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INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)



**CHART BOOKLET FOR
HEALTH WORKERS**

Child Health Division
Ministry of Health & Family Welfare
Government of India

2023

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT UPTO 2 MONTHS

➤ Assess, classify and identify treatment

- ⇒ Check for possible bacterial infection/ jaundice/**3**
- ⇒ Then ask: does the young infant have diarrhoea? /**4**
- ⇒ Then check for feeding problem or low weight for age /**5**
- ⇒ Then check the young infant's immunization status /**5**
- ⇒ Assess other problems /**5**

➤ Treat the young infant and counsel the mother

- ⇒ Give first dose of intramuscular antibiotics /**6**
- ⇒ Treat the young infant to prevent low blood sugar /**6**
- ⇒ Keep the young infant warm /**6**
- ⇒ Keep the young infant warm on the way to the hospital /**6**
- ⇒ Teach the mother to give oral drugs at home /**7**
- ⇒ To treat skin pustules or umbilical infection /**7**
- ⇒ Give an appropriate oral antibiotic /**7**
- ⇒ Teach the mother to treat local infection at home /**7**
- ⇒ To treat thrush (ulcers or white patches in mouth) /**7**
- ⇒ Teach the mother how to keep the young infant with low weight warm at home /**7**
- ⇒ Teach correct positioning and attachment for breastfeeding /**8**
- ⇒ Teach the mother how to express breastmilk /**8**
- ⇒ Teach the mother to treat breast or nipple problems /**8**
- ⇒ Advice mother to give home care to the young infant /**8**
- ⇒ Advice the mother when to return immediately if the young infant has any of these danger signs /**8**
- ⇒ Teach the mother/ care giver where there is no prospects of breastfeeding or has to give replacement feeds temporarily /**8**
- ⇒ Teach the mother how to feed with cup and spoon /**8**

ASSESS, CLASSIFY AND TREAT THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS

➤ Assess, Classify and Identify Treatment

- ⇒ Check for general danger signs /**9**
- ⇒ Then ask about main symptoms:
 - Does the child have cough or difficult breathing? /**9**
 - Does the child have diarrhoea? /**10**
 - Does the child have fever? /**10**
- ⇒ Then check for malnutrition /**11**
- ⇒ Then check for anemia /**11**
- ⇒ Then check the child's immunization, prophylactic vitamin-A & iron-folic acid supplementation status /**11**
- ⇒ Assess other problems /**11**
- ⇒ Assess the mother/ caregiver's development supportive practices /**11**
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➤ Treat the child

- ⇒ Give pre-referral treatment/ oral drugs at home/**12**
- ⇒ Give an appropriate antibiotic /**12**
- ⇒ Give zinc /**12**
- ⇒ Give paracetamol for high fever /**12**
- ⇒ Give vitamin-A /**12**
- ⇒ Give iron & folic acid therapy / **12**
- ⇒ Teach the mother to treat local infections at home /**13**
- ⇒ Treat the child to prevent low blood sugar /**13**
- ⇒ Advice home care for cough or cold /**13**
- ⇒ Give extra fluid for diarrhoea and continue feeding
 - Plan A: treat diarrhoea at home /**14**
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➤ Teach the mother to give oral drugs at home /**15**

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- ⇒ Home care for children with fever /**15**
- ⇒ Advise mother to increase fluid during illness /**16**

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- ⇒ Advise the mother when to return to health worker /**16**

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- ⇒ Assess the child's feeding /**17**
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ASSESS AND CLASSIFY THE SICK YOUNG INFANT AGE UPTO 2 MONTHS

ASSESS

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
 - if follow-up visit, use the follow-up instructions on TREAT THE INFANT CHART.
 - if initial visit, assess the young infant as follows:

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

A child with a pink classification needs **URGENT** attention, complete the assessment and pre-referral treatment immediately so that referral is not delayed

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION / JAUNDICE

ASK: <ul style="list-style-type: none">• Is the infant having difficulty in feeding?• Has the infant had convulsions?• When did jaundice first appear ?	LOOK, LISTEN, FEEL: <ul style="list-style-type: none">• Count the breaths in one minute. Repeat the count if it is 60 or more breaths per minute.• Look for severe chest indrawing.• Measure axillary temperature (if not possible, feel for fever or low body temperature).• Look at the young infant's movements. <i>If infant is sleeping, ask the mother to wake him/her up.</i><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?• Look at the umbilicus. Is it red or draining pus?• Look for skin pustules.• Look for jaundice (yellow skin)• Look at the young infant's palms and soles. Are they yellow?	<div>YOUNG INFANT MUST BE CALM</div> <div>ALL YOUNG INFANTS</div> <div>And if the infant has jaundice</div>	Classify	Any one or more of the following signs: <ul style="list-style-type: none">• Not able to feed at all or not feeding well <u>or</u>• Convulsions <u>or</u>• Fast breathing (60 breaths per minute or more) <u>or</u>• Severe chest indrawing <u>or</u>• Axillary temperature 37.5°C/99.5° F or above (or feels hot to touch) <u>or</u>• Axillary temperature less than 35.5°C/95.9° F (or feels cold to touch) <u>or</u>• Movement only when stimulated or no movement at all	POSSIBLE SERIOUS BACTERIAL INFECTION	<ul style="list-style-type: none">• Give first dose of oral amoxycillin and intramuscular gentamicin.• Treat to prevent low blood sugar• Advise the mother how to keep the young infant warm on the way to the hospital• Refer URGENTLY to hospital"
			<ul style="list-style-type: none">• Umbilicus red or draining pus <u>or</u>• Skin pustules	LOCAL BACTERIAL INFECTION	<ul style="list-style-type: none">• Give oral amoxycillin for 5 days• Teach the mother how to treat local infections at home• Advise the mother to give home care to the young infant• Advise the mother when to return immediately• Follow up after 2 days.	
			<ul style="list-style-type: none">• No Signs of bacterial infections	INFECTION UNLIKELY	<ul style="list-style-type: none">• Advise the mother to give home care to the young infant	
			<ul style="list-style-type: none">• Any jaundice in an infant aged less than 24 hrs <u>or</u>• Yellow palms or soles	SEVERE JAUNDICE	<ul style="list-style-type: none">• Treat to prevent low blood sugar• Refer URGENTLY to Hospital"• Advise mother how to keep baby warm on the way to the hospital	
			<ul style="list-style-type: none">• Jaundice appearing after 24 hrs of age <u>and</u>• Palms and soles not yellow	JAUNDICE	<ul style="list-style-type: none">• Advise the mother to give home care to the young infant• Advise the mother to return immediately if the infant's palm or soles appear yellow• If the infant is older than 2 weeks, refer to a hospital for assessment• Follow up after 2 days	
			<ul style="list-style-type: none">• No jaundice	NO JAUNDICE	<ul style="list-style-type: none">• Advise the mother to give home care to the young infant	

If referral is not possible, see the section **Where Referral Is Not Possible.**

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THEN ASK:
Does the young infant has diarrhoea?*

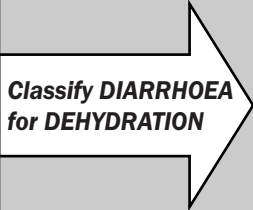
IF YES LOOK AND FEEL:

- Look at the young infant's general condition.
 - Look at Infant's movements:
 - Does the infant move on his/her own?
 - Does the infant move only when stimulated and 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:
 - Very slowly (longer than 2 seconds)?
 - Slowly?

