

ASSESS AND CLASSIFY THE YOUNG INFANT (0-2 MONTHS)

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE, PNEUMONIA AND LOCAL INFECTION

| ASK | LOOK AND FEEL | SIGNS | CLASSIFY | IDENTIFY TREATMENT (URGENT PRE-REFERRAL TREATMENTS ARE IN BOLD PRINT) |
|---|--|---|---|---|
| <ul style="list-style-type: none"> Is the infant having difficulty in feeding? Has the infant had convulsions (fits)? | <ul style="list-style-type: none"> Count the breaths in one minute. Repeat the count if more than 60 in one minute. Look for severe chest indrawing. Measure axillary temperature. Look at the young infants movements. <i>If the infant is sleeping ask the mother to wake him / her.</i> <ul style="list-style-type: none"> Does the infant move on his / her own? <i>If the infant is not moving gently stimulate him / her</i> Does the infant move only when stimulated but then stop? Does the infant not move at all? Look at the umbilicus. Is it red or draining pus? Look for skin pustules. | <p>ANY ONE OR MORE OF THE FOLLOWING SIGNS</p> <ul style="list-style-type: none"> Not able to feed well since birth, stopped feeding OR not feeding at all OR Convulsions OR Severe chest indrawing OR Fever (38° C or above) OR Low body temperature (less than 35.5° C) OR Movement only when stimulated or no movement at all OR Fast breathing (60 breaths per minute or more) in infants less than 7 days old Fast breathing (60 breaths per minute or more) in infants 7 to 59 days old | <p>POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE</p> | <ul style="list-style-type: none"> Give first dose of intramuscular antibiotic Treat to prevent low blood sugar Refer urgently to hospital ** Teach mother how to keep the infant warm on the way to the hospital If referral is refused or not possible, further assess and classify the young infant and treat accordingly. |
| | | <ul style="list-style-type: none"> Umbilicus red or draining pus Skin pustules | <p>PNEUMONIA</p> | <ul style="list-style-type: none"> Give amoxicillin for 7 days Advise mother to give homecare for young infant Follow up on day 4 of treatment Also treat per any other classifications |
| | | | <p>LOCAL INFECTION</p> | <ul style="list-style-type: none"> Give amoxicillin for 5 days Teach mother to treat local infections at home Advise mother to give home care for the young infant Follow up on day 3 |
| | | <ul style="list-style-type: none"> No signs of bacterial infection or very severe disease | <p>SEVERE DISEASE OR INFECTION UNLIKELY</p> | <ul style="list-style-type: none"> Advise mother to give home care for young infant |

* These thresholds are based on axillary temperature

THEN CHECK FOR JAUNDICE

| ASK | LOOK AND FEEL | SIGNS | CLASSIFY | IDENTIFY TREATMENT (URGENT PRE-REFERRAL TREATMENTS ARE IN BOLD PRINT) |
|---|---|---|-------------------------------|--|
| <ul style="list-style-type: none"> When did jaundice first appear? | <ul style="list-style-type: none"> Look for jaundice (yellow skin) Look at the young infant's palms and soles. Are they yellow? | <ul style="list-style-type: none"> Any jaundice if age is less than 24 hours OR Yellow palms or soles at any age | <p>SEVERE JAUNDICE</p> | <ul style="list-style-type: none"> Treat to prevent low blood sugar Refer URGENTLY to hospital Teach the mother how to keep the infant warm on the way to the hospital |
| | | <ul style="list-style-type: none"> Jaundice appearing after 24 hours of age AND Palms or soles not yellow | <p>JAUNDICE</p> | <ul style="list-style-type: none"> Advise mother to give home care for the young infant Advise mother to return immediately if palms or soles appear yellow If the young infant is older than 3 weeks, refer to a hospital for assessment Follow-up on day 2 |
| | | <ul style="list-style-type: none"> No jaundice | <p>NO JAUNDICE</p> | <ul style="list-style-type: none"> Advise mother to give home care for the young infant |

THEN ASK: Does the young infant have diarrhoea?

