

ASSESS, CLASSIFY, AND TREAT THE SICK INFANT AGE LESS THAN 2 MONTHS



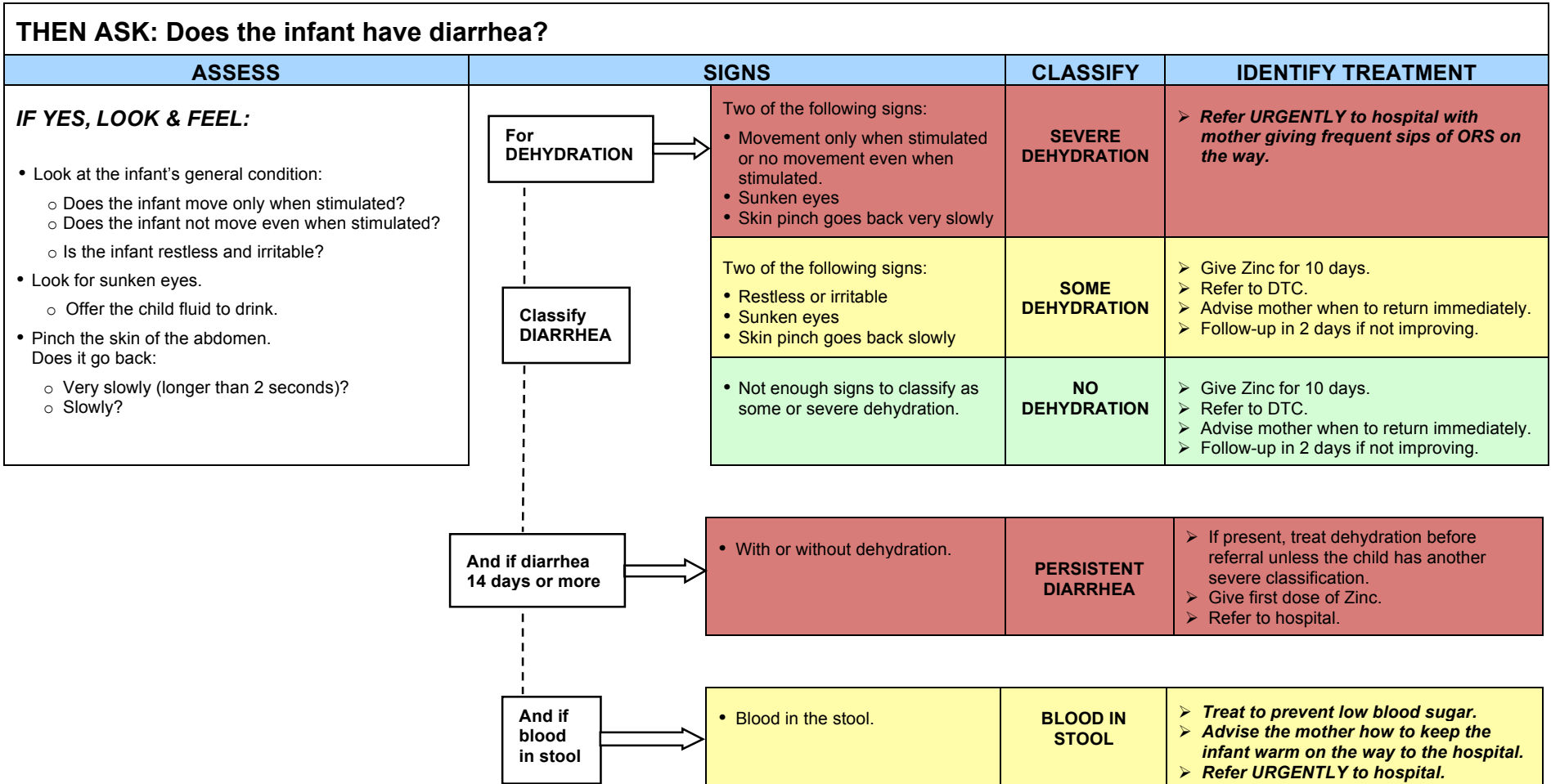
ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

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

- If follow-up visit, use follow-up instructions on the *FOLLOW-UP* card.
- If initial visit, assess the infant as follows.

