-up after 5 days. • Advise mother when to return immediately.

 # If referral is not possible, see the section ***Where Referral Is Not Possible****.*

THEN CHECK FOR ANEMIA

LOOK:

- Look for palmar pallor. Is it:
  - Severe palmar pallor?
  - Some palmar pallor?

⑩ If there is no other pink classification and hemoglobin testing is available as outpatient services, test hemoglobin of all children with pallor and classify as per Hb level

Classify ANEMIA

• Severe palmar pallor (Hb <7g/dl)	**SEVERE ANEMIA**	• ***Refer URGENTLY to hospital#***
• Some palmar pallor (Hb 7-10.9 g/dl)	**ANEMIA**	• *Give iron folic acid therapy for 14 days* • *Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. If feeding problem, follow-up after 5 days.* • *Advise mother when to return immediately.* • *Follow-up after 14 days.*
• No palmar pallor (Hb ≥ 11g/dl)	**NO ANEMIA**	• *Give prophylactic iron folic acid if child 6 months or older.*

 # If referral is not possible, see the section ***Where Referral Is Not Possible****.*

THEN CHECK THE CHILD'S IMMUNIZATION *, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID SUPPLEMENTATION STATUS

IMMUNIZATION SCHEDULE:

AGE	*VACCINE*
At Birth	BCG + OPV-0 + Hep B 0
6 weeks	OPV-1 + Penta-1 +Rota Virus-1* + fIPV –1 + PCV –1
10 weeks	OPV-2+ Penta-2+ Rota Virus –2*
14 weeks	OPV-3+ Penta-3 +fIPV-2 + RV V-3* + PCV-2
9-12 months	Measles-rubella (MR-1) + JE–1#+ PCV booster + fIPV-3
16-24 months	MR-2, JE-2#, DPT booster-1, OPV booster
60 months	DPT booster-2

PROPHYLACTIC IFA/ DEWORMING/ Prophylactic Vitamin A

- Give IFA syrup (1ml 2 times a week with auto dispenser) containing 20 mg of elemental iron + 100 mcg of folic acid after the child has recovered from acute illness if the child is 6 months of age or older, supplement IFA in LBW after 6 weeks of age
- Give anthelminthic if child is one year or older and has not received deworming agents in last 6 months (1-2 years 1/2 tablet albendazole and for 2 years above, 1 tablet).
- Give Vitamin A supplementation as per state guidelines

* A child who needs to be immunized should be advised to go for immunization the day vaccines are available at AW/SC/PHC
\# JE in States where it is included in their immunization schedule

ASSESS OTHER PROBLEMS

ASSESS FEEDING IF AGE IS LESS THAN 2 YEARS / HAS UNCOMPLICATED MODERATE/SEVERE ACUTE MALNUTRITION OR ANEMIA

ASSESS THE MOTHER/CAREGIVER'S DEVELOPMENT SUPPORTIVE PRACTICES IF AGE IS LESS THAN 3 YEARS / HAS UNCOMPLICATED SEVERE ACUTE MALNUTRITION OR ANEMIA

COUNSEL THE MOTHER ABOUT HER OWN HEALTH

GIVE THESE TREATMENTS IN CLINIC ONLY

- ***Give Intramuscular Antibiotics***

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the child's weight (or age).
- Use a sterile needle and sterile syringe. Measure the dose accurately.
- Give the drug as an intramuscular injection.
- Referral is the best option for a child classification with GENERAL DANGER SIGNS, SEVERE PNEUMONIA /VERY SEVERE DISEASE, SEVERE DEHYDRATION, VERY SEVERE FEBRILE DISEASE , SEVERE COMPLICATED MEASLES , SEVERE DENGUE , MASTOIDITIS , SEVERE ACUTE MALNUTRITION WITH MEDICAL COPLICATIONS AND SEVERE ANEMIA .
- If referral is not possible or refused, give oral amoxicillin (25-30 mg/kg) every 12 hours and intramuscular gentamicin once daily in cases requiring antibiotics .
- At each contact for injection of antibiotics, explain again to the caregiver that the child is very sick and should urgently be referred for hospital care
- If referral is still not possible, continue giving once-daily intramuscular gentamicin and twice –daily intramuscular ampicillin until referral is feasible or for 7 days

AMPICILLIN:

- Dilute 500 mg vial with 2.1 ml of sterile water (500mg/2.5ml)
- Give 50 mg/kg first dose (repeat every 6 hours if referral not possible)

CEFTRIAXONE:

- If meningitis is strongly suspected give IM ceftriaxone if it is available (100mg/kg) in place of ampicillin (repeat daily if referral not possible)

GENTAMICIN:

- 7.5 mg/kg/day once daily (repeat daily if referral not possible)

AGE or WEIGHT	Ampicillin (500mg/ 2.5 ml)	Gentamicin (40mg/ml)
2 upto 4 m (4 upto 6 kg)	1 ml	0.5-1.0 ml
4 upto 12 m (6 upto 10 kg)	2 ml	1.1-1.8 ml
12 upto 3 y (10 upto 14 kg)	3 ml	1.9-2.7 ml
3 upto 5 y (14 upto 19 kg)	5 ml	2.8-3.5 ml

Give Diazepam to stop Convulsions:

- Turn the child to his/her side and clear the airway .
- Give 0.5 mg /kg diazepam injection solution per rectum using a small syringe (tuberculin) without needle or using a catheter
- Check for low blood sugar, treat and prevent
- Give oxygen and REFER
- If convulsions have not stopped after 10 minutes repeat diazepam dose

AGE or WEIGHT	DIAZEPAM 10 mg/2 ml
2 months upto 6 months (5 - 7 kg)	0.5 ml
6 months upto 12 months (7 - <10 kg)	1.0 ml
12 months upto 3 years (10 - <14 kg)	1.5 ml
3 years upto 5 years (14-19 kg)	2.0 ml

Give Intramuscular Artesunate or Quinine for Severe Malaria: FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

Intramuscular artesunate or quinine: Give first dose and refer child urgently to hospital. If IM Artesunate is not available, give a single rectal dose of artesunate (10 mg/kg) for which you can use tab artesunate.

IF REFERRAL IS NOT POSSIBLE:

For artesunate injection: Give first dose of artesunate intramuscular injection

Repeat dose after 12 hrs and daily until the child can take orally

Give full dose of oral antimalarial as soon as the child is able to take orally.

For quinine:

Give first dose of intramuscular quinine. The child should remain lying down for one hour.

Repeat the quinine injection at 4 and 8 hours later, and then every 12 hours until the child is able to take an oral antimalarial. Do not continue quinine injections for more than 1 week.

If low risk of malaria, do not give quinine to a child less than 4 months of age.

AGE or WEIGHT	IM ARTESUNATE 60 mg vial (20mg/ml)	IM QUININE 150 mg/ml* (in 2 ml ampoules)
2 months up to 4 months (4 - <6 kg)	0.5 ml	0.4 ml
4 months up to 12 months (6 - <10 kg)	1.0 ml	0.6 ml
12 months up to 2 years (10 - <12 kg)	1.5 ml	0.8 ml
2 years up to 3 years (12 - <14 kg)	2.0 ml	1.0 ml
3 years up to 5 years (14 - 19 kg)	2.5 ml	1.2 ml

* Quinine salt

GIVE THESE TREATMENTS IN CLINIC ONLY

• *Give Inhaled Salbutamol for Wheezing*

Give 3 doses of nebulised Salbutamol {0.15mg/kg (minimum dose 1.25 mg) every 20 minutes after diluting in 3-4 ml of normal saline} OR 2-4 puffs (100 µgm/puff) of Salbutamol by MDI with spacer

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

- Repeat up to 3 times every 15 minutes before classifying pneumonia.

