

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

## ASSESS

#### ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

• Determine if this is an initial or follow-up visit for this problem.

- if follow-up visit, use the follow-up instructions on TREAT THE CHILD chart.

- if initial visit, assess the child as follows:

#### **CHECK FOR GENERAL DANGER SIGNS**

LOOK:

See if the child is lethargic or unconscious.

#### ASK:

Is the child able to drink or breastfeed?

• Does the child vomit everything?

Has the child had convulsions?

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

# THEN ASK ABOUT MAIN SYMPTOMS:

#### Does the child have cough or difficult breathing?

CHILD MUST BE CALM MUST BE CALM Section the module Treat the Child. AND FEEL: the child's general n. nild: rgic or unconscious? ess and irritable? r sunken eyes. e child fluid. Is the child: able to drink or drinking ly? king eagerly, thirsty? n skin of the abdomen. go back: r slowly (longer than 2 onds)? hy? Section the module Treat the Child. Section the module Treat the Child.	to 12 months minute 12 months up 40 bre to 5 years minute	areathing is: aths per or more	<ul> <li>Any general danger</li> <li>Chest indrawing or</li> <li>Stridor in calm child.</li> <li>Fast breathing.</li> <li>No signs of pneumonia or very severe disease.</li> <li>Two of the following sig</li> <li>Lethargic or unconse</li> <li>Sunken eyes</li> <li>Not able to drink or drinking poorly</li> <li>Skin pinch goes bac very slowly.</li> <li>Two of the following sig</li> <li>Restless, irritable</li> <li>Sunken eyes</li> <li>Drinks eagerly, thirst</li> <li>Skin pinch goes bac slowly.</li> <li>Not enough signs to classify as some or sev dehydration.</li> <li>Dehydration present</li> <li>No dehydration.</li> <li>Blood in the stool.</li> <li>HIGH MALARIA RISK</li> <li>Any general danger sign or</li> <li>Stiff neck or</li> </ul>	gns: cious k lns: k ere k k	SEV P	RE   TION   ATION   RE   TENT   ATION	SE > SE > S	le dose of vitamin A. sulphate 20 mg daily for 14 days. in 5 days. <b>5 days with cotrimoxazole.</b> o in 2 days.
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37.5°C* or above)			<ul> <li>Any general danger sign or</li> <li>Stiff neck or</li> </ul>			and water in the se		
37.5°C* or above)			<ul> <li>Stiff neck or</li> </ul>	and the second second size in the second second				IM quinine after making a blood smear. IV or IM chloramphenicol (If not possible, give oral
			<ul> <li>Bulging fontanelle.</li> </ul>	VERY SE FEBR DISEA	ILE	<ul> <li>amoxycii</li> <li>➤ Treat the</li> <li>➤ Give one</li> </ul>	lin). child to µ dose of µ	prevent low blood sugar. paracetamol in clinic for high fever (temp. 38.5°C or abo
LOOK AND FEEL:			<ul> <li>Fever (by history or feels hot or temperature 37.5°C or above).</li> </ul>	MALA		<ul> <li><i>Give one</i></li> <li>Advise m</li> <li>Follow-up</li> </ul>	dose of p other whe	als for HIGH malaria risk area after making a blood smear. baracetamol in clinic for high fever (temp. 38.5°C or above en to return immediately. s if fever persists. every day for more than 7 days, refer for assessment.
Look or feel for stiff neck. FE			LOW MALARIA RISK					
Look for runny nose. Look for signs of MEASLES Generalized rash and	Low Malaria Risk		<ul> <li>Any general danger sign or</li> <li>Stiff neck or</li> <li>Bulging fontanelle.</li> </ul>	VERY SE FEBRI	ILE	<ul> <li>Give first Amoxyci</li> <li>Treat the</li> <li>Give one</li> </ul>	dose of llin). child to j dose of j	IM quinine after making a blood smear. IV or IM chloramphenicol (If not possible, give oral prevent low blood sugar. paracetamol in clinic for high fever (temp. 38.5°C or abo to hospital <sup>®</sup> .
