

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



ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

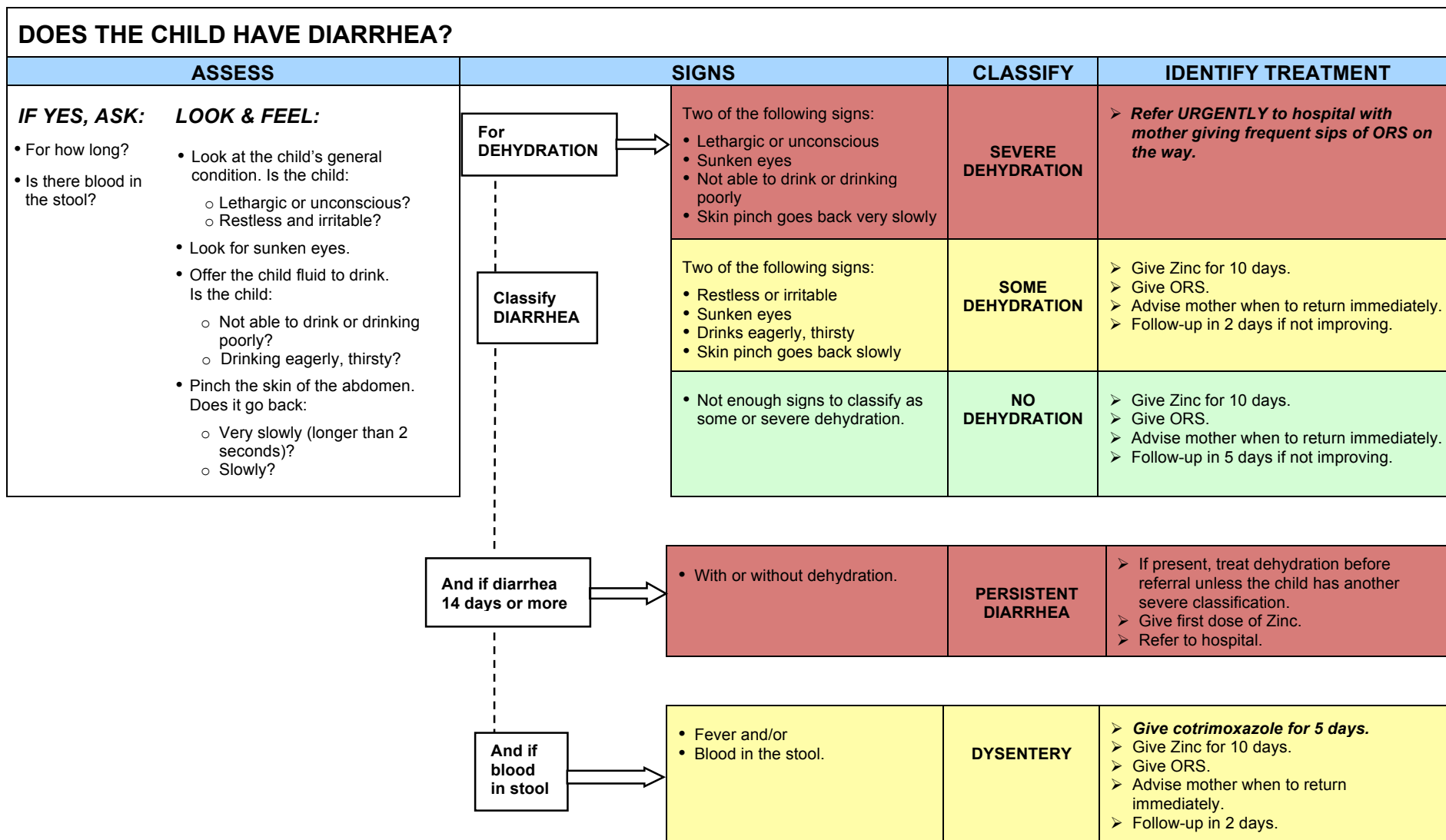
Determine if this is an initial or follow-up visit for this problem.

- If follow-up visit, use follow-up instructions on TREAT THE CHILD card.
- If initial visit, assess the child as follows.