* **What is diarrhoea in a young infant?**

If the stools have changed from usual pattern and are many and watery (more water than fecal matter). Normal frequent or loose stools in a breastfed baby is not diarrhoea.

Blood in stool in young infant needs referral to a hospital to rule out surgical and medical causes



SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
Two of the following signs: <ul style="list-style-type: none">Movements only when stimulated or no movement at allSunken eyesSkin pinch goes back very slowly	SEVERE DEHYDRATION	<ul style="list-style-type: none">Give first dose of oral amoxycillin and intramuscular gentamicin.Refer URGENTLY to hospital with the mother giving frequent sips of ORS on the way.#Advise mother to continue breastfeeding.Advise mother how to keep the young infant warm on the way to the hospital.
Two of the following signs: <ul style="list-style-type: none">Restless, irritableSunken eyesSkin pinch goes back slowly	SOME DEHYDRATION	
<ul style="list-style-type: none">Not enough signs to classify as some or severe dehydration	NO DEHYDRATION	<ul style="list-style-type: none">Give fluids and breastfeeds to treat diarrhoea at home (Plan A)Advise mother when to return immediatelyFollow up after 2 days if no improvement

If referral is not possible, see the section **Where Referral Is Not Possible**.

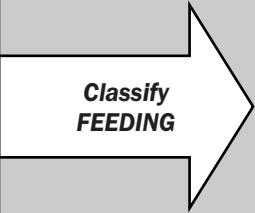
THEN CHECK FOR A FEEDING PROBLEM OR LOW WEIGHT FOR AGE

ASK:

- 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?
 - What do you use to feed the infant?

LOOK, FEEL:

- Measure weight
 - Is it less than 1800 gm?
 - Is it 1800– 2500 gm?
- Determine weight for age by plotting weight on MCP card-Red (<–3SD)/ Yellow (<-2SD) / Green (≥ -2SD)
- Look for ulcers or white patches in the mouth (thrush)



IF AN INFANT has no indication for urgent referral ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?
- If the infant has not been fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeeding for 4 minutes. (If the infant was fed during the previous hour, ask the mother if she can wait and tell you when the infant is willing to feed again).
- Is the infant able to attach?
no attachment at all not well attached good attachment

TO CHECK ATTACHMENT, LOOK FOR:

- Chin touching breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth

(All of these signs should be present if the attachment is good)

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
not suckling at all not suckling effectively suckling effectively
- Clear a blocked nose if it interferes with breastfeeding.
- If yes, look and feel for
 - Flat or inverted nipples, or sore nipples
 - Engorged breasts or breast abscess

- Does the mother have pain while breastfeeding?

SIGNS

<ul style="list-style-type: none">Weight less than 1800 gm in infants less than 7 daysWeight for age less than –3SD in infants 7-59 days old (red on MCP card)
<ul style="list-style-type: none">Not well attached to breast <u>or</u>Not suckling effectively <u>or</u>Less than 8 breastfeeds in 24 hours <u>or</u>Receives other foods or drinks <u>or</u>Thrush (ulcers or white patches in mouth) <u>or</u>Low weight for age (weight between 1800– 2500 gm or weight for age yellow on MCP card i.e. <-2 SD) <u>or</u>Breast or nipple problems
<ul style="list-style-type: none">Not low weight for age (green on MCP card i.e. ≥ -2SD) and no other signs of inadequate feeding.

CLASSIFY AS

VERY LOW WEIGHT
FEEDING PROBLEM and/ or LOW WEIGHT
NO FEEDING PROBLEM

IDENTIFY TREATMENT

(Urgent pre-referral treatments are in bold print)

<ul style="list-style-type: none">Refer URGENTLY to hospital.*Treat to prevent low blood sugarWarm the young infant by skin to skin contact if temperature < 36.5°C (or feels cold to touch) while arranging referral.Advise mother how to keep the young infant warm on the way to hospital
<ul style="list-style-type: none">If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks.If not well attached or not suckling effectively, teach correct positioning and attachment.If breastfeeding less than 8 times in 24 hours, advise to increase frequency of breastfeeding.If not breastfeeding at all<ul style="list-style-type: none">refer for breastfeeding counseling and relactationadvise mother about giving locally appropriate animal milk and teach the mother to feed with a cup and spoonIf thrush, teach the mother to treat thrush at home.If low weight for age:<ul style="list-style-type: none">teach the mother how to keep the young infant warm at home.advise to increase frequency of breastfeedingIf breast or nipple problem, teach the mother to treat breast or nipple problems.Advise mother to give home care to the young infant.Advise mother when to return immediately.Follow-up any feeding problem or thrush after 2 days.Follow-up low weight for age after 14 days.
<ul style="list-style-type: none">Praise the mother for feeding the infant well.Advise mother to give home care to the young infant.Advise mother when to return immediately.

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

If referral is not possible, see the section **Where Referral Is Not Possible**.

	AGE	VACCINE			
IMMUNIZATION SCHEDULE *:	At Birth	BCG	OPV 0	HEP-B 0	
	6 weeks	Penta-1	OPV 1	Rotavirus-1	fIPV-1 PCV-1

ASSESS OTHER PROBLEMS
ASSESS THE MOTHER/CAREGIVER’S DEVELOPMENT SUPPORTIVE PRACTICES & COUNSEL FOR PRACTICES TO SUPPORT CHILD’S DEVELOPMENT USING MCP CARD
COUNSEL THE MOTHER ABOUT HER OWN HEALTH

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

- Give oral amoxycillin and intramuscular gentamicin
- Give one dose for possible serious bacterial infection or diarrhoea with dehydration or very low weight
- Give oral amoxycillin twice daily for 5 days in cases with local bacterial infection

Weight	Amoxycillin oral			Gentamicin ^s Dose: 5 - 7.5 mg /kg /day	
	Syrup (125 mg/5 ml) per dose in ml	Tab 125 mg (per dose)	Tablet 250 mg (per dose)	Strength 80 mg/ 2 ml vial (40 mg / ml)	Strength 20 mg/ ml [#]
<1.5kg	2 ml	½	¼	0.2 ml	0.4 ml
1.5kg upto 2.0 kg	2 ml	½	¼	0.2 ml	0.4 ml
2kg upto 3.0 kg	2.5 ml	½	¼	0.3 ml	0.6 ml
3kg upto 4.0 kg	3.5 ml	1	½	0.4 ml	0.8 ml
4kg upto 5.0 kg	5.0 ml	1	½	0.5 ml	1.0 ml

• Treat the Young Infant to Prevent Low Blood Sugar

➤ If the child is able to breastfeed:

Ask the mother to breastfeed the child.

➤ If the child is not able to breastfeed but is able to swallow:

Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) of sugar water.

To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200 ml cup of clean water.

➤ If the child is not able to swallow:

Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.

^s Explain to the mother why the drug is given

- Determine the dose appropriate for the infant's weight (or age)
- Use a sterile needle and sterile syringe. Measure the dose accurately
- Give the drugs as an intramuscular injection

[#]Prefer to use 20 mg/ ml strength (may be prepared by adding 2 ml sterile water in 80 mg/ 2 ml vial i.e. total volume 4 ml giving strength of 20 mg/ml).

