

ASSESS AND CLASSIFY THE CHILD AGED 2 MONTHS - 5 YEARS

CHECK FOR GENERAL DANGER SIGNS		LOOK AND FEEL		SIGN		CLASSIFY		IDENTIFY TREATMENT (URGENT PRE-REFERRAL TREATMENTS ARE IN BOLD PRINT)	
ASK <ul style="list-style-type: none"> Is the able to drink or breastfeed? Does the child vomit everything? Has the child had convulsions (fits)? <i>Ask if more than 1 convulsion or if prolonged more than 15 minutes if yes to other.</i> 		LOOK AND FEEL <ul style="list-style-type: none"> See if the child is lethargic or unconscious Is the child convulsing now? <i>IF YES</i> 		URGENT Attention		ANY GENERAL DANGER SIGN		VERY SEVERE DISEASE ⇒ Give diazepam if convulsing now ⇒ Quickly complete the assessment ⇒ Give any pre-referral treatment immediately ⇒ Treat to prevent low blood sugar ⇒ Keep child warm ⇒ Refer URGENTLY	
THEN ASK ABOUT MAIN SYMPTOMS: Does the child have a cough or difficulty breathing 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 wheezing 		CLASSIFY COUGH OR DIFFICULT BREATHING		<ul style="list-style-type: none"> Any general danger sign OR Stridor in calm child Chest indrawing OR Fast breathing 		SEVERE PNEUMONIA OR VERY SEVERE DISEASE ⇒ Give oral Amoxicillin for 5 days*** ⇒ If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days*** PNEUMONIA ⇒ Soothe the throat and relieve the cough with a safe remedy ⇒ If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment ⇒ Advise mother when to return immediately ⇒ Follow-up after 3 days COUGH OR COLD ⇒ If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days ⇒ Soothe the throat and relieve cough with a safe remedy ⇒ If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment ⇒ Advise mother when to return immediately ⇒ Follow-up after 5 days if not improving	
Does the child have diarrhoea? IF YES, ASK <ul style="list-style-type: none"> For how long? Is there blood in the stool? 		LOOK AND FEEL <ul style="list-style-type: none"> Look at the child's general condition, is the child: ◇ Lethargic or unconscious? ◇ Restless or irritable? Look for sunken eyes Offer the child fluid. Is the child: ◇ Not able to drink, drinking poorly? ◇ Eagerly drinking, thirsty? ◇ Pinch the skin of the abdomen. Does it go back: ◇ Very slowly (longer than 2 seconds)? ◇ Slowly? 		For DEHYDRATION		<ul style="list-style-type: none"> Restless and irritable Sunken eyes Skin pinch goes back very slowly 		SEVERE DEHYDRATION ⇒ If infant has no other severe classification ◇ Follow plan C to treat severe dehydration quickly ◇ Start IV fluid immediately, or refer urgently for IV fluid. If that is not possible, start rehydration by NG tube OR ⇒ If infant also has another severe classification ◇ Refer URGENTLY to the hospital with mother giving frequent sips of ORS on the way ◇ Advise mother to continue breastfeeding ⇒ Teach mother how to keep the infant warm on the way to the hospital SOME DEHYDRATION ⇒ Give fluid and breastmilk for some dehydration (Plan B) OR ⇒ If infant also has another severe classification ◇ Refer URGENTLY to the hospital with mother giving frequent sips of ORS on the way ◇ Advise mother to continue breastfeeding ⇒ Advise mother when to return immediately ⇒ Follow-up on day 3 if not improving NO DEHYDRATION ⇒ Give fluids and breastmilk to treat for diarrhoea at home (Plan A) ⇒ Advise mother when to return immediately ⇒ Follow-up in 5 days if not improving	