CHECK FOR GENERAL DANGER SIGNS	
ASK: <ul style="list-style-type: none"> • Is the child able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions? 	LOOK: <ul style="list-style-type: none"> • See if the child is lethargic or unconscious
<p>A child with any general danger sign needs URGENT attention.</p> <p>Complete the assessment and any pre-referral treatment immediately so that referral is not delayed.</p>	

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

THEN ASK ABOUT MAIN SYMPTOMS:												
Does the child have cough or difficulty breathing?												
ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT								
IF YES, ASK: <ul style="list-style-type: none"> • For how long? 	LOOK, LISTEN, FEEL: <ul style="list-style-type: none"> • Count the breaths in one minute. • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze. 	CHILD MUST BE CALM	<ul style="list-style-type: none"> • Any general danger sign or • Chest indrawing or • Stridor in calm child 	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	<ul style="list-style-type: none"> ➤ Give first dose of cotrimoxazole. ➤ Refer URGENTLY to hospital. 							
<table border="1"> <tr> <td>If the child is:</td> <td>Fast breathing is:</td> </tr> <tr> <td>2 months up to 12 months</td> <td>50 breaths per minute or more</td> </tr> <tr> <td>12 months up to 5 years</td> <td>40 breaths per minute or more</td> </tr> </table>	If the child is:		Fast breathing is:	2 months up to 12 months	50 breaths per minute or more	12 months up to 5 years	40 breaths per minute or more	<table border="1"> <tr> <td>If wheezing and either fast breathing or chest indrawing:</td> </tr> <tr> <td>Give a trial of rapidly acting salbutamol (asthalin) bronchodilating inhaler up to 3 times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.</td> </tr> </table>	If wheezing and either fast breathing or chest indrawing:	Give a trial of rapidly acting salbutamol (asthalin) bronchodilating inhaler up to 3 times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.	<ul style="list-style-type: none"> • Fast breathing. 	PNEUMONIA
If the child is:	Fast breathing is:											
2 months up to 12 months	50 breaths per minute or more											
12 months up to 5 years	40 breaths per minute or more											
If wheezing and either fast breathing or chest indrawing:												
Give a trial of rapidly acting salbutamol (asthalin) bronchodilating inhaler up to 3 times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.												
		<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. 	NO PNEUMONIA: COUGH OR COLD	<ul style="list-style-type: none"> ➤ If still wheezing, give terbutaline for 3 days. ➤ If coughing for more than 14 days, refer for assessment. ➤ Follow-up in 3 days if not improving. 								



DOES THE CHILD HAVE A THROAT PROBLEM?

ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT
IF YES, ASK: <ul style="list-style-type: none"> Does the child have a sore throat? Is the child not able to drink? Does the child have fever? 	LOOK AND FEEL: <ul style="list-style-type: none"> Fever (temperature 37.5° C / 99.5° For above). Feel the front of the neck for tender enlarged lymph nodes. Look for red, enlarged tonsils. Look for exudate on the throat. 	<ul style="list-style-type: none"> Sore throat AND not able to drink 	THROAT ABSCESS	<ul style="list-style-type: none"> Give first dose of amoxicillin. Give first dose of paracetamol for high fever or pain. Refer URGENTLY to hospital.
		Fever and/or sore throat AND at least two of the following signs: <ul style="list-style-type: none"> Tender, enlarged lymph nodes on neck. Red, enlarged tonsils. White exudate on throat. 	STREPTOCOCCAL SORE THROAT	<ul style="list-style-type: none"> Give amoxicillin for 5 days. Give paracetamol for high fever or pain. Sooth the sore throat by gargling. Follow-up in 5 days if not improving.
		<ul style="list-style-type: none"> Not enough signs to classify as throat abscess or streptococcal sore throat. 	VIRAL SORE THROAT	<ul style="list-style-type: none"> Give paracetamol for high fever or pain. Sooth the sore throat by gargling. Follow-up in 5 days if not improving.

DOES THE CHILD HAVE AN EAR PROBLEM?

ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT
IF YES, ASK: <ul style="list-style-type: none"> Is there severe ear pain? Is there ear discharge? If yes, for how long? 	LOOK AND FEEL: <ul style="list-style-type: none"> Look for pus draining from the ear. Look for tender swelling behind the ear. 	<ul style="list-style-type: none"> Tender swelling behind the ear. 	MASTOIDITIS	<ul style="list-style-type: none"> Give first dose of cotrimoxazole. Give first dose of paracetamol for high fever or pain. Refer URGENTLY to hospital.
		<ul style="list-style-type: none"> Pus is seen draining from the ear and/or discharge is reported for less than 14 days, OR Severe ear pain. 	ACUTE EAR INFECTION	<ul style="list-style-type: none"> Give cotrimoxazole for 5 days. Give paracetamol for high fever or pain. Dry the ear by wicking. Advise mother when to return immediately. Follow-up in 5 days.
		<ul style="list-style-type: none"> Discharge is reported for 14 or more days (pus is seen or not seen draining from the ear). 	CHRONIC EAR INFECTION	<ul style="list-style-type: none"> Dry the ear by wicking if pus is seen draining from the ear. Give ciprofloxacin topical ear drops for 1 week. Give paracetamol for high fever or pain. Follow-up in 5 days.

