



WHO/CHD/97.3.C  
DISTR.: GENERAL  
ORIGINAL: ENGLISH

# INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

## Identify Treatment



**World Health Organization**  
Division of Child Health and Development (CHD)





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**IDENTIFY TREATMENT**

World Health Organization and UNICEF  
1997

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# IDENTIFY TREATMENT

## INTRODUCTION

In the previous module you learned to assess the sick child age 2 months up to 5 years and to classify the child's illness or illnesses. The next step is to identify the necessary treatments. In some instances, the very sick child will need referral to a hospital for additional care. If so, you will begin urgent treatments before the child's departure.

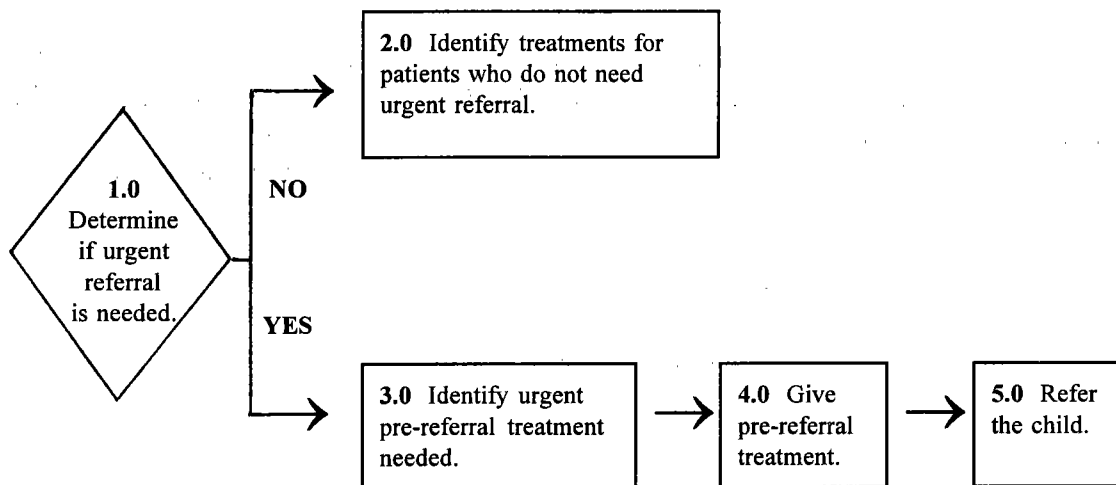
### LEARNING OBJECTIVES

This module will describe and allow you to practice the following skills:

- \* determining if urgent referral is needed
- \* identifying treatments needed
- \* for patients who need urgent referral:
  - identifying the urgent pre-referral treatments
  - explaining the need for referral to the mother
  - writing the referral note

This module will focus on **identifying which treatments are needed**. The next module, *Treat the Child*, will teach how to give the treatments.

This flowchart shows the steps involved in identifying treatment. Each step corresponds to a section in the module. Most patients will not need urgent referral and will be covered in step 2.0. However, for those patients who do need urgent referral, you will go straight to step 3.0.



In this module you will use the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart. If a child has only one classification, it is easy to see what to do for the child. However, many sick children have more than one classification. For example, a child may have both PNEUMONIA and an ACUTE EAR INFECTION.

When a child has more than one classification, you must look in more than one place on the *ASSESS & CLASSIFY* chart to see the treatments listed. Some of the treatments may be the same. For example, both pneumonia and ear infection require an antibiotic. You must notice which treatments are the same and can be used for both problems, and which treatments are different.

For some children, the *ASSESS & CLASSIFY* chart says to "Refer URGENTLY to hospital." By hospital, we mean a health facility with inpatient beds, supplies and expertise to treat a very sick child. If you work in a health facility with inpatient beds, referral may mean admission to the inpatient department of your own facility.

If the child must be referred urgently, you must decide which treatments to do before referral. Some treatments (such as wicking an ear) are not necessary before referral. This module will help you identify urgent pre-referral treatments.

If there is no hospital in your area, you may make some decisions differently than described in this module. You should only refer a child if you expect the child will actually receive better care. In some cases, giving your very best care is better than sending a child on a long trip to a hospital that may not have the supplies or expertise to care for the child.

If referral is not possible, or if the parents refuse to take the child, the health worker should help the family care for the child. The child may stay near the clinic to be seen several times a day. Or a health worker may visit the home to help give drugs on schedule and to help give fluids and food. There is an annex in the module *Treat the Child* which explains what to do when referral is needed but not possible.

# 1.0 DETERMINE IF URGENT REFERRAL IS NEEDED

## REFERRAL FOR SEVERE CLASSIFICATIONS

Look at the severe classifications on the *ASSESS & CLASSIFY* chart. These are coloured pink and include:

SEVERE PNEUMONIA OR VERY SEVERE DISEASE  
SEVERE DEHYDRATION  
SEVERE PERSISTENT DIARRHOEA  
VERY SEVERE FEBRILE DISEASE  
SEVERE COMPLICATED MEASLES  
MASTOIDITIS  
SEVERE MALNUTRITION OR SEVERE ANAEMIA

Notice the instruction "**Refer URGENTLY to hospital**" in the lists of treatments for these classifications. This instruction means to refer the child immediately after giving any necessary pre-referral treatments. Do not give treatments that would unnecessarily delay referral.

Exception: For SEVERE PERSISTENT DIARRHOEA, the instruction is simply to "Refer to hospital." This means that referral is needed, but not as urgently. There is time to identify treatments as described in section 2.0 of this module and give all of the treatments before referral.

There is one more possible exception: You may keep and treat a child whose only severe classification is SEVERE DEHYDRATION if your clinic has the ability to treat the child. This child may have a general danger sign related to dehydration. For example, he may be lethargic, unconscious, or not able to drink because he is severely dehydrated.

## THE CHILD WITH DIARRHOEA WITH SEVERE DEHYDRATION

Read the section about SEVERE DEHYDRATION from the *ASSESS & CLASSIFY* chart:

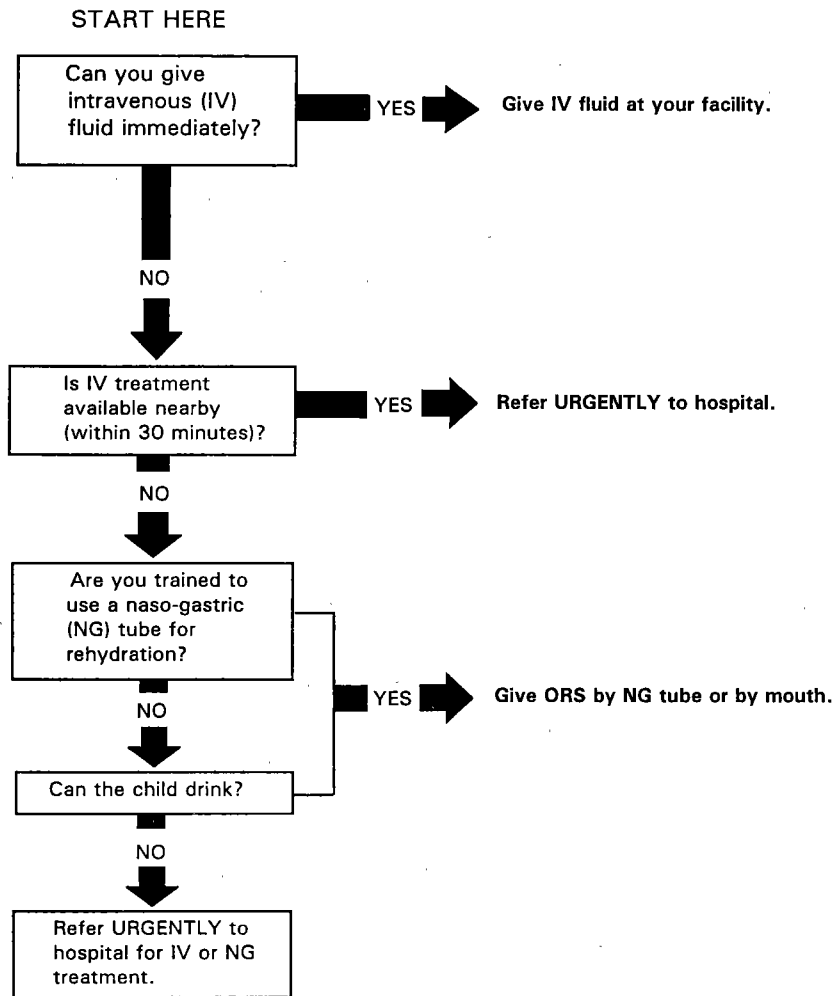
<p>Two of the following signs:</p> <ul style="list-style-type: none"> <li>• Lethargic or unconscious</li> <li>• Sunken eyes</li> <li>• Not able to drink or drinking poorly</li> <li>• Skin pinch goes back very slowly.</li> </ul>	<p><b>SEVERE DEHYDRATION</b></p>	<p>▶ If child has no other severe classification:          - Give fluid for severe dehydration (Plan C).          OR  <i>If child also has another severe classification:</i>          - Refer <b>URGENTLY</b> to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.</p> <p>▶ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.</p>
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If the child's only severe classification is SEVERE DEHYDRATION, you will use Plan C to decide whether to refer the child. Plan C appears on the *TREAT* chart. It helps you decide if your clinic can treat the severely dehydrated child. The left-hand side of Plan C, showing the decisions to be made, is reprinted on the next page. The right-hand side of the chart has been simplified. You will learn how to give the fluid treatments in the module *Treat the Child*.