Spacers can be made in the following way:

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

To use an inhaler with a spacer:

- Remove the inhaler cap. Shake the inhaler well.
- Insert mouthpiece of the inhaler through the hole in the spacer/bottle.
- The child should put the opening of the spacer/bottle into his mouth and breath in and out through the mouth.
- A carer then passes down the inhaler and sprays into the spacer/bottle while the child continues to breath normally.
- Wait for three to four breaths and repeat.
- For younger children place the mask over the child's mouth and use as a spacer in the same way.
- * If a spacer is being used for the first time, it should be primed by 4-5 extra puffs from the inhaler

• *Treat the Child to Prevent Low Blood Sugar:*

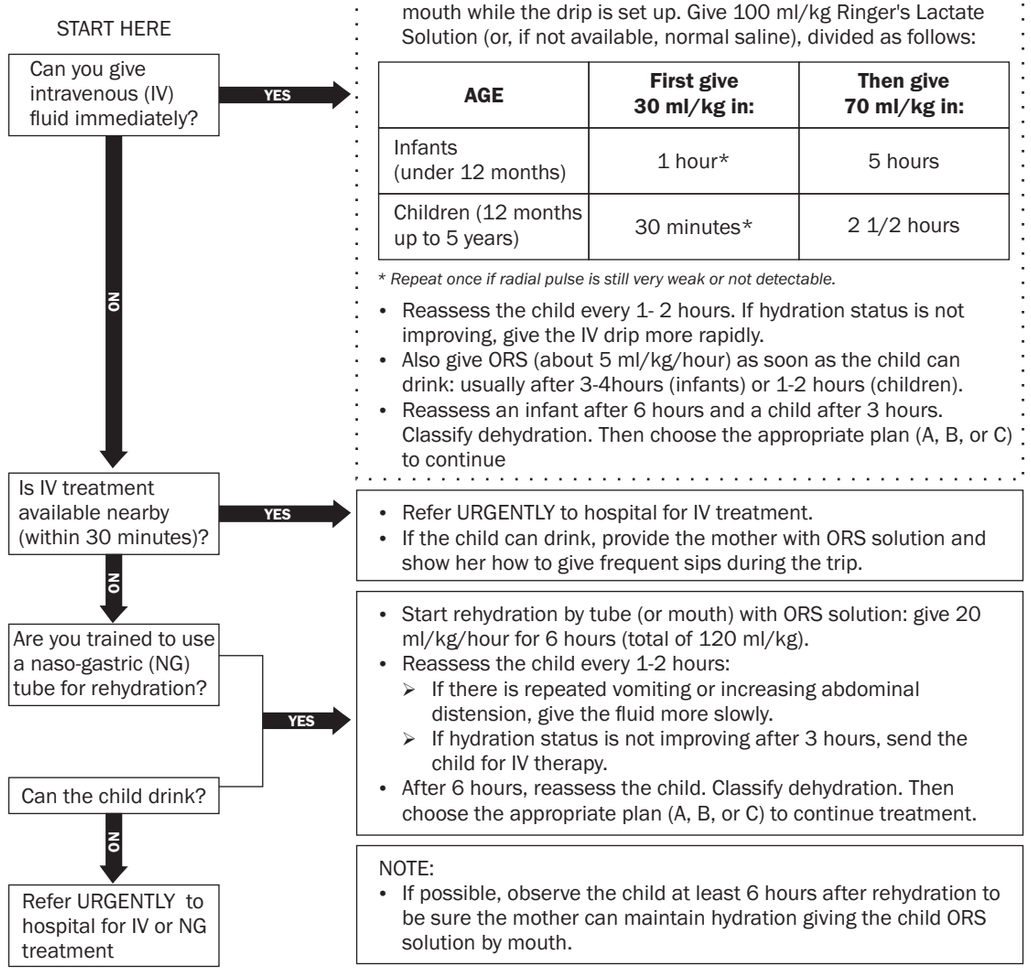
If the child is able to breastfeed: Ask the mother to breastfeed the child.

If the child is not able to breastfeed but is able to swallow: Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) of sugar water.

If the child is not able to swallow: Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.

• *Plan C: Treat Severe Dehydration Quickly*

➢ FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.



- Start IV fluid immediately. If the child can drink, give ORS by mouth while the drip is set up. Give 100 ml/kg Ringer's Lactate Solution (or, if not available, normal saline), divided as follows:

AGE	First give 30 ml/kg in:	Then give 70 ml/kg in:
Infants (under 12 months)	1 hour*	5 hours
Children (12 months up to 5 years)	30 minutes*	2 1/2 hours

** Repeat once if radial pulse is still very weak or not detectable.*

- Reassess the child every 1- 2 hours. If hydration status is not improving, give the IV drip more rapidly.
- Also give ORS (about 5 ml/kg/hour) as soon as the child can drink: usually after 3-4hours (infants) or 1-2 hours (children).
- Reassess an infant after 6 hours and a child after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue

- Refer URGENTLY to hospital for IV treatment.
- If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip.

- Start rehydration by tube (or mouth) with ORS solution: give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).
- Reassess the child every 1-2 hours:
  - ➢ If there is repeated vomiting or increasing abdominal distension, give the fluid more slowly.
  - ➢ If hydration status is not improving after 3 hours, send the child for IV therapy.
- After 6 hours, reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

NOTE:
- If possible, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration giving the child ORS solution by mouth.

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

- ***Give an Appropriate Oral Antibiotic***
  - ➢ FOR PNEUMONIA, ACUTE EAR INFECTION, SEVERE ACUTE MALNUTRITION WITHOUT MEDICAL COMPLICATIONS (OR FOR VERY SEVERE DISEASE IF INJECTABLE AMPICILLIN IS NOT AVAILABLE)

	AMOXICILLIN **Give two times daily for 5 days**	
AGE or WEIGHT	**TABLET** (250 mg)	**SYRUP** (250 mg per 5 ml)
2 months upto 4 months (4 - <6 kg)	½	2.5 ml
4 months upto 12 months (6 - <10 kg)	1	5 ml
12 months upto 3 years (10 - <14 kg)	1 ½	7.5 ml
3 years upto 5 years (14-19 kg)	2	10 ml

- **FOR DYSENTERY: Give Cefixime (10 mg /kg in two divided doses) for 5 days**

AGE or WEIGHT	**TABLET** (100 mg) Two times	**SYRUP** (50 mg per 5 ml) Two times
2 months up to 12 months (4 - < 10 kg)	½	5 ml
12 months up to 3 years (10- <1 4kg)	¾	7.5 ml
3 years up to 5 years (15- <20 kg)	1	10 ml

- **FOR CHOLERA:** Give single dose

	DOXYCYCLINE **Single dose**	
AGE or WEIGHT	**TABLET** (100 mg)	**CAPSULE** (50 mg)
2 years up to 4 years (10 - 14 kg)	½	1
4 years to 5 years (15-19 Kg)	1	2

- **Give Zinc**
  - ➢ For acute diarrhoea, persistent diarrhoea and dysentery. Give zinc supplements for 14 days.

AGE	**ZINC TABLET** (20 mg)
2 months upto 6 months	½
6 months upto 5 years	1

- ***Give Paracetamol for High Fever (≥ 38.5 °C/101.3 °F)***
  - ➢ Give a single dose of paracetamol in the clinic
  - ➢ Give 3 additional doses of paracetamol for use at home every 6 hours until high fever or ear pain is gone.