DOES THE CHILD HAVE A SKIN PROBLEM?

ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT
<p>IF YES, ASK:</p> <ul style="list-style-type: none"> • Does the child have skin itchiness? • Does the child have pain from the skin problem? 	<p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> • Look for extensive warm redness and swelling. • Look for redness or swelling around the eyes. • Look for red, raised, flat-topped bumps or welts on the skin that are smooth to the touch. • Look for localized warm, tender swelling or redness. • Look for discrete lesions with pus or crusts. • Look for papules on the hands, knees, elbows, feet, and trunk. • Look for round to oval scaly patches. • Look for small, raised, painless pearl-like bumps often with round dimple in the center. 	•Extensive warm redness and/or swelling.	VERY SEVERE SKIN INFECTION	<ul style="list-style-type: none"> ➤ Give first dose of cotrimoxazole. ➤ Refer URGENTLY to hospital.
		•Swelling or redness around the eyes.	PERIORBITAL OR ORBITAL CELLULITIS	<ul style="list-style-type: none"> ➤ Give cotrimoxazole for 5 days. ➤ Follow-up in 5 days.
		•Red, raised, flat-topped bumps or welts on the skin that are smooth to the touch.	HIVES	<ul style="list-style-type: none"> ➤ Give oral antihistamine (promethazine) for 2 days. ➤ If hives do not subside with first dose of oral antihistamine, refer to hospital. ➤ Follow-up in 2 days.
		•Localized warm tender swelling and redness.	ABCESS OR CELLULITIS	<ul style="list-style-type: none"> ➤ Give cotrimoxazole for 5 days. ➤ Give topical framycetin ointment twice daily for 5 days. ➤ Follow-up in 5 days.
		•Discrete sores/lesions with pus or crusts.	IMPETIGO	<ul style="list-style-type: none"> ➤ Give cotrimoxazole for 5 days. ➤ Give topical sulfur application (Nebasulf powder) twice daily for 5 days. ➤ Follow-up in 5 days.
		•Itchiness AND papules AND lesions with pus or crusts.	INFECTED SCABIES	<ul style="list-style-type: none"> ➤ Give cotrimoxazole for 3 days. ➤ Give topical sulfur application (Nebasulf powder) from head to toe twice daily for 3 days. Treat the whole family with the topical application for 3 days. ➤ Advise topical soap and warm water wash for 3 days. ➤ Instruct washing of all linens and clothes by boiling. ➤ Follow-up in 3 days.
		•Itchiness AND papules.	NON-INFECTED SCABIES	<ul style="list-style-type: none"> ➤ Give topical sulfur application (Nebasulf powder) from head to toe twice daily for 3 days. Treat the whole family with the topical application for 3 days. ➤ Follow-up in 3 days.
		•Round to oval flat scaly patches, often itchy.	FUNGAL INFECTION	<ul style="list-style-type: none"> ➤ Give topical antifungal (Lindane + Benzocaine) for 5 days. ➤ Advise topical soap and warm water wash for 5 days. ➤ Follow-up in 2 weeks.
		•Small, raised, painless pearl-like bumps often with round dimple in the center.	MOLLUSCUM CONTAGIOSUM	<ul style="list-style-type: none"> ➤ Advise mother to keep bumps clean and moisturized. ➤ Follow-up in 5 days.

DOES THE CHILD HAVE A SKIN PROBLEM? (CONTINUED)

ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT
IF YES, ASK: <ul style="list-style-type: none"> • Does the child have skin itchiness? • Does the child have pain from the skin problem? 	LOOK AND FEEL: <ul style="list-style-type: none"> • Look for dry, thick, scaly rash. • Look for red itchy spots that look like blisters. • Look for rash of small red or pink pimples. 	<ul style="list-style-type: none"> • Dry, thick, scaly rash, almost always itchy. 	ATOPIC DERMATITIS (ECZEMA)	<ul style="list-style-type: none"> ➤ Give oral antihistamine (cetirizine) for 5 days. ➤ Give betamethazone valearate ointment and topical sulfur application (Nebasulf powder) for as long as rash lasts. ➤ Refer to hospital for better management if necessary. ➤ Follow-up in 5 days.
		<ul style="list-style-type: none"> • Red itchy spots that look like blisters, often accompanied by fever. 	CHICKENPOX	<ul style="list-style-type: none"> ➤ Give oral antihistamine (cetirizine) for 5 days. ➤ Give calamine for 5 days. ➤ Follow-up in 5 days.
		<ul style="list-style-type: none"> • Rash of small red or pink pimples. 	MILIARIA (HEAT RASH)	<ul style="list-style-type: none"> ➤ Give topical sulfur application (Nebasulf powder) twice daily for 5 days. ➤ Follow-up in 5 days.
		<ul style="list-style-type: none"> • Not enough signs to classify in the above boxes OR if other signs are present that are not in the above boxes. 	OTHER SKIN CONDITION	<ul style="list-style-type: none"> ➤ Refer to hospital.