If the child has another severe classification in addition to SEVERE DEHYDRATION, you will refer the child. Special expertise is required to rehydrate this child, as too much fluid given too quickly could endanger his life.

Your facilitator will explain the following chart.

**DECISIONS INVOLVED IN PLAN C:  
TREAT SEVERE DEHYDRATION QUICKLY**



You will learn Plan C in the next module. Plan C includes reassessment for dehydration after fluid treatment. If you can successfully rehydrate the child, referral will not be necessary.

## REFERRAL FOR GENERAL DANGER SIGNS

Most children who have a general danger sign also have a severe classification. They will be referred for their severe classification (or possibly treated if they have SEVERE DEHYDRATION only).

In rare instances, children may have general danger signs without a severe classification. These children should be referred urgently. There is a box at the bottom of the *ASSESS & CLASSIFY* chart to remind you:

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

**Exception:** Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.

## REFERRAL FOR OTHER SEVERE PROBLEMS

The *ASSESS & CLASSIFY* chart does not include all problems that children may have. You must ask yourself:

Does the child have any other severe problem that cannot be treated at this clinic?

For example, the child may have a severe problem that is not covered on the chart, such as severe abdominal pain. If you cannot treat a severe problem, you will need to refer the child.

**Remember:** Most children will have none of the general danger signs, severe classifications, or other severe problems. **If the child has none of these, the child does not need urgent referral to a hospital.** You will identify treatments needed as described in section 2.0 of this module.

### **EXAMPLE 1**

Ngozi is a 2-year-old girl. She has no general danger signs. The risk of malaria is high, and Ngozi has a temperature of 37.5°C, so she is classified as having **MALARIA**. Ngozi has also had ear pain, and the health worker can see pus in the ear. The mother says she had not noticed the pus until today. Thus, Ngozi is also classified as having **ACUTE EAR INFECTION**.

Ngozi is classified as having **NO ANAEMIA AND NOT VERY LOW WEIGHT**. She has no other classifications. Ngozi does not need referral, as she has no danger signs and no severe classifications.

### **EXAMPLE 2**

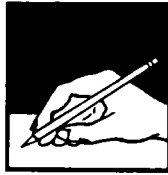
Vito is a 4-month-old boy. He has no general danger signs, but he is coughing and has chest indrawing. He is classified as having **SEVERE PNEUMONIA OR VERY SEVERE DISEASE**. He also has a fever and is classified as having **MALARIA**. Vito definitely needs urgent referral to a hospital for his severe classification.

### **EXAMPLE 3**

Fola is a 7-month-old girl. She has one general danger sign: she is lethargic. She has diarrhoea with **SEVERE DEHYDRATION** but no other severe classifications, so the health worker will use Plan C. Since the health worker can give IV therapy, he will treat Fola with IV fluids at his clinic. If Fola is successfully rehydrated and is no longer lethargic, she will not need referral.

### **EXAMPLE 4**

Lida is a 3-year-old girl. She is unconscious. She has none of the main symptoms listed on the *ASSESS & CLASSIFY* chart. Lida needs referral for her **general danger sign**.



## EXERCISE A

In this exercise you will decide whether or not urgent referral is needed. Tick the appropriate answer.

1. Sara is an 11-month-old girl. She has no general danger signs. She has:

PNEUMONIA  
ACUTE EAR INFECTION  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

Does Sara need urgent referral?     YES     NO

2. Neema is a 6-month-old girl. She has no general danger signs. She has:

NO PNEUMONIA: COUGH OR COLD  
Diarrhoea with NO DEHYDRATION  
PERSISTENT DIARRHOEA  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

Does Neema need urgent referral?     YES     NO

3. David is a 7-month-old boy. He has no general danger signs. He has:

MASTOIDITIS  
MALARIA  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

Does David need urgent referral?     YES     NO

4. Marcel is a 2-year-old boy. He had a convulsion this morning and is not eating well. He has:

NO ANAEMIA AND NOT VERY LOW WEIGHT, and  
no other classifications.

Does Marcel need urgent referral?  YES  NO

5. Habib is a 9-month-old boy. He is lethargic. He has:

Diarrhoea with SEVERE DEHYDRATION  
MALARIA  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

The clinic can provide IV therapy. Does Habib need urgent referral?

YES  NO

6. Perin is a 15-month-old child. Perin is not able to drink. He has:

Diarrhoea with SEVERE DEHYDRATION  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other disease classifications

The clinic cannot provide IV therapy nor NG therapy. Does Perin need urgent referral?

YES  NO

7. Isoke is 2 years old. She has no general danger signs. She has:

Diarrhoea with SEVERE DEHYDRATION  
SEVERE MALNUTRITION OR SEVERE ANAEMIA  
no other classifications

Does Isoke need urgent referral?  YES  NO

When you have finished this exercise, discuss your answers with a facilitator.

## 2.0 IDENTIFY TREATMENTS FOR PATIENTS WHO DO NOT NEED URGENT REFERRAL

Your facilitator will present the examples in this section and will show you how to use the back of the Sick Child Recording Form. The facilitator will show you how to:

- \* Fold the "Classify" column of the Sick Child Recording Form so that you can see it while looking at the back of the form.
- \* Look at the *ASSESS & CLASSIFY* chart to find the treatments needed for each of the child's classifications.
- \* List each treatment needed on the back of the Sick Child Recording Form.



For each classification listed on the front of the Sick Child Recording Form, you will write the treatments needed on the back of the form. The treatments that may be needed are in the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart. You will list only the treatments that apply to the specific child being treated.

Be sure to include items that begin with the words "Follow-up." These mean to tell the mother to return in a certain number of days. The follow-up visit is very important to see if the treatment is working, and to give other treatment if needed. You may abbreviate follow-up as "F/up."

If several different times are specified for follow-up, you will look for the earliest definite time. (A definite time is one that is not followed by the word "if"). For example:

"Follow-up in 2 days" gives a definite time for follow-up.

"Follow-up in 2 days if fever persists" is not definite. The child only needs to come back if the fever persists.

Record the earliest definite time for follow-up in the appropriate space on the back of the Sick Child Recording Form. This is the follow-up visit to tell the mother about. (Also tell her about any earlier follow-up that may be needed if a condition such as fever persists.) Later, when the mother returns for follow-up, you can tell her about any additional visits needed.

Also be sure to list non-urgent referrals for further assessment. For example, for a cough which has lasted more than 30 days, or for fever which has lasted 7 days or more, you would record, "Refer for assessment." Although the mother should take the child for assessment promptly, these referrals are not as urgent. Any other necessary treatments may be done before referral.

Notice that the Sick Child Recording Form already lists the item, "Advise mother when to return immediately." You do not need to list this again. You will need to teach each mother the signs that mean she should return immediately for more care for her child. You will learn these signs later in this module.

Note: You will learn to complete the feeding sections of the Sick Child Recording Form in the module *COUNSEL THE MOTHER*. When a feeding assessment is needed, it may be done at any convenient time during the visit, after the child's immediate needs are taken care of.

## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Adio Age: 2 1/2 yrs Weight: 10 kg Temperature: 37 °C  
 ASK: What are the child's problems? Diarrhoea, ear pus Initial Visit?  Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

<b>CHECK FOR GENERAL DANGER SIGNS</b> NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS	General danger sign present? Yes ___ No <input checked="" type="checkbox"/> <b>Remember to use danger sign when selecting classifications</b>
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes ___ No <input checked="" type="checkbox"/> • For how long? ___ Days • Count the breaths in one minute. ___ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.	
<b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>4</u> Days • Is there blood in the stool? <u>No</u> • Look at the child's general condition. Is the child: <u>Lethargic or unconscious?</u> <u>Restless and irritable?</u> • Look for <u>sunken eyes.</u> • Offer the child fluid. Is the child: <u>Not able to drink or drinking poorly?</u> <u>Drinking eagerly, thirsty?</u> • Pinch the skin of the abdomen. Does it go back: <u>Very slowly (longer than 2 seconds)?</u> <u>Slowly?</u>	SOME DEHYDRATION
<b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above) Yes ___ No <input checked="" type="checkbox"/> Decide Malaria Risk: <u>High</u> Low • For how long? ___ Days • If more than 7 days, has fever been present every day? • Has child had measles within the last 3 months? • Look or feel for stiff neck. • Look for runny nose Look for signs of MEASLES: • Generalized rash and • One of these: cough, runny nose, or red eyes.	
If the child has measles now or within the last 3 months: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.	
<b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes <input checked="" type="checkbox"/> No ___ • Is there ear pain? <u>No</u> • Is there <u>ear discharge?</u> If Yes, for how long? <u>5</u> Days • Look for <u>pus draining</u> from the ear. • Feel for tender swelling behind the ear.	CHRONIC EAR INFECTION
<b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b> • Look for visible severe wasting. • Look for palmar pallor. Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/>	NO ANAEMIA, NOT VERY LOW WEIGHT
<b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today. <input checked="" type="checkbox"/> BCG <input checked="" type="checkbox"/> DPT 1 <input checked="" type="checkbox"/> DPT 2 <input checked="" type="checkbox"/> DPT 3 <input checked="" type="checkbox"/> OPV 0 <input checked="" type="checkbox"/> OPV 1 <input checked="" type="checkbox"/> OPV 2 <input checked="" type="checkbox"/> OPV 3 <input checked="" type="checkbox"/> Measles	Return for next immunization on: _____ (Date)
<b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. • 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 food or fluids? _____ How many times per day? ___ times. What do you use to feed the child? _____ If very low weight for age: 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? Yes ___ No ___ If Yes, how? _____	Feeding Problems: <div style="border: 2px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block; margin-top: 20px;">                     You will learn to complete this section in COUNSEL THE MOTHER.                 </div>

ASSESS OTHER PROBLEMS:

TREAT

Remember to refer any child who has a danger sign and no other severe classification.

Fluid and Food (Plan B)  
F/up: 5 days if not better

Dry ear by wicking.  
F/up: 5 days

Return for follow-up in: 5 days

Advise mother when to return immediately.

Give any immunizations needed today: \_\_\_\_\_

Feeding advice: \_\_\_\_\_

You will learn to complete this section in *COUNSEL THE MOTHER.*

Some treatments are listed for more than one problem. For example, vitamin A is listed for both MEASLES and SEVERE MALNUTRITION OR SEVERE ANAEMIA. If a patient has both of these problems, you need only list vitamin A once on your Sick Child Recording Form.

However, if an antibiotic is needed for more than one problem, you should list it each time, for example:

antibiotic for pneumonia  
antibiotic for Shigella

When the same antibiotic is appropriate for two different problems, you can give that single antibiotic, but two problems may require different antibiotics. You will learn about choosing antibiotics in the module *Treat the Child*.

Most instructions in the "Identify Treatment" column of the ASSESS & CLASSIFY chart are easily understood. However, there are some instructions that require special explanation:

- \* **MALARIA:** Children will usually be given the first-line antimalarial recommended by national policy. However, if the child has cough and fast breathing (PNEUMONIA) or another problem for which the antibiotic cotrimoxazole will be given (such as ACUTE EAR INFECTION), cotrimoxazole will serve as treatment for the malaria as well.
- \* **ANAEMIA OR VERY LOW WEIGHT:** A child with palmar pallor should begin iron treatment for anaemia. If there is high risk of malaria, a child with pallor should also be given an oral antimalarial, even if the child does not have a fever. If the child is 2 years of age or older and has not had a dose of mebendazole in the past 6 months, the child should also be given a dose of mebendazole for possible hookworm or whipworm infection.

## **EXAMPLE**

Study the opposite Sick Child Recording Form for Veda. The health worker referred to the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart and listed the treatments needed on back of the form.

Veda does not need referral as she has no general danger signs and no severe classifications. She will be treated at the clinic.

Notice that the health worker chose cotrimoxazole as treatment for both pneumonia and malaria. Also notice that the earliest definite follow-up visit was entered in the appropriate space on the form.

## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Veda Age: 18 mos Weight: 11 kg Temperature: 38.5 °C  
 ASK: What are the child's problems? cough, fever Initial Visit?  Follow-up Visit?   
**ASSESS** (Circle all signs present) **CLASSIFY**

<b>CHECK FOR GENERAL DANGER SIGNS</b> NOT ABLE TO DRINK OR BREASTFEED      LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS	General danger sign present? Yes ___ No <input checked="" type="checkbox"/> <b>Remember to use danger sign when selecting classifications</b>								
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> <span style="float: right;">Yes <input checked="" type="checkbox"/> No ___</span> • For how long? <u>6</u> Days • Count the breaths in one minute. <u>46</u> breaths per minute. ( <u>Fast breathing</u> ) • Look for chest indrawing. • Look and listen for stridor.	<b>PNEUMONIA</b>								
<b>DOES THE CHILD HAVE DIARRHOEA?</b> <span style="float: right;">Yes ___ No <input checked="" type="checkbox"/></span> • For how long? ___ Days • Is there blood in the stool? • 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: Very slowly (longer than 2 seconds)? Slowly?									
<b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature <u>37.5°C or above</u> ) <span style="float: right;">Yes <input checked="" type="checkbox"/> No ___</span> Decide Malaria Risk: ( <u>High</u> ) Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last 3 months? <u>NO</u> • Look or feel for stiff neck. • Look for ( <u>runny nose</u> ) Look for signs of MEASLES: • Generalized rash and • One of these: cough, runny nose, or red eyes.	<b>MALARIA</b>								
If the child has measles now or within the last 3 months: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.									
<b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> <span style="float: right;">Yes ___ No <input checked="" type="checkbox"/></span> • Is there ear pain? • Is there ear discharge? If Yes, for how long? ___ Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear.									
<b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b> • Look for visible severe wasting. • Look for palmar pallor. Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/>	<b>NO ANAEMIA, NOT VERY LOW WEIGHT</b>								
<b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> BCG</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DPT 1</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DPT 2</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DPT 3</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> OPV 0</td> <td style="text-align: center;"><input checked="" type="checkbox"/> OPV 1</td> <td style="text-align: center;"><input checked="" type="checkbox"/> OPV 2</td> <td style="text-align: center;"><input checked="" type="checkbox"/> OPV 3</td> </tr> </table> 15-8-95 15-8-95 Measles	<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<input checked="" type="checkbox"/> DPT 3	<input checked="" type="checkbox"/> OPV 0	<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<input checked="" type="checkbox"/> OPV 3	Return for next immunization on: _____ (Date)
<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<input checked="" type="checkbox"/> DPT 3						
<input checked="" type="checkbox"/> OPV 0	<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<input checked="" type="checkbox"/> OPV 3						
<b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. • 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 food or fluids? _____ How many times per day? ___ times. What do you use to feed the child? _____ If very low weight for age: 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? Yes ___ No ___ If Yes, how? _____	Feeding Problems: <div style="border: 2px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;">                     You will learn to complete this section in COUNSEL THE MOTHER.                 </div>								

**ASSESS OTHER PROBLEMS:**

## TREAT

Remember to refer any child who has a danger sign and no other severe classification.

~~Antibiotic for pneumonia, 5 days~~  
Soothe throat, relieve cough with  
Safe remedy  
F/up: 2 days

↓  
Cotrimoxazole, 5 days, for  
pneumonia and malaria  
One dose paracetamol in clinic  
F/up: 2 days if fever persists

Assess feeding/counsel mother on feeding  
If feeding problem, f/up 5 days

Return for follow-up in: 2 days

Advise mother when to return immediately.

Give any immunizations needed today: Measles

Feeding advice:

You will learn to complete this  
section in COUNSEL THE  
MOTHER.





## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Sefu Age: 3 years Weight: 15 kg Temperature: 38.5 °C

ASK: What are the child's problems? Ear hurts Initial Visit?  Follow-up Visit?

ASSESS (Circle all signs present)