	PARACETAMOL	
AGE or WEIGHT	**TABLET** (100 mg)	**TABLET** (500 mg)
2 months up to 1 year (4 - <10 kg)	1	¼
1 years up to 3 years (10 - <15kg)	1 ½	¼
3 years up to 5 years (15—20 kg)	2 tab	½

- **Give Vitamin A**
  - ➢ Give single dose in the clinic in Persistent Diarrhoea & Severe Malnutrition
  - ➢ Give two doses in Measles (Give first dose in clinic and give mother one dose to give at home the next day).

AGE	**VITAMIN A SYRUP**
	100,000 IU/ml
Up to 6 months	0.5 ml
6 months up to 12 months or weight <8 kg	1 ml
12 months up to 5 years & weight ≥ 8 kg	2 ml

- **Give Iron & Folic Acid therapy**
  - ➢ Give one dose daily for 60 days

AGE or WEIGHT	**IFA** **PEDIATRIC TABLET** (20 mg elemental iron)	**IFA SYRUP** (20 elemental iron + 100 mcg Folic acid per ml)	**IFA DROPS** 20 mg of elemental iron per 1 ml
2 months up to 4 months (4 - <6 kg)		0.5 ml	0.5 ml
4 months up to 12 months (6 - <10kg)	1 tablet	1ml	1 ml
12 months up to 3 years months (10 - 14 kg)	1.5 tablets	1.5 ml	1.5 ml
3 years up to 5 years (14 -19 kg)	2 tablets	2 ml	

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- ***Soothe the Throat, Relieve the Cough with a Safe Remedy if the infant is 6 months or older***
  - ➢ Safe remedies to recommend:
    - ▫ Continue Breastfeeding
    - ▫ Honey, tulsi, ginger, herbal teas and other safe local home remedies
  - ➢ Harmful remedies to discourage:
    - ▫ Preparations containing opiates, codeine, ephedrine and atropine

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

- ***Clear the Ear by Dry Wicking and Give Eardrops***
  - ➢ Dry the ear at least 3 times daily
    - ▫ Roll clean absorbent cloth or soft, strong tissue paper into a wick
    - ▫ Place the wick in the child's ear
    - ▫ Remove the wick when wet
    - ▫ Replace the wick with a clean one and repeat these steps until the ear is dry
    - ▫ Instil ciprofloxacin ear drops after dry wicking three times daily for two weeks

GIVE EXTRA FLUID FOR DIARRHOEA

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

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

➢ DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS

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

- ➢ *Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.*
- ➢ If the child wants more ORS than shown, give more.

- **SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.**
  - ➢ Give frequent small sips from a cup.
  - ➢ If the child vomits, wait for 10 minutes. Then continue, but more slowly.
  - ➢ Continue breastfeeding whenever the child wants.
- **AFTER 4 HOURS:**
  - ➢ Reassess the child and classify the child for dehydration.
  - ➢ Select the appropriate plan to continue treatment.
  - ➢ Begin feeding the child in clinic.

} **See Plan A for recommended fluids and See COUNSEL THE MOTHER chart**

- **IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:**
  - ➢ Show her how to prepare ORS solution at home.
  - ➢ Show her how much ORS to give to finish 4-hour treatment at home.
  - ➢ Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
  - ➢ Explain the 4 Rules of Home Treatment:

1. GIVE EXTRA FLUID
2. GIVE ZINC SUPPLEMENT
3. CONTINUE FEEDING
4. WHEN TO RETURN:
- Child becomes sicker
- Not able to drink or breastfeed or drinking poorly
- Blood in stool
- Develops fever.

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

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

- ***Give Oral Antimalarials as per NAMP guidelines (other than NE-States)***
  - **FALCIPARUM MALARIA: If RDT or blood smear Pf positive**

Age group (years) / Color of Blister pack	Day 1		Day 2		Day 3
	Artesunate (AS)	Sulphadoxine Pyramethamine (SP)	Artesunate (AS)	Primaquine (PQ)	Artesunate (AS)
0-1* Pink Blister	1 (25 mg)	1 (250+12.5 mg)	1 (25 mg)	Nil	1 (25 mg)
1-4 Yellow Blister	1 (50 mg)	1 (500+25 mg)	1 (50 mg)	1 (7.5 mg base)	1 (50 mg)

NOTE: ACT-SP (Artesunate based Combination Therapy-Sulfadoxine Pyremethamine) Artesunate 4 mg per kg daily for 3 days and Sulfadoxine (25 mg/kg)-Pyremethamine 1.25 mg per kg on first day. Give primaquine* 0.75 mg per kg on day-2. SP is not to be prescribed for infants <5 months of age and should be treated with alternate Artesunate Combination Therapy (ACT)

- **Vivax malaria: If blood smear positive for PV, give Chloroquine for 3 days and Primaquine for 14 days**
  - Chloroquine for P. Vivax: 25 mg/kg divided over 3 days i.e. 10 mg/kg on day 1 & 2, and 5 mg/kg on day 3
  - Primaquine*: 0.25 mg/kg daily for 14 days

Age group	Chloroquine						Primaquine
	Day 1		Day 2		Day 3		Give daily for 14 days)
	Tablet (150 mg)	Syrup 50 mg base per 5 ml	Tablet	Syrup	Tablet	Syrup	Tablet (2.5 mg)
2 months upto 12 months	½	7.5 ml	½	7.5 ml	¼	4 ml	0
12 months upto 5 years	1	15 ml	1	15 ml	½	7.5 ml	1

- **Give Oral Antimalarials as per NAMP guidelines (for NE-States)**
  - **FALCIPARUM MALARIA: If blood smear positive for PF, give ACT-AL (ARTEMETHER AND LUMEFANTRINE) Co-formulated tablet**

Age group (Weight)	Co-formulated ACT-AL				
	Dose	Times	No of days	Total dose	Availability under National programme
> 5 months to < 3 years (5-14 kg)	1 tab (20 mg)	Twice/day	3	120 mg	Yellow colored pack with 6 tablets
≥ 3 years to < 8 years (15-24 kg)	2 tab (40 mg)	Twice/day	3	240 mg	Green colored pack with 12 tablets

NOTE: If blood smear or RDT positive for both P. Vivax + P. falciparum, give ACT-AL as above and Primaquine.

Give primaquine only in children above 6 months.

- WHO now recommends 0.25mg/kg single dose on first day of treatment for falciparum malaria without G6PD testing.
- For vivax or mixed infections - WHO now recommends 0.5mg/kg of primaquine for 7 days in children above 6 months as compliance may be better than 0.25 mg/kg for 14 days. G6PD deficiency should be ruled out for both 0.25 or 0.5 mg/kg doses regimen.
- When G6PD status is unknown and G6PD testing is not available, a decision to prescribe primaquine should be based on an assessment of the risks and benefits of adding primaquine.

- ***EDUCATE CAREGIVERS TO PROVIDE CARE IN DENGUE FEVER***
  - ***Control the fever***
    - Give acetaminophen every 6 hours if high fever (maximum 4 doses per day).
    - Do not give ibuprofen, aspirin, or aspirin containing drugs.
  - **Prevent spread of dengue within your house**
    - Use bed nets for the patient as well as for others to prevent mosquito bite.
    - Kill all mosquitoes in house.
    - Empty open water containers
  - **Prevent spread of dengue within your house**
    - Dehydration occurs when a person loses too much fluid (from high fever, vomiting, or poor oral intake). Give plenty of fluids (not only water).
  - **Watch for warning signs:**
    - Look for cold extremities, pain abdomen with restlessness, bleeding from any site.