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

CHECK FOR POSSIBLE INFECTION					
ASSESS	SIGNS	CLASSIFY	IDENTIFY TREATMENT		
ASK: <ul style="list-style-type: none"> • Has the infant had convulsions (fits)? • Is the infant having difficulty feeding? 	LOOK, LISTEN, FEEL: <ul style="list-style-type: none"> • Count the breaths in one minute. Repeat count if elevated. • Look for severe chest indrawing. • Look and listen for grunting. • Measure axillary temperature. • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. • Look at the young infant's movements: Does the infant move only when stimulated? Does the infant not move even when stimulated? 	CHILD MUST BE CALM	Any one of the following signs: <ul style="list-style-type: none"> • Convulsions OR • Not feeding well OR • Fast breathing (60 breaths or more per minute) OR • Severe chest indrawing OR • Grunting OR • Fever (37.5° C / 99.5° F or above) OR • Low body temperature (35.5° C / 96° F or below) OR • Movements only when stimulated or no movements even when stimulated. 	VERY SEVERE DISEASE	<ul style="list-style-type: none"> ➢ <i>Treat to prevent low blood sugar.</i> ➢ <i>Advise the mother how to keep the infant warm on the way to the hospital.</i> ➢ <i>Refer URGENTLY to hospital.</i>
	<ul style="list-style-type: none"> • Umbilicus red or draining pus. • Skin pustules. 		LOCAL BACTERIAL INFECTION		<ul style="list-style-type: none"> ➢ <i>Give an appropriate oral antibiotic.</i> ➢ Teach the mother to treat local infections at home. ➢ Advise mother to give home care for the infant. ➢ Follow-up in 2 days.
	<ul style="list-style-type: none"> • None of the signs of very severe disease or local bacterial infection. 		BACTERIAL INFECTION UNLIKELY		<ul style="list-style-type: none"> ➢ Advise mother to give home care for the infant.
THEN CHECK FOR JAUNDICE					
ASSESS	SIGNS	CLASSIFY	IDENTIFY TREATMENT		
LOOK, LISTEN, FEEL: <ul style="list-style-type: none"> • Look for jaundice. • Look at the infant's palms and soles: Are they yellow? 	<ul style="list-style-type: none"> • Any jaundice if age less than 24 hours OR • Yellow palms and soles at any age. 	SEVERE JAUNDICE	<ul style="list-style-type: none"> ➢ <i>Treat to prevent low blood sugar.</i> ➢ <i>Advise the mother how to keep the infant warm on the way to the hospital.</i> ➢ <i>Refer URGENTLY to hospital.</i> 		
	<ul style="list-style-type: none"> • Jaundice appearing after 24 hours of age AND • Palms and soles not yellow 	JAUNDICE	<ul style="list-style-type: none"> ➢ Advise the mother to give home care to the infant. ➢ Advise mother to return immediately if palms and soles appear yellow. ➢ Follow-up in 1 day. 		



THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT
<p>ASK:</p> <ul style="list-style-type: none"> Is the infant breastfed? If yes, how many times in 24 hours? Does the infant usually receive other food or drinks? If yes, how often? 	<p>LOOK, LISTEN, FEEL:</p> <ul style="list-style-type: none"> Determine weight for age. Check growth chart on MCPC Card. 	<ul style="list-style-type: none"> Not well attached to the breast or not suckling effectively OR Less than 8 breastfeeds in 24 hours OR Receives other food or drinks OR Low weight for age OR Thrush (ulcers or white pages in mouth). 	<p>FEEDING PROBLEM OR LOW WEIGHT</p>	<ul style="list-style-type: none"> If not well attached or suckling effectively, teach correct positioning and attachment. <ul style="list-style-type: none"> If not able to attach well immediately, teach the mother to express breast milk and feed by a cup. If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. Advise mother to breastfeed as often and for as long as the infant wants, day and night. If receiving other food or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup. <ul style="list-style-type: none"> If not breastfeeding at all: <ul style="list-style-type: none"> Refer for breastfeeding counseling and possible relactation. Advise about correctly preparing breast milk substitutes and using a cup. Advise the mother how to feed and keep the infant warm at home. If thrush, teach the mother to treat thrush at home. Advise mother to give home care for the young infant. Follow-up any feeding problems or thrush in 2 days.
<p><i>If infant has no indications to refer urgently to hospital:</i></p> <p>ASSESS BREASTFEEDING</p> <ul style="list-style-type: none"> Has the infant breastfed in the previous hour? <p>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.</p> <p>(If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)</p> <p>Is the infant able to attach well?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>TO CHECK ATTACHMENT, LOOK FOR</p> <ul style="list-style-type: none"> More areola visible above the mouth than below the mouth. Mouth wide open. Lower lip turned outward. Chin touching breast. <p>(All of these signs should be present if the attachment is good.)</p> </div> <p>Is the infant suckling effectively (slow, deep sucks, sometimes pausing)?</p> <p>Look for ulcers or white patches (thrush) in the mouth.</p>		<ul style="list-style-type: none"> Not low weight and no other signs of inadequate eating. 		<p>NO FEEDING PROBLEM</p>

