

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

<p>CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION/JAUNDICE</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ⇨ 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? 													
<p>CHECK FOR JAUNDICE</p> <ul style="list-style-type: none"> • 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? 													
<p>DOES THE YOUNG INFANT HAS DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • Look at the young infant's general condition. <ul style="list-style-type: none"> ⇨ 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: <ul style="list-style-type: none"> ⇨ Very slowly (longer than 2 seconds)? ⇨ Slowly? 													
<p>THEN CHECK FOR FEEDING PROBLEM & VERY LOW WEIGHT</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ⇨ Weight for Age (< -3 SD) ⇨ Weight for Age (< -2 SD) ⇨ Weight for Age (≥ -2SD) • Look for ulcers or white patches in the mouth (thrush) <p>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</p>													
<p>ASSESS BREASTFEEDING:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ⇨ 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? <ul style="list-style-type: none"> ⇨ no attachment at all ⇨ not well attached ⇨ good attachment • Is the infant suckling effectively (that is, slow deep sucks, something pausing)? <ul style="list-style-type: none"> ⇨ not suckling at all ⇨ not suckling effectively ⇨ suckling effectively • Does the mother have pain while breastfeeding? If yes, then look for: <ul style="list-style-type: none"> ⇨ Flat or inverted nipples or sore nipples ⇨ Engorged breast or breast abscess 													
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunization needed today</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15%;">Birth</td> <td style="border-bottom: 1px solid black; width: 15%;">BCG</td> <td style="border-bottom: 1px solid black; width: 15%;">OPV 0</td> <td style="border-bottom: 1px solid black; width: 15%;">HEP-B 0</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">6 weeks</td> <td style="border-bottom: 1px solid black;">Penta-1</td> <td style="border-bottom: 1px solid black;">OPV-1</td> <td style="border-bottom: 1px solid black;">Rotavirus-1</td> <td style="border-bottom: 1px solid black;">flPV-1</td> <td style="border-bottom: 1px solid black;">PCV-1</td> </tr> </table>	Birth	BCG	OPV 0	HEP-B 0			6 weeks	Penta-1	OPV-1	Rotavirus-1	flPV-1	PCV-1	<p>Circle immunization needed today Return for next immunization on: _____ (Date)</p>
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<p>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?</p> <ul style="list-style-type: none"> • Look how does caregiver show s/he is aware of baby's movement? • Look how does caregiver comfort the baby and show love? 													
<p>ASSESS OTHER PROBLEMS</p>													