IF REFERRAL IS NOT POSSIBLE:

- Referral is the best option for a young infant classification with POSSIBLE SERIOUS BACTERIAL INFECTION, DIARRHOEA WITH SEVERE/SOME DEYDRATION AND LOW WEIGHT FOR AGE / VERY LOW WEIGHT FOR AGE
- If referral is not possible or refused, give oral amoxycillin (25-30 mg/kg) every 12 hrs and intramuscular gentamicin once daily. Teach the mother how to keep the young infant warm at home and how to prevent low blood sugar. At each contact for injection of antibiotics, explain again to the caregiver that the infant is very sick and should urgently be referred for hospital care. Continue giving once-daily intramuscular gentamicin and twice-daily oral amoxycillin until referral is feasible or for 7 days.
- Urgent referral is also needed in SEVERE JAUNDICE. Explain & counsel for urgent referral at each visit.

KEEP THE YOUNG INFANT WARM

- **Warm the young infant using Skin to Skin contact (Kangaroo Mother Care)**
 - Provide privacy to the mother. If mother is not available, Skin to Skin contact may be provided by the father or any other adult.
 - Request the mother to sit or recline comfortably.
 - Undress the baby gently, except for cap, nappy and socks.
 - Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby's head to one side to keep airways clear .
 - Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother duo with an added blanket or shawl.
 - Breastfeed the baby frequently.
 - If possible, warm the room (>25°C/77°F) with a heating device.
- **Skin to Skin contact is the most practical, preferred method of warming a hypothermic infant in a primary health care facility. If not possible:** Clothe the baby in 3-4 layers, cover head with a cap, put gloves, socks and cover body with a soft, dry cloth and then by a blanket or a shawl; hold the baby close to the caregiver's body.

- **Keep the young infant warm on the way to the hospital**
 - By Skin to Skin contact OR
 - Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold the baby close to the caregiver's body.

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

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 infant's age or weight.
- Tell the mother, the reason for giving the drug to the infant.
- 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 infant.
- Explain carefully how to give the drug, then label and pack the drug.
- If more than one drug will be given, collect, count and pack each drug separately.
- Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the infant gets better.
- Check the mother's understanding before she leaves the clinic.

• Teach the Mother how to keep the young infant with low weight warm at home

- Do not bathe young infant with low weight or low body temperature; instead sponge with lukewarm water to clean.
- Provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.
- When Skin to Skin contact not possible:
 - ⇒ Keep the room warm (>25°C/77°F) with a home heating device.
 - ⇒ Clothe the baby in 3-4 layers; cover the head, hands and feet with cap, gloves and socks, respectively.
 - ⇒ Let the baby and mother lie together on a soft, thick bedding.
 - ⇒ Cover the baby and the mother with additional quilt, blanket or shawl, especially in cold weather.

FEEL THE FEET OF THE BABY PERIODICALLY- BABY'S FEET SHOULD BE ALWAYS WARM TO TOUCH

• Teach the Mother to Treat Local Infections at Home

- Explain how the treatment is given.
- Watch her as she gives the first treatment in the clinic.
- She should return to the clinic if the infection worsens.
- Check the mother's understanding before she leaves the clinic.

To Treat Skin Pustules or Umbilical Infection

- Apply gentian violet paint twice daily.

The mother should:

- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area and paint with gentian violet 0.5% or antibacterial ointment
- Wash hands again

• To Treat Thrush (ulcers or white patches in mouth)

Tell the mother to do the treatment twice daily.

The mother should:

- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth (ulcers/ patches) with gentian violet 0.25%
- Wash hands again

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS

- **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 the mother how to help the infant to attach, she should:
 - ⇒ Touch her infant's lips with her nipple
 - ⇒ Wait until her infant's mouth is opening wide
 - ⇒ Move 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.

- **Teach the Mother how to Express Breastmilk**

- To express breast milk:
- The mother should wash hands, sit comfortably and hold a cup or 'katori' under the nipple and areola
 - Place her finger on the top of the breast and the first finger on the underside of the breast so that they are opposite to each other (at least 4 cm from the tip of the nipple)
 - Compress and release the breast tissue between her finger and thumb a few times.
 - If the milk does not appear, she should re-position her thumb and finger closer to the nipple and compress and release the breast as before.
 - Compress and release all the way round the breast, keeping her fingers the same distance from the nipple.
 - She should be careful not to squeeze the nipple, to rub the skin or move her thumb or finger on the skin.
 - Express one breast until the milk just drips, and then express the other breast until the milk just drips
 - Alternate 5 –6 times between breasts for at least 20-30 minutes
 - If able to take with a cup and spoon advise mother to keep breastfeeding the young infant and at the end of each feed express breast milk and feed with a cup and spoon.
 - If not able to feed with a cup and spoon, refer to hospital.

- **Teach the Mother to Treat Breast or Nipple Problems**

- If the nipple is flat or inverted, evert the nipple several times with fingers before each feed and put the baby to the breast.
- If nipple is sore, apply breast milk for soothing effect and ensure correct positioning and attachment of the baby. If mother continues to have discomfort, feed expressed breast milk with a cup.
- If breasts are engorged, let the baby continue to suck if possible. If the baby cannot suckle effectively, help the mother to express milk and then put the young infant to the breast. Putting a warm compress on the breast may help.
- If breast abscess, advise mother to feed from the other breast and refer to a surgeon. If the young infant wants more milk, feed undiluted animal milk with added sugar by cup and spoon.

- **Advise Mother to Give Home Care to the Young Infant**

- Immediately after birth, baby should be put on the mother's abdomen for skin to skin contact
- Initiate breastfeeding within one hour of birth
- Breastfeed day and night as often as the baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk.
- If the baby is small (low birth weight), feed him or her at least every 2-3 hours. Wake the baby for feeding after 3 hours, if she or he does not wake-up self.
- Breastfeed as often as the baby wants. Look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips.
- DO NOT give other foods or fluids. Breast milk is all the baby needs.
- Make sure the young infant stays warm at all times. In cool weather, cover the infant's head and feet and dress the infant with extra clothing.
- Wash hands with soap and water after defecation and after cleaning bottom of the baby
- Do not apply anything on the cord and keep the umbilical cord dry.

- **Advise the Mother to Return Immediately if the Young Infant has any of these Danger Signs:**

- Breastfeeding or drinking poorly
- Becomes sicker
- Develops a fever or feels cold to touch
- Fast breathing
- Difficult breathing
- Yellow palms and soles (if the infant has jaundice)
- Blood in stools

- **Teach Mother/Caregiver where there is no Prospects of Breastfeeding or has to give Replacement Feeds Temporarily**

- Prepare milk correctly & hygienically

- **Teach the Mother to Feed with a Cup and Spoon (donor human milk/ animal milk)**

- Place the young infant in upright posture (feeding him in lying position can cause aspiration)
- Keep a soft cloth napkin or cotton on the neck and upper trunk to mop the spilled milk.
- Gently stimulate the young infant to wake him up
- Put a measured amount of milk in the cup
- Hold the cup so that it rests lightly on young infant's lower lip
- Tilt the cup so that the milk just reaches the infant's lips
- Allow the infant to take the milk himself and swallows it. DO NOT pour the milk into the infant's mouth.

ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS

ASSESS

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 the follow-up instructions on TREAT THE CHILD chart.

CHECK FOR GENERAL DANGER SIGNS

ASK:

- Is the child able to drink or feed?
- Does the child vomits everything?
- Has the child had convulsions?