DOES THE CHILD HAVE FEVER? (BY HISTORY OR FEELS HOT OR TEMPERATURE 37.5°C / 99.5° F OR ABOVE)				
ASSESS		SIGNS	CLASSIFY	IDENTIFY TREATMENT
IF YES, ASK: <ul style="list-style-type: none"> Fever for how long? If more than 7 days, has fever been present every day? Has child had measles in the last 3 months? 	LOOK AND FEEL: <ul style="list-style-type: none"> Look or feel for stiff neck Look for runny nose Look for signs of MEASLES <ul style="list-style-type: none"> Generalized rash and One of these: cough, runny nose, or red eyes 	<ul style="list-style-type: none"> Any general danger sign or Stiff neck 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Give first dose of cotrimoxazole. Give first dose of paracetamol for high fever. Refer URGENTLY to hospital.
		<ul style="list-style-type: none"> NO runny nose and NO measles and NO sore throat and NO other cause of fever 	FEVER WITH CHILL OR RIGOR	<ul style="list-style-type: none"> Give paracetamol for high fever. Request malarial dual antigen test. If positive, treat malaria. Advise extra fluids, continue feeding, and advise about danger signs. Advise mother when to return immediately. Follow-up in 5 days if the fever persists.
If the child has measles now or within the last 3 months: <ul style="list-style-type: none"> Look for mouth ulcers: Are they deep and extensive? Look for pus draining from the eye. Look for clouding of the cornea. 				
		<ul style="list-style-type: none"> Clouding of cornea or Deep and extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES	<ul style="list-style-type: none"> Give first dose of Vitamin A. If clouding of the cornea or pus draining from the eye, give first dose of ciprofloxacin drops (2 drops in each eye). Refer URGENTLY to hospital. Advise mother to keep feeding the child.
		<ul style="list-style-type: none"> Pus draining from the eye or Mouth ulcers. 	MEASLES WITH EYE OR MOUTH COMPLICATIONS	<ul style="list-style-type: none"> Give Vitamin A (see dosage instructions). If pus draining from the eye, give first dose of ciprofloxacin drops (2 drops in each eye). Refer to hospital. Advise mother to keep feeding the child.
		<ul style="list-style-type: none"> Measles now or within the last 3 months 	MEASLES	<ul style="list-style-type: none"> Give Vitamin A (see dosage instructions). Give paracetamol. Advise mother to keep feeding the child. Follow-up in 2 days.

THEN CHECK FOR MALNUTRITION			
ASSESS	SIGNS	CLASSIFY	IDENTIFY TREATMENT
LOOK AND FEEL: <ul style="list-style-type: none"> • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. • Check growth chart on MCPC Card. 	<ul style="list-style-type: none"> • Visible severe wasting or • Oedema of both feet. 	SEVERE MALNUTRITION	<ul style="list-style-type: none"> ➤ Give first dose of Vitamin A. ➤ Give first dose of Zinc and Calcium. ➤ Prevent low blood sugar by breastmilk or milk/water with sugar (4 tsp sugar per cup). ➤ Refer URGENTLY to hospital.
	<ul style="list-style-type: none"> • Some palmar pallor or • Very low weight for age. 	VERY LOW WEIGHT	<ul style="list-style-type: none"> ➤ Assess and counsel for feeding. ➤ Give Zinc for 10 days. ➤ Give Calcium for 1 month. ➤ Advise mother when to return immediately. ➤ Follow-up in 14 days (if feeding problem, follow up in 5 days).
	<ul style="list-style-type: none"> • Not very low weight for age and no other signs of malnutrition. 	NOT VERY LOW WEIGHT	<ul style="list-style-type: none"> ➤ If child is less than 2 years old, assess and counsel for feeding. ➤ Advise mother when to return immediately. ➤ If feeding problem, follow up in 5 days.
THEN CHECK FOR ANAEMIA			
ASSESS	SIGNS	CLASSIFY	IDENTIFY TREATMENT
LOOK AND FEEL: <ul style="list-style-type: none"> • Look for palmar pallor. Is it Severe palmar pallor? Some palmar pallor? 	<ul style="list-style-type: none"> • Severe palmar pallor 	SEVERE ANAEMIA	<ul style="list-style-type: none"> ➤ Prevent low blood sugar by breastmilk or milk/water with sugar (4 tsp sugar per cup). ➤ Refer URGENTLY to hospital.
	<ul style="list-style-type: none"> • Some palmar pallor 	ANAEMIA	<ul style="list-style-type: none"> ➤ Test blood for hemoglobin count. ➤ Give iron folic acid therapy for 14 days. ➤ Assess and counsel for feeding. ➤ Deworm if child is two years old or older and has not had a dose in previous six months, or has evidence of worm infection (check MCPC Card). ➤ Advise mother when to return immediately. ➤ Follow-up in 14 days
	<ul style="list-style-type: none"> • No palmar pallor 	NO ANAEMIA	<ul style="list-style-type: none"> ➤ No additional treatment