- ***GIVE MULTIVITAMINS AND MICRONUTRIENTS TO CHILDREN WITH SEVERE ACUTE MALNUTRITION WITHOUT MEDICAL COMPLICATIONS***
  - Give multivitamin containing vitamin B complex along with Vitamin A, C,D E, B12.
    - Give 2.5 ml twice daily for children < 5 kg
    - Give 5 ml twice daily for children who are 5 kg or more
  - Give Zinc 2 mg /kg for 2 weeks

COUNSEL THE MOTHER ON HOW TO FEED THE CHILD WITH ACUTE MALNUTRITION

- Tell mother about child's nutritional status.
- Tell them to avail nutritional services for severely malnourished children in that area through anganwadi centers.
- Tell mothers, young children have a small stomach size, which can accommodate limited quantity at a time, so each meal must be made energy dense and should be given at least 5-6 times daily.
- Meals may be made energy dense by preparing porridge in milk; adding butter / ghee / oil / adding jaggery which makes food item tasty and also helps in absorption of vitamins.
- Foods can also be enriches by adding flours of sprouted and roasted grains.
- Encourage them to use milk and milk products like curd, paneer which are good source of protein, calcium and also provide energy.
- Encourage mothers to give animal origin food items like egg, fish etc. wherever culturally acceptable which is also good source of protein.
- Easily available uncooked seasonal fruits and vegetables are useful source of vitamins and minerals. They should be given daily as snacks in between meals.

GIVE EXTRA FLUIDS, ZINC SUPPLEMENT FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

- ***Plan A: Treat Diarrhoea at Home***
  - *Counsel the mother on the 4 Rules of Home Treatment: Give Extra Fluid, Zinc supplement, Continue Feeding, When to Return*

❶ ***GIVE EXTRA FLUID (as much as the child will take)***

- ***TELL THE MOTHER:***
  - *If the child is exclusively breastfed : Breastfeed frequently and longer at each feed. If passing frequent watery stools, give ORS in addition to breastmilk.*
  - ***If the child is 6 months or older:*** *Give one or more of the following home fluids; ORS solution, buttermilk drink, milk, lemon drink, rice or pulses-based drink, vegetable soup, green coconut water or plain clean water.*
  - ***It is especially important to give ORS at home when:***
    - *the child has been treated with Plan B or Plan C during this visit.*
    - *the child cannot return to a clinic if the diarrhoea gets worse.*
- ***TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.***
- ***SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:***
  - *Upto 2 years* — *50 to 100 ml after each loose stool*
  - *2 years or more* — *100 to 200 ml after each loose stool*
- ***Tell the mother to:***
  - *Give frequent small sips from a cup.*
  - *If the child vomits, wait 10 minutes. Then continue, but more slowly.*
  - *Continue giving extra fluid until the diarrhoea stops.*

❷ ***GIVE ZINC FOR 14 DAYS***

❸ ***CONTINUE FEEDING***

❹ ***WHEN TO RETURN***

} **See COUNSEL THE MOTHER chart**

IMMUNIZE EVERY SICK CHILD, AS NEEDED

COUNSEL THE MOTHER

- ***Assess the Child's Feeding (If age is less than 2 years/ Has Uncomplicated severe acute malnutrition/Moderate acute malnutrition/ Anemia)***

➢ *Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the* ***Feeding Recommendations*** *for the child's age in the box below.*

➢ ***ASK -***

⇨ Do you breastfeed your child?
- ▫ How many times during the day?
- ▫ Do you also breastfeed during the night?

⇨ Does the child take any other food or fluids?
- ▫ What food or fluids?
- ▫ How many times per day?
- ▫ What do you use to feed the child?
- ▫ How large are servings? Does the child receive his own serving? Who feeds the child and how?

⇨ During this illness, has the child's feeding changed?
If yes, how?

COUNSEL THE MOTHER

• *Feeding Recommendations During Sickness and Health*

Birth upto 6 Months

- Immediately after birth , put your baby in skin to skin contact with you.
- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Do not give any other foods or fluids not even water
- If baby is small (low birth weight), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if the baby does not wake by him/her self.

Remember:

- Continue breastfeeding if the child is sick

6 upto 9 Months

- Breastfeed as often as the child wants.
- **Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cups (1 cup = 250 ml)**
  - ➢ Mashed roti/ rice mixed in undiluted milk OR thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - ➢ Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - ➢ Mashed boiled/fried potatoes.
  - ➢ *Give 2 to 3 meals each day. Offer 1 or 2 snacks each day in between

Remember:

- Keep the child in your lap and feed with your own hands
- Wash your own and child's hands with soap and water every time before feeding

9 upto 12 Months

- Breastfeed as often as the child wants.
- Give at least 1/2 cup serving* at a time of:
  - ➢ Mashed roti/ rice mixed in undiluted milk OR thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - ➢ Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - ➢ Mashed boiled/fried potatoes.
  - ➢ *3 times per day if breastfed; 5 times per day if not breastfed.

Remember:

- Keep the child in your lap and feed with your own hands
- Wash your own and child's hands with soap and water every time before feeding

12 Months upto 2 Years

- Breastfeed as often as the child wants.
- Offer food from the family pot
- Give at least 3/4 cup serving* at a time of: Mashed roti/rice mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
  - ➢ Mashed roti/ rice mixed in undiluted milk OR
  - ➢ Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - ➢ Mashed boiled/fried potatoes
  - ➢ Offer banana/cheeko/ mango/ papaya
  - ➢ *5 times per day.

Remember:

- Sit by the side of child and help him to finish the serving
- Wash your child's hands with soap and water every time before feeding

2 Years and Older

- Give a variety of family foods to your child, including animal source and vitamin-A rich foods and vegetables
- Give at least 1 cup (250ml) serving at a time
- Give family foods at 3 –4 meals each day.
- Also, twice daily, give nutritious food between meals, such as: banana/cheeko/mango/ papaya as snacks
- If child refuses a new food, offer "tastes" several times. Be patient.

Remember:

- Ensure that the child finishes the serving
- Teach your child wash his hands with soap and water every time before feeding

*A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal porridge with added oil); meat, fish, eggs, or pulses; and fruits and vegetables

•Counsel the Mother About Feeding Problems

➢**If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:**

- **If the mother reports difficulty with breastfeeding, assess breastfeeding.**
  (See YOUNG INFANT chart.)
  As needed, show the mother correct positioning and attachment for breastfeeding.

- **If the child is less than 6 months old and is taking other milk or foods:**
  - ➢ Build mother's confidence that she can produce all the breastmilk that the child needs.
  - ➢ Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.

If other milk needs to be continued, counsel the mother to:

- ➢ Breastfeed as much as possible, including at night.
- ➢ Make sure that other milk is a locally appropriate dairy/animal milk .
- ➢ Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
- ➢ Finish prepared milk within an hour.

- **If the mother is using a bottle to feed the child:**
  - ➢ Recommend substituting a cup for bottle.
  - ➢ Show the mother how to feed the child with a cup.

- **If the child is not being fed actively, counsel the mother to:**
  - ➢ Sit with the child and encourage eating.
  - ➢ Give the child an adequate serving in a separate plate or bowl.

- **If the child is not feeding well during illness, counsel the mother to:**
  - ➢ Breastfeed more frequently and for longer if possible.
    - ⇨ Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
    - ⇨ Clear a blocked nose if it interferes with feeding.

Feeding Recommendations For a Child who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:- replace with increased breastfeeding OR replace with fermented milk products, such as yoghurt OR replace half the milk with nutrient-rich semisolid food.
  - ➢ Add cereals to milk (Rice, Wheat, Semolina)
- For other foods, follow feeding recommendations for the child's age

COUNSEL THE MOTHER

- ***Assess the Mother/caregiver's practices to support Child's Development (If age is less than 3 years / has Uncomplicated severe acute malnutrition or anemia)***

  ➢ Ask questions about the mother/caregiver's usual practices to support child's development. Compare the mother's answers to the ***Recommendations*** for the child's development

  ➢ ***ASK***

  ⇨ Infant age less than 6 months
  - How do you play with your baby?
  - How do you talk to your baby?
  - How do you get your baby to smile?