LOOK:

- See if the child is lethargic or unconscious
- Is the child convulsing now?

SIGNS:

- Not able to drink or feed or
- Vomits everything or
- Lethargic or unconscious or
- Convulsions/ convulsing now

A child with any general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so that referral is not delayed.

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

IF YES, ASK:

- For how long?

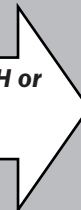
LOOK, LISTEN:

- Count the breaths in one minute.
- Look for chest indrawing.
- Check oxygen saturation: <90% / ≥90%



CHILD MUST BE CALM

Classify COUGH or DIFFICULT BREATHING



SIGNS

CLASSIFY AS

IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print.)

<ul style="list-style-type: none"> • General danger signs (inability to breastfeed or drink, lethargy or unconsciousness, persistent vomiting) <u>or</u> • Chest indrawing <u>or</u> • Oxygen saturation < 90% 	SEVERE PNEUMONIA or VERY SEVERE DISEASE	<ul style="list-style-type: none"> • Give pre-referral dose of oral amoxycillin & IM gentamicin • Refer URGENTLY to hospital[#]
<ul style="list-style-type: none"> • Fast breathing: (Respiratory rates: ➤ 2-11 months ≥ 50/min ➤ 12-59 months ≥ 40/min) 	PNEUMONIA	<ul style="list-style-type: none"> • Give amoxycillin for 5 days. • Advise home care for cough and cold. • Follow-up after 2 days.
<ul style="list-style-type: none"> • No signs of severe pneumonia <u>or</u> Pneumonia. 	NO PNEUMONIA: COUGH or COLD	<ul style="list-style-type: none"> • Advise home care for cough and cold • If coughing for more than 14 days, refer for assessment • Follow up after 5 days, if not improving

[#] If referral is not possible, see the section **Where Referral Is Not Possible**

DOES THE CHILD HAVE DIARRHOEA?

IF YES, ASK:

- For how long?
- Is there blood in the stool?

LOOK AND FEEL:

- Look at the child's general condition.**
Is the child:
 - Lethargic or unconscious?
 - Restless and irritable?
- Look for sunken eyes.**
- Offer the child fluid. Is the child:**
 - Not able to drink or drinking poorly?
 - Drinking eagerly, thirsty?
- Pinch the skin of the abdomen.**
Does it go back:
 - Slowly?
 - Very slowly (longer than 2 seconds)?

Classify DIARRHOEA For DEHYDRATION

If blood in stool or diarrhoea ≥ 14 days, refer to hospital.

DOES THE CHILD HAVE FEVER?

(by history or feels hot or temperature 37.5°C* or above)

IF YES

Is it a PF (p. falciparum) predominant area? Yes/ No

THEN ASK:

- Fever for how long?
 - If more than 7 days, has fever been present every day?

LOOK AND FEEL :

- Look or feel for stiff neck
- Look for any other focus of fever

Classify FEVER

Do RDT for malaria in all fever cases if it is PF predominant area and if no obvious cause of fever is present in other areas or malaria suspected

**This cutoff is for axillary temperature*
*** Other causes of fever include no pneumonia:cough or cold, pneumonia, diarrhoea, dysentery and skin infections , dengue , measles*
*# If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child.***

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
Two of the following signs: <ul style="list-style-type: none">Lethargic or unconsciousSunken eyesNot able to drink or drinking poorlySkin pinch goes back very slowly.	SEVERE DEHYDRATION	<ul style="list-style-type: none">Refer URGENTLY to hospital# with mother giving frequent sips of ORS on the way.Advise the mother to continue breastfeeding.
Two of the following signs: <ul style="list-style-type: none">Restless, irritableSunken eyesDrinks eagerly, thirstySkin pinch goes back slowly.	SOME DEHYDRATION	<ul style="list-style-type: none">Give fluids, zinc supplements and food for some dehydration (Plan B).Follow-up after 2 days if not improving.Advice when to return immediately
<ul style="list-style-type: none">Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION	<ul style="list-style-type: none">Give fluids, zinc supplements and food to treat diarrhoea at home (Plan A).Follow-up after 5 days if not improving.Advice when to return immediately

<ul style="list-style-type: none">Any general danger sign <u>or</u>Stiff Neck	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none">Give first dose of oral amoxycillin and IM gentamicinTreat the child to prevent low blood sugarGive one dose of paracetamol for high fever (temp. 38.5°C/101.3°F or above)*.Refer URGENTLY to hospital#.
<ul style="list-style-type: none">Positive RDT <u>or</u>RDT not available and no other obvious cause of fever	MALARIA/ SUSPECTED MALARIA	<ul style="list-style-type: none">Give oral antimalarial as per national guidelines after making a smearGive one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above)*.Advise mother when to return immediately.Follow-up after 2 days
Negative RDT <u>and/or</u> other causes of fever PRESENT**	FEVER - MALARIA UNLIKELY	<ul style="list-style-type: none">Give one dose of paracetamol in clinic for high fever (temp. 38.5°C/101.3°F or above)Give appropriate treatment for an identified cause of feverAdvise mother when to return immediately.Follow-up after 2 days if fever persistsIf fever is present every day for more than 7 days, refer for assessment

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

- Measure weight, length/height, plot WFL on MCP card and determine WFL SD score (color)*
- Look for oedema of both feet
- Measure MUAC, if child is 6 months or older

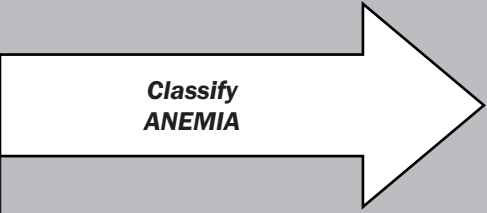
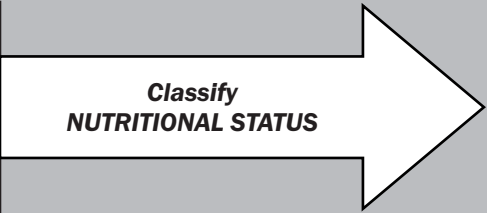
* Look for visible severe wasting if unable to measure length/height .
Classify severe acute malnutrition in presence of visible severe wasting.

THEN CHECK FOR ANEMIA

LOOK:

- Look for palmar pallor. Is it:
 - Severe palmar pallor?
 - Some palmar pallor?

If referral is not possible, see the section **Where Referral Is Not Possible**



SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
<ul style="list-style-type: none">• WFL <-3 SD score (red color on MCP card)* <u>and/or</u>• MUAC <11.5 cm <u>and/or</u>• Oedema of both feet	SEVERE ACUTE MALNUTRITION	<ul style="list-style-type: none">• Give first dose of oral amoxycillin and IM gentamicin• Treat the child to prevent low blood sugar.• Refer URGENTLY to hospital#• Keep the child warm on the way to hospital.
<ul style="list-style-type: none">• WFL <-2 SD score (yellow color on MCP card) <u>and/or</u>• MUAC 11.5–12.4 cm <u>and</u>• No Oedema of both feet	MODERATE ACUTE MALNUTRITION	<ul style="list-style-type: none">• Assess feeding and counsel the mother on how to feed the child• Advise mother when to return immediately• Follow-up after 30 days
<ul style="list-style-type: none">• WFL ≥ -2SD score <u>and</u>• MUAC ≥ 12.5 cm <u>and</u>• No Oedema of both feet	NO ACUTE MALNUTRITION	<ul style="list-style-type: none">• If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart.• If feeding problem, follow-up in 5 days.• Advise mother when to return immediately.