THEN CHECK THE CHILD'S IMMUNIZATION, VITAMIN A AND IRON-FOLIC ACID (IFA) SUPPLEMENTATION, AND DEWORMING STATUS ON MCPC CARD

IMMUNIZATION STATUS			
AGE	VACCINE		
Birth	BCG	OPV-0	
6 weeks	DPT-1	OPV-1	Hep B-1
10 weeks	DPT-2	OPV-2	Hep B-2
14 weeks	DPT-3	OPV-3	Hep B-3
9 months			Measles-1
16-18 months	DPT-B	OPV-B	Measles-2

VITAMIN A SUPPLEMENTATION
Give a single dose of Vitamin A:
100,000 IU (1 ml) at 9 months with measles immunization
200,000 IU (2 ml) at 16-18 months with DPT-4
200,000 IU (2 ml) at 24 months
200,000 IU (2 ml) at 30 months
200,000 IU (2 ml) at 36 months

IFA SUPPLEMENTATION
Give 10 drops paediatric IFA (Tonoferon-Paed) for a total of 100 days in a year after the child has recovered from acute illness if:
➤ The child is 6 months of age or older and
➤ Has not received paediatric IFA for 100 days in the last one year.

DEWORMING STATUS
If the child is has not received a deworming dose in the last 6 months and is:
• 1-2 years: give single dose of albendazole 200mg.
• 2-5 years: give single dose of albendazole 400mg.

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED
after first dose of an appropriate antibiotic and other urgent treatments.

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 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 drug, then label and package the drug.
- If more than one drug will be given, collect, count, and package each drug separately.
- Explain that all the oral drug tablets or 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.

Give an Appropriate Oral Antibiotic

FOR PNEUMONIA, DYSENTERY, ACUTE EAR INFECTION, SKIN INFECTION, CELLULITIS, AND IMPETIGO

	COTRIMOXAZOLE Give twice daily for 5 days (For scabies, give 2 times daily for 3 days)
WEIGHT	PAEDIATRIC SUSPENSION (40mg trimethoprim, 200mg sulphamethoxazole per 5ml)
Per kilogram body weight (kg)	$\frac{1}{2}$ ml

FOR THROAT ABSCESS AND STREPTOCOCCAL SORE THROAT

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

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 Paracetamol for Throat Problems, Ear Problems, Fever (>37.5° C / 99.5° F), or Measles

Give paracetamol every 6 hours until problem is relieved.

	PARACETAMOL
WEIGHT	PAEDIATRIC SYRUP (120mg paracetamol per 5ml)
Per kilogram body weight (kg)	½ ml

Give an Appropriate Oral Antihistamine

FOR ATOPIC DERMATITIS (ECZEMA) AND CHICKENPOX

	CETRIZINE Give once daily for 5 days
AGE	PAEDIATRIC SYRUP (5mg cetirizine per 5ml)
6 months up to 2 years	2.5 ml
2 years up to 5 years	5 ml

FOR HIVES

	PROMETHAZINE Give twice daily for 2 days
AGE	PAEDIATRIC SYRUP (5mg promethazine per 5ml)
6 months up to 2 years	1.25 ml
2 years up to 5 years	2.5 ml

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 Zinc

Along with increased fluids and continued feeding, all children with **diarrhea** and **malnutrition** should be given zinc for 10 days.

	ZINC SULPHATE
AGE	TABLET (20mg zinc sulfate)
Up to 6 months	½
6 months up to 5 years	1

Give Vitamin A

For **measles**, give 3 doses:

- Give first dose in clinic.
- Give mother 2 doses to give at home: 1 the next day, 1 on day 14.

For **severe malnutrition**, give 1 dose before referral to hospital.

	VITAMIN A
AGE	SYRUP (100,000IU per 1ml)
2 months up to 5 years	2ml

Give Albendazole

For treatment of **anaemia** or if the child is 1 year or older and has not had a dose in the last 6 months, give single dose in clinic.