Does the child have fever? Fever means temperature of more than 37.5 C If yes: Decide Malaria Risk high or low Then Ask: <ul style="list-style-type: none"> For how long? If more than 7 days, has fever been present everyday? Has the child had measles within 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 any bacterial causes of fever** Look for signs of MEASLES * Generalized rash and * One of these: cough, runny nose, or red eyes. 		Classify FEVER		<ul style="list-style-type: none"> Any general danger sign OR Stiff neck 		VERY SEVERE FEBRILE DISEASE ⇒ Give first dose of artesunate or quinine for severe malaria ⇒ Give first dose of an appropriate antibiotic ⇒ Treat the child to prevent low blood sugar ⇒ Give first dose of paracetamol for fever 38.5 C or above ⇒ Refer URGENTLY to hospital MALARIA ⇒ Give recommended first line oral antimalarial ⇒ Give first dose of paracetamol for fever 38.5 C or above ⇒ Give appropriate antibiotic treatment for an identified bacterial cause of fever ⇒ Advise mother when to return immediately ⇒ Follow-up in 3 days if fever persists ⇒ If fever is present everyday for more than 7 days, refer for treatment FEVER: NO MALARIA ⇒ Give one dose of Paracetamol for 38.5 C or above ⇒ Give appropriate antibiotic treatment for an identified bacterial cause of fever ⇒ Advise mother when to return immediately ⇒ Follow-up in 3 days if fever persists ⇒ If fever is present everyday for more than 7 days, refer for treatment	
Do a Malaria test***: If NO severe classification <ul style="list-style-type: none"> In all fever cases if High Malaria Risk In Low Malaria Risk if no obvious cause of fever present Decide Dengue Rik: High or Low Then Ask for: Headache Myalgia Rash Retro-orbital pain/ ocular pain Hemorrhagic manifestations (e.g. positive tourniquet test, purpura/ echymosis, epistaxis, gum bleeding) 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 eye Look for clouding of cornea 		No Malarial Risk and No Travel to Malaria Risk Area		High or Low Malaria Risk		<ul style="list-style-type: none"> Any general danger sign OR Stiff neck 		VERY SEVERE FEBRILE DISEASE ⇒ Give first dose of an appropriate antibiotic ⇒ Treat the child to prevent low blood sugar ⇒ Give the first dose of Paracetamol for fever of 38.5 C or above ⇒ Refer URGENTLY to hospital FEVER ⇒ Give the first dose of Paracetamol for fever of 38.5 C or above ⇒ Give appropriate antibiotic treatment for any identified bacterial cause of fever ⇒ Advise mother when to return immediately ⇒ Follow-up in 2 days if fever persists ⇒ If fever is present everyday for more than 7 days, refer for assessment	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Any general danger sign OR Clouding of cornea OR Deep or extensive mouth ulcers 		SEVERE COMPLICATED MEASLES**** ⇒ Give Vitamin A treatment ⇒ Give first dose of an appropriate antibiotic ⇒ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment ⇒ Refer URGENTLY to hospital MEASLES WITH EYE OR MOUTH COMPLICATIONS**** ⇒ Give Vitamin A treatment ⇒ If pus draining from the eye, treat eye infection with tetracycline eye ointment ⇒ If mouth ulcers treat with gentian violet ⇒ Follow-up in 3 days MEASLES ⇒ Give Vitamin A treatment	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Pus draining from the eye OR Mouth ulcers 		MEASLES WITH EYE OR MOUTH COMPLICATIONS**** ⇒ Give Vitamin A treatment ⇒ If pus draining from the eye, treat eye infection with tetracycline eye ointment ⇒ If mouth ulcers treat with gentian violet ⇒ Follow-up in 3 days MEASLES ⇒ Give Vitamin A treatment	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Measles now or within the last 3 months 		MEASLES ⇒ Give Vitamin A treatment	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Bleeding from the nose or gums Bleeding in the stool or vomits Black stool or vomitus Skin petechiae Slow capillary refill (more than 3 seconds) Persistent abdominal; pain Persistent vomiting Positive tourniquet test 		SEVERE DENGUE HEMORRHAGIC FEVER ⇒ If skin petechiae, peritent abdominal pain, persistent vomiting or positive tourniquet test are the only positive signs, then give ORS. ⇒ If any other sign of bleeding is positive, give fluids rpidly as in Plan C. ⇒ Treat the child to prevent low blood