<ul style="list-style-type: none">• Severe palmar pallor	SEVERE ANEMIA	<ul style="list-style-type: none">• Refer URGENTLY to hospital
<ul style="list-style-type: none">• Some palmar pallor	ANEMIA	<ul style="list-style-type: none">• Give iron folic acid therapy for 14 days• Assess the child`s feeding and counsel the mother on feeding. If feeding problem, follow-up after 5 days.• Follow-up after 14 days.
<ul style="list-style-type: none">• No palmar pallor	NO ANEMIA	<ul style="list-style-type: none">• Give prophylactic iron folic acid if child 6 months or older.

THEN CHECK THE CHILD'S IMMUNIZATION*, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID SUPPLEMENTATION STATUS			
IMMUNIZATION SCHEDULE:	AGE	VACCINE	PROPHYLACTIC IFA/ DEWORMING/ Prophylactic Vitamin A
	At Birth	BCG + OPV-0 + Hep B 0	<ul style="list-style-type: none">• Give IFA syrup (1ml 2 times a week with auto dispenser) containing 20 mg of elemental iron + 100 mcg of folic acid after the child has recovered from acute illness if the child is 6 months of age or older, supplement IFA in LBW after 6 weeks of age• Give anthelmintic if child is one year or older and has not received deworming agents in last 6 months (1-2 years 1/2 tablet albendazole and for 2 years above, 1 tablet).• Give Vitamin A supplementation as per state guidelines
	6 weeks	OPV-1+ Penta-1 +Rota Virus-1* + fIPV -1 + PCV -1	
	10 weeks	OPV-2+ Penta-2+ Rota Virus -2*	
	14 weeks	OPV-3+ Penta-3 +fIPV-2 + RV V-3* + PCV-2	
	9-12 months	Measles-rubella (MR-1) + JE-1#+ PCV booster + fIPV-3	
	16-24 months	MR-2, JE-2#, DPT booster-1, OPV booster	
	60 months	DPT booster-2	
* A child who needs to be immunized should be advised to go for immunization the day vaccines are available at AW/SC/PHC			
# JE in States where it is included in their immunization schedule			

ASSESS OTHER PROBLEMS
ASSESS FEEDING IF AGE IS LESS THAN 2 YEARS / HAS UNCOMPLICATED SEVERE / MODERATE ACUTE MALNUTRITION OR ANEMIA
ASSESS THE MOTHER/CAREGIVER'S DEVELOPMENT SUPPORTIVE PRACTICES IF AGE IS LESS THAN 3 YEARS / HAS UNCOMPLICATED SEVERE ACUTE MALNUTRITION OR ANEMIA
COUNSEL THE MOTHER ABOUT HER OWN HEALTH

Give Pre-referral Teatment/Oral Drugs at Home

- **Give an Appropriate Antibiotic**

- Give pre-referral dose of oral amoxycillin and IM gentamicin to children presenting with general danger signs, severe pneumonia, severe febrile disease and SAM with medical complications.
- Give oral amoxycillin to children (FOR PNEUMONIA, SEVERE ACUTE MALNUTRITION)

AGE or WEIGHT	Amount of Gentamicin to be given IM as injection (vial* contains 80 mg in 2 ml)	Amount of Amoxycillin to be given per-orally as Syrup (contains 125 mg/5 ml)	Amount of Amoxycillin to be given per-orally as tablet (contains 250 mg)
2 months upto 4 months (4 - <6 kg)	0.5-1.0 ml	5 ml	½
4 months upto 12 months (6- <10 kg)	1.1-1.8 ml	10 ml	1
12 months upto 3 years (10 - <14 kg)	1.9-2.7 ml	15 ml	1 ½
3 years upto 5 years (14-19 kg)	2.8–3.5 ml	20 ml	2

IF REFERRAL IS NOT POSSIBLE:

- Referral is the best option for children classification with General danger signs, severe pneumonia, Very severe febrile disease, severe dehydration, severe acute malnutrition and severe anemia.
- If referral is not possible or refused in children with general danger signs, severe pneumonia, very severe febrile disease, severe acute malnutrition then give oral amoxycillin (25-30 mg/kg) every 12 hrs and intramuscular gentamicin once daily.
- At each contact for injection of antibiotics, explain again to the caregiver that the infant is very sick and should urgently be referred for hospital care. Continue giving once-daily intramuscular gentamicin and twice-daily oral amoxycillin until referral is feasible or for 7 days
- For severe dehydration rehydrate with ORS till the time referral is possible
- For severe anemia, explain need for blood transfusion at each visit till referral is possible

- **Give Zinc:** For acute diarrhoea and severe acute malnutrition, give zinc supplements for 14 days.

- Give 10 mg (1/2 tab of 20 mg tablet) to infants aged 2-<6 months
- Give 20mg (1 tab of 20 mg tablet) to children 6-59 months

- **Give Paracetamol for High Fever ($\geq 38.5^{\circ}\text{C}/101.3^{\circ}\text{F}$)**

- Give a single dose of paracetamol in the clinic
- Give 3 additional doses of paracetamol for use at home every 6 hours until high fever or ear pain is gone.

PARACETAMOL		
AGE or WEIGHT	TABLET (100 mg)	TABLET (500 mg)
2 months upto 1 years (4 - <10 kg)	1 Tablet	¼
1 years upto 3 years (10 - <15kg)	1 ½ Tablet	¼
3 years upto 5 years (15 - 20 kg)	2 Tablet	½

- **Give Vitamin A**

- Give single dose to all children with Severe Acute Malnutrition or for prophylaxis as per guidelines.

AGE	VITAMIN A SYRUP
	100,000 IU/ml
Upto 6 months	0.5 ml
6 months up to 12 months or weight <8 kg	1 ml
More than 12 months & Weight =>8 Kg	2 ml

- **Give Iron & Folic Acid therapy**

- Give one dose daily for 60 days

AGE or WEIGHT	IFA PEDIATRIC TABLET (20 mg elemental iron)	IFA SYRUP (20 elemental iron + 100 mcg Folic acid per ml)	IFA DROPS 20 mg of elemental iron per 1 ml
2 months upto 4 months (4 - <6 kg)		0.5 ml	0.5 ml
4 months upto 12 months (6 - <10 kg)	1 tablet	1ml	1 ml
12 months upto 3 years (10 - 14 kg)	1.5 tablets	1.5 ml	1.5 ml
3 years upto 5 years (14 - 19 kg)	2 tablets	2 ml	

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- **Treat the Child to Prevent Low Blood Sugar:**

- **If the child is able to breastfeed:** Ask the mother to breastfeed the child
- **If the child is not able to breastfeed but is able to swallow:** Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) of sugar water.
- **If the child is not able to swallow:** Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.

Advise Home Care for cough or cold

Children having no signs of either pneumonia or severe pneumonia are classified as 'NO PNEUMONIA: COUGH or COLD' and health worker will advise for home care.