	ALBENDAZOLE
AGE	PAEDIATRIC SYRUP (200mg albendazole per 5ml)
1 year up to 2 years	5ml
2 years up to 5 years	10ml

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 Iron Folic Acid (IFA)

For **anaemia**, give IFA once daily for 14 days.

	IRON FOLIC ACID	
AGE	PAEDIATRIC SYRUP (80mg iron, 200mcg folic acid per 5ml)	PAEDIATRIC DROPS (25mg iron, 200mcg folic acid per 1ml)
6 months up to 9 months		10 drops
9 months up to 12 months		20 drops
12 months up to 5 years	2.5ml	

Give Calcium

For **malnutrition**, give calcium once daily for 1 month.

	CALCIUM GLUCONO-GALACTO- GLUCONATE, CALCIUM LACTOBIONATE
AGE	SYRUP (1.18g calcium glucono-galacto-gluconate, 260mg calcium lactobionate)
1 year up to 2 years	2.5ml
2 years up to 5 years	5ml

Give Terbutaline

For **wheezing**, give terbutaline thrice daily for 3 days.

	TERBUTALINE
AGE	PAEDIATRIC SYRUP (1.25mg terbutaline sulphate, 25mg guiphanesin per 5ml)
6 months up 2 years	2.5ml
2 years up to 5 years	5ml

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- Explain to the mother what the treatment is and why it should be given.
- Describe the treatment steps listed in the appropriate box.
- Watch the mother as she doses the first treatment in the clinic.
- Tell her how often to do the treatment at home.
- Check the mother's understanding before she leaves the clinic.

Treat Eye Infection with Ciprofloxacin Drops

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 ciprofloxacin drops to both eyes 3 times daily.

- Ask the child to look up.
- Apply 2 drops to each eye.
- Wash hands again.

Treat until redness is gone.

Do not use other eye ointments or drops, or put anything else in the eye.

Return to the clinic immediately if infection becomes worse.

Dry the Ear by Wicking

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.

Soothe the Throat, Relieve the Cough by Gargling

Gargle warm saline water.

- Instruct the mother to put a pinch of salt in a regular glass of warm water.
- Stir until salt dissolves.
- Show child how to gargle if child is old enough to do so.
- Have child gargle mouthfuls of water until the glass is empty.

Treat a Local Skin Problem

For all conditions, instruct the mother wash the affected area with soap and water then dry.

For **abscess or cellulitis**, give topical framycetin ointment twice daily for 5 days.

- Apply the ointment generously to all of the affected area.

For **impetigo or miliaria**, give topical sulfur application (Nebasulf powder) twice daily for 5 days.

- Apply the powder to all of the affected areas.

For **scabies**, give topical sulfur application (Nebasulf powder) twice daily for 3 days.

- Apply the powder to child from head to toe.
- Instruct the mother to apply the powder to herself and everyone in her family from head to toe as well.

For **fungal infection**, give topical antifungal (lidane + benzocaine) twice daily for 5 days.

- Apply the ointment generously to all of the affected areas.

For **atopic dermatitis (eczema)**, give betamethazone valerate ointment and topical sulfur application (Nebasulf powder) for as long as rash lasts.

- Apply generously to all of the affected areas.

For **chickenpox**, give calamine lotion for 5 days.

- Apply generously to all of the affected areas.

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.

DYSENTERY

After 2 days:

Assess the child for diarrhea.

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 **number of stools, amount of blood in stools, fever, abdominal pain, or eating is worse**, refer to hospital.
- If **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same**:
Add metronidazole. Give for 5 days. Advise the mother to return in 2 days.
Exceptions – refer to hospital if the child:
 - Is less than 12 months old, or
 - Was dehydrated on the first visit, or
 - Had measles within the last 3 months
- If **fewer stools, less blood in stools, less fever, less abdominal pain, and eating better**, complete the 5 days of cotrimoxazole.

PNEUMONIA

After 3 days:

Check the child for general danger signs.

Assess the child for cough or difficulty breathing.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

- If **chest indrawing or a general danger sign**, give a dose of cotrimoxazole. Then refer URGENTLY to hospital.
- If **breathing rate, fever and eating are the same**, refer to hospital.
- If **breathing rate slower, less fever, or eating better**, complete the 5 days of antibiotic.

NO PNEUMONIA: COUGH OR COLD

After 3 days:

Check the child for general danger signs.

Assess the child for cough or difficulty breathing.