**CLASSIFY**

<p><b>CHECK FOR GENERAL DANGER SIGNS</b></p> <p>NOT ABLE TO DRINK OR BREASTFEED      LETHARGIC OR UNCONSCIOUS</p> <p>VOMITS EVERYTHING</p> <p>CONVULSIONS</p>	<p>General danger sign present? Yes ___ No <input checked="" type="checkbox"/></p> <p><b>Remember to use danger sign when selecting classifications</b></p>
<p><b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes <input checked="" type="checkbox"/> No ___</p> <ul style="list-style-type: none"> <li>• For how long? <u>4</u> Days</li> <li>• Count the breaths in one minute. <u>44</u> breaths per minute. (Fast breathing?)</li> <li>• Look for chest indrawing.</li> <li>• Look and listen for stridor.</li> </ul>	<p><b>PNEUMONIA</b></p>
<p><b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• For how long? ___ Days</li> <li>• Is there blood in the stool?</li> <li>• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable?</li> <li>• Look for sunken eyes.</li> <li>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</li> <li>• Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</li> </ul>	
<p><b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature <u>37.5</u> °C or above) Yes <input checked="" type="checkbox"/> No ___</p> <p>Decide Malaria Risk: (High) Low</p> <ul style="list-style-type: none"> <li>• For how long? <u>2</u> Days</li> <li>• If more than 7 days, has fever been present every day?</li> <li>• Has child had measles within the last 3 months? <u>NO</u></li> <li>• Look or feel for stiff neck.</li> <li>• Look for runny nose</li> <li>Look for signs of MEASLES:             <ul style="list-style-type: none"> <li>• Generalized rash and</li> <li>• One of these: cough, runny nose, or red eyes.</li> </ul> </li> </ul>	<p><b>MALARIA</b></p>
<p><b>If the child has measles now or within the last 3 months:</b></p> <ul style="list-style-type: none"> <li>• Look for mouth ulcers. If Yes, are they deep and extensive?</li> <li>• Look for pus draining from the eye.</li> <li>• Look for clouding of the cornea.</li> </ul>	
<p><b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes <input checked="" type="checkbox"/> No ___</p> <ul style="list-style-type: none"> <li>• Is there <u>ear pain?</u></li> <li>• Is there <u>ear discharge?</u></li> <li>If Yes, for how long? <u>2</u> Days</li> <li>• Look for pus draining from the ear.</li> <li>• Feel for tender swelling behind the ear.</li> </ul>	<p><b>ACUTE EAR INFECTION</b></p>
<p><b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b></p> <ul style="list-style-type: none"> <li>• Look for visible severe wasting.</li> <li>• Look for palmar pallor. Severe palmar pallor? Some palmar pallor?</li> <li>• Look for oedema of both feet.</li> <li>• Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/></li> </ul>	<p><b>NO ANAEMIA, NOT VERY LOW WEIGHT</b></p>
<p><b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today.</p> <p> <input checked="" type="checkbox"/> BCG      <input checked="" type="checkbox"/> DPT 1      <input checked="" type="checkbox"/> DPT 2      <input checked="" type="checkbox"/> DPT 3  <input checked="" type="checkbox"/> OPV 0      <input checked="" type="checkbox"/> OPV 1      <input checked="" type="checkbox"/> OPV 2      <input checked="" type="checkbox"/> OPV 3      <input checked="" type="checkbox"/> Measles         </p>	<p>Return for next immunization on: _____</p> <p style="text-align: center;">(Date)</p>
<p><b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>• Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? _____</li> <li>How many times per day? ___ times. What do you use to feed the child? _____</li> <li>If very low weight for age: How large are servings? _____</li> <li>Does the child receive his own serving? ___ Who feeds the child and how? _____</li> <li>• During this illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____</li> </ul>	<p>Feeding Problems: _____</p> <div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block; font-weight: bold; font-size: 1.1em;">             You will learn to complete this section in <b>COUNSEL THE MOTHER.</b> </div>

ASSESS OTHER PROBLEMS:



## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Aina Age: 2yrs, 4 mos Weight: 10 kg Temperature: 38 °C  
 ASK: What are the child's problems? Fever Initial Visit?  Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

<p><b>CHECK FOR GENERAL DANGER SIGNS</b></p> <p>NOT ABLE TO DRINK OR BREASTFEED      LETHARGIC OR UNCONSCIOUS                  VOMITS EVERYTHING                  CONVULSIONS</p>	<p>General danger sign present?                  Yes ___ No <input checked="" type="checkbox"/></p> <p><b>Remember to use danger sign when selecting classifications</b></p>										
<p><b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• For how long? ___ Days</li> <li>• Count the breaths in one minute. ___ breaths per minute. Fast breathing?</li> <li>• Look for chest indrawing.</li> <li>• Look and listen for stridor.</li> </ul>											
<p><b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• For how long? ___ Days</li> <li>• Is there blood in the stool?</li> <li>• Look at the child's general condition. Is the child:                      Lethargic or unconscious?                      Restless and irritable?</li> <li>• Look for sunken eyes.</li> <li>• Offer the child fluid. Is the child:                      Not able to drink or drinking poorly?                      Drinking eagerly, thirsty?</li> <li>• Pinch the skin of the abdomen. Does it go back:                      Very slowly (longer than 2 seconds)?                      Slowly?</li> </ul>											
<p><b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above) Yes <input checked="" type="checkbox"/> No ___</p> <p>Decide Malaria Risk: <u>High</u> Low</p> <ul style="list-style-type: none"> <li>• For how long? <u>8</u> Days</li> <li>• If more than 7 days, has fever been <u>present every day</u>?</li> <li>• Has child had measles within the last 3 months? <u>No</u></li> <li>• Look or feel for stiff neck.</li> <li>• Look for runny nose</li> <li>Look for signs of MEASLES:                         <ul style="list-style-type: none"> <li>• Generalized rash and</li> <li>• One of these: cough, runny nose, or red eyes.</li> </ul> </li> </ul>	<b>MALARIA</b>										
<p><b>If the child has measles now or within the last 3 months:</b></p> <ul style="list-style-type: none"> <li>• Look for mouth ulcers.                      If Yes, are they deep and extensive?</li> <li>• Look for pus draining from the eye.</li> <li>• Look for clouding of the cornea.</li> </ul>											
<p><b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Is there ear pain?</li> <li>• Is there ear discharge?                      If Yes, for how long? ___ Days</li> <li>• Look for pus draining from the ear.</li> <li>• Feel for tender swelling behind the ear.</li> </ul>											
<p><b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b></p> <ul style="list-style-type: none"> <li>• Look for visible severe wasting.</li> <li>• Look for palmar pallor.                      Severe palmar pallor? <u>Some palmar pallor?</u></li> <li>• Look for oedema of both feet.</li> <li>• Determine weight for age.                      Very Low ___ Not Very Low <input checked="" type="checkbox"/></li> </ul>	<b>ANAEMIA</b>										
<p><b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today.</p> <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> BCG</td> <td><input checked="" type="checkbox"/> DPT 1</td> <td><input checked="" type="checkbox"/> DPT 2</td> <td><input checked="" type="checkbox"/> DPT 3</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> OPV 0</td> <td><input checked="" type="checkbox"/> OPV 1</td> <td><input checked="" type="checkbox"/> OPV 2</td> <td><input checked="" type="checkbox"/> OPV 3</td> <td><input checked="" type="checkbox"/> Measles</td> </tr> </table>	<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<input checked="" type="checkbox"/> DPT 3		<input checked="" type="checkbox"/> OPV 0	<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<input checked="" type="checkbox"/> OPV 3	<input checked="" type="checkbox"/> Measles	<p>Return for next immunization on: _____                  (Date)</p>
<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<input checked="" type="checkbox"/> DPT 3								
<input checked="" type="checkbox"/> OPV 0	<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<input checked="" type="checkbox"/> OPV 3	<input checked="" type="checkbox"/> Measles							
<p><b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes ___ No ___                      If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>• Does the child take any other food or fluids? Yes ___ No ___                      If Yes, what food or fluids? _____</li> <li>How many times per day? ___ times. What do you use to feed the child? _____</li> <li>If very low weight for age: How large are servings? _____</li> <li>Does the child receive his own serving? ___ Who feeds the child and how? _____</li> <li>• During this illness, has the child's feeding changed? Yes ___ No ___                      If Yes, how? _____</li> </ul>	<p>Feeding Problems: _____</p>										

You will learn to complete this section in COUNSEL THE MOTHER.

ASSESS OTHER PROBLEMS:





## WHEN TO RETURN IMMEDIATELY

For all children going home, you will advise the mother when to return immediately. This means to **teach** the mother certain signs that mean to return immediately for further care. These signs are listed on the *COUNSEL THE MOTHER* chart in the section WHEN TO RETURN. Use local terms that the mother will understand.

### WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:	
Any sick child	<ul style="list-style-type: none"><li>• Not able to drink or breastfeed</li><li>• Becomes sicker</li><li>• Develops a fever</li></ul>
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none"><li>• Fast breathing</li><li>• Difficult breathing</li></ul>
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"><li>• Blood in stool</li><li>• Drinking poorly</li></ul>

This is an extremely important section of WHEN TO RETURN. Tell every mother to return immediately if her child is:

- **not able to drink or breastfeed,**
- **becomes sicker, or**
- **develops a fever.**

Exception: If the child already has fever, you do not need to tell the mother to return immediately for fever.

Tell mothers of children with a simple **cough or cold** to watch for the following signs that mean the child may have developed pneumonia:

- **fast breathing**
- **difficult breathing**

Carefully explain these signs of possible pneumonia. If mothers do not understand the importance of these signs, they may not return when the child develops pneumonia, and the child may die.

Advise mothers of children with **diarrhoea** to watch for:

- **blood in the stool**
- **drinking poorly**

Exception: If the child already has blood in the stool, you do not need to tell the mother to return immediately for blood, just for drinking poorly.



## EXERCISE C

In this exercise you will describe when to return immediately for different cases. You will list the signs that you will teach the mother to watch for.

1. A child has:

no general danger signs  
ACUTE EAR INFECTION  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

What are the signs to return immediately?

2. A child has:

no general danger signs  
Diarrhoea with NO DEHYDRATION  
PERSISTENT DIARRHOEA  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

What are the signs to return immediately?

