

ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

LEARNING OBJECTIVES

1- Assessing the child for symptoms and signs related to the main problems or diseases

2-Classifying the illness according to the signs which are present or absent

3-Proper initial management steps

4-Educate the family about danger signs and home care of different acute respiratory tract infections

ASSESS FOR GENERAL DANGER SIGNS:

ASK:

- **Is the child able to drink or breastfeed?**
- **Does the child vomit everything?**

?Has the child had convulsions

LOOK:

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

If yes treat immediately

Any danger sign classify as very severe disease

Treatment of very severe disease

Give diazepam if convulsing now

➤ Quickly complete the assessment

- Give any pre-referral treatment immediately
- Treat to prevent low blood sugar
- Keep the child warm
 - Refer URGENTLY to hospital

so referral is not delayed.

Exception: If lethargy is the only sign and child is dehydrated, rehydrated and asses

Treat for Convulsing now (Child over 1 month)

- Turn the child to the side and clear the airway
- Avoid putting things in his/her mouth while he/she is convulsing
- Give oxygen if available and refer
- Give 0.5 mg/kg Diazepam injection solution per rectum using a syringe without needle or using a catheter
- Check the blood sugar level if possible treat for low blood sugar)
- Repeat Diazepam 10 minutes later if still convulsin

Treat for low blood sugar

If the child is able to breastfeed:

Ask the mother to breastfeed the child.

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

Give expressed breast milk or a breast milk substitute.

If neither of these is available, give sugar water.

Give 30-50 ml of milk or sugar water before departure.

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

If the child is not able to swallow:

Give 20-50 ml of milk or sugar water by nasogastric tube.

- For Suspected low blood sugar*

Give 10% glucose 5 ml/kg by nasogastric tube OR

Give same amount slowly intravenously if a line is available.

Keep warm.

Admit or refer urgently to hospital

Assess And Classify Cough Or Difficult Breathing

Definitions

Chest in-drawing is present if the lower chest wall moves in during inspiration.

Stridor - a harsh sound heard during inspiration.

Wheeze - a musical sound heard during expiration.

Fast breathing is:

Young infant less than 2 months 60 breaths per minute or more

Child 2 months up to 12 months 50 breaths per minute or more

Child 12 months up to 5 years 40 breaths per minute or more

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

if yes, ask: Look, listen, feel*:

For how long? Count the breaths in one minute.

Look for chest indrawing.

Look and listen for stridor. CHILD MUST BE CALM

Look and listen for wheezing and nose not blocked.

If wheezing with either fast breathing or chest indrawing:

Give a trial of rapid acting inhaled bronchodilator for up to three times 15-20 minutes apart. Count the breaths and then classify

Any general danger sign or Stridor in calm child

Classfy as SEVERE PNEUMONIA OR VERY SEVERE DISEASE

Treatment of severe pneumonia or very severe disease

Give first dose of an appropriate antibiotic

- Treat wheezing if present
- Treat the child to prevent low blood sugar
- Refer URGENTLY to hospital

IF Fast breathing AND / OR chest indrawing

Classfy as pneumonia

Treatment for pneumonia

-Give oral Amoxicillin for 5 days

- If wheezing (or disappeared after rapidly acting bronchodilator)

give an inhaled or oral bronchodilator for 5 days

- Soothe the throat and relieve the cough with a safe remedy.
- If coughing for ≥ 14 days or recurrent wheeze, refer for possible TB or asthma assessment

- Advise mother when to return immediately
- Follow-up in 3 days
- Give Zinc for 10-14 days

IF No signs of pneumonia or very severe disease.

Classify as No pneumonia Cough or/ and cold

Treat for no pneumonia cough or / and cold

if wheezing (or disappeared after rapidly acting bronchodilator)

give an inhaled or oral bronchodilator for 5 days

- Soothe the throat and relieve the cough with a safe remedy
- If coughing for more than 14 days or recurrent wheezing, refer for possible TB or asthma assessment
- Advise mother when to return immediately
- Follow-up in 5 days if not improving

Follow up pneumonia after 3 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 a chest indrawing?
- Is there less fever?

- Is the child eating better?

any general danger sign or stridor refer urgently to hospital

If chest indrawing and/or breathing rate, fever and eating are the same or worse refer urgently to hospital

If breathing slower, no chest indrawing, less fever, and eating better, complete the 5 days of antibiotic

WHEEZE After 3 days

- IF worsening: Wheeze with Any Danger sign, Chest indrawing, or Fast Breathing

- Give pre referral intramuscular Antibiotics.

- Give Nebulized Salbutamol
- Refer URGENTLY to Hospital

If the same: refer for assessment to hospital

If improving continue on inhaler or oral Salbutamol for 5 day

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print)
<ul style="list-style-type: none"> • Convulsions OR • Not able to feed OR • Fast breathing (60 breaths per minute or more) OR • Severe chest indrawing OR • Nasal flaring OR • Grunting OR • Wheeze OR • Bulging fontanelle OR • Pus draining from ear OR • Pus draining from the eye(s) with redness and swelling. • Umbilical redness extending to the skin OR • Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C* or feels cold) OR • Many or severe skin pustules OR • Lethargic or unconscious OR • Less than normal movements. 	<p>POSSIBLE SERIOUS BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> → Give first dose of intramuscular antibiotics. → Treat to prevent low blood sugar. → Advise mother how to keep the infant warm on the way to the hospital. → Refer URGENTLY to hospital.**
<ul style="list-style-type: none"> • Red umbilicus or draining pus or • Skin pustules. • Pus draining from the eye(s). 	<p>LOCAL BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> → Give an appropriate oral antibiotic. → Teach the mother to treat local infections at home. → Advise mother to give home care for the young infant. → Follow-up in 2 days. → Advise all mothers of sick young infants when to return immediately.