or red eyes.			<ul> <li>NO runny nose and</li> <li>NO measles and</li> <li>NO other cause of fever.</li> </ul>	871117428-12-3	10.000	<ul> <li>Give one</li> <li>Advise m</li> <li>Follow-up</li> </ul>	<ul> <li>Give oral antimalarials for LOW malaria risk area after making a blood smear.</li> <li>Give one dose of paracetamol in clinic for high fever (temp. 38.5°C or above Advise mother when to return immediately.</li> <li>Advise mother up in 2 days if fever persists.</li> <li>If fever is present every day for more than 7 days, refer for assessment.</li> </ul>	
Look for pus draining from the eye. Look for clouding of the cornea.			<ul> <li>Runny nose PRESENT or</li> <li>Measles PRESENT or</li> <li>Other cause of fever PRESENT**</li> </ul>	MALA	RIA	<ul> <li>&gt; Advise m</li> <li>&gt; Follow-up</li> </ul>	ther whe	aracetamol in clinic for high fever (temp. 38.5°C or above) n to return immediately. if fever persists. very day for more than 7 days, refer for assessment.
			Any general     danger sign or	SEVE	ERE			of Vitamin A. of injectable chloramphenicol (if not possible give oral
This cutoff is for axillary temperatures; rectal temperature cutoff is approximately 0.5°C higher. Other causes of fever include cough or cold, pneumonia, diarrhoea, dysentery and skin infections. Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.			<ul> <li>Clouding of cornea or Deep or extensive</li> <li>mouth ulcers.</li> </ul>	or COMPLICATED MEASLES*		<ul> <li>amoxycillin).</li> <li>➢ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment.</li> <li>➢ Refer URGENTLY to hospital #</li> </ul>		
	Classify	<u>,                                    </u>	<ul> <li>Pus draining from the eye or</li> <li>Mouth ulcers.</li> </ul>	EYE OR	MOUTH	> If pus of ointme	fraining f nt.	rom the eye, treat eye infection with tetracycline eye
dule Treat the Child.			Measles now or within			> Follow-	up in 2 da	ys.
ear problem?			<ul> <li>the last 3 months.</li> <li>Tender swelling behind</li> </ul>		LES			Give first dose of injectable chloramphenicol
LOOK AND FEEL:	Classify		- i onder sweining benind	ale edi.		MAST	OIDITIS	<ul> <li>Give first dose of injectable chloramphenicol</li> <li>( If not possible give oral amoxycillin).</li> <li>&gt; Give first dose of paracetamol for pain.</li> </ul>
<ul> <li>Look for pus draining from the ear.</li> <li>Feel for tender swelling behind the ear.</li> </ul>	EAR PROBLE	м /						<ul> <li>Refer URGENTLY to hospital<sup>®</sup>.</li> <li>Give cotrimoxazole for 5 days.</li> </ul>
			for less then 14 days, o Ear pain.	r	11	10000000000000000000000000000000000000		<ul> <li>Give paracetamol for pain.</li> <li>Dry the ear by wicking.</li> <li>Follow-up in 5 days.</li> </ul>
0.0332.57			<ul> <li>Pus is seen draining fro discharge is reported for</li> </ul>			INFEC	TION	<ul> <li>Dry the ear by wicking.</li> <li>Follow-up in 5 days.</li> </ul>
ection he module <b>Treat the Child</b> .			No pus seen draining fr			NO EAR I		
NUTRITION			<ul> <li>Visible severe wasting</li> <li>Oedema of both feet.</li> </ul>	or			: >	Give single dose of Vitamin A. Prevent low blood sugar. Refer URGENTLY to hospital #
	NUTRITIONAL	>				MALNUTRI	non >	While referral is being organized, warm the child. Keep the child warm on the way to hospital.
	STATUS		<ul> <li>Not very low weight for</li> </ul>			VERY LOW WEIG	HT >	Assess and counsel for feeding Advise mother when to return immediately Follow-up in 30 days. If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the
AEMIA			and no other signs of malnutrition.				ү НТ	and counsel the mother on feeding according to the FOOD box on the COUNSEL THE MOTHER chart. - If feeding problem, follow-up in 5 days. Advise mother when to return immediately.
	Classify		Severe palmar pallor		SEVI	ERE ANAEMI		er URGENTLY to hospital #.
	ANAEMÍA		Some palmar pallor				<ul> <li>&gt; Give</li> <li>&gt; Assertion</li> <li>feed</li> <li>COI</li> <li>- If</li> </ul>	e iron folic acid therapy for 14 days. ess the child's feeding and counsel the mother on ding according to the FOOD box on the UNSEL THE MOTHER chart. feeding problem, follow-up in 5 days. ise mother when to return immediately.