- **An infant below 6 months who is exclusively breastfed should not be given any home remedy.**
- Breastfeeding should be continued. The other advise is to continue feeding the child during the illness.
- Mother is advised to give home available fluids as much as the child would take. This would help in the relief of cough.
- The mother is advised to give the child a safe home made cough remedy if the child is more than 6 months of age like honey, tulsi, ginger, herbal concoctions and other safe home remedies. Avoid cough syrups.
- The mother is advised to keep the nose clean by putting in nasal drops (boiled and cooled water with salt mixed in it) and by cleaning the nose with a soft cotton cloth. Mothers can also prepare saline nasal drops at the home by adding ½ teaspoon of common salt (2.5 gm) to 250 ml (1 glass) of clean drinking water. Fresh solutions should be prepared daily.
- The mother should also be advised on how to give drugs at home.
- She should look for signs of worsening of illness, like child becomes sicker or is not able to drink or breastfeed, fast breathing, difficult breathing or if child develops fever. If any of these signs appear, mother should immediately contact ASHA or ANM for referral to the nearest health facility.

TREAT THE CHILD

GIVE EXTRA FLUID FOR DIARRHOEA

Plan A: Treat Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:

Give Extra Fluid, Give Zinc supplements, Continue Feeding, When to Return

1. GIVE EXTRA FLUID (as much as the child will take)

TELL THE MOTHER:

If the child is exclusively breastfed: Breastfeed frequently and for longer duration at each feed. If passing frequent watery stools, give ORS in addition to breastmilk.

- **If the child is 6 months or older :** Give one or more of the following home fluids; ORS solution, buttermilk drink, milk, lemon drink, rice or pulses-based drink, vegetable soup, green coconut water or plain clean water.

It is especially important to give ORS at home when:

- the child has been treated with Plan B or Plan C during this visit.
- the child cannot return to a clinic, if the diarrhoea gets worse.

TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.

SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:

<2 months	5 spoons after each loose stool.
2 months Upto 2 years	1/4 cup to 1/2 cup (50-100 ml) after each loose stool.
2 years or more	1/2 cup to 1 cup (100-200 ml) after each loose stool.

Tell the mother to:

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

2. GIVE ZINC SUPPLEMENTS FOR 14 DAYS

3. CONTINUE FEEDING

4. WHEN TO RETURN:

- Child becomes sicker
- Not able to drink or breastfeed
- Blood in stool
- Drinking poorly
- Develops fever.

Give Zinc supplements for 14 days	
AGE	ZINC TABLETS (20 mg)
2 months upto 6 months	1/2
6 months upto 5 years	1

Plan B: Treat Some Dehydration with ORS

In clinic, give recommended amount of ORS over 4-hour period

• DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS

AGE	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
WEIGHT	< 6 kg	6 - < 10 kg	10 - < 12 kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400

- Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.
 - If the child wants more ORS than shown, give more.

• SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

• AFTER 4 HOURS:

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

} See Plan A for recommended fluids and
See COUNSEL THE MOTHER chart

• IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 4 Rules of Home Treatment:

1. GIVE EXTRA FLUID

2. GIVE ZINC SUPPLEMENT

3. CONTINUE FEEDING

4. WHEN TO RETURN:

- Child becomes sicker
- Not able to drink or breastfeed or drinking poorly
- Blood in stool
- Develops fever.

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 Oral Antimalarials as per National guidelines (other than NE-States)

➤ FALCIPARUM MALARIA: If RDT or blood smear Pf positive

Age group (years)/color of blister pack	Day 1		Day 2		Day 3
	Artesunate (AS)	Sulphadoxine Pyramethamine (SP)	Artesunate (AS)	Primaquine (PQ)	Artesunate (AS)
0-1* Pink Blister	1 (25 mg)	1 (250+12.5 mg)	1 (25 mg)	Nil	1 (25 mg)
1-4 Yellow Blister	1 (50 mg)	1 (500+25 mg)	1 (50 mg)	1 (7.5 mg base)	1 (50 mg)

***NOTE:** ACT-SP (Artesunate based Combination Therapy-Sulfadoxine Pyremethamine)

Artesunate 4 mg per kg daily for 3 days and Sulfadoxine (25 mg/kg)-Pyremethamine 1.25 mg/kg on first day. Give Primaquine 0.75 mg per kg on day-2. SP is not to be prescribed for infant <5 months of age and should be treated with alternate Artesunate Combination Therapy (ACT)

• Vivax malaria: If blood smear positive for PV, give Chloroquine for 3 days and Primaquine for 14 days

- Chloroquine for P. Vivax: 25 mg/kg divided over 3 days i.e. 10mg/kg on day 1 & 2, and 5 mg/kg on day 3
- Primaquine*: 0.25 mg/kg daily for 14 days

Age group	Chloroquine						Primaquine
	Day 1		Day 2		Day 3		Give daily for 14 days
	Tablet (150 mg)	Syrup 50 mg base per 5 ml	Tablet	Syrup	Tablet	Syrup	
2 months upto 12 months	1/2	7.5 ml	1/2	7.5 ml	1/4	4 ml	0
12 months upto 5 years	1	15 ml	1	15 ml	1/2	7.5 ml	1

• Give Oral Antimalarials as per National guidelines (for NE-States)

➤ FALCIPARUM MALARIA: If blood smear positive for PF, give ACT-AL (ARTEMETHER AND LUMEFANTRINE) Co-formulated tablet

Age group (Weight)	Co-formulated ACT-AL				
	Dose	Times	No of days	Total dose	Availability under National programme
> 5 months to < 3 years (5-14 kg)	1 tab (20 mg)	Twice/day	3	120 mg	Yellow colored pack with 6 tablets
≥ 3 months to < 8 years (15-24 kg)	2 tab (40 mg)	Twice/day	3	240 mg	Green colored pack with 12 tablets

NOTE: If blood smear or RDT positive for both P. Vivax + P. falciparum, give ACT-AL as above and Primaquine.

Home Care for Child with Fever

For the child with fever who does not have severe disease, advise the mother to treat with home care.

1. Advise the mother to continue feeding the child during the illness. Continue breastfeeding.
2. Advise the mother to continue giving home available fluids as much as the child would take. The sick child who has fever needs more fluids.
3. Teach the mother to look for signs of illness when to return to you immediately.
 - Child becomes sicker;
 - Not able to drink or breast feed.

FLUIDS

- **Advise the Mother to Increase Fluid During Illness**

- **FOR ANY SICK CHILD**

- ⇒ Breastfeed more frequently and for longer duration at each feed.
 - ⇒ Increase fluids. For example, give soup, rice water, buttermilk drinks or clean water.

- **FOR CHILD WITH DIARRHOEA**

- ⇒ Giving extra fluids can be lifesaving. Give fluids according to Plan A or Plan B on TREAT THE CHILD chart.

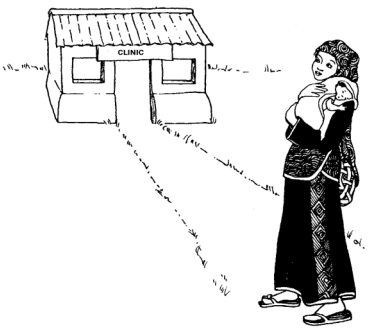
WHEN TO RETURN

- **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 after:
PNEUMONIA MALARIA/SUSPECTED MALARIA FEVER-MALARIA UNLIKELY (if fever persists),	2 days
DIARRHOEA, if not improving PERSISTENT DIARRHOEA FEEDING PROBLEM ANY OTHER ILLNESS , if not improving	5 days
UNCOMPLICATED SEVERE ACUTE MALNUTRITION	7 days
ANEMIA	14 days
MODERATE ACUTE MALNUTRITION	30 days



When to Return

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 fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none">ⓐ Fast breathingⓐ Difficult breathing
If child has Diarrhoea, also return if:	<ul style="list-style-type: none">ⓐ Blood in stoolⓐ Drinking poorly

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*** for the child's age in the box below.