  ⇨ Child age 6 months and older
  - How do you play with your child?
  - How do you talk to your child?
  - How do you get your child to smile?
  - How do you think your child is learning?

  ➢ ***LOOK– All children***

  ⇨ *How does caregiver show he or she is aware of child's movements?*

  ⇨ *How does caregiver comfort the child and show love?*

Recommendations on Care for Child Development

NEWBORN, BIRTH UP TO 1 WEEK

Your baby learns from birth

PLAY Provide ways for your baby to see, hear move arms and legs freely and touch you. Gently soothe stroke and hold your child. Skin to skin contact is good.

COMMUNICATE
Look into baby's eyes and talk to your baby, when you are breastfeeding. It is a good time. Even a newborn baby sees your face and hears your voice.

1 WEEK UP TO 6 MONTHS

PLAY Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.

COMMUNICATE
Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.

6 MONTHS UP TO 9 MONTHS

PLAY Give your child clean, safe household things to handle, bang and drop. Sample toys: containers with lids, metal pot and spoon.

COMMUNICATE
Respond to your child's sounds and interests. Call the child's name and see your child respond.

9 MONTHS UP TO 12 MONTHS

PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.

COMMUNICATE
Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face.

12 MONTHS UP TO 2 YEARS

PLAY Give your child things to stack up and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.

COMMUNICATE
Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.

2 YEARS AND OLDER

PLAY Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.

COMMUNICATE
Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: book with pictures

•*Counsel the Mother for practices to support child's development using MCP card*

If the mother does not breastfeed, counsel the mother to:

- Hold the child close when feeding, look at the child and talk or sing to the child.

If caregivers do not know how the child plays or communicate:

- Remind caregivers that children play and communicate from birth.
- Demonstrate how the child responds to activities.

If caregivers feel too burdened or stressed to play and communicate with the child:

- Listen to the caregivers feelings, and help them identify a key person who can share their feelings and help them with their child.
- Build their confidence by demonstrating their ability to carry out a simple activity.
- Refer caregivers to a local service, if needed and available.

If caregivers feel that they do not have time to play and communicate with the child:

- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help in the care of the child or help with chores.

If caregivers have no toys for the child to play with, counsel them to:

- Use any household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.

If the child is not responding or seems slow:

- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and hear.
- Refer the child with difficulties to special services.
- Encourage the family to play and communicate with the child through touch and movement as well as through language.

If the mother or father has to leave the child with someone else for a period of time:

- Identify at least one person who can do care of the child regularly and give the child love and attention.
- Get the child being used to with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.

If it seems that the child is being treated harshly:

Recommend better ways of dealing with the child.

- Encourage the family to look for opportunities to praise the child for good behaviour.
- Respect the child's feelings.
  Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying "don't

• *Advise the Mother to Increase Fluids During Illness*

➢ **FOR ANY SICK CHILD:**

⇨Breastfeed more frequently and for longer at each feed.

⇨Increase fluids. For example: give soup, rice water, buttermilk drinks or clean water.

➢ **FOR CHILD WITH DIARRHOEA:**

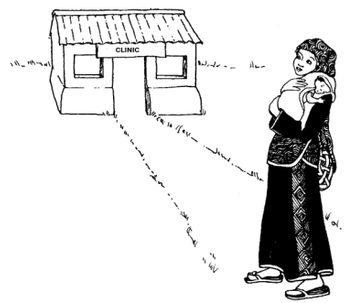
⇨Giving extra fluids can be life saving. Give fluids according to Plan A or Plan B on *TREAT THE CHILD* chart.

• *Advise the Mother When to Return to Health Worker*

FOLLOW-UP VISIT

Advise the mother to come for follow-up at the earliest time listed for the child's problems

If the child has:	**Return for follow-up after:**
PNEUMONIA DYSENTERY MALARIA/SUSPECTED MALARIA DENGUE FEVER FEVER-MALARIA UNLIKELY (if fever persists), MEASLES WITH EYE OR MOUTH COMPLICATION	2 days
DIARRHOEA, if not improving PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS , if not improving	5 days
UNCOMPLICATED SEVERE ACUTE MALNUTRITION	7 days
ANEMIA	14 days
MODERATE ACUTE MALNUTRITION	30 days



WHEN TO RETURN

Advise mother to return immediately if the child has any of these signs:	
Any sick child	⓾ Not able to drink or breastfeed ⓾ Becomes sicker ⓾ Develops fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	⓾ Fast breathing ⓾ Difficult breathing
If child has Diarrhoea, also return if:	⓾ Blood in stool ⓾ Drinking poorly
Dengue fever	⓾ Bleeding from any site ⓾ Severe abdominal pain ⓾ Cold hands and feet

GIVE FOLLOW-UP CARE FOR THE SICK CHILD

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the *ASSESS AND CLASSIFY chart.***

- **PNEUMONIA**

After 2 days:

- ⇨ Check the child for general danger signs.
- ⇨ Assess the child for cough or difficult breathing.

- **Ask:**
  - ➢ Is the child breathing slower?
  - ➢ Is there a chest indrawing?
  - ➢ Is there less fever?
  - ➢ Is the child eating better?

Treatment:

- ➢ If ***a general danger sign***, OR stridor refer URGENTLY to hospital.
- ➢ If ***breathing rate, chest indrawing, fever and eating are the same, or worse***, refer to hospital.
- ➢ If ***breathing slower, no chest indrawing, less fever, or eating better***, complete the 5 days of antibiotic course.

- **PERSISTENT DIARRHOEA**

After 5 days:

- ⇨ Has the diarrhoea stopped?
- ⇨ How many loose stools is the child having per day?

Treatment:

- ➢ If ***the diarrhoea has not stopped (child is still having 3 or more loose stools per day)***, do a full reassessment of the child. Give any treatment needed. Then refer to hospital.
- ➢ If ***the diarrhoea has stopped (child having less than 3 loose stools per day)***, tell the mother to follow the usual feeding recommendations for the child's age. Continue oral zinc for a total of 14 days.

- **DIARRHOEA**

After 5 days:

- ⇨ Has the diarrhoea stopped?
- ⇨ How many loose stools is the child having per day ?

Treatment:

- ➢ If diarrhoea persists, Assess the child for diarrhoea ***(See ASSESS & CLASSIFY chart)*** and manage as on initial visit .
- ➢ If diarrhoea has stopped ***(child having less than 3 loose stools per day)***, tell the mother to follow the usual feeding recommendations for the child's age.

- **DYSENTERY**

After 2 days:

Assess the child for diarrhoea. See ASSESS & CLASSIFY chart.

Ask:

- ⇨ Are there fewer stools?
- ⇨ Is there less blood in the stool?
- ⇨ Is there less fever?
- ⇨ Is there less abdominal pain?
- ⇨ Is the child eating better?

Treatment:

- ➢ If the child is ***dehydrated***, treat dehydration.
- ➢ If ***fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better***, continue giving the same antibiotic until finished.
- ➢ If number of ***stools, amount of blood in stools, fever, abdominal pain or eating is the same or worst: Refer to hospital***
- ➢ If fewer ***stools, less blood in the stools, less fever, less abdominal pain and eating better, continue giving cefixime until finished. Ensure that mother understands the oral rehydration method fully and that she also understands the need for an extra meal each day for a week.***

GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart.**

- **MALARIA/SUSPECTED MALARIA**

After two days:

⇨ Do a full reassessment of the child. *See ASSESS & CLASSIFY chart. Review the test report.*

⇨ Assess for other causes of fever.