THEN CHECK THE INFANT'S IMMUNIZATION STATUS ON MCPC CARD

IMMUNIZATION STATUS			
<u>AGE</u>	<u>VACCINE</u>		
Birth	BCG	OPV-0	
6 weeks	DPT-1	OPV-1	Hep B-1

ASSESS OTHER PROBLEMS

TEACH THE MOTHER TO GIVE AN ORAL ANTIBIOTIC AT HOME

- Determine the appropriate dosage for the child's age or weight.
- Tell the mother the reason for giving the drug to the child.
- Demonstrate how to measure a dose.
- Watch the mother practice measuring a dose by herself.
- Ask the mother to give the first dose to her child.
- Explain carefully how to give the antibiotic, then label and package the antibiotic.
- Explain that all the antibiotic syrups must be used to finish the course of the treatment, even if the child gets better.
- Check the mother's understanding before she leaves the clinic.

	AMOXICILLIN Give 3 times daily for 5 days
WEIGHT	PAEDIATRIC SYRUP (125mg amoxicillin per 5ml)
Per kilogram body weight (kg)	$\frac{1}{3}$ ml

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- Explain how the treatment is given.
- Watch the mother as she does the first treatment in the clinic.
- Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The mother should:

- Wash hands
- Gently wash off pus and crusts with soap and water.
- Dry the area.
- Wash hands.

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water.
- Wash hands.

TO TREAT EYE INFECTION, SEE TREAT THE CHILD CHART

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 her how to help the infant attach. She should:
 - Touch the infant's lips with her nipple.
 - Wait until her infant's mouth is opening wide.
 - More 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.

ADVISE MOTHER TO GIVE HOME CARE FOR THE INFANT

- EXCLUSIVELY BREASTFEED THE INFANT.
 - Give only breast milk to the infant.
 - Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health.
- MAKE SURE INFANT STAYS WARM AT ALL TIMES.
 - In cool weather, cover the infant's head and feet and dress the infant with extra clothing.
- WHEN TO RETURN:

FOR FOLLOW-UP APPOINTMENT	
If the infant has:	Return for follow-up in:
LOCAL BACTERIAL INFECTION DIARRHEA ANY FEEDING PROBLEM THRUSH	2 days
LOW WEIGHT FOR AGE LOW BIRTH WEIGHT	14 days

WHEN TO RETURN IMMEDIATELY	
Advise the mother to return immediately if the infant has any of these signs:	
Breastfeeding or drinking poorly	Fast breathing
Becomes sicker	Difficult breathing
Develops a fever	Depressed breathing

GIVE FOLLOW-UP CARE FOR THE INFANT

- If the infant has any new problem, assess, classify, and treat the new problem as on the ASSESS AND CLASSIFY chart.

LOCAL BACTERIAL INFECTION

After 2 days:

Look at the umbilicus. Is it red or draining pus?

Look at the skin pustules.

Treatment:

- If umbilicus **pus or redness remains or is worse**, refer to hospital. If **pus or 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 **same or worse**, refer to hospital. If improved, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.

DIARRHEA

After 2 days:

Ask: as the diarrhea stopped?

Treatment:

- If the **diarrhea has not stopped**, assess and treat the infant for diarrhea. (See ASSESS, CLASSIFY, AND TREAT THE SICK INFANT.)
- If the **diarrhea has stopped**, tell the mother to continue exclusive breastfeeding.

GIVE FOLLOW-UP CARE FOR THE INFANT

FEEDING PROBLEM

After 2 days:

Reassess feeding.

Ask about any feeding problems found on the first 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 infant back again.
- If the young infant is low weight for age, make sure the mother attends the next growth promotion and monitoring session to measure the infant's weight gain.

Exception:

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

LOW WEIGHT

After 14 days:

Weigh the infant and determine if the infant is still low weight for age.

Reassess feeding.

- If the infant is **no longer low weight for age**, praise the mother and encourage her to continue.
- If the infant is **still low weight for age, but is feeding well**, praise the mother. Make sure the mother attends the next growth promotion and monitoring session to measure the infant's weight gain.
- If the infant is **still low weight for age and still has a feeding problem**, counsel the mother about the feeding problem. Ask the mother to return again in 14 days. Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

Exception:

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

THRUSH

After 2 days:

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

Reassess feeding.

- If **thrush is worse**, or if 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**, praise the mother and continue treatment until thrush disappears.