sugar. ⇒ Refer URGENTLY to hospital. ⇒ Do not give Aspirin. FEVER ONLY: DENGUE HEMORRHAGIC UNLIKELY ⇒ Advise mother when to return immediately. ⇒ Follow up in 2 days if the fever persists or if the child shows signs of bleeding ⇒ Do not give aspirin ⇒ Follow-up in 5 days	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> No sign of Dengue hemorrhagic fever 		FEVER ONLY: DENGUE HEMORRHAGIC UNLIKELY ⇒ Advise mother when to return immediately. ⇒ Follow up in 2 days if the fever persists or if the child shows signs of bleeding ⇒ Do not give aspirin ⇒ Follow-up in 5 days	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Pus is seen draining from the ear and discharge is reported for 14 days or more 		CHRONIC EAR INFECTION ⇒ Dry the ear by wicking ⇒ Treat with topical quinolone eardrops for 14 days ⇒ Follow-up in 5 days NO EAR INFECTION ⇒ No treatment	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> No pus seen draining from the ear 		NO EAR INFECTION ⇒ No treatment	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Oedema of both feet OR WFH / L less than -3 z-scores or MUAC less than 115 mm AND any one of the following: * Medical complication present OR * Not able to finish RUTF OR * Breastfeeding problem 		COMPLICATED SEVERE ACUTE MALNUTRITION ⇒ Give first dose appropriate antibiotic ⇒ Treat the child to prevent low blood sugar ⇒ Keep the child warm ⇒ Refer URGENTLY to the hospital	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> WFH / L LESS THAN -3 z-scores OR MUAC less than 115 mm AND Able to finish RUTF 		UNCOMPLICATED SEVERE ACUTE MALNUTRITION ⇒ Give oral antibiotics for 5 days ⇒ Give ready-to-use-therapeutic-food for a child aged 6 months or more ⇒ Counsel the mother on how to feed the child ⇒ Assess for possible TB infection ⇒ Advise mother when to return immediately ⇒ Follow-up in 7 days	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> WFH / L between -3 and -2 z-scores OR MUAC 115 up to 124 mm 		MODERATE ACUTE MALNUTRITION ⇒ Assess the child's feeding and counsel the mother on the feeding recommendations ⇒ If feeding problem, follow-up in 7 days ⇒ Assess for possible TB infection ⇒ Advise mother when to return immediately ⇒ Follow-up in 30 days	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> WFH / L -2 z-scores or more OR MUAC 125 mm or more 		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 feeding recommendations ⇒ If feeding problem, follow-up in 7 days	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Severe palmar pallor 		SEVERE ANAEMIA ⇒ Refer URGENTLY to the hospital	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> Some palmar pallor 		ANAEMIA ⇒ Give iron** ⇒ Give mebendazole if child is 1 year or older and has not had a dose in the past 6 months ⇒ Advise mother when to return immediately ⇒ Follow-up in 14 days	
Does the child have an ear problem? If Yes, Ask: <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If yes, for how long? 		Look and Feel: <ul style="list-style-type: none"> Loos for pus draining from the ear. Feel for tender swelling behind the ear 		Classify EAR PROBLEM		<ul style="list-style-type: none"> No palmar pallor 		NO ANAEMIA ⇒ If child is less than 2 years old, assess the child's feeding and counsel the mother according to the feeding recommendations ⇒ If feeding-problem, follow-up in 5 days	

AGE	VACCINE			
Birth	BCG	OPV 0	Hep B 0	
6 weeks	Pentavalent* 1	OPV 1	Pnemococcal 1	Rota 1
10 weeks	Pentavalent 2	OPV 2	Pnemococcal 2	Rota 2
14 weeks	Pentavalent 3	OPV 3	Pnemococcal 3	IPV
9 months	Measles 1			
15 months	Measles 2			

Vitamin A Supplementation
 Give every child a dose of Vitamin A every six months from the age of 6 month.
 Record the dose in child's chart.

ROUTINE WORM TREATMENT
 Give every child pyrantel pamoate every 6 months form one year of age.