- Treatment:

➢ If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.

➢ If the child has any ***cause of fever other than malaria***, provide treatment.

➢ If ***malaria is the only apparent cause of fever:***

⇨ Advise the mother to return again in 2 days if the fever persists. Continue Primaquine if P. vivax was positive for a total of 14 days.

- **FEVER-MALARIA UNLIKELY**

If fever persists after 2 days:

⇨ Do a full reassessment of the child. *See ASSESS & CLASSIFY chart.*

⇨ Assess for other causes of fever.

Treatment:

➢ If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.

➢ If the child has any ***cause of fever other than malaria***, provide treatment.

➢ If ***malaria is the only apparent cause of fever:***

⇨ Treat with the oral antimalarial. Advise the mother to return again in 2 days if the fever persists.

- **DENGUE FEVER**

Reassess for warning signs

⇨ If any general danger signs or warning signs —Refer URGENTLY to hospital

⇨ If no general danger sign / no warning signs—follow –up after 2 days

⇨ If fever has been present for 7 days, refer for assessment.

- **MEASLES WITH EYE OR MOUTH COMPLICATIONS**

After 2 days:

⇨ Look for red eyes and pus draining from the eyes.

⇨ Look at mouth ulcers.

⇨ Check for foul smell from the mouth.

Treatment for Eye Infection:

➢ If ***pus is draining from the eye***, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.

➢ If ***the pus is gone but redness remains***, continue the treatment.

➢ If ***no pus or redness***, stop the treatment.

Treatment for Mouth Ulcers:

➢ If ***mouth ulcers are worse, or there is a very foul smell from the mouth***, refer to hospital.

➢ If ***mouth ulcers are the same or better***, continue using half-strength gentian violet for a total of 5 days.

- **EAR INFECTION**

After 5 days:

⇨ Reassess for ear problem. *See ASSESS & CLASSIFY chart.*

⇨ Measure the child's temperature.

Treatment for Eye Infection:

➢ If there is ***tender swelling behind the ear or high fever (38.5 °C or above)***, refer URGENTLY to hospital.

➢ ***Acute ear infection:*** if ***ear pain or discharge persists***, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow -up in 5 days.

➢ ***Chronic ear infection:*** Check that the mother is wicking the ear correctly and instilling ear drops. If ear discharge getting better encourage her to continue. If no improvement, refer to hospital for assessment

➢ If ***no ear pain or discharge***, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

GIVE FOLLOW-UP CARE

- **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.**
- **If the child has any new problem, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart.**

- **FEEDING PROBLEM**

After 5 days:

- ⇨ Reassess feeding. *See questions at the top of the COUNSEL chart.*
- ⇨ Ask about any feeding problems found on the initial visit.

- ➢ Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.

- **MODERATE ACUTE MALNUTRITION**

After 30 days:

- ⇨ Assess the child using the same measurement (WFH/L or MUAC) used on the initial visit:
- ⇨ Check the child for oedema of both feet.
- ⇨ Reassess feeding. See questions in the COUNSEL THE MOTHER chart.

Treatment:

- ➢ If the child is no longer classified to have **MODERATE ACUTE MALNUTRITION**, praise the mother and encourage her to continue.
- ➢ If the child is still classified to have **MODERATE ACUTE MALNUTRITION**, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or his or her WFH/L is ≥-2 SD z-score and/or MUAC ≥ 12.5 cm.

Exception:

If you do not think that feeding will improve, or if the child has lost weight or his or her MUAC has diminished < 11.5 cm, refer the child for assessment of medical causes like TB, HIV, etc.

- **ANEMIA:**

After 14 days:

- ⇨ Check compliance and allay anxiety if black stools or minor side effects.
- ⇨ Do Hemoglobin estimation if possible.
- ⇨ If improvement ,give iron folic acid. Advise mother to return in 14 days for more iron folic acid. Continue giving iron folic acid every 14 days for 2 –3 months.
- ⇨ If no improvement—check compliance . Refer to test for sickle cell anemia and hemoglobinopathies if family history present or common in that population.
- ⇨ If there is anemia even after 2 months of supplementation , refer to hospital for assessment.

- **UNCOMPLICATED SEVERE ACUTE MALNUTRITION**

After 7 days:

- ⇨ Do a full reassessment of the child. See ASSESS & CLASSIFY chart. Assess child with the same measurements (WFH/L, MUAC) as on the initial visit and looking for oedema of both feet.

Treatment:

- ➢ If the child has **COMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 SD z-scores or MUAC is less than 11.5 cm or oedema of both feet AND has developed a medical complication refer URGENTLY to hospital. If static weight or weight loss at 2 consecutive FU visits; refer the child for assessment of medical causes like TB, HIV, etc..
- ➢ If the child has **UNCOMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 SD z-scores or MUAC is less than 11.5 cm but NO medical complication, **counsel the mother and encourage her to continue with appropriate feeding. Ask mother to return again in 14 days**.
- ➢ If the child has **MODERATE ACUTE MALNUTRITION** advise the mother to continue with appropriate feeding . **Continue to see the child monthly** until the child is feeding well and gaining weight regularly and his or her WFH/L is ≥-2 SD z-score and/or MUAC ≥ 12.5 cm.

MANAGEMENT OF THE SICK YOUNG INFANT AGE UPTO 2 MONTHS BY MO

Name: _____ **Age:** _____ **Gender:** _____ **Weight:** _____ **kg** **Temperature:** _____**°C / °F** **Date:** _____

ASK: What are the infant's problems?_____ **Initial visit?**_____ **Follow up visit?**_____

ASSESS (Circle all signs present) **CLASSIFY**

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION/JAUNDICE

- Is the infant having difficulty in feeding?
- Has the infant had convulsions?
- Count the breaths in one minute_____ breaths per minute
  Repeat if elevated _____. Fast breathing?
- Look for severe chest indrawing
- Measure axillary temperature (if not possible, feel for fever or low body temperature)- Is it < 35.5°C / 37.5 °C (95.9°F/ 99.5°F) or above?
- Look at young infant's movements.
  If infant is sleeping, ask the mother to wake him/her
  - ⇨ Does the infant move only when stimulated but then stops?
  - ⇨ Does the infant not move at all?
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules?

CHECK FOR JAUNDICE

- If present - Ask when did jaundice appeared – First 24 hours / After 24 hours
- Look for jaundice (yellow skin)
- Is the young infant's palms and soles yellow?