ASK -

- Do you breastfeed your child?
 - How many times during the day?
 - Do you also breastfeed during the 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?
 - How large are servings? Does the child receive his own serving? Who feeds the child and how?
- During this illness, has the child's feeding changed?
If yes, how?

Compare feeding practices with feeding recommendations & counsel

Assess the Mother/caregiver's practices to support Child's Development

Ask questions about the mother/caregiver's usual practices to support child's development. Compare the mother's answers to the ***Recommendations for the child's development***

ASK -

Infant's age less than 6 months

- How do you play with your baby?
- How do you talk to your baby?
- How do you get your baby to smile?

Child's age 6 months and older






- How do you play with your child?
- How do you talk to your child?
- How do you get your child to smile?
- How do you think your child is learning?

LOOK– All children

- How does caregiver show he or she is aware of child's movements?
- How does caregiver comfort the child and show love?

COUNSEL THE MOTHER

• Feeding Recommendations During Sickness and Health

<p>Birth upto 6 Months</p>  <ul style="list-style-type: none"> • Immediately after birth , put your baby in skin to skin contact with you. • Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours. • Do not give any other foods or fluids not even water • If baby is small (low birth weight), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if the baby does not wake by him/herself <p>Remember:</p> <ul style="list-style-type: none"> • Continue breastfeeding if the child is sick 	<p>6 upto 9 Months</p>  <ul style="list-style-type: none"> • Breastfeed as often as the child wants. • Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cups (1 cup = 250 ml) <ul style="list-style-type: none"> ➤ Mashed roti/ rice mixed in undiluted milk OR thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings <u>OR</u> ➤ Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk <u>OR</u> ➤ Mashed boiled/fried potatoes. ➤ *Give 2 to 3 meals each day. Offer 1 or 2 snacks each day in between <p>Remember:</p> <ul style="list-style-type: none"> • Keep the child in your lap and feed with your own hands • Wash your own and child's hands with soap and water every time before feeding 	<p>9 upto 12 Months</p>  <ul style="list-style-type: none"> • Breastfeed as often as the child wants. • Give at least <u>1/2 cup</u> serving* at a time of: <ul style="list-style-type: none"> ➤ Mashed roti/ rice mixed in undiluted milk OR thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings <u>OR</u> ➤ Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk <u>OR</u> ➤ Mashed boiled/fried potatoes. ➤ *3 times per day if breastfed; 5 times per day if not breastfed. <p>Remember:</p> <ul style="list-style-type: none"> • Keep the child in your lap and feed with your own hands • Wash your own and child's hands with soap and water every time before feeding 	<p>12 Months upto 2 Years</p>  <ul style="list-style-type: none"> • Breastfeed as often as the child wants. • Offer food from the family pot • Give at least <u>3/4 cup</u> serving* at a time of: Mashed roti/rice mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings <u>OR</u> <ul style="list-style-type: none"> ➤ Mashed roti/ rice mixed in undiluted milk <u>OR</u> ➤ Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk <u>OR</u> ➤ Mashed boiled/fried potatoes ➤ Offer banana/cheeko/ mango/ papaya ➤ *5 times per day. <p>Remember:</p> <ul style="list-style-type: none"> • Sit by the side of child and help him to finish the serving • Wash your child's hands with soap and water every time before feeding 	<p>2 Years and Older</p>  <ul style="list-style-type: none"> • Give a variety of family foods to your child, including animal source and vitamin-A rich foods and vegetables • Give at least 1 cup (250ml) serving at a time • Give family foods at 3 –4 meals each day. • Also, twice daily, give nutritious food between meals, such as: banana/cheeko/mango/ papaya as snacks • If child refuses a new food, offer “tastes” several times. Be patient. <p>Remember:</p> <ul style="list-style-type: none"> • Ensure that the child finishes the serving • Teach your child wash his hands with soap and water every time before feeding
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*A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal porridge with added oil); meat, fish, eggs, or pulses; and fruits and vegetables

• ***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:**
 - Build mother's confidence that she can produce all the breastmilk 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 a locally appropriate dairy/animal milk.
 - Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
 - Finish prepared milk within an hour.
- **If the mother is using a bottle to feed the child:**
 - Recommend substituting a cup for bottle.
 - Show the mother how to feed the child with a cup.
- **If the child is not being fed actively, counsel the mother to:**
 - Sit with the child and encourage eating.
 - Give the child an adequate serving in a separate plate or bowl.
- **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, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
 - ⇒ Clear a blocked nose if it interferes with feeding.

Counsel the Mother About Her Own Health

- Follow-up visit and regular postnatal visits should be coordinated. Try and schedule the visit of the young infant and mother together.
- Emphasize that postnatal visit is a good opportunity to provide advice and care to the mother and young infant.
- If the mother is sick, very thin or looking depressed, provide care for her, or refer her to hospital 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. Advise her to take one additional energy dense meal to meet requirements for good lactation.
- Give iron folic acid (1 tab 60 mg elemental iron daily + 500 microgram folic acid) & Calcium tablets (500 mg elemental calcium with 250 IU Vitamin D twice daily). Advise her to continue it for a total of 180 days.
- Make sure she has access to:
 - Contraceptives
 - Counselling on STD and AIDS prevention

• ***Counsel the Mother for Practices to Support Child's Development Using MCP Card***

If the mother does not breastfeed, counsel the mother to:

- Hold the child close when feeding, look at the child, and talk or sing to the child.

If caregivers do not know what the child does to play or communicate:

- Remind caregivers that children play and communicate from birth.
- Demonstrate how the child responds to activities.

If caregivers feel too burdened or stressed to play and communicate with the child:

- Listen to the caregivers feelings, and help them identify a key person who can share their feelings and help them with their child.
- Build their confidence by demonstrating their ability to carry out a simple activity.
- Refer caregivers to a local service, if needed and available.

If caregivers feel that they do not have time to play and communicate with the child:

- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help care for the child or help with chores.

If caregivers have no toys for the child to play with, counsel them to:

- Use any household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.



If the child is not responding, or seems slow:

- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and to hear.
- Refer the child with difficulties to special services.
- Encourage the family to play and communicate with the child through touch and movement, as well as through language.

If the mother or father has to leave the child with someone else for a period of time:

- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Get the child used to being with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.

If it seems that the child is being treated harshly:

Recommend better ways of dealing with the child.