3. A child has:

no general danger signs  
NO PNEUMONIA: COUGH OR COLD  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

What are the signs to return immediately?

4. A child has:

no general danger signs  
Diarrhoea with NO DEHYDRATION  
DYSENTERY  
MALARIA (fever 38°C in clinic, fever present for 3 days,  
high malaria risk)  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

What are the signs to return immediately?

---

*FOR LOW MALARIA RISK ONLY:*

5. *A child has:*

no general danger signs  
PNEUMONIA  
FEVER-MALARIA UNLIKELY  
NO ANAEMIA AND NOT VERY LOW WEIGHT  
no other classifications

*What are the signs to return immediately?*

---

When you have completed this exercise,  
please discuss your answers with a facilitator.

Your facilitator will lead a drill on when to return immediately.

### **3.0 IDENTIFY URGENT PRE-REFERRAL TREATMENT NEEDED**

When a child needs urgent referral, you must quickly identify and begin the most urgent treatments for that child. The following are urgent treatments. They are in bold print on the *ASSESS & CLASSIFY* chart. You will give just the first dose of the drugs before referral.

- ▶ Give an appropriate antibiotic
- ▶ Give quinine for severe malaria
- ▶ Give vitamin A
- ▶ Treat the child to prevent low blood sugar (This involves giving breastmilk, milk, or sugar water as described on the *TREAT* chart.)
- ▶ Give an oral antimalarial
- ▶ Give paracetamol for high fever (38.5°C or above) or pain from mastoiditis
- ▶ Apply tetracycline eye ointment (if clouding of the cornea or pus draining from eye)
- ▶ Provide ORS solution so that the mother can give frequent sips on the way to the hospital

The first four treatments above are urgent because they can prevent serious consequences such as progression of bacterial meningitis or cerebral malaria, corneal rupture due to lack of vitamin A, or brain damage from low blood sugar. The other listed treatments are also important to prevent worsening of the illness.

Do not delay referral to give non-urgent treatments such as wicking the ear or oral iron treatment. If immunizations are needed, do not give them before referral. Let hospital personnel determine when to give immunizations. This will avoid delaying referral.

## EXAMPLE

Hashah is a 15-month-old girl. She has no general danger signs. She has **NO PNEUMONIA: COUGH OR COLD**. She is at high risk of malaria, and she has a fever of 39°C and stiff neck, so she is classified as having **VERY SEVERE FEBRILE DISEASE**. She is classified as **NO ANAEMIA AND NOT VERY LOW WEIGHT** and has no other classifications.

Hashah needs urgent referral. Before going to the hospital, she should be given:

- Quinine (first dose)
- Appropriate antibiotic (first dose)
- Treatment to prevent low blood sugar
- Paracetamol (first dose)

The health worker should **NOT** take time to teach how to soothe the throat and relieve the cough with a safe remedy since that is not an urgent treatment. The health worker should **NOT** take time to assess feeding and counsel the mother on feeding.





## EXERCISE D

In this exercise you will practice identifying urgent pre-referral treatments. Remember that these are in **bold** print on the *ASSESS & CLASSIFY* chart.

1. Lamei is a 15-month-old girl. She has no general danger signs. She has **NO PNEUMONIA: COUGH OR COLD, MASTOIDITIS, NO ANAEMIA AND NOT VERY LOW WEIGHT**, and no other classifications.

Lamei needs urgent referral for **MASTOIDITIS**. Following is a list of treatments for all of Lamei's classifications. Tick the **urgent, pre-referral treatment(s)**:

- a. \_\_\_\_\_ Soothe the throat and relieve the cough with a safe remedy.
- b. \_\_\_\_\_ Advise the mother when to return immediately.
- c. \_\_\_\_\_ Follow-up in 5 days if not better.
- d. \_\_\_\_\_ Give first dose of an appropriate antibiotic.
- e. \_\_\_\_\_ Give first dose of paracetamol for pain.
- f.  Refer **URGENTLY** to hospital.
- g. \_\_\_\_\_ Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow-up in 5 days.

2. Chandra is an 18-month-old girl. She has no general danger signs. She has NO SIGNS OF DEHYDRATION, PERSISTENT DIARRHOEA, SEVERE MALNUTRITION OR SEVERE ANAEMIA, and no other classifications.

Chandra needs referral for SEVERE MALNUTRITION OR SEVERE ANAEMIA. Following is a list of treatments for all of Chandra's classifications. Tick the *urgent, pre-referral treatment(s)*:

- a. \_\_\_\_\_ Give fluid and food to prevent dehydration (Plan A).
- b. \_\_\_\_\_ Advise the mother when to return immediately.
- c. \_\_\_\_\_ Advise the mother on feeding a child who has persistent diarrhoea.
- d. \_\_\_\_\_ Follow-up in 5 days.
- e. \_\_\_\_\_ Give vitamin A.
- f.  Refer URGENTLY to hospital.

3. Oko is a 2-year-old boy. He is lethargic. He is at high risk of malaria and has a fever of 39°C. The health worker classifies Oko as having VERY SEVERE FEBRILE DISEASE and CHRONIC EAR INFECTION. He has some palmar pallor so is classified as having ANAEMIA, although he is not very low weight. He has never had a dose of mebendazole.

Oko needs referral for VERY SEVERE FEBRILE DISEASE. Following is a list of treatments for all of Oko's classifications. Tick the *urgent, pre-referral treatments*:

- a. \_\_\_\_\_ Give quinine for severe malaria (first dose).
- b. \_\_\_\_\_ Give first dose of an appropriate antibiotic.
- c. \_\_\_\_\_ Treat the child to prevent low blood sugar.
- d. \_\_\_\_\_ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- e.  Refer URGENTLY to hospital.
- f. \_\_\_\_\_ Dry the ear by wicking.
- g. \_\_\_\_\_ Follow-up in 5 days.
- h. \_\_\_\_\_ Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow up in 5 days.
- i. \_\_\_\_\_ Give iron.
- j. \_\_\_\_\_ Give oral antimalarial.
- k. \_\_\_\_\_ Give mebendazole.
- l. \_\_\_\_\_ Advise mother when to return immediately.
- m. \_\_\_\_\_ Follow-up in 14 days (for pallor).

4. Markita is 4 years old. She is lethargic. She is classified as having diarrhoea with SEVERE DEHYDRATION and SEVERE MALNUTRITION OR SEVERE ANAEMIA. She has no other classifications. She is able to drink. She lives in an area where there is cholera.

Markita needs referral for her severe classifications. Tick the **urgent, pre-referral treatments**:

- a. \_\_\_\_\_ Provide ORS for the mother to give in frequent sips on the way. Advise mother to continue breastfeeding.  
b. \_\_\_\_\_ Give antibiotic for cholera.  
c. \_\_\_\_\_ Give vitamin A.  
d.  Refer URGENTLY to hospital.

---

*FOR LOW MALARIA RISK ONLY:*

5. *Lisette is a 9-month-old girl. She has no danger signs. She has SEVERE PNEUMONIA OR VERY SEVERE DISEASE and FEVER-MALARIA UNLIKELY (low risk, fever 38.5°C). The fever has been present for 2 days. She is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT and has no other classifications.*

*Lisette needs urgent referral for SEVERE PNEUMONIA OR VERY SEVERE DISEASE. Following is a list of treatments for all of Lisette's classifications. Tick the **urgent, pre-referral treatment(s)**.*

- a. \_\_\_\_\_ Give first dose of an appropriate antibiotic.  
b.  Refer URGENTLY to hospital.  
c. \_\_\_\_\_ Give one dose of paracetamol in clinic for high fever (38.5°C or above).  
d. \_\_\_\_\_ Advise mother when to return immediately.  
e. \_\_\_\_\_ Follow-up in 2 days if fever persists.  
f. \_\_\_\_\_ Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow-up in 5 days.
-

- 6-7. Study the following Sick Child Recording Forms for Rabon and Ram. On the back of each form, write *only the urgent pre-referral treatments*. These are in **bold** print on the *ASSESS & CLASSIFY* chart.

When you have completed this exercise,  
please discuss your answers with a facilitator.

## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Rabon Age: 15 mos Weight: 9 kg Temperature: 39 °C  
 ASK: What are the child's problems? very sick, rash Initial Visit?  Follow-up Visit?   
**ASSESS** (Circle all signs present) **CLASSIFY**

<b>CHECK FOR GENERAL DANGER SIGNS</b> NOT ABLE TO DRINK OR BREASTFEED      LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS	General danger sign present? Yes ___ No <input checked="" type="checkbox"/> <b>Remember to use danger sign when selecting classifications</b>
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>3</u> Days • Count the breaths in one minute. <u>38</u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.	<b>NO PNEUMONIA: COUGH OR COLD</b>
<b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes ___ No <input checked="" type="checkbox"/> • For how long? ___ Days • Is there blood in the stool? • 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: Very slowly (longer than 2 seconds)? Slowly?	
<b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature <u>37.5</u> °C or above) Yes <input checked="" type="checkbox"/> No ___ Decide Malaria Risk: <u>High</u> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last 3 months? <u>No</u> • Look or feel for stiff neck. • Look for runny nose Look for signs of MEASLES: • <u>Generalized rash</u> and • One of these: <u>cough</u> , runny nose, or <u>red eyes</u> .	<b>MALARIA</b>
If the child has measles now or within the last 3 months: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for <u>clouding of the cornea</u> .	<b>SEVERE COMPLICATED MEASLES</b>
<b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes ___ No <input checked="" type="checkbox"/> • Is there ear pain? • Is there ear discharge? If Yes, for how long? ___ Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear.	
<b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b> • Look for visible severe wasting. • Look for palmar pallor. Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/>	<b>NO ANAEMIA, NOT VERY LOW WEIGHT</b>
<b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today. BCG <input checked="" type="checkbox"/> DPT 1 <input checked="" type="checkbox"/> DPT 2 <input checked="" type="checkbox"/> DPT 3 <input checked="" type="checkbox"/> OPV 0 <input checked="" type="checkbox"/> OPV 1 <input checked="" type="checkbox"/> OPV 2 <input checked="" type="checkbox"/> OPV 3 <input checked="" type="checkbox"/> Measles <input checked="" type="checkbox"/>	Return for next immunization on: _____ (Date)
<b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. • 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 food or fluids? _____ _____ How many times per day? ___ times. What do you use to feed the child? _____ If very low weight for age: 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? Yes ___ No ___ If Yes, how? _____	Feeding Problems: <div style="border: 2px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;">                     You will learn to complete this section in COUNSEL THE MOTHER.                 </div>

**ASSESS OTHER PROBLEMS:**



## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Ram Age: 12 mos Weight: 10 kg Temperature: 38 °C  
 ASK: What are the child's problems? Cough, very weak Initial Visit?  Follow-up Visit?   
 ASSESS (Circle all signs present) CLASSIFY

<b>CHECK FOR GENERAL DANGER SIGNS</b> NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">LETHARGIC OR UNCONSCIOUS</div>	General danger sign present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Remember to use danger sign when selecting classifications								
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> • For how long? <u>6</u> Days • Count the breaths in one minute. <u>52</u> breaths per minute. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Fast breathing?</span> • Look for <u>chest indrawing</u> • Look and listen for stridor.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</b>								
<b>DOES THE CHILD HAVE DIARRHOEA?</b> • For how long? <u>3</u> Days • Is there blood in the stool? <u>No</u> • Look at the child's general condition. Is the child: <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Lethargic or unconscious?</div> Restless and irritable? • Look for <u>sunken eyes</u> . • Offer the child fluid. Is the child: Not able to drink or <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">drinking poorly?</span> Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Slowly?</div>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>SEVERE DEHYDRATION</b>								
<b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Decide Malaria Risk: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">High</span> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last 3 months? <u>No</u> • Look or feel for stiff neck. • Look for runny nose Look for signs of MEASLES: • Generalized rash and • One of these: cough, runny nose, or red eyes.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>VERY SEVERE FEBRILE DISEASE</b>								
If the child has measles now or within the last 3 months: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.									
<b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> • Is there ear pain? • Is there ear discharge? If Yes, for how long? ___ Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
<b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b> • Look for visible severe wasting. • Look for palmar pallor. Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/>	<b>NO ANAEMIA, NOT VERY LOW WEIGHT</b>								
<b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today. <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> BCG</td> <td><input checked="" type="checkbox"/> DPT 1</td> <td><input checked="" type="checkbox"/> DPT 2</td> <td><u>13-1-95</u> DPT 3</td> </tr> <tr> <td><input checked="" type="checkbox"/> OPV 0</td> <td><input checked="" type="checkbox"/> OPV 1</td> <td><input checked="" type="checkbox"/> OPV 2</td> <td><u>13-1-95</u> OPV 3 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Measles</span></td> </tr> </table>	<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<u>13-1-95</u> DPT 3	<input checked="" type="checkbox"/> OPV 0	<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<u>13-1-95</u> OPV 3 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Measles</span>	Return for next immunization on: _____ (Date)
<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> DPT 1	<input checked="" type="checkbox"/> DPT 2	<u>13-1-95</u> DPT 3						
<input checked="" type="checkbox"/> OPV 0	<input checked="" type="checkbox"/> OPV 1	<input checked="" type="checkbox"/> OPV 2	<u>13-1-95</u> OPV 3 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Measles</span>						
<b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. • 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 food or fluids? _____ How many times per day? ___ times. What do you use to feed the child? _____ If very low weight for age: 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? Yes ___ No ___ If Yes, how? _____	Feeding Problems: <div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block; margin-top: 10px;">                     You will learn to complete this section in COUNSEL THE MOTHER.                 </div>								

ASSESS OTHER PROBLEMS:

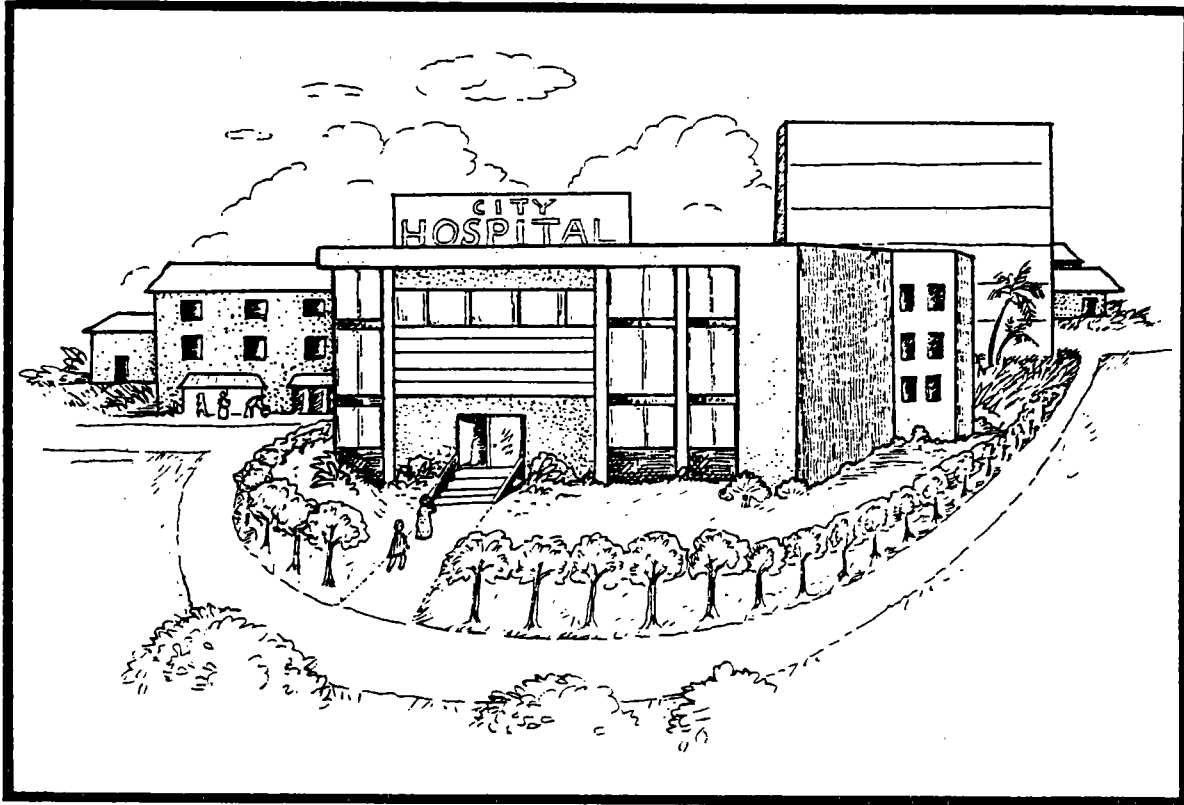


## **4.0 GIVE URGENT PRE-REFERRAL TREATMENT**

The next module will describe how to do treatments presented on the TREAT chart. All urgent, pre-referral treatments are included on that chart. When referring a child, do the treatments quickly. Do not take time to teach the mother as you would in a non-urgent situation.

Many severe cases need the first dose of an antibiotic before referral. However, if a child cannot drink, is vomiting everything, is having convulsions, or cannot be wakened, the child will not be able to take an oral antibiotic, other oral drugs, or drinks such as ORS or breastmilk. The child with these danger signs will need to be given an intramuscular injection of chloramphenicol instead of an oral antibiotic. Dosages are given in the next module. ORS or oral drugs such as paracetamol will need to be given at the hospital when the child is able to take them. If the child needs treatment to prevent low blood sugar, and you are able to insert an NG tube, give sugar water or breastmilk substitute by NG before referral.