DOES THE YOUNG INFANT HAS DIARRHOEA? **Yes____ No____**

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

THEN CHECK FOR FEEDING PROBLEM & VERY LOW WEIGHT

- Is there any difficulty in feeding? **Yes _____ No _____**
- Is the infant breastfed?
  Yes _____ No _____
  If yes, how many times in 24 hours?
  _____times
- Does the infant usually receive any other foods or drinks? **Yes _____ No _____**
  If yes, how many times in 24 hours? _____
  If yes, what do you use to feed the infant _____
- Determine weight for age
  - ⇨ Weight for Age (<- 3 SD)
  - ⇨ Weight for Age (<- 2 SD)
  - ⇨ Weight for Age (≥ -2SD)
- Look for ulcers or white patches in the mouth (thrush)

If the infant has any difficulty in feeding, is feeding <8 times in 24 hours, is taking any other food or drinks or is low weight for age (Weight for age <-2SD) , AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING

ASSESS BREASTFEEDING:

- If infant has not breastfed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfed for 4 minutes.
- To check attachment, look for:
  - ⇨ Chin touching breast Yes____No____
  - ⇨ Mouth wide open Yes____No____
  - ⇨ Lower lip turned outward Yes____No____
  - ⇨ More areola above than below the mouth Yes____No____
- Is the infant able to attach?
  - ⇨ no attachment at all
  - ⇨ not well attached
  - ⇨ good attachment
- Is the infant suckling effectively (that is, slow deep sucks, something pausing)?
  - ⇨ not suckling at all
  - ⇨ not suckling effectively
  - ⇨ suckling effectively
- Does the mother have pain while breastfeeding? If yes, then look for:
  - ⇨ Flat or inverted nipples or sore nipples
  - ⇨ Engorged breast or breast abscess

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Circle immunization needed today

Birth	BCG	OPV 0	HEP-B 0		
6 weeks	Penta-1	OPV-1	Rotavirus-1	fIPV-1	PCV-1

Circle immunization needed today

Return for next immunization on:

_____(Date)

ASSESS CAREGIVER'S PRACTICE TO SUPPORT CHILD'S DEVELOPMENT

ASK:

How do you play with your baby?
How do you talk to your baby?
How do you get your baby smile?

- Look how does caregiver show s/he is aware of baby's movement?
- Look how does caregiver comfort the baby and show love?

ASSESS OTHER PROBLEMS

TREAT

Counsel mother about feeding

Counsel mother about development supportive practices

Advise mother when to return immediately.

Give any immunization needed today ________________

Counsel the mother about her own health

Return to follow up in:

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS BY MO

Name: _____ **Age:** _____ **Gender:** _____ **Weight:** _____ **kg** **Temperature:**_____**°C / °F** **Date:**_____

ASK: What are the infant's problems?_____ **Initial visit?**_____ **Follow up visit?**_____

ASSESS (Circle all signs present)		**CLASSIFY**
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR FEED • CONVULSIONS /CONVULSING NOW	• LETHARGIC OR UNCONSCIOUS • VOMITS EVERYTHING	General danger sign present? Yes _____ No_____ **Remember to use danger sign when selecting classifications**
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? **Yes____ No____** • For how long? _____ Days	• Count the breath in one minute_____breaths. Fast breathing? • Look for chest indrawing • Look and listen for stridor • Look and listen for wheeze • Check oxygen saturation- <90% / ≥90%	
DOES THE CHILD HAVE DIARRHOEA? **Yes____ No____** • For how long? _____ Days • Is there blood in the stool?	• Look at the child's general condition. Is the child: ⇨ Lethargic or unconscious? ⇨ Restless and 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: ⇨ Slowly? ⇨ Very slowly (longer than 2 seconds)?	
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 °C or above) **Yes____ No____** Is it a PF (P. falciparum) predominant area **Yes/ No** • Fever for how long? _____ Days? • If more than 7 days, has fever been present every day? Do RDT for PF/PV if PF predominant area or no obvious cause of fever present –Positive/Negative • **Is this a dengue season? (Yes/No)** If Yes-Is there is continuous fever of 2-7 days?	• Look or feel for stiff neck • Look for any bacterial focus of fever • Look for cold extremities, weak & fast pulse • Tourniquet test –Positive/Negative • Look for signs of MEASLES ⇨ Generalized rash ⇨ One of these: cough/ runny nose/ or red eyes	
• If this is a dengue season and there is continuous fever of 2-7 days? ⇨ Is there any rash/ bleeding from any site? ⇨ Are extremities cold? ⇨ Is there severe abdominal pain?	• Positive Tourniquet test	
• If child has measles now or within the last 3 months	• Look for mouth ulcers If yes, are they deep and extensive? • Look for pus draining from eye • Look for clouding of cornea	
DOES THE CHILD HAVE EAR PROBLEM **Yes____ No____** • Is there ear pain? • Is there ear discharge? If yes, for how long _____Days	• Look for pus draining from the ear • Feel for tender swelling behind the ear	
THEN CHECK FOR MALNUTRITION Weight_____(kg) Length/Height_____ (cm) • If child is 6 months or older, measure MUAC_____cm	• Determine WFH/L SD score: ⇨ Red (<-3SD) ⇨ Yellow (<-2 SD) ⇨ Green (≥-2SD) • Look for oedema of both feet	
THEN CHECK FOR ANEMIA	• Look for palmar pallor – severe/some/no • Check haemoglobin: _____gm/dl (if possible)	
CHECK THE CHILD'S IMMUNIZATION, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID STATUS Circle immunizations and Vitamin A or IFA supplements needed today. BCG, PENTA 1, PENTA 2, PENTA 3, MR-1, MR-2 OPV 0, OPV 1, OPV 2, OPV 3, VITAMIN A+ IFA, OPV- Booster Hep B 0, Rota-1, Rota-2, Rota-3, JE-1, JE-2 PCV-1, PCV-2, PCV Booster, DPT Booster-1, DPT Booster-2 fIPV-1, fIPV-2, fIPV-3, Deworming		Return for next immunization or Vitamin A or IFA supplement or Deworming: _____ (Date)
ASSESS CHILD'S FEEDING, if child has UNCOMPLICATED SEVERE ACUTE MALNUTRITION/MODERATE ACUTE NUTRITION OR ANEMIA OR age is less than 2 year's old • Do you breastfeed your child? Yes_____ No_____ If Yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes____ No____ • Does the child take any other food or fluids? Yes_____ No___ If Yes, what foods or fluids? How many times per day? _____ time. What do you use to feed the child and how? _____ How large are the servings? _____ Does the child receive his own serving? _____ Who feeds the child and how? _____ • During this illness, has the child's feeding changed? Yes____ No_____ If Yes, how?		
ASSESS THE CAREGIVER'S DEVELOPMENT SUPPORTIVE PRACTICES if child is less than 3 years old or has UNCOMPLICATED SEVERE ACUTE MALNUTRITION/ANEMIA ASK: • How do you play with your baby? • How do you talk to your baby? • How do you get your baby smile?	• Look how does caregiver show he/she is aware of child's movement? • Look how does caregiver comfort the child and show love?	
ASSESS OTHER PROBLEMS:		

TREAT

	Remember to refer any child who has a general danger sign and/or has another severe classification.
	Give any immunization. Vitamin A or IFA supplement needed today ________________
	Counsel the mother about feeding
	Counsel the mother about development supportive practices
	Advise mother when to return immediately.
	Counsel the mother about her own health.
	Return to follow up in:

Weight for age Birth to 6 months

Boy's (wt-for-age)				Age*	Girl's (wt-for-age)			
-3 SD	-2 SD	¯1 SD	Median		Median	-1 SD	-2 SD	-3 SD
2.1	2.5	2.9	3.3	0 weeks	3.2	2.8	2.4	2.0
2.2	2.6	3.0	3.5	1 weeks	3.3	2.9	2.5	2.1
2.4	2.8	3.2	3.8	2 weeks	3.6	3.1	2.7	2.3
2.6	3.1	3.5	4.1	3 weeks	3.8	3.3	2.9	2.5
2.9	3.3	3.8	4.4	4 weeks	4.1	3.6	3.1	2.7
3.1	3.5	4.1	4.7	5 weeks	4.3	3.8	3.3	2.9
3.3	3.8	4.3	4.9	6 weeks	4.6	4.0	3.5	3.0
3.5	4.0	4.6	5.2	7 weeks	4.8	4.2	3.7	3.2
3.7	4.2	4.8	5.4	8 weeks	5.0	4.4	3.8	3.3
3.8	4.4	5.0	5.6	9 weeks	5.2	4.6	4.0	3.5
4.0	4.5	5.2	5.8	10 weeks	5.4	4.7	4.1	3.6
4.2	4.7	5.3	6.0	11 weeks	5.5	4.9	4.3	3.8
4.3	4.9	5.5	6.2	12 weeks	5.7	5.0	4.4	3.9
4.4	5.0	5.7	6.4	13 weeks/ 3 months	5.8	5.1	4.5	4.0
4.9	5.6	6.2	7.0	4 months	6.4	5.7	5.0	4.4
5.3	6.0	6.7	7.5	5 months	6.9	6.1	5.4	4.8
5.7	6.4	7.1	7.9	6 months	7.3	6.5	5.7	5.1