- Encourage the family to look for opportunities to praise the child for good behaviour.
- Respect the child's feelings.
- Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying "don't"

MANAGEMENT OF THE SICK YOUNG INFANT AGE UPTO 2 MONTHS FOR HW

Name: _____ Age: _____ Gender: _____ Weight: _____ kg Temperature: _____ °C / °F Date: _____

ASK: What are the infant’s problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)

CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION/JAUNDICE		CLASSIFY
<ul style="list-style-type: none">Is the infant having difficulty in feeding?Has the infant had convulsions?	<ul style="list-style-type: none">Count the breaths in one minute _____ breaths per minute Repeat if elevated _____ Fast breathing?Look for severe chest indrawingMeasure axillary temperature (if not possible, feel for fever or low body temperature) - Is it < 35.5°C / 37.5 °C (95.9°F/99.5°F) or above?Look at young infant’s movements. If infant is sleeping, ask the mother to wake him/her<ul style="list-style-type: none">Does the infant move only when stimulated but then stops?Does the infant not move at all?Look at the umbilicus. Is it red or draining pus?Look for skin pustulesLook for jaundice (yellow skin), If presentLook at the young infant’s palms and soles. Are they yellow?	
<ul style="list-style-type: none">Ask when did jaundice appeared – First 24 hours / After 24 hours		

DOES THE YOUNG INFANT HAS DIARRHOEA?		Yes ____ No ____
<ul style="list-style-type: none">Look at the young infant’s general condition.<ul style="list-style-type: none">Look at infant’s movements:<ul style="list-style-type: none">Does the infant move only when stimulated and 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">Slowly?Very slowly (longer than 2 seconds)?		

THEN CHECK FOR FEEDING PROBLEM & VERY LOW WEIGHT		Yes ____ No ____
<ul style="list-style-type: none">Has the infant breastfed in the previous hour? If yes, how many times in 24 hours? _____ timesDoes the infant usually receive any other foods or drinks? Yes ____ No ____<ul style="list-style-type: none">If yes, how often? _____What do you use to feed the infant? _____	<ul style="list-style-type: none">Measure Weight<ul style="list-style-type: none">Is it less than 1800 gm?Is it 1800 – 2500 gm?Determine weight for age by plotting weight on MCP card<ul style="list-style-type: none">Red (<- 3 SD)Yellow (<- 2 SD)Green (≥ -2SD)Look for ulcers or white patches in the mouth (thrush)	
Is there any indications for urgent Referral-Yes/No?		
If no ASSESS BREASTFEEDING		

ASSESS BREASTFEEDING:		Check for attachment
<ul style="list-style-type: none">Has the infant breastfed in the previous hour?If infant has not breastfed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfed for 4 minutes.	<ul style="list-style-type: none">Chin touching breast Yes ____ No ____Mouth wide open Yes ____ No ____Lower lip turned outward Yes ____ No ____More areola above than below the mouth Yes ____ No ____Is the infant able to attach?<ul style="list-style-type: none">no attachment at allnot well attachedgood attachmentIs the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?<ul style="list-style-type: none">not suckling at allnot suckling effectivelysuckling effectivelyDoes the mother have pain while breastfeeding? If yes, then look for:<ul style="list-style-type: none">Flat or inverted nipples or sore nipples	

CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS		Circle immunization needed today
Birth	BCG	HEP-B 0
6 weeks	OPV 0	OPV-1
	Pentia-1	Rotavirus-1
		flPV-1
		PCV-1
		Circle immunization needed today Return for next immunization on: _____ (Date)

ASSESS CAREGIVER’S PRACTICES TO SUPPORT CHILD’S DEVELOPMENT	
ASK: How do you play with your baby? How do you talk to your baby? How do you get your baby smile?	<ul style="list-style-type: none">Look how does caregiver show he/she is aware of child’s movement?Look how does caregiver comfort the child and show love?
ASSESS OTHER PROBLEMS	

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS FOR HW

Name: _____ Age: _____ Gender: _____ Weight: _____ kg Temperature: _____ °C / °F Date: _____

ASK: What are the infant’s problems? _____ Initial visit? _____ Follow up visit? _____

ASSESS (Circle all signs present)			CLASSIFY		
CHECK FOR GENERAL DANGER SIGNS <ul style="list-style-type: none">• NOT ABLE TO DRINK OR BREASTFEED• LETHARGIC OR UNCONSCIOUS• VOMITS EVERYTHING• CONVULSIONS/ CONVULSING NOW			General danger sign present? Yes _____ No _____ Remember to use danger sign when selecting classifications		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? <ul style="list-style-type: none">• For how long? _____ Days• Count the breaths in one minute _____ breaths per minute. Fast breathing?			Yes _____ No _____ <ul style="list-style-type: none">• Look for chest indrawing• Check oxygen saturation- <90% ≥90%		
DOES THE CHILD HAVE DIARRHOEA? <ul style="list-style-type: none">• For how long? _____ Days• Is there blood in stools? Yes/ No			Yes _____ No _____ <ul style="list-style-type: none">• Look at the child’s general condition. Is the child:<ul style="list-style-type: none">⇒ Lethargic or unconscious?⇒ Restless and irritable?• Look for sunken eyes• Offer the child fluid. Is the child:<ul style="list-style-type: none">⇒ Not able to drink or drinking poorly?⇒ Drinking eagerly, thirsty?• Pinch the skin of the abdomen. Does it go back:<ul style="list-style-type: none">⇒ Slowly?⇒ Very slowly (longer than 2 seconds)?		
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 °C or above) Is it a PF (P. falciparum predominant area) Yes/ No <ul style="list-style-type: none">• Fever for how long? _____ Days?• If more than 7 days, has fever been present every day?			Yes _____ No _____ <ul style="list-style-type: none">• Look or feel for stiff neck• Look for any other focus of fever		
THEN CHECK FOR MALNUTRITION			Length/Height _____ (cm)		
<ul style="list-style-type: none">• If child is 6 months or older, measure MUAC _____ cm			<ul style="list-style-type: none">• Determine WFH/L SD score by plotting on MCP card:<ul style="list-style-type: none">⇒ Red (<-3SD)⇒ Yellow (<-2 SD)⇒ Green (≥-2SD)• Look for oedema of both feet• Look for visible severe wasting		
THEN CHECK FOR ANEMIA			<ul style="list-style-type: none">• Look for palmar pallor<ul style="list-style-type: none">⇒ Severe palmar pallor⇒ Some palmar pallor⇒ No pallor		
CHECK THE CHILD’S IMMUNIZATION, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID STATUS Circle immunizations and Vitamin A or IFA supplements needed today.					
BCG	PENTA 1	PENTA 2	PENTA 3	MR-1	MR-2
OPV 0	OPV 1	OPV 2	OPV 3	VITAMIN A+ IFA	OPV- Booster
Hep B 0	Rota-1	Rota-2	Rota-3	JE-1	JE-2
	PCV-1		PCV-2	PCV Booster	DPT Booster-1
	fIPV-1		fIPV-2	fIPV-3	DPT Booster-2
					Deworming
ASSESS CHILD’S FEEDING <ul style="list-style-type: none">• Do you breastfeed your child? Yes _____ No _____ If yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes _____ No _____• Does the child take any other food or fluids? Yes _____ No _____ If yes, what foods of fluids? _____• How many times per day? _____. What do you use to feed the child and how? _____• How large are the servings? _____• Does the child receive his own serving? _____ Who feeds the child and how? _____• During this illness, has the child’s feeding changed? Yes _____ No _____• If Yes, how?					
ASSESS CAREGIVER’S PRACTICES TO SUPPORT CHILD’S DEVELOPMENT					
ASK: <ul style="list-style-type: none">• How do you play with your baby?• How do you talk to your baby?• How do you get your baby smile? <ul style="list-style-type: none">• Look how does caregiver show he/she is aware of child’s movement?• Look how does caregiver comfort the child and show love?					
ASSESS OTHER PROBLEMS:					

TREAT

[illegible]