Treatment:

- If **any general danger sign, stridor, or chest indrawing**, refer URGENTLY to hospital.
- If **fast breathing** persists, refer to hospital. (If wheeze, give rapidly acting salbutamol (asthalin) bronchodilating inhaler before referral.)
- If **wheeze persists**, give rapidly acting salbutamol (asthalin) bronchodilating inhaler and refer to hospital.
- If had wheeze and now **no wheeze**, make sure mother completed the 3 days of terbutaline.

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.

PERSISTENT DIARRHEA

After 5 days:

Ask:

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

Treatment:

- If **the diarrhea 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 diarrhea has stopped (child is having less than 3 loose stools per day)**, tell the mother to follow the usual feeding recommendations for the child's age.
- Tell the mother to keep giving multivitamin mineral supplements for 2 weeks.

EAR INFECTION

After 5 days:

Reassess for ear problem.

Measure the child's temperature

Treatment:

- If there is **tender swelling behind the ear or high fever (38.5° C or higher)**, refer URGENTLY to hospital.
- **Acute ear infection**: if **ear pain or discharge** persists, treat for five more days with cotrimoxazole. Continue wicking to dry ear. Follow-up in five days.
- **Chronic ear infection**: check that the mother is wicking the ear correctly and encourage her to continue. If necessary, refer to hospital.
- If **no ear pain or discharge**, praise the mother for her careful treatment. If she has not yet finished the 5 days of cotrimoxazole, tell her to use all of it before stopping.

FEVER WITH CHILL OR RIGOR

If fever persists after 5 days:

Do a full reassessment of the child.

Assess for other causes of fever.

Treatment:

- If the child has **any 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**, refer to malaria clinic.

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.

SCABES

After 3 days:

Reassess the affected area.

Treatment:

- If **itchiness and papules, with or without pus or crusts** persist, refer to hospital.
- If **itchiness and papules** have significantly improved and **pus or crusts** have disappeared, praise the mother for her careful treatment. If she has not yet finished the 3 days of cotrimoxazole or topical sulfur application, tell her to use all of them before stopping.

FUNGAL INFECTION

After 2 weeks:

Reassess the affected area.

Treatment:

- If **scaly patches** persist, refer to hospital.
- If **scaly patches** have significantly improved or have disappeared, praise the mother for her careful treatment. Make sure she has used all 5 days of the topical antifungal.

IMPETIGO

After 5 days:

Reassess the affected area.

Treatment:

- If **sores and lesions with pus or crusts** persist, refer to hospital.
- If **sores and lesions with pus or crusts** have significantly improved or have disappeared, praise the mother for her careful treatment. If she has not yet finished the 5 days of cotrimoxazole or topical sulfur application, tell her to use all of them before stopping.

PERIORBITAL OR ORBITAL CELLULITIS AND ABSCESS OR CELLULITIS

After 5 days:

Reassess the affected area.

Treatment:

- If **swelling and redness** persist, refer to hospital.
- If **swelling and redness** are significantly diminished or have disappeared, praise the mother for her careful treatment. If she has not yet finished the 5 days of cotrimoxazole or framycetin ointment, tell her to use all of them 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.

MEASLES

After 2 days:

Do a full reassessment of the child.

Treatment:

- If **general danger sign or clouding of the cornea or deep extensive mouth ulcers or pneumonia**, treat as SEVERE COMPLICATED MEASLES.
- If **pus draining from eye or mouth ulcers**, treat as MEASLES WITH EYE OR MOUTH COMPLICATIONS.
- If **none of the above signs**, advise the mother when to return immediately.
- If the child already received a dose of Vitamin A in the previous visit, do not repeat.
- Follow-up in 2 days if not improving.

FEEDING PROBLEM

After 5 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 child back again.
- If the child is very low weight for age, make sure that the mother attends the next growth monitoring and promotion session.

ANAEMIA

After 14 days:

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmor pallor after 2 months, refer for assessment.

VERY LOW WEIGHT

After 14 days:

Determine if child is still low weight for age.

Reassess feeding.

Treatment:

- If **child is no longer low weight for age**, praise the mother and encourage her to continue.
- If the child is still **very low weight for age**, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child twice monthly until the child 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 child has **lost weight**, refer the child.

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER FOR THE
NEXT FOLLOW-UP VISIT

ALSO, ADVISE THE MOTHER WHEN TO RETURN IMMEDIATELY
(SEE COUNSEL CHART)

FOOD

Assess the Child's Feeding

Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the ***Feeding Recommendations***.

ASK

- Do you breastfeed your child?
 - How many times during the day?
 - Do you also breastfeed at 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?
 - If very low weight for age: how large are the servings?
- During this illness, has the child's feeding changed? If yes, how?