| IF YES, LOOK AND FEEL | For DEHYDRATION | SIGNS | CLASSIFY | IDENTIFY TREATMENT (URGENT PRE-REFERRAL TREATMENTS ARE IN BOLD PRINT) |
|---|------------------------------------|--|----------------------------------|---|
| <ul style="list-style-type: none"> Look at the general condition of the infant Infants movements: <ul style="list-style-type: none"> Does the infant move on his / her own? Does the infant move only when stimulated but then stops? 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) Or slowly | <p>Classify DEHYDRATION</p> | <p>Two of the following signs:</p> <ul style="list-style-type: none"> Movement only when stimulated or no movement at all Sunken eyes Skin pinch goes back very slowly | <p>SEVERE DEHYDRATION</p> | <ul style="list-style-type: none"> If infant has no other severe classification <ul style="list-style-type: none"> Follow plan C to treat severe dehydration quickly Start IV fluid immediately, or refer urgently for IV fluid. <i>If that is not possible, start rehydration by NG tube</i> OR If infant also has another severe classification <ul style="list-style-type: none"> 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 |
| | <p>Classify DIARRHOEA</p> | <p>Two of the following signs:</p> <ul style="list-style-type: none"> Restless and irritable Sunken eyes Skin pinch goes back slowly | <p>SOME DEHYDRATION</p> | <ul style="list-style-type: none"> Give fluid and breastmilk for some dehydration (Plan B) OR If infant also has another severe classification <ul style="list-style-type: none"> 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 |
| | | <ul style="list-style-type: none"> Not enough signs to classify as some or severe dehydration | <p>NO DEHYDRATION</p> | <ul style="list-style-type: none"> Give fluids and breastmilk to treat for diarrhoea at home (Plan A) Advise mother when to return immediately |

* What is diarrhoea in a young infant?

A young infant has diarrhoea if the stools have changed from regular pattern and are many and watery (more water than faecal matter)
The normally frequent or semi-solid stools of a breast-fed baby are not diarrhoea.

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN BREASTFED INFANTS

| ASK | LOOK AND FEEL | SIGNS | CLASSIFY | IDENTIFY TREATMENT |
|---|--|--|---|---|
| <ul style="list-style-type: none"> Is the infant breastfed? If yes, how many times in 24 hours? Does the infant usually receive any other foods or drinks? If yes, how often? If yes what do you use to feed the infant? <p>ASSESS BREASTFEEDING</p> <ul style="list-style-type: none"> Has the infant breastfed in the previous hour? | <ul style="list-style-type: none"> Determine weight for age <ul style="list-style-type: none"> Weight less than 1.5kg Weight for age less than -3 Z score Look for ulcers or white patches in the mouth (thrush) <p>If the infant has not fed in the previous hour ask the mother to put the infant to her breast. Observe feed for 4 minutes.</p> <p>If the infant has fed in the previous hour, ask the mother if she can wait and tell you when the infant is willing to feed again</p> <ul style="list-style-type: none"> Is the infant well attached <p><i>Not well attached Good attachment</i></p> | <ul style="list-style-type: none"> Weight < 1.5kg Weight < -3Z score | <p>VERY LOW WEIGHT</p> | <ul style="list-style-type: none"> Treat to prevent low blood sugar Refer URGENTLY to hospital Teach the mother to keep the infant warm on the way to the hospital |
| | <p>TO CHECK ATTACHMENT LOOK FOR</p> <ul style="list-style-type: none"> More areole seen above infants lip that below bottom lip Mouth wide open Lower lip turned outwards Chin touching breast <p>All of these signs should be present if attachment is good.</p> <ul style="list-style-type: none"> Is the infant suckling effectively, that is slow, deep sucks, sometimes pausing <p><i>Not sucking effectively Sucking effectively</i></p> <ul style="list-style-type: none"> Clear a blocked nose if it interferes with breastfeeding | <ul style="list-style-type: none"> Not well attached to breast OR Not sucking effectively OR Less than 8 breastfeeds in 24 hours OR Receives other foods or drinks OR Low weight for age OR Thrush (ulcers or white patches in the mouth) | <p>FEEDING PROBLEM AND/OR LOW WEIGHT FOR AGE</p> | <ul style="list-style-type: none"> <i>If not well attached or not suckling effectively, teach correct positioning and attachment</i> <ul style="list-style-type: none"> <i>If not able to attach well immediately, teach mother to express milk and feed by cup</i> <i>It breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. Advise her to breastfeed as often and for as long as the infant wants, day and night.</i> <i>If receiving other foods or drinks counsel mother about breastfeeding more and reducing other foods and drinks and using a cup</i> <i>If not breastfeeding at all</i> <ul style="list-style-type: none"> refer for breastfeeding counselling and possible relactation Advise about correctly preparing breastmilk substitutes and using a cup Advise mother how to feed and keep the low weight infant warm at home If thrush, teach mother to treat thrush at home Advise mother to give homecare for young infant Follow up thrush and FEEDING PROBLEM on day 3 Follow up LOW WEIGHT FOR AGE on day 14 |
| | | <ul style="list-style-type: none"> Not low weight for age and no other signs of inadequate feeding | <p>NO FEEDING PROBLEM</p> | <ul style="list-style-type: none"> Advise the mother to give homecare for young infant Praise the mother for feeding the infant well |

