

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 <ul style="list-style-type: none"> No signs of pneumonia or very severe disease 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 ⇒ 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	
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	
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 		Classify MEASLES		<ul style="list-style-type: none"> Malaria Test Positive Malaria Test Negative 		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			
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 		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	
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 		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"> Measles now or within the last 3 months 		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.	
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.	
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	
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 		VERY SEVERE FEBRILE DISEASE ⇒ Give first dose of 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 		COMPLICATED 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 Some palmar pallor 		SEVERE ANAEMIA ⇒ Refer URGENTLY to the hospital 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
10 weeks	Pentavalent 2	OPV 2	Pnemococcal 2
14 weeks	Pentavalent 3	OPV 3	Pnemococcal 3
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.