► Feeding Recommendations During Sickness and Health

Up to 6 Months of Age



- Breast feed as often as the child wants, day and night, at least 8 times in 24 hours.
- Breast feed at least for 10 minutes on each breast every time
- Do not give other foods water.
- Do not use bottles or pacifiers



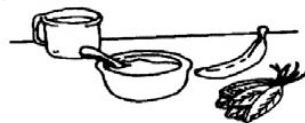
6 Months up to 12 Months



Breastfeed as often as the child wants.

Give adequate servings of: Khichri*, Rice (Bhatt)* with seasonal vegetables (Carrot, Spinach, Potatoes etc.), or Minced Meat. Rice Kheer, Suji ka Halwa or Kheer*, Dalia*, Vermicelli's*, Choori*, Mashed Potato or vegetables*, Egg, Banana, Seasonal Fruit and any foods listed for 4 to 6 month child. (upto 9 months food should be mashed)

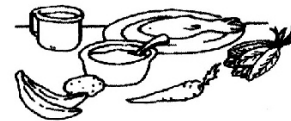
- 3 times per day if breastfed;
- 5 times per day if not breastfed.
- Each serving should be equivalent to 1/2-3/4 or a cup.



12 Months up to 2 Years



- Breastfeed as often as the child wants.
- Give adequate servings of: Roti, Paratha, Khichri or Rice, Curry, Minced Meat, Chicken, Egg, Seasonal Vegetables, Choori, Vermicelli's, and/or any foods listed for 6-12 months child
- Give food at least 3 times per day **AND**
- Give also snacks 2 times per day between meals such as seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora or Samosa, Lassi, Yoghurt, Bread with Egg, Halwa etc. **OR** Family foods 5 times per day.



2 Years and Older



- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:
- Seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora, Samosa, Lassi, Yoghurt, Bread with Eggs, Halwa etc.



Wash your hands before preparing the child's food and use clean cooking utensils.

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

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.
- For other foods, follow feeding recommendations for the child's age.

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 OR:**
- **If the mother thinks she does not have enough milk:**
 - Build mother's confidence that she can produce all the breast milk 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 an appropriate breast milk substitute.
 - Make sure other milk is appropriately and hygienically prepared and given in adequate amounts.
 - Prepare only an amount of milk that the child can consume in an hour. If there is leftover milk, discard.
- **If the mother is using a bottle to feed the child:**
 - Recommend substituting a cup for a bottle
 - Show the mother how to feed the child with a cup.
- **If the child is being fed too small amounts:**
 - Recommend increasing the frequency and portion size for each meal day by day, until recommended portion size achieved.
 - Recommend that the mother encourage the child to eat more.
- **If the child is not being fed actively, counsel the mother to:**
 - Sit with the child and encourage eating.
 - Serve the child an adequate serving in a separate plate or bowl.
 - Observe what the child likes and consider these for preparing food (consider energy rich, high density food).
- **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, favorite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
 - Add oil/butter to prepare foods. Also give green leafy and yellow vegetables and fruits to the child.
 - Clear a blocked nose if it interferes with feeding.
 - Expect that appetite will improve as child gets better.
 - Give expressed breast milk if necessary.
- **Follow-up any feeding problem in 5 days.**
- **Ask mother not to give her child harmful, contaminated, and unhygienically prepared junk foods from vendors, e.g. ice cream, deserts, sodas/drinks etc.**

FLUID AND FOOD

Advise the Mother to Increase Fluid and Continue Feeding During Illness.

FOR ANY SICK CHILD

- Breastfeed more frequently and longer at each feed.
- Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water.
- Give small frequent meals of energy rich food.

FOR CHILD WITH DIARRHEA

- Giving extra food can be lifesaving.

WHEN TO RETURN

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 in:
DYSENTERY MEASLES (if measles now) DIARRHEA WITH SOME DEHYDRATION	2 days
PNEUMONIA COUGH OR COLD, if not improving SCABES	3 days
DIARRHEA WITHOUT DEHYDRATION ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM FEVER WITH CHILL OR RIGOR, if not improving SORE THROAT, if not improving CELLULITIS IMPETIGO ANY OTHER ILLNESS, if not improving	5 days
ANAEMIA FUNGAL INFECTION VERY LOW WEIGHT FOR AGE	14 days

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:	
Any sick child:	<ul style="list-style-type: none"> • Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has COUGH OR COLD, also return if:	<ul style="list-style-type: none"> • Chest indrawing • Fast breathing • Difficulty breathing
If child has diarrhea, also return if:	<ul style="list-style-type: none"> • Blood in stool • Drinking poorly

Counsel the Mother About Her Own Health

- If the mother is sick, refer her 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.
- Make sure she has access to:
 - Family planning.
 - Counseling on STD and AIDS prevention.