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN INFANTS RECEIVING NO BREASTMILK

| ASK | LOOK, LISTEN, FEEL | SIGNS | CLASSIFY | IDENTIFY TREATMENT |
|---|--|--|---|--|
| <ul style="list-style-type: none"> Ask what milk are you giving? How many times during the day and night? How much is given at each feed? How are you preparing the feed? <ul style="list-style-type: none"> Let the mother demonstrate or explain how a feed is prepared and how it is given to the infant. How is the milk being given? <ul style="list-style-type: none"> Cup or bottle How are you cleaning the feeding utensils? Are you giving any breastmilk at all? What foods and fluids in addition to replacement feeds are given? | <ul style="list-style-type: none"> Determine the weight for age <ul style="list-style-type: none"> Weight less than 1.5kg? Weight less than -3 Z score Look for ulcers or white patches in the mouth (thrush) | <ul style="list-style-type: none"> Weight < 1.5kg OR Weight < -3 Z score | <p>VERY LOW WEIGHT</p> | <ul style="list-style-type: none"> Treat to prevent low blood sugar Refer URGENTLY to hospital Teach mother to keep the young infant warm on the way to the hospital |
| | | <ul style="list-style-type: none"> Giving inappropriate replacement feeds OR Giving insufficient replacement feeds Milk incorrectly or unhygienically prepared OR Using a feeding bottle OR Low weight for age OR Thrush | <p>FEEDING PROBLEM AND/OR LOW WEIGHT FOR AGE</p> | <ul style="list-style-type: none"> Counsel about feeding Explain the guidelines for safe replacement feeding Identify concerns of mother and family about feeding If mother's using a bottle, teach cup-feeding If thrush teach mother to treat it at home Follow up FEEDING PROBLEM or thrush on day 3 Follow up LOW WEIGHT FOR AGE on day 7 |
| | | <ul style="list-style-type: none"> No low weight for age and no other signs of inadequate feeding | <p>NO FEEDING PROBLEM</p> | <ul style="list-style-type: none"> Advise the mother to continue feeding and ensure good hygiene Praise the mother for feeding the infant well. |

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

| AGE | VACCINES | | | | |
|----------|----------|---------|-------------------|-------------------|---------|
| At Birth | BCG* | OPV0** | | | |
| 6 weeks | | OPV-1** | *Pentavalent-1*** | Pneumococcal - 1* | Rota ** |

Vaccines should be provided in line with the national immunization policy. *Pentavalent::DPT+HepB+Hib **If the child is seen b/w 12-15 months of age, 2nd dose of measles can be given if one month passed since the Measles 1st dose is given.

*0.05ml Intradermal on right upper arm **2 drops Oral ***0.5 ml Intramuscular injection on antero-lateral side of right thigh * 0.5 ml Intramuscular injection on antero-lateral side of left thigh ** Oral 1.5 ml *** 0.5 ml intramuscular left upper thigh

⇒ Give all missed doses on this visit

⇒ Immunize sick infants unless being referred

ASSESS OTHER PROBLEMS