**Age should be taken in completed weeks till 12 weeks and then completed months*

Weight for length reference chart (Below 87 cm)

Boy's weight				Length	Girl's weight (Kg)			
-3 SD	-2 SD	-1 SD	Median	(CM)	Median	-1 SD	-2 SD	-3 SD
1.9	2.0	2.2	2.4	45	2.5	2.3	2.1	1.9
2.0	2.2	2.4	2.6	46	2.6	2.4	2.2	2.0
2.1	2.3	2.5	2.8	47	2.8	2.6	2.4	2.2
2.3	2.5	2.7	2.9	48	3.0	2.7	2.6	2.3
2.4	2.6	2.9	3.1	49	3.2	2.9	2.7	2.4
2.6	2.8	3.0	3.3	50	3.4	3.1	2.9	2.6
2.7	3.0	3.2	3.5	51	3.6	3.3	3.1	2.8
2.9	3.2	3.5	3.8	52	3.8	3.5	3.3	2.9
3.1	3.4	3.7	4.0	53	4.0	3.7	3.5	3.1
3.3	3.6	3.9	4.3	54	4.3	3.9	3.7	3.3
3.6	3.8	4.2	4.5	55	4.5	4.2	3.9	3.5
3.8	4.1	4.4	4.8	56	4.8	4.4	4.2	3.7
4.0	4.3	4.7	5.1	57	5.1	4.6	4.4	3.9
4.3	4.6	5.0	5.4	58	5.4	4.9	4.6	4.1
4.5	4.8	5.3	5.7	59	5.6	5.1	4.9	4.3
4.7	5.1	5.5	6.0	60	5.9	5.4	5.1	4.5
4.9	5.3	5.8	6.3	61	6.1	5.6	5.4	4.7
5.1	5.6	6.0	6.5	62	6.4	5.8	5.6	4.9
5.3	5.8	6.2	6.8	63	6.6	6.0	5.8	5.1
5.5	6.0	6.5	7.0	64	6.9	6.3	6.0	5.3
5.7	6.2	6.7	7.3	65	7.1	6.5	6.3	5.5
5.9	6.4	6.9	7.5	66	7.3	6.7	6.5	5.6
6.1	6.6	7.1	7.7	67	7.5	6.9	6.7	5.8
6.3	6.8	7.3	8.0	68	7.7	7.1	6.9	6.0
6.5	7.0	7.6	8.2	69	8.0	7.3	7.0	6.1
6.6	7.2	7.8	8.4	70	8.2	7.5	7.1	6.3
6.8	7.4	8.0	8.6	71	8.4	7.7	7.2	6.5
7.0	7.6	8.2	8.9	72	8.5	7.8	7.4	6.6
7.2	7.7	8.4	9.1	73	8.7	8.0	7.5	6.8
7.3	7.9	8.6	9.3	74	8.9	8.2	7.7	6.9
7.5	8.1	8.8	9.5	75	9.1	8.4	7.8	7.1
7.6	8.3	8.9	9.7	76	9.2	8.5	8.0	7.2
7.8	8.4	9.1	9.9	77	9.4	8.7	8.1	7.4
7.9	8.6	9.3	10.1	78	9.6	8.9	8.3	7.5
8.1	8.7	9.5	10.3	79	9.8	9.1	8.5	7.7
8.2	8.9	9.6	10.4	80	10.1	9.2	8.7	7.8
8.4	9.1	9.8	10.6	81	10.3	9.4	8.8	8.0
8.5	9.2	10.0	10.8	82	10.5	9.6	9.0	8.1
8.7	9.4	10.2	11.0	83	10.7	9.8	9.2	8.3
8.9	9.6	10.4	11.3	84	11.0	10.1	9.4	8.5
9.1	9.8	10.6	11.5	85	11.2	10.3	9.7	8.7
9.3	10.0	10.8	11.7	86	11.5	10.5	9.7	8.9

Weight for height reference chart (above 87 cm)

Boy's weight				Height	Girl's weight (Kg)			
-3 SD	-2 SD	-1 SD	Median	(CM)	Median	-1 SD	-2 SD	-3 SD
9.6	10.4	11.2	12.2	87	11.9	10.9	10.0	9.2
9.8	10.6	11.5	12.4	88	12.1	11.1	10.2	9.4
10.0	10.8	11.7	12.6	89	12.4	11.4	10.4	9.6
10.2	11.0	11.9	12.9	90	12.6	11.6	10.6	9.8
10.4	11.2	12.1	13.1	91	12.9	11.8	10.9	10.0
10.6	11.4	12.3	13.4	92	13.1	12.0	11.1	10.2
10.8	11.6	12.6	13.6	93	13.4	12.3	11.3	10.4
11.0	11.8	12.8	13.8	94	13.6	12.5	11.5	10.6
11.1	12.0	13.0	14.1	95	13.9	12.7	11.7	10.8
11.3	12.2	13.2	14.3	96	14.1	12.9	11.9	10.9
11.5	12.4	13.4	14.6	97	14.4	13.2	12.1	11.1
11.7	12.6	13.7	14.8	98	14.7	13.4	12.3	11.3
11.9	12.9	13.9	15.1	99	14.9	13.7	12.5	11.5
12.1	13.1	14.2	15.4	100	15.2	13.9	12.8	11.7
12.3	13.3	14.4	15.6	101	15.5	14.2	13.0	12.0
12.5	13.6	14.7	15.9	102	15.8	14.5	13.3	12.2
12.8	13.8	14.9	16.2	103	16.1	14.7	13.5	12.4
13.0	14.0	15.2	16.5	104	16.4	15.0	13.8	12.6
13.2	14.3	15.5	16.8	105	16.8	15.3	14.0	12.9
13.4	14.5	15.8	17.2	106	17.1	15.6	14.3	13.1
13.7	14.8	16.1	17.5	107	17.5	15.9	14.6	13.4
13.9	15.1	16.4	17.8	108	17.8	16.3	14.9	13.7
14.1	15.3	16.7	18.2	109	18.2	16.6	15.2	13.9
14.4	15.6	17.0	18.5	110	18.6	17.0	15.5	14.2
14.6	15.9	17.3	18.9	111	19.0	17.3	15.8	14.5
14.9	16.2	17.6	19.2	112	19.4	17.7	16.2	14.8
15.2	16.5	18.0	19.6	113	19.8	18.0	16.5	15.1
15.4	16.8	18.3	20.0	114	20.2	18.4	16.8	15.4
15.7	17.1	18.6	20.4	115	20.7	18.8	17.2	15.7
16.0	17.4	19.0	20.8	116	21.1	19.2	17.5	16.0
16.2	17.7	19.3	21.2	117	21.5	19.6	17.8	16.3
16.5	18.0	19.7	21.6	118	22.0	19.9	18.2	16.6
16.8	18.3	20.0	22.0	119	22.4	20.3	18.5	16.9
17.1	18.6	20.4	22.4	120	22.8	20.7	18.9	17.3


NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन