

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

FOR



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



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INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

FOLLOW-UP

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FOLLOW-UP

INTRODUCTION

Some sick children need to return to the health worker for follow-up. Their mothers are told when to come for a follow-up visit (such as in 2 days, or 14 days). At a follow-up visit the health worker can see if the child is improving on the drug or other treatment that was prescribed. Some children may not respond to a particular antibiotic or antimalarial and may need to try a second drug. Children with persistent diarrhoea also need follow-up to be sure that the diarrhoea has stopped. Children with fever or eye infection need to be seen if they are not improving. Follow-up is especially important for children with a feeding problem, to be sure they are being fed adequately and are gaining weight.

Because follow-up is important, your clinic should make special arrangements so that follow-up visits are convenient for mothers. If possible, mothers should not have to wait in the queue for a follow-up visit. Not charging for follow-up visits is another way to make follow-up convenient and acceptable for mothers. Some clinics use a system that makes it easy to find the records of children scheduled for follow-up.

At a follow-up visit, you should do different steps than at a child's initial visit for a problem. Treatments given at the follow-up visit are often different than those given at an initial visit.

LEARNING OBJECTIVES

This module will describe what to do when a child returns to the clinic for a follow-up visit. This module does not address those children who have returned immediately to the clinic because they became sicker. These children should be assessed as at an initial visit. In the exercises in this module you will practice the steps for conducting a follow-up visit:

- * Deciding if the child's visit is for follow-up.
- * If the child has been brought for follow-up, assessing the signs specified in the follow-up box for the child's previous classification.
- * Selecting treatment based on the child's signs.
- * If the child has any new problems, assessing and classifying them as you would in an initial visit.

Where is Follow-up Discussed on the Case Management Charts?

In the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart, some classifications have instructions to tell the mother to return for follow-up. The "When to Return" box on the *COUNSEL* chart summarizes the schedules for follow-up visits.

Specific instructions for conducting each follow-up visit are in the "Give Follow-Up Care" section of the *TREAT THE CHILD* chart. The boxes have headings that correspond to the classifications on the *ASSESS & CLASSIFY* chart. Each box tells how to reassess and treat the child. Instructions for giving treatments, such as drug dosages for a second-line antibiotic or antimalarial, are on the *TREAT THE CHILD* chart.

Follow-up instructions for young infants are on the *YOUNG INFANT* chart.

How to Manage a Child Who Comes for Follow-up:

As always, ask the mother about the child's problem. You need to know if this is a follow-up or an initial visit for this illness. How you find out depends on how your clinic registers patients and how the clinic finds out why they have come.

For example, the mother may say to you or other clinic staff that she was told to return for follow-up for a specific problem. If your clinic gives mothers follow-up slips that tell them when to return, ask to see the slip. If your clinic keeps a chart on each patient, you may see that the child came only a few days ago for the same illness.

Once you know that the child has come to the clinic for follow-up of an illness, ask the mother if the child has, in addition, developed any **new** problems. For example, if the child has come for follow-up of pneumonia, but now he has developed diarrhoea, he has a new problem. This child requires a full assessment. Check for general danger signs and assess all the main symptoms and the child's nutritional status. Classify and treat the child for diarrhoea (the new problem) as you would at an initial visit. Reassess and treat the pneumonia according to the follow-up box.

If the child does not have a new problem, locate the follow-up box that matches the child's previous classification. Then follow the instructions in that box.

- * Assess the child according to the instructions in the follow-up box. The instructions may tell you to assess a major symptom as on the *ASSESS & CLASSIFY* chart. They may also tell you to assess additional signs.

Note: Do not use the classification table to classify a main symptom. Skip the "Classify" and "Identify Treatment" columns on the *ASSESS & CLASSIFY* chart. This will avoid giving the child repeated treatments that do not make sense. There is one exception: If the child has any kind of diarrhoea, classify and treat the dehydration as you would at an initial assessment.

- * Use the information about the child's signs to select the appropriate treatment.
- * Give the treatment.
- * If a mother returns with her child who had a cough or cold, or diarrhoea (without dysentery or persistent diarrhoea on the previous visit), because after 5 days the child is not better, do a full assessment of the child.

Some children will return repeatedly with chronic problems that do not respond to the treatment that you can give. For example, some children with AIDS may have persistent diarrhoea or repeated episodes of pneumonia. Children with AIDS may respond poorly to treatment for pneumonia and may have opportunistic infections. These children should be referred to hospital when they do not improve. Children with HIV infection who have not developed AIDS cannot be clinically distinguished from those without HIV infection. When they develop pneumonia, they respond well to standard treatment.

Important: If a child who comes for follow-up has several problems and is getting worse, **REFER THE CHILD TO HOSPITAL**. Also refer the child to hospital if a second-line drug is not available, or if you are worried about the child or do not know what to do for the child. If a child has not improved with treatment, the child may have a different illness than suggested by the chart. He may need other treatment.

Remember:
**If a child has any new problem, you
should assess the child as at an initial visit.**

1.0 CONDUCT A FOLLOW-UP VISIT FOR PNEUMONIA

When a child receiving an antibiotic for PNEUMONIA returns to the clinic after 2 days for follow-up, follow these instructions:

► PNEUMONIA

After 2 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing. } See *ASSESS & CLASSIFY* chart.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

- If **chest indrawing or a general danger sign**, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer URGENTLY to hospital.
- If **breathing rate, fever, and eating are the same**, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)
- If **breathing slower, less fever, or eating better**, complete the 5 days of antibiotic.

The box first describes how to assess the child. It says to check the child for general danger signs and reassess the child for cough and difficult breathing. Next to these instructions, it says to see the *ASSESS & CLASSIFY* chart. This means that you should assess general danger signs and the main symptom cough exactly as described on the *ASSESS & CLASSIFY* chart. Then it lists some additional items to check:

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

When you have assessed the child, use the information about the child's signs to select the correct treatment.

- If the child has **chest indrawing or a general danger sign** (not able to drink or breastfeed, vomits everything, convulsions, lethargic or unconscious) the child is getting **worse**. This child needs urgent referral to

a hospital. Since the illness has worsened on the first-line antibiotic for pneumonia, give the first dose of the second-line antibiotic (if available) or give intramuscular chloramphenicol before referral.

- ▶ If **breathing rate, fever, and eating are the same**, give the child the second-line antibiotic for pneumonia. (The signs may not be exactly the same as 2 days before, but the child is not worse and not improving. The child still has fast breathing, fever and poor eating.) However, before you give the second-line antibiotic, ask the mother if the child took the antibiotic for the previous 2 days.

- a) There may have been a problem so that the child did not receive the antibiotic, or received too low or too infrequent a dose. If so, this child can be treated again with the same antibiotic. Give a dose in clinic, and check that the mother knows how to give the drug at home. Help her to solve any problems such as how to encourage the child to take the drug when the child refuses it.
- b) If the child received the antibiotic, change to the second-line antibiotic for pneumonia, if available in your clinic. Give it for 5 days. For example:

- If the child was taking cotrimoxazole, switch to amoxicillin.

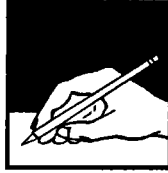
- If the child was taking amoxicillin, switch to cotrimoxazole.

Give the first dose of the antibiotic in the clinic. Teach the mother how and when to give it. Ask the mother to bring the child back again in 2 more days.

- c) If the child received the antibiotic, and you do not have another appropriate antibiotic available, refer the child to a hospital.

If a child with pneumonia had measles within the last 3 months, refer the child to hospital.

- ▶ If the child is **breathing slower, has less fever** (that is, the fever is lower or is completely gone) and is **eating better**, the child is **improving**. The child may cough, but most children who are improving will no longer have fast breathing. Tell the mother that the child should finish taking the 5 days of the antibiotic. Review with her the importance of finishing the entire 5 days.



EXERCISE A

Read about each child who came for follow-up of pneumonia. Then answer the questions about how you would manage each child. Refer to any of the case management charts as needed.

At this clinic, cotrimoxazole pediatric tablets (the first-line antibiotic) and amoxicillin tablets (the second-line antibiotic) are both available for pneumonia.

1. Pandit's mother has brought him back for follow-up. He is one year old. Two days ago he was classified as having PNEUMONIA and you gave him cotrimoxazole. You ask how he is doing and if he has developed any new problems. His mother says that he is much better.
 - a) How would you reassess Pandit today? List all the signs you would look at and write the questions you would ask his mother.

When you assess Pandit, you find that he has no general danger signs. He is still coughing and he has now been coughing for about 10 days. He is breathing 38 breaths per minute and has no chest indrawing and no stridor. His mother said that he does not have fever. He is breastfeeding well and eating some food (he was refusing all food before). He was playing with his brother this morning.

- b) Based on Pandit's signs today, how should he be treated?

2. Ahmed has been brought for a follow-up visit for pneumonia. He is three years old and weighs 12.5 kg. His axillary temperature is 37°C. He has been taking cotrimoxazole. His mother says he is still sick and has vomited twice today.

a) How would you reassess Ahmed today? List the signs you would look at and the questions you would ask his mother.

When you reassess Ahmed, you find that he is able to drink and does not always vomit after drinking. He has not had convulsions. He is not lethargic or unconscious. He is still coughing, so he has been coughing now for about 2 weeks. He is breathing 55 breaths per minute. He has chest indrawing. He does not have stridor. His mother says that sometimes he feels hot. She is very worried because he is not better. He has hardly eaten for two days.

b) Is Ahmed getting worse, the same, or better?

c) How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

3. Two-year-old Flora has been brought by her mother to the clinic for follow-up. Two days ago you classified Flora as having PNEUMONIA and gave her cotrimoxazole. Flora's mother says that she has no new problems, but she is still coughing a lot.

When you reassess Flora, you find that she has no general danger signs. She is breathing 45 breaths per minute, has no chest indrawing, and no stridor. She has no fever. Flora is not interested in eating.

- a) Is Flora getting worse, the same, or better?
- b) When you talk with this mother, she tells you she has given Flora the pills mixed with some cereal in the morning and at night. You are sure that Flora has been receiving the antibiotic, but her condition is the same. What treatment would you give Flora now? If you will give a drug, specify the dose and schedule.

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

2.0 CONDUCT A FOLLOW-UP VISIT FOR PERSISTENT DIARRHOEA

When a child with PERSISTENT DIARRHOEA returns for a follow-up visit after 5 days, follow these instructions:

► PERSISTENT DIARRHOEA

After 5 days:

Ask:

- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Treatment:

- If *the diarrhoea has not stopped (child is still having 3 or more loose stools per day)*, do a full reassessment of the child. Give any treatment needed. Then refer to hospital.
- If *the diarrhoea has stopped (child having less than 3 loose stools per day)*, tell the mother to follow the usual feeding recommendations for the child's age.

Ask if the diarrhoea has stopped and how many stools the child has per day.

- If **the diarrhoea has not stopped (the child is still having 3 or more loose stools per day)**, do a full reassessment. This should include assessing the child completely as described on the *ASSESS & CLASSIFY* chart. Identify and manage any problems that require immediate attention such as dehydration. Then refer the child to hospital.
- If **the diarrhoea has stopped (child having less than 3 loose stools per day)**, instruct the mother to follow the feeding recommendations for the child's age. If the child is not normally fed in this way, you will need to teach her the feeding recommendations on the *COUNSEL* chart.

3.0 CONDUCT A FOLLOW-UP VISIT FOR DYSENTERY

When a child classified as having DYSENTERY returns for a follow-up visit after 2 days, follow these instructions:

► **DYSENTERY**

After 2 days:

Assess the child for diarrhoea. > See *ASSESS & CLASSIFY* chart.

Ask:

- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:

► If the child is **dehydrated**, treat dehydration.

► If **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse:**

Change to second-line oral antibiotic recommended for Shigella in your area. Give it for 5 days. Advise the mother to return in 2 days.

Exceptions - if the child:

- is less than 12 months old, or
- was dehydrated on the first visit, or
- had measles within the last 3 months

} Refer to hospital.

► If **fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better**, continue giving the same antibiotic until finished.

Reassess the child for diarrhoea as described in the box, "Does the child have diarrhoea?" on the *ASSESS & CLASSIFY* chart. Ask the mother the additional questions to find out if the child is improving.

Then use the information about the child's signs to decide if the child is the same, worse, or better. Select the appropriate treatment:

- If the child is **dehydrated** at the follow-up visit, use the classification table to classify the child's dehydration. Select the appropriate fluid plan and treat the dehydration.

- ▶ If the **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse**, stop the first antibiotic and give the second-line antibiotic recommended for *Shigella*. (This antibiotic will be specified on the *TREAT* chart.) The lack of improvement may be caused by antibiotic resistance of *Shigella*.

- Give the first dose of the new antibiotic in the clinic.
- Teach the mother how and when to give the antibiotic and help her plan how to give it for 5 days.
- Advise the mother to bring the child back again after two more days.

If after being treated with the second-line antibiotic for two days the child has still not improved, the child may have amoebiasis. This child may be treated with metronidazole (if it is available or can be obtained by the family) or referred for treatment. Amoebiasis can only be diagnosed with certainty when trophozoites of *E. histolytica* containing red blood cells are seen in a fresh stool sample.

- However, if the child is
- less than 12 months old, or
 - was dehydrated on the first visit, or
 - had measles within the last 3 months,

this child is at high risk. Refer this child to hospital.

- ▶ If the child has **fewer stools, less blood in the stools, less fever, less abdominal pain, and is eating better**, the child is improving on the antibiotic. Usually all of these signs will diminish if the antibiotic is working. If only some signs have diminished, use your judgement to decide if the child is improving. Tell the mother to finish the 5 days of the antibiotic. Review with the mother the importance of finishing the antibiotic.



EXERCISE B

Read about each child who came for follow-up of DYSENTERY or PERSISTENT DIARRHOEA and answer the questions. Refer to any of the case management charts as needed.

- * This clinic refers children with severe dehydration because health workers cannot give IV or NG therapy. A hospital nearby can give IV therapy.
- * For dysentery, cotrimoxazole is the first-line antibiotic. Nalidixic acid is the second-line antibiotic.

1. Evaristo was brought for follow-up of PERSISTENT DIARRHOEA after 5 days. He is 9 months old and weighs 6.5 kg. His temperature is 36.5°C today. He is no longer breastfed. His mother feeds him cereal twice a day and gives him a milk formula 4 times each day. When you saw him last week, you advised his mother to give him only half his usual amount of milk. You also advised the mother to replace half the milk by giving extra servings of cereal with oil and vegetables or meat or fish added to it.

- a) What is your first step for reassessing Evaristo?

- b) Evaristo's mother tells you that his diarrhoea has not stopped. What would you do next?

You do a complete reassessment of Evaristo, as on the *ASSESS & CLASSIFY* chart. You find that Evaristo has no general danger signs. He has no cough. When you reassess his diarrhoea, his mother says that now he has had diarrhoea for about 3 weeks. There is no blood in the stool.

Evaristo is restless and irritable. His eyes are not sunken. When you offer him some water, he takes a sip but does not seem thirsty. A skin pinch goes back immediately. He has no fever, no ear problem, and is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT. Evaristo's mother tells you that he has no other problems.

- c) Is Evaristo dehydrated?
- d) How will you treat Evaristo?
- e) If your reassessment found that Evaristo had some dehydration, what would you have done before referral?

2. Mary was brought to the clinic for a follow-up visit. She is 11 months old and weighs 9 kg. Two days ago a health worker classified Mary as having DYSENTERY, NO DEHYDRATION, and NO ANAEMIA AND NOT VERY LOW WEIGHT. The health worker gave Mary's mother cotrimoxazole and ORS to use at home and asked her to bring Mary back in 2 days. The mother says that Mary has no new problems.

- a) How will you assess Mary?

When you assess Mary's diarrhoea, her mother tells you that she still has several stools each day. There is still about the same amount of blood in the stool. She has now had diarrhoea for about a week. Mary is restless and irritable. Her eyes are not sunken. She drinks eagerly when her mother offers her a cup of ORS. A skin pinch goes back slowly. The mother says that Mary has not had fever. She thinks Mary is having abdominal pain because she is irritable and seems uncomfortable. Mary is not eating better.

- b) Is Mary dehydrated? If so, what will you do?
- c) What else will you do to treat Mary? If you will give a drug, specify the dose and schedule.

3. Fazal is 18 months old and weighs 9 kg. His temperature is 36°C today. His chart shows that 2 days ago he was classified as having diarrhoea with NO DEHYDRATION, DYSENTERY and NO ANAEMIA AND NOT VERY LOW WEIGHT. Fazal's mother has brought him back after two days of treatment for DYSENTERY. When you ask if he has any new problems, the mother says that Fazal now has a cold and is coughing.

- a) How would you assess Fazal?

When you assess Fazal, you find he has no general danger signs. His breathing rate is 35 breaths per minute. He has no chest indrawing and no stridor. When you ask about the diarrhoea, his mother tells you that he still has some diarrhoea, but much less. There is less blood in the stools. You find that he has no signs of dehydration. He has no fever. He has less abdominal pain. He is eating better. His mother says that he feels much better, except for the cold.

- b) What would you do for Fazal's diarrhoea?
- c) How would you classify his cough?
- d) List the treatments for Fazal's cough and cold.

4. Masud is 1 year old and weighs 8 kg. Five days ago, he was classified as having PERSISTENT DIARRHOEA. His young mother has brought him back for follow-up. Masud is no longer breastfeeding. The mother tells you that she has replaced Masud's usual milk feeds with yoghurt. She has also been giving him rice with bits of vegetables and fish, and some family foods. The mother tells you that Masud's diarrhoea has stopped and he had only 1 stool yesterday. She is very relieved. There are no new problems.
- a) Do you need to assess Masud further? If so, describe what you would assess.
- b) What instructions will you give the mother about feeding Masud?

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

4.0 CONDUCT A FOLLOW-UP VISIT FOR MALARIA (Low or High Malaria Risk)

Any child classified as having MALARIA (regardless of the risk of malaria) should return for a follow-up visit if the fever persists for 2 days. If the fever persists 2 days after the initial visit or if the fever returns within 14 days, this may mean that the child has a malaria parasite which is resistant to the first-line antimalarial, causing the child's fever to continue.

If the child also had MEASLES at the initial visit, the fever may be due to measles. It is very common for the fever from measles to continue for several days. Therefore, the persistent fever may be due to the measles rather than to resistant malaria.

The instructions for conducting a follow-up visit for a child classified as having MALARIA are the same for low or high malaria risk:

► MALARIA (Low or High Malaria Risk)

If fever persists after 2 days, or returns within 14 days:

Do a full reassessment of the child. > See *ASSESS & CLASSIFY* chart.
Assess for other causes of fever.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any **cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever**:
 - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists.
 - If fever has been present for 7 days, refer for assessment.

Do a full reassessment of the child as on the *ASSESS & CLASSIFY* chart. As you reassess the child, look for the cause of the fever, possibly pneumonia, meningitis, measles, ear infection, or dysentery. Also consider whether the child has any other problem that could cause the fever, such as tuberculosis, urinary tract infection, osteomyelitis or abscess. Do not use the classification table of the *ASSESS & CLASSIFY* chart to classify the child's fever. Instead, choose the appropriate treatment shown in the follow-up box. If you suspect a cause of fever other than

malaria, assess the problem further if needed and refer to any guidelines on treatment of the problem.

- ▶ If the child has **any general danger signs or stiff neck**, treat as described on the *ASSESS & CLASSIFY* chart for VERY SEVERE FEBRILE DISEASE. This includes giving quinine, a first dose of an antibiotic and a dose of paracetamol. Also treat to prevent low blood sugar and refer urgently to hospital. If the child has already been on an antibiotic, worsening of the illness to very severe febrile disease means he may have a bacterial infection which is not responsive to this antibiotic. Give a first dose of the second-line antibiotic or intramuscular chloramphenicol. If the child cannot take an oral antibiotic because he has repeated vomiting, is lethargic or unconscious, or is not able to drink, give intramuscular chloramphenicol. Also give intramuscular chloramphenicol if he has a stiff neck.
- ▶ If the child has **any cause of fever other than malaria**, provide treatment for that cause. For example, give treatment for the ear infection or refer for other problems such as urinary tract infection or abscess.
- ▶ **If malaria is the only apparent cause of fever:**
 - Treat with second-line oral antimalarial. If this is not available, refer the child to hospital. Ask the mother to return again in 2 days if the fever persists.
 - If the fever has been present every day for 7 days or more, refer the child for assessment. This child may have typhoid fever or another serious infection requiring additional diagnostic testing and special treatment.

Note: If the child has been taking cotrimoxazole because he also had cough and fast breathing (pneumonia) as well as fever, give the second-line antimalarial unless it is sulfadoxine-pyrimethamine. Because cotrimoxazole (trimethoprim-sulfamethoxazole) and sulfadoxine-pyrimethamine are closely related drugs, the two should not be taken together. If malaria has not improved on cotrimoxazole, sulfadoxine-pyrimethamine will not be effective either. Refer this child to hospital.

Continue giving cotrimoxazole to this child if the child's pneumonia is improving. Otherwise, the second-line antibiotic may be needed as well, as described in section 1.0.

FOR LOW MALARIA RISK ONLY:

If you see children where there is low malaria risk, read this section. If you do not, turn now to Exercise C.

5.0 CONDUCT A FOLLOW-UP VISIT FOR FEVER -- MALARIA UNLIKELY (Low Malaria Risk)

When a child whose fever was classified as FEVER - MALARIA UNLIKELY returns for follow-up after 2 days because the fever persists, follow these instructions:

► FEVER-MALARIA UNLIKELY (Low Malaria Risk)

If fever persists after 2 days:

Do a full reassessment of the child. > See *ASSESS & CLASSIFY* chart.
Assess for other causes of fever.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any **cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever**:
 - Treat with first-line oral antimalarial. Advise the mother to return again in 2 days if the fever persists.
 - If fever has been present for 7 days, refer for assessment.

When a child has a low malaria risk, and fever persists after 2 days, there may be some cause of fever that was not apparent at the first visit. Do a full reassessment of the child as on the *ASSESS & CLASSIFY* chart. Look for the cause of fever. Also consider whether the child has any other problem that caused the fever, such as tuberculosis, urinary tract infection, osteomyelitis or abscess. Then select the appropriate treatment in the follow-up boxes.

- ▶ If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- ▶ If the child has **any cause of fever other than malaria**, provide treatment or refer for care of that cause.
- ▶ If **malaria is the only apparent cause of fever**, treat the child with the first-line oral antimalarial recommended by national policy to cover the possibility of malaria. Advise the mother to return again in 2 days if the fever persists.

If the fever has been present every day for 7 days, refer the child. Further diagnostic tests are needed to determine the cause of this child's persistent fever.



EXERCISE C

Read about each child who returns for follow-up of **MALARIA** and answer the questions. Refer to any of the case management charts as needed.

In this clinic, chloroquine is the first-line oral antimalarial (150 mg base tablets). Sulfadoxine-pyrimethamine (Fansidar) is the second-line oral antimalarial. Cotrimoxazole is the first-line oral antibiotic for pneumonia.

1. Lin's mother has brought him back to the clinic because he still has fever. The risk of malaria is high. Two days ago he was given chloroquine for **MALARIA**. He was also given a dose of paracetamol. His mother says that he has no new problems, just the fever. He is 3 years old and weighs 14 kg. His axillary temperature is 38.5°C.
 - a) How would you reassess Lin?

When you reassess Lin, he has no general danger signs. He has no cough and no diarrhoea. He has now had fever for 4 days. He does not have stiff neck. There is no runny nose or generalized rash. He has no ear problem. He is classified as having **NO ANAEMIA AND NOT VERY LOW WEIGHT**. There is no other apparent cause of fever.

- b) How would you treat Lin? If you would give a drug, specify the dose and schedule.

2. Sala's mother has come back to the clinic because Sala still has a fever. Three days ago she was given chloroquine for MALARIA. Her mother says that she is sicker now, vomiting and very hot. Sala is 18 months old and weighs 11 kg. Her axillary temperature is 39°C today.

When you assess Sala, her mother says that yesterday she could drink, but she vomited after eating. She did not always vomit after drinking a small amount. She has not had convulsions. She will not wake up when her mother tries to wake her. She is unconscious. Her mother says that she does not have a cough or diarrhoea. She has now had fever for 5 days. She does not have stiff neck, runny nose or generalized rash. She does not have an ear problem. She is classified as having NO ANAEMIA AND NOT VERY LOW WEIGHT.

How would you treat Sala? If you would give drugs, specify the dose and schedule.

FOR LOW MALARIA RISK ONLY:

3. Two days ago Mohammed's mother took him to the City Clinic because he had fever. The risk of malaria is low. His axillary temperature was 37.5°C. He had no general danger signs or other main symptoms. He had no stiff neck, no runny nose, and no generalized rash. The health worker classified Mohammed as FEVER - MALARIA UNLIKELY.

Mohammed's mother has brought him back because he still has fever. The health worker asks if Mohammed has developed any other illness. She says that he is just very irritable. He is 11 months old and weighs 7 kg. His axillary temperature is 38.5°C today.

- a) How should the health worker assess Mohammed?

When the health worker assesses Mohammed, he finds no general danger signs. His mother says he has no cough and no diarrhoea. He has now had fever for 3 days. Mohammed bends his neck easily. He has no runny nose and no generalized rash. His mother says he has no ear problem. He is classified as having NO ANAEMIA AND NOT VERY LOW WEIGHT.

The health worker is concerned and continues to look at Mohammed and think about what could cause the fever. Then he notices some pus in Mohammed's right ear.

b) What should the health worker do next?

The health worker assesses the child for the ear problem. The mother is not sure how long there has been pus in the ear. She says he might be irritable because his ear hurts. There is no tender swelling behind the ear.

c) How should the health worker classify the ear problem?

d) How should the health worker treat Mohammed? If he should give a drug, specify the dose and schedule.

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

6.0 CONDUCT A FOLLOW-UP VISIT FOR MEASLES WITH EYE OR MOUTH COMPLICATIONS

When a child who was classified as having MEASLES WITH EYE OR MOUTH COMPLICATIONS returns for follow-up in 2 days, follow these instructions:

► MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Smell the mouth.

Treatment for Eye Infection:

- If *pus is still draining from the eye*, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach the mother correct treatment.
- If *the pus is gone but redness remains*, continue the treatment.
- If *no pus or redness*, stop the treatment.

Treatment for Mouth Ulcers:

- If *mouth ulcers are worse, or there is a very foul smell from the mouth*, refer to hospital.
- If *mouth ulcers are the same or better*, continue gentian violet for a total of 5 days.

To assess the child, check the eyes and mouth. Select treatment based on the child's signs.

Treatment for Eye Infection:

- If *pus is still draining from the eye*, ask the mother to describe or show you how she has been treating the eye infection. If she has brought the tube of ointment with her, you can see whether it has been used. There may have been problems so that the mother did not do the treatment correctly. For example, she may not have treated the eye three times a day, or she may not have cleaned the eye before applying the ointment, or the child may have struggled so that she could not put the ointment in the eye.

- If the mother has correctly treated the eye infection for 2 days and there is still pus draining from the eye, refer the child to a hospital.
- If the mother has not correctly treated the eye, ask her what problems she had in trying to give the treatment. Teach her any parts of the treatment that she does not seem to know. Discuss with her how to overcome difficulties she is having. Finally, explain to her the importance of the treatment. Ask her to return again if the eye does not improve. However, if you think that the mother still will not be able to treat the eye correctly, arrange to treat the eye each day in clinic or refer the child to a hospital.
- ▶ If **pus is gone but redness remains**, continue the treatment. Tell the mother that the treatments are helping. Encourage her to continue giving the correct treatment until the redness is gone.
- ▶ If **no pus or redness**, stop the treatment. Praise the mother for treating the eye well. Tell her the infection is gone.

Treat for Mouth Ulcers:

- ▶ If **mouth ulcers are worse, or there is a very foul smell from the mouth**, refer to hospital. The mouth problem may prevent the child from eating or drinking and may become severe. A very foul smell may mean a serious infection. Mouth problems of measles could be complicated by thrush or herpes (the virus which causes cold sores).
- ▶ If **mouth ulcers are the same or better**, ask the mother to continue treating the mouth with half-strength gentian violet for a total of 5 days.

She should continue to feed the child appropriately to make up for weight lost during the acute illness and to prevent malnutrition. Review with the mother when to seek care and how to feed her child as described on the *COUNSEL THE MOTHER* chart. Tell her that attention to feeding is especially important for children who have measles because they are at risk of developing malnutrition.

Because the child with measles continues to have increased risk of illness for months, it is important that the mother know the signs to bring the child back for care. Children who have measles are at increased risk of developing complications or a new problem, due to immune suppression which occurs during and following measles.

7.0 CONDUCT A FOLLOW-UP VISIT FOR EAR INFECTION

When a child classified as EAR INFECTION returns for a follow-up visit after 5 days, follow the instructions below. These instructions apply to an acute or a chronic ear infection.

▶ EAR INFECTION

After 5 days:

Reassess for ear problem. > See *ASSESS & CLASSIFY* chart.
Measure the child's temperature.

Treatment:

- ▶ If there is **tender swelling behind the ear or high fever (38.5° C or above)**, refer URGENTLY to hospital.
- ▶ **Acute ear infection:** If **ear pain or discharge** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- ▶ **Chronic ear infection:** Check that the mother is wicking the ear correctly. Encourage her to continue.
- ▶ If **no ear pain or discharge**, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

Reassess the child for ear problem and measure the child's temperature (or feel the child for fever). Then select treatment based on the child's signs.

- ▶ If you feel a **tender swelling behind the ear** when compared to the other side, the child may have developed mastoiditis. If there is a **high fever** (an axillary temperature of 38.5°C or above), the child may have a serious infection. A child with tender swelling behind the ear or high fever has gotten worse, and should be referred to a hospital.
- ▶ **Acute ear infection:** If **ear pain or ear discharge persists** after taking an antibiotic for 5 days, treat with 5 additional days of the same antibiotic. Ask the mother to return in 5 more days so that you can check whether the ear infection is improving.

If the ear is still draining or has begun draining since the initial visit, show the mother how to wick the ear dry. Discuss with her the importance of keeping the ear dry so that it will heal.

- ▶ **Chronic ear infection:** Check that the mother is wicking the ear correctly. To do this, ask her to describe or show you how she wicks the ear. Ask her how frequently she is able to wick the ear. Ask her what problems she has in trying to wick the ear and discuss with her how to overcome them. Encourage her to continue wicking the ear. Explain that drying is the only effective therapy for a draining ear. Not wicking the ear could leave the child with reduced hearing.

- ▶ If **no ear pain or discharge**, praise the mother for her careful treatment. Ask her if she has given the child the 5 days of antibiotic. If not, tell her to use all of it before stopping.

8.0 CONDUCT A FOLLOW-UP VISIT FOR FEEDING PROBLEM

When a child who had a feeding problem returns for follow-up in 5 days, follow these instructions:

▶ **FEEDING PROBLEM**

After 5 days:

Reassess feeding. > See questions at the top of the *COUNSEL* chart.
Ask about any feeding problems found on the initial visit.

- ▶ Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- ▶ If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

Reassess the child's feeding by asking the questions in the top box on the *COUNSEL THE MOTHER* chart. Refer to the child's chart or follow-up note for a description of any feeding problems found at the initial visit and previous recommendations. Ask the mother how she has been carrying out the recommendations. For example, if on the last visit more active feeding was recommended, ask the mother to describe how and by whom the child is fed at each meal.

- ▶ Counsel the mother about any new or continuing feeding problems. If she encountered problems when trying to feed the child, discuss ways to solve them.

For example, if the mother is having difficulty changing to more active feeding because it requires more time with the child, discuss some ways to reorganize the meal time.

- ▶ If the child is very low weight for age, ask the mother to return 30 days after the initial visit. At that visit a health worker will measure the child's weight gain to determine if the changes in feeding are helping the child.

Example: On the initial visit the mother of a 2-month-old infant said that she was giving the infant 2 or 3 bottles of milk and breastfeeding several times each day. The health worker advised the mother to give more

frequent, longer breastfeeds and gradually reduce other milk or foods.

At the follow-up visit, the health worker asks the mother questions to find out how often she is giving the other feeds and how often and for how long she is breastfeeding. The mother says that she now gives the infant only 1 bottle of milk each day and breastfeeds 6 or more times in 24 hours. The health worker tells the mother that she is doing well. The health worker then asks the mother to completely stop the other milk and breastfeed 8 or more times in 24 hours. Since this is a significant change in feeding, the health worker also asks the mother to come back again. At that visit the health worker will check that the infant is feeding frequently enough and encourage the mother.

9.0 CONDUCT A FOLLOW-UP VISIT FOR PALLOR

When a child who had palmar pallor returns for a follow-up visit after 14 days, follow these instructions:

► PALLOR

After 14 days:

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmar pallor after 2 months, refer for assessment.

- Give the mother additional iron for the child and advise her to return in 14 days for more iron.
- Continue to give the mother iron when she returns every 14 days for up to 2 months.
- If after 2 months the child still has palmar pallor, refer the child for assessment.

10.0 CONDUCT A FOLLOW-UP VISIT FOR VERY LOW WEIGHT

A child who was classified with VERY LOW WEIGHT should return for follow-up after 30 days. (The child would also return earlier if there was a feeding problem.).

Some clinics have specially scheduled sessions for nutritional counselling, and malnourished children are asked to come for follow-up at this time. A special session allows the health worker to devote the necessary time to discuss feeding with several mothers and perhaps demonstrate some good foods for young children.

Follow these instructions for a follow-up visit for a child with VERY LOW WEIGHT:

► VERY LOW WEIGHT

After 30 days:

Weigh the child and determine if the child is still very low weight for age. Reassess feeding. > See questions at the top of the *COUNSEL* chart.

Treatment:

- If the child is **no longer very low weight for age**, praise the mother and encourage her to continue.
- If the child is still **very low weight for age**, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.

Exception:

If you do not think that feeding will improve, or if the child has **lost weight**, refer the child.

To assess the child, weigh him and determine if the child is still very low weight for age. Also reassess feeding by asking the questions in the top box of the *COUNSEL* chart.

- If the child is **no longer very low weight for age**, praise the mother. The changes in the child's feeding are helping. Encourage her to continue feeding the child according to the recommendation for his age.

- ▶ If the child is still **very low weight for age**, counsel the mother about any feeding problem found. This nutritional counselling should include teaching the mother to feed the child the foods appropriate for his age and to give them frequently enough. It should also include teaching her how to feed him actively. It may also include suggesting solutions to feeding problems as described in the module *Counsel the Mother*.

Ask the mother to bring the child back again in one month. It is important to continue seeing the child every month to advise and encourage the mother until he is feeding well and gaining weight regularly or is no longer very low weight. If the child is continuing to lose weight and no change in feeding seems likely, refer the child to hospital or to a feeding programme.



EXERCISE D

Read about each child who came for follow-up and answer the questions. Refer to the case management charts as needed.

1. Juan is an 18-month-old child. Five days ago he was in clinic. You see on his chart that he had diarrhoea. He was classified as having NO DEHYDRATION and VERY LOW WEIGHT FOR AGE. His weight was 6.8 kg. He was treated according to Plan A and his mother received counselling about feeding. The following notes were on his chart:

*3 meals/day -- tortillas with rice/beans, bananas plus coffee.
Nothing between meals. No milk. Stopped breastfeeding 3 months ago.
Advised to add 2 extra feeds per day: tortillas with beans mashed in oil and give avocado, eggs or milk when available.*

Juan has been brought back to clinic for follow-up of the feeding problem. He still weighs 6.8 kg and looks unhappy but not visibly wasted.

a) Tick the items appropriate to do during this visit:

- Ask about any new problems. If there is a new problem, assess, classify and treat as at an initial visit.
- Ask the questions in the top box of the COUNSEL chart. Identify any new feeding problems.
- Ask the mother if she has been able to give extra meals each day. Ask what she fed Juan and the number of meals.
- Since Juan has not gained weight, immediately refer him to hospital.
- Advise the mother to resume breastfeeding.
- Give vitamin A.

2. Claudia is 10 months old. Her chart shows that she was seen 6 days ago.

RECORD OF CLINIC VISITS

27/6/95 T 39°C 5.5 kg

MALARIA; NO PNEUMONIA: COUGH OR COLD;

VERY LOW WEIGHT FOR AGE

Rx: Chloroquine, return 5 days, 30 days, 2 days if fever persists

Feeding: breastfed once in evening; formula in morning bottle;

lunch is soup + oat cereal gruel; dinner - soup + mashed

potatoes with beans. Advised to replace morning bottle with

breastfeeding before mother goes to work. Give cereal gruel

with animal milk mid-morning. Mash vegetables and mix with

rice + spoonful oil for lunch. Dinner - add spoonful oil or

butter.

Claudia returns today weighing 5.6 kg. She has no fever and no new problems.

- a) Write below 3 or more questions that you could ask Claudia's mother to find out whether Claudia's feeding has improved.

*

*

*

Claudia's mother answers that she is making mashed vegetables with rice and oil for lunch. She still makes soup (everybody needs to have soup). She does not like waking Claudia to breastfeed in the morning before work because it means 10-year-old Patricia also has to get up before sunrise to watch the baby. But she has done so and Claudia is now getting a morning and evening breastfeed. Patricia is doing her job making oat gruel with cow's milk mid-morning. At lunch Claudia is eating soup. Then she eats a little bit of the vegetable mashed with rice.

- b) What would you advise the mother today? Also write something to praise.

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

11.0 GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

Follow-up visits are recommended for young infants who are classified as LOCAL BACTERIAL INFECTION, DYSENTERY, FEEDING PROBLEM OR LOW WEIGHT (including thrush). Instructions for carrying out follow-up visits for the sick young infant age 1 week up to 2 months are on the *YOUNG INFANT* chart.

As with the sick child who comes for follow-up, a sick young infant is assessed differently at a follow-up visit than at an initial visit. Once you know that the young infant has been brought to the clinic for follow-up, ask whether there are any **new** problems. An infant who has a new problem should receive a full assessment as if it were an initial visit.

If the infant does not have a new problem, locate the section of the *YOUNG INFANT* chart with the heading "Give Follow-Up Care for the Sick Young Infant." Use the box that matches the infant's previous classification.

The instructions in the follow-up box (for the previous classification) tell how to assess the young infant. These instructions also tell the appropriate follow-up treatment to give. Do not use the classification tables for the young infant to classify the signs or determine treatment. There is one exception: If the young infant has dysentery, classify and treat dehydration as you would at an initial assessment.

11.1 DYSENTERY

When a young infant classified as having DYSENTERY returns for follow-up in 2 days, follow these instructions:

► DYSENTERY

After 2 days:

Assess the young infant for diarrhoea. > See "Does the Young Infant Have Diarrhoea?" above.

Ask:

- Are there fewer stools?
- Is there less blood in the stool?
- Is there less abdominal pain?
- Is the young infant eating better?
- Has fever developed?

Treatment:

- If the young infant is **dehydrated**, treat dehydration.
- If **number of stools, amount of blood in stools, abdominal pain, and eating are the same or worse, or fever develops**, refer to hospital. If fever, give first dose of intramuscular antibiotics before referral.
- If **fewer stools, less blood in the stools, less abdominal pain, and eating better**, continue giving the same antibiotic until finished.

Reassess the young infant for diarrhoea as described in the assessment box, "Does the young infant have diarrhoea?" Also, ask the mother the additional questions listed to determine whether the infant is improving.

- If the infant is **dehydrated**, use the classification table on the *YOUNG INFANT* chart to classify the dehydration and select a fluid plan.
- If the signs are the same or worse, refer the infant to hospital. If the young infant has developed fever, give intramuscular antibiotics before referral, as for POSSIBLE SERIOUS BACTERIAL INFECTION.
- If the infant's signs are improving, tell the mother to continue giving the infant the antibiotic. Make sure the mother understands the importance of completing the 5 days of treatment.

11.2 LOCAL BACTERIAL INFECTION

When a young infant classified as having LOCAL BACTERIAL INFECTION returns for follow-up in 2 days, follow these instructions:

▶ **LOCAL BACTERIAL INFECTION**

After 2 days:
Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?
Look at the skin pustules. Are there many or severe pustules?

Treatment:

- ▶ If **pus or redness remains or is worse**, refer to hospital.
- ▶ If **pus and redness are improved**, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.

To assess the young infant, look at the umbilicus or skin pustules. Then select the appropriate treatment.

- ▶ If **pus or redness remains or is worse**, refer the infant to hospital. Also refer if there are more pustules than before.
- ▶ If **pus and redness are improved**, tell the mother to complete the 5 days of antibiotic that she was given during the initial visit. Improved means there is less pus and it has dried. There is also less redness. Emphasize that it is important to continue giving the antibiotic even when the infant is improving. She should also continue treating the local infection at home for 5 days (cleaning and applying gentian violet to the skin pustules or umbilicus).

11.3 FEEDING PROBLEM

When a young infant who had a feeding problem returns for follow-up in 2 days, follow these instructions:

▶ **FEEDING PROBLEM**

After 2 days:
Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.
Ask about any feeding problems found on the initial visit.

- ▶ Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again.
- ▶ If the young infant is low weight for age, ask the mother to return 14 days after the initial visit to measure the young infant's weight gain.

Exception:
If you do not think that feeding will improve, or if the young infant has *lost weight*, refer the child.

Reassess the feeding by asking the questions in the young infant assessment box, "Then Check for Feeding Problem or Low Weight." Assess breastfeeding if the infant is breastfed.

Refer to the young infant's chart or follow-up note for a description of the feeding problem found at the initial visit and previous recommendations. Ask the mother how successful she has been carrying out these recommendations and ask about any problems she encountered in doing so.

- ▶ Counsel the mother about new or continuing feeding problems. Refer to the recommendations in the box "Counsel the Mother About Feeding Problems" on the *COUNSEL* chart and the box "Teach Correct Positioning and Attachment for Breastfeeding" on the *YOUNG INFANT* chart.

For example, you may have asked a mother to stop giving an infant drinks of water or juice in a bottle, and to breastfeed more frequently and for longer. You will assess how many times she is now breastfeeding in 24 hours and whether she has stopped giving the bottle. Then advise and encourage her as needed.

- ▶ If the young infant is low weight for age, ask the mother to return 14 days after the initial visit. At that time, you will assess the young infant's weight again. Young infants are asked to return sooner to have their weight checked than older infants and young children. This is because they should grow faster and are at higher risk if they do not gain weight.

11.4 LOW WEIGHT

When a young infant who was classified as LOW WEIGHT returns for follow-up in 14 days, follow these instructions:

▶ LOW WEIGHT

After 14 days:

Weigh the young infant and determine if the infant is still low weight for age.

Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

- ▶ If the infant is **no longer low weight for age**, praise the mother and encourage her to continue.
- ▶ If the infant is **still low weight for age, but is feeding well**, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.
- ▶ If the infant is **still low weight for age and still has a feeding problem**, counsel the mother about the feeding problem. Ask the mother to return again in 14 days (or when she returns for immunization, if this is within 2 weeks). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

Exception:

If you do not think that feeding will improve, or if the young infant has **lost weight**, refer to hospital.

Determine if the young infant is still low weight for age. Also reassess his feeding by asking the questions in the assessment box, "Then Check for Feeding Problem or Low Weight." Assess breastfeeding if the young infant is breastfed.

- ▶ If the young infant is **no longer low weight for age**, praise the mother for feeding the infant well. Encourage her to continue feeding the infant as she has been or with any additional improvements you have suggested.
- ▶ If the young infant is **still low weight for age, but is feeding well**, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization. You will want to check that the infant continues to feed well and continues gaining weight. Many young infants who were low birthweight will still be low weight for age, but will be feeding and gaining weight well.
- ▶ If the young infant is **still low weight for age and still has a feeding problem**, counsel the mother about the problem. Ask the mother to return with her infant again in 14 days. Continue to see the young infant every few weeks until you are sure he is feeding well and gaining weight regularly or is no longer low weight for age.

11.5 THRUSH

When a young infant who had thrush returns for follow-up in 2 days, follow these instructions:

▶ **THRUSH**

After 2 days:

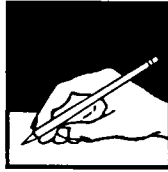
Look for ulcers or white patches in the mouth (thrush).

Reassess feeding. > See "Then Check for Feeding Problem or Low Weight" above.

- ▶ If **thrush is worse**, or if the infant has **problems with attachment or suckling**, refer to hospital.
- ▶ If **thrush is the same or better**, and if the infant is **feeding well**, continue half-strength gentian violet for a total of 5 days.

Check the thrush and reassess the infant's feeding.

- ▶ If the **thrush is worse** or the infant has **problems with attachment or suckling**, refer to hospital. It is very important that the infant be treated so that he can resume good feeding as soon as possible.
- ▶ If the **thrush is the same or better** and the infant is **feeding well**, continue the treatment with half-strength gentian violet. Stop using gentian violet after 5 days.



EXERCISE E

Read about each young infant who came for follow-up and answer the questions. Refer to the *YOUNG INFANT* chart as needed.

For dysentery, cotrimoxazole is the first-line oral antibiotic. Nalidixic acid is the second line antibiotic.

Local bacterial infections are treated with cotrimoxazole.

1. Two days ago, 5-week-old Narayan was classified as having DYSENTERY. The health worker taught his mother how to treat him at home and gave ORS and enough pediatric cotrimoxazole for 5 days. He also told her to bring the young infant back in 2 days. She has brought Narayan today to see you. She says Narayan has no new problems.
 - a) How would you reassess Narayan?

When you reassess Narayan, the mother says that he still has diarrhoea, but it is less. Now he has had diarrhoea for 4 days. There is much less blood in the stool. He is awake and calm. His eyes are not sunken. A skin pinch goes back immediately. He does not have abdominal pain and he is eating better. He does not have fever.

- b) Is Narayan's dysentery improving? Is Narayan dehydrated?

c) What treatment does Narayan need?

2. Sashie is 5 weeks old. The health worker classified her as having LOCAL BACTERIAL INFECTION because she had some skin pustules on her buttocks. Her mother got pediatric tablets of cotrimoxazole to give at home, and learned how to clean the skin and apply gentian violet at home. She has returned for a follow-up visit after 2 days. Sashie has no new problems.

a) How would you reassess Sashie?

When you look at the skin of her buttocks, you see that there are fewer pustules and less redness.

b) What treatment does Sashie need now?

3. Afiya, a 5-week-old infant, was brought to the clinic 2 days ago. During that visit he was classified with a FEEDING PROBLEM because he was not able to attach well to the breast. He weighed 3.25 kg (not low weight for age). He was breastfeeding 5 times a day. He also had white patches of thrush in his mouth. Afiya's mother was taught how to position her infant for breastfeeding and how to help him attach to the breast. She was advised to increase the frequency of feeding to at least 8 times per 24 hours and to breastfeed as often as the infant wants, day and night. She was taught to treat thrush at home. She was also asked to return for follow-up in 2 days. Today, Afiya's mother has come to see you for follow-up. She tells you that the infant has no new problems.

a) How would you reassess this infant?

Afiya's weight today is 3.35 kg. When you reassess the infant's feeding, the mother tells you that he is feeding easily. She is now breastfeeding Afiya at least 8 times a day, and sometimes more when he wants. He is not receiving other foods or drinks. You ask the mother to put Afiya to the breast. When you check the attachment, you note that the infant's chin is touching the breast. The mouth is wide open with the lower lip turned outward. There is more areola visible above than below the mouth. The infant is suckling effectively. You look in his mouth. You cannot see white patches now.

b) How will you treat this infant?

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



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