## 5.0 REFER THE CHILD



Do four steps to refer a child to the hospital:

1. ***Explain to the mother the need for referral, and get her agreement to take the child. If you suspect that she does not want to take the child, find out why.*** Possible reasons are:
  - \* She thinks that hospitals are places where people often die, and she fears that her child will die there too.
  - \* She does not think that the hospital will help the child.

- \* She cannot leave home and tend to her child during a hospital stay because:
  - there is no one to take care of her other children, or
  - she is needed for farming, or
  - she may lose a job.
- \* She does not have money to pay for transportation, hospital bills, medicines, or food for herself during the hospital stay.

**2. *Calm the mother's fears and help her resolve any problems.*** For example:

- \* If the mother fears that her child will die at the hospital, reassure her that the hospital has physicians, supplies, and equipment that can help cure her child.
- \* Explain what will happen at the hospital and how that will help her child.
- \* If the mother needs help at home while she is at the hospital, ask questions and make suggestions about who could help. For example, ask whether her husband, sister or mother could help with the other children or with meals while she is away.
- \* Discuss with the mother how she can travel to the hospital. Help arrange transportation if necessary.

You may not be able to help the mother solve her problems and be sure that she goes to the hospital. However, it is important to do everything you can to help. If referral is not possible, there are some things you can do for the child from your clinic. These are described in an annex of the module *Treat the Child*.

**3. *Write a referral note for the mother to take with her to the hospital. Tell her to give it to the health worker there.*** Write:

- \* the name and age of the child,
- \* the date and time of referral,
- \* description of the child's problems,

- \* the reason for referral (symptoms and signs leading to severe classification),
- \* treatment that you have given,
- \* any other information that the health worker at the hospital needs to know in order to care for the child, such as earlier treatment of the illness or immunizations needed,
- \* your name and the name of your clinic.

**4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital:**

- \* If the hospital is far, give the mother additional doses of antibiotic and tell her when to give them during the trip (according to dosage schedule on *TREAT* chart). If you think the mother will not actually go to the hospital, give her the full course of antibiotics, and teach her how to give them.
- \* Tell the mother how to keep the young child warm during the trip.
- \* Advise the mother to continue breastfeeding.
- \* If the child has some or severe dehydration and can drink, give the mother some ORS solution for the child to sip frequently on the way.

**EXAMPLE OF REFERRAL NOTE**

5-3-95 11:00 am

Urgent Referral to Hospital San Juan

Raoul Penta, age 18 months

Referred for: SEVERE DEHYDRATION  
SEVERE MALNUTRITION

Also has cough - no fast breathing, no chest  
indrawing

Treatment given at Health Post 22:

Vitamin A 200 000 IU

ORS - Mother to give sips on way to hospital

Needs measles immunization - not given.

Pedro Garcilla

HP 22



## **EXERCISE E**

In this exercise you will review the steps related to referral through a case study. You will use this same case study in a role play.

First, study the Sick Child Recording Form for Pablo on the next page. Pablo is 4 months old and is exclusively breastfed.

1. Should Pablo be referred? Why or why not?
2. What urgent, pre-referral treatments are needed? Record these on the back of the Sick Child Recording Form.

## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Pablo Perez Age: 4 mos Weight: 7 kg Temperature: 38 °C

ASK: What are the child's problems? Cough Initial Visit?  Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

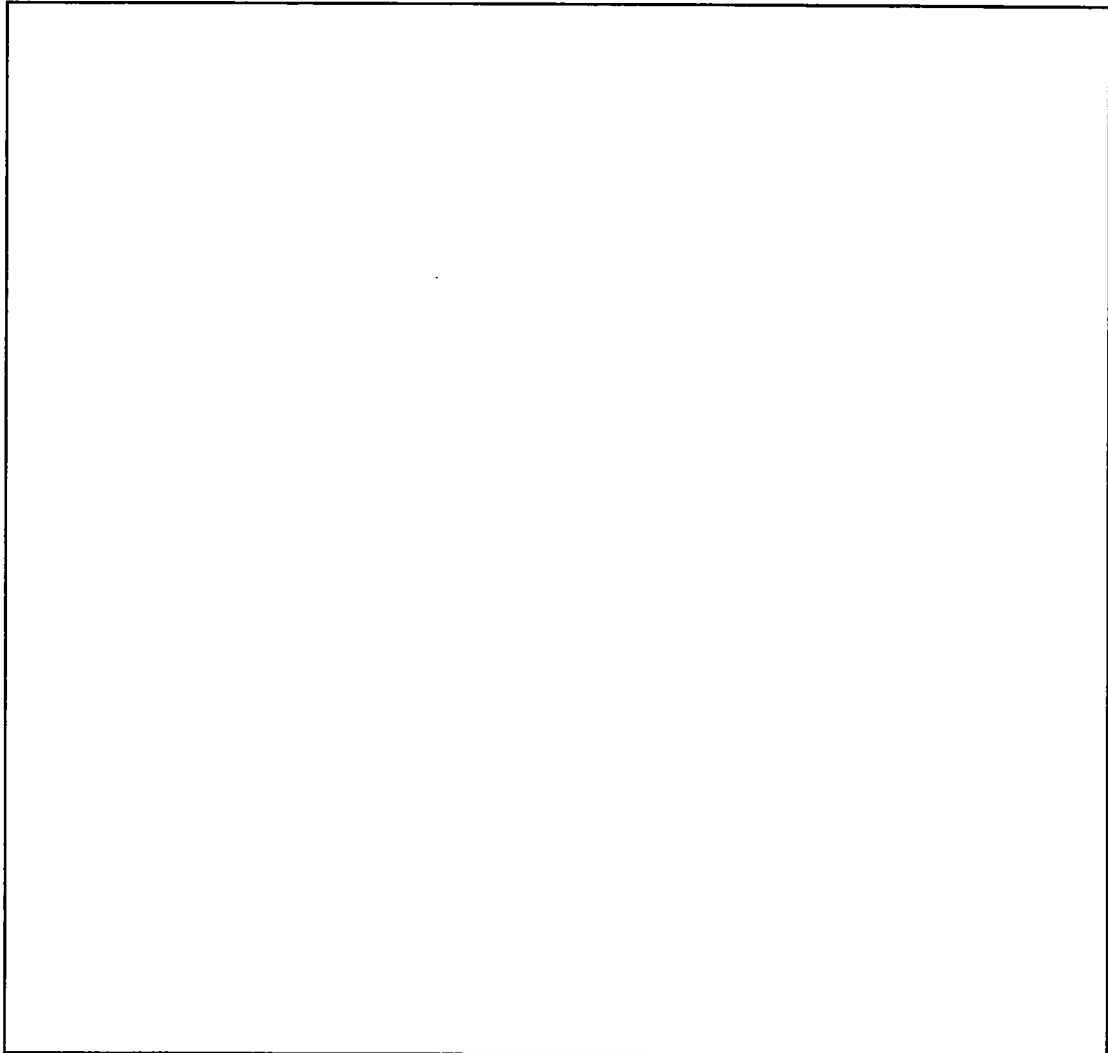
<p><b>CHECK FOR GENERAL DANGER SIGNS</b></p> <p>NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS</p> <p style="text-align: right;">LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present? Yes ___ No <input checked="" type="checkbox"/></p> <p>Remember to use danger sign when selecting classifications</p>
<p><b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes <input checked="" type="checkbox"/> No ___</p> <ul style="list-style-type: none"> <li>• For how long? <u>6</u> Days</li> <li>• Count the breaths in one minute. <u>54</u> breaths per minute. <u>Fast breathing?</u></li> <li>• Look for <u>chest indrawing.</u></li> <li>• Look and listen for stridor.</li> </ul>	<p><b>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</b></p>
<p><b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes <input checked="" type="checkbox"/> No ___</p> <ul style="list-style-type: none"> <li>• For how long? <u>2</u> Days</li> <li>• Is there blood in the stool? <u>No</u></li> <li>• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and <u>irritable?</u></li> <li>• Look for sunken eyes.</li> <li>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</li> <li>• Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</li> </ul>	<p><b>NO DEHYDRATION</b></p>
<p><b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above) Yes <input checked="" type="checkbox"/> No ___</p> <p>Decide Malaria Risk: <u>High</u> Low</p> <ul style="list-style-type: none"> <li>• For how long? <u>3</u> Days</li> <li>• If more than 7 days, has fever been present every day?</li> <li>• Has child had measles within the last 3 months? <u>NO</u></li> <li>• Look or feel for stiff neck.</li> <li>• Look for runny nose</li> <li>Look for signs of MEASLES: • Generalized rash and • One of these: cough, runny nose, or red eyes.</li> </ul>	<p><b>MALARIA</b></p>
<p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> <li>• Look for mouth ulcers. If Yes, are they deep and extensive?</li> <li>• Look for pus draining from the eye.</li> <li>• Look for clouding of the cornea.</li> </ul>	
<p><b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Is there ear pain?</li> <li>• Is there ear discharge? If Yes, for how long? ___ Days</li> <li>• Look for pus draining from the ear.</li> <li>• Feel for tender swelling behind the ear.</li> </ul>	
<p><b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b></p> <ul style="list-style-type: none"> <li>• Look for visible severe wasting.</li> <li>• Look for palmar pallor. Severe palmar pallor? Some palmar pallor?</li> <li>• Look for oedema of both feet.</li> <li>• Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/></li> </ul>	<p><b>NO ANAEMIA, NOT VERY LOW WEIGHT</b></p>
<p><b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today.</p> <p> <input checked="" type="checkbox"/> BCG <u>2-6-95</u> <input type="checkbox"/> DPT 1 <input type="checkbox"/> DPT 2 <input type="checkbox"/> DPT 3  <input checked="" type="checkbox"/> OPV 0 <u>2-6-95</u> <input type="checkbox"/> OPV 1 <input checked="" type="checkbox"/> OPV 2 <input type="checkbox"/> OPV 3 Measles         </p>	<p>Return for next immunization on: <u>15-10-95</u> (Date)</p>
<p><b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old.</p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes ___ No ___ If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>• Does the child take any other food or fluids? Yes ___ No ___ If Yes, what food or fluids? _____</li> <li>How many times per day? ___ times. What do you use to feed the child? _____</li> <li>If very low weight for age: How large are servings? _____</li> <li>Does the child receive his own serving? ___ Who feeds the child and how? _____</li> <li>• During this illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____</li> </ul>	<p>Feeding Problems:</p> <div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <p>You will learn to complete this section in COUNSEL THE MOTHER.</p> </div>

ASSESS OTHER PROBLEMS:



3. Write a referral note for Pablo Perez to a hospital. Use today's date and the current time. Use your own name as that of the health worker.

**REFERRAL NOTE FOR PABLO**



When you have finished this part of the exercise,  
tell the facilitator that you are ready for the group discussion and role play.

## **Role Play Instructions**

**HEALTH WORKER:** Explain the need for referral to Pablo's mother and give her instructions. Discuss any problems she may have about going to the hospital. Assume that the hospital is about an hour away and that transportation is similar to what is available in your own area. If you have a telephone in your own clinic, assume that one is available in the role play.

**MOTHER:** You will be given a card that describes your attitude and situation. Try to act as a real mother might act if her child needed referral.

**OBSERVERS:** Watch the role play. Be prepared to comment on what was done well and what could be improved. Be prepared to answer the questions:

Is this mother likely to go to the hospital? Why or why not?

Has she been given all the necessary instructions? If not, what information was missing?





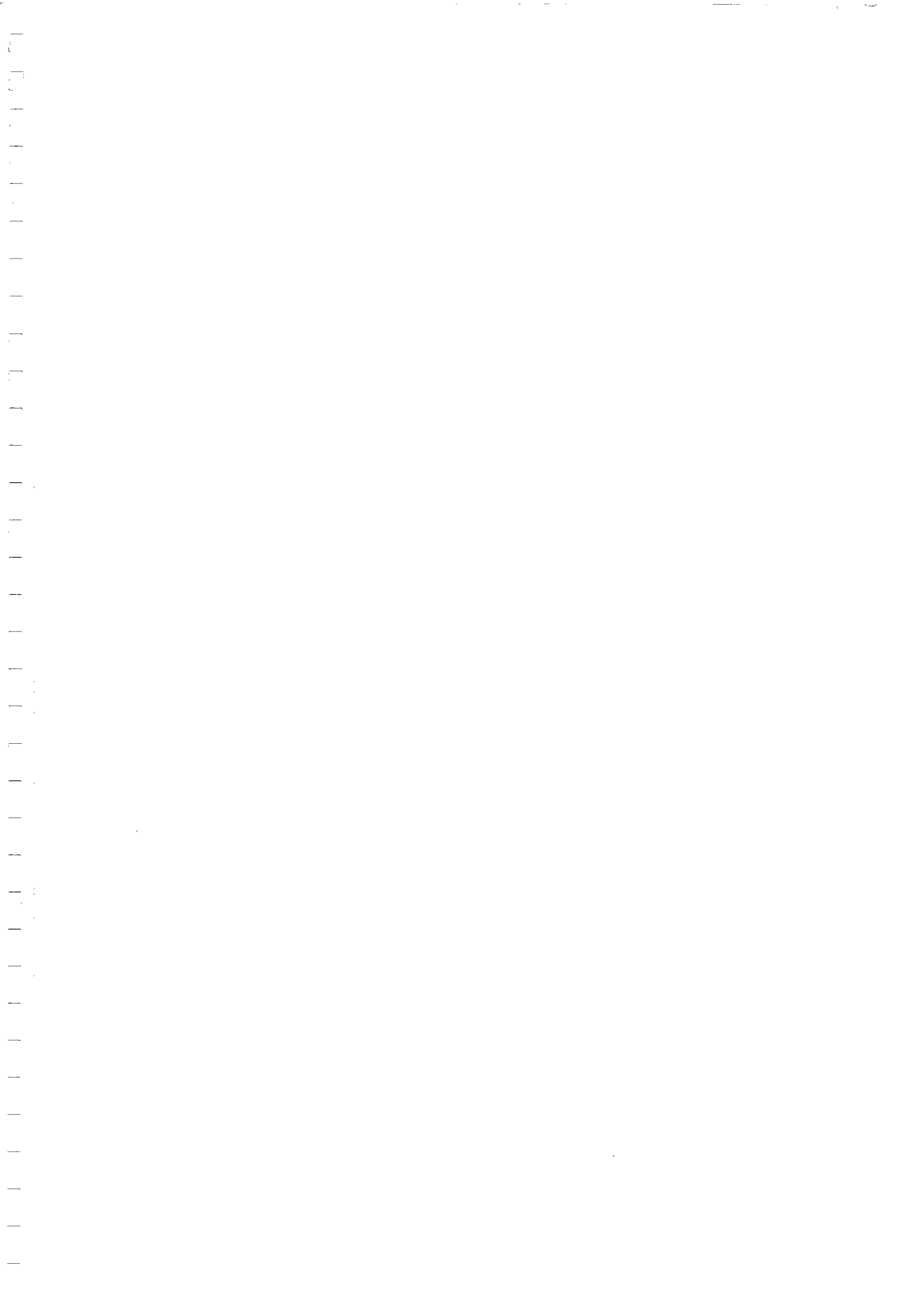
## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Rohit Age: 18 mos Weight: 9.5 kg Temperature: 38 °C  
 ASK: What are the child's problems? Diarrhoea, rash Initial Visit?  Follow-up Visit?   
**ASSESS** (Circle all signs present) **CLASSIFY**

<b>CHECK FOR GENERAL DANGER SIGNS</b> NOT ABLE TO DRINK OR BREASTFEED      LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS	General danger sign present? Yes ___ No <input checked="" type="checkbox"/> <b>Remember to use danger sign when selecting classifications</b>
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes ___ No <input checked="" type="checkbox"/> • For how long? ___ Days • Count the breaths in one minute. ___ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.	
<b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes <input checked="" type="checkbox"/> No ___ • For how long? <u>15</u> Days • Is there blood in the stool? <u>NO</u> • 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? <u>Drinking eagerly, thirsty?</u> • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?	No DEHYDRATION  PERSISTENT DIARRHOEA
<b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature <u>37.5°C or above</u> ) Yes <input checked="" type="checkbox"/> No ___ Decide Malaria Risk: <u>High</u> Low • For how long? <u>4</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last 3 months? • Look or feel for stiff neck. • Look for <u>runny nose</u> Look for signs of MEASLES: • <u>Generalized rash</u> and • One of these: cough <u>runny nose</u> or red eyes.	MALARIA
If the child has measles now or within the last 3 months: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.	MEASLES
<b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes ___ No <input checked="" type="checkbox"/> • Is there ear pain? • Is there ear discharge? If Yes, for how long? ___ Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear.	
<b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b> • Look for visible severe wasting. • Look for palmar pallor. Severe palmar pallor? Some palmar pallor? • Look for oedema of both feet. • Determine weight for age. Very Low ___ Not Very Low <input checked="" type="checkbox"/>	No ANAEMIA, NOT VERY LOW WEIGHT
<b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today. BCG <input checked="" type="checkbox"/> DPT 1 <input checked="" type="checkbox"/> <u>DPT 2</u> DPT 3 ___ OPV 0 <input checked="" type="checkbox"/> OPV 1 <input checked="" type="checkbox"/> <u>OPV 2</u> OPV 3 ___ Measles ___	Return for next immunization on: <u>28-11-95</u> (in 4 wks) (Date)
<b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. • 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 food or fluids? _____ How many times per day? ___ times. What do you use to feed the child? _____ If very low weight for age: 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? Yes ___ No ___ If Yes, how? _____	Feeding Problems:  <div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;">                     You will learn to complete this section in COUNSEL THE MOTHER.                 </div>

**ASSESS OTHER PROBLEMS:**







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