	Chi Look or feel for stiff neck. File Look or feel for bulging fortanelle. Look for runny nose. Jook for signs of MEASLES Generalized rash and One of these: cough, runny nose, or red eyes. Look for mouth ulcers. Are they deep and extensive? Look for pus draining from the eye. Look for clouding of the cornea. ctal temperature cutoff is approximately 0.5°C high cold, pneumonia, diarrhoea, dysentery and skin in se - pneumonia, stridor, diarrhoea, ear infection, and se - pneumonia, stridor, diarrhoea, ear infection fer module Treat the Child. NUTRITION	COK AND FEEL: Look or feel for stiff neck. Look tor runny nose. Cok for runny nose. Cok for roigns of MEASLES Generalized rash and One of these: cough, runny nose, or red eyees. Look for mouth ulcers. Are they deep and extensive? Look for roign ad extensive? Look for clouding of the comea. Cok for pus draining from the eye. Look for pus draining from the ear. Classify Are Problem? LOCK AND FEEL: Look for pus draining from the ear. Classify Classify Classify Classify MUTRITION Classify MUTRITIONAL Are MIA Classify MUTRITIONAL Classify MUTRITIONAL	37.5°C or above)       Malaría Risk         COCK AND FEEL:       Classify         Look or feel for bulging fontanele:       Classify         Look of or feel for bulging fontanele:       Low         Beneralized rash and       Classify         Cook for mouth ulcers:       Low         Are they deep and extensive?       Look for clouding of the comea.         Look for clouding of the comea.       If MEASLES         code for mouth ulcers:       If MEASLES         code for clouding of the comea.       If MEASLES         code treat the Child.       If MEASLES         code treat the Child.       Classify         colon       Classify         erion       Classify         colon       Classify         colon       Classify         colon       Classify         colon       Classify         colon       Classify         colon       Classify         colon	37.5°C or above)      Materia Risk      formanile.      for above)      Materia Risk      formanile.      formanile.	37.4°C or above)       Materia Risk       Display         Available       Classify         Available       Classify         Look or feel for altif mode.       EVERY         Look for clouding for familie.       Low         Malaria Risk       • NO monotes and the Big for altification of the sec.         Look for clouding of the comea.       Low         Look for clouding of the comea.       Malaria Risk         eta demonstance clottile approximately 0.6°C highs:       Malaria Risk         eta demonstance clottile approximately 0.6°C highs:       Malaria Risk         eta demonstance dynamics, and finitection.       Malaria Risk         eta demonstance dynamics and the fact.       Elsery         eta demonstance dynamics and the fact.       Elsery         eta demonstance clottile approximately 0.6°C highs:       Malaria Risk         eta demonstance demonstance dynamics and the fact.       Elsery         eta demonsta fifter the clottil.       Malaris a months.<	37.5° or above)       Malaria Filek       Interior Control       DEENSE         COK AND FEEL:       Cleasify       Interior Control       Interior Control       Interior Control         Look or foreign of the Dights formanelle.       Cleasify       Interior Control       Interior Control       Interior Control         Look for englos of the Dights formanelle.       Low       Interior Control       Interior Control       Interior Control         Look for englos of the Dights form the cyn.       Low       Interior Control       Interior Control       Interior Control         And they dependent detended       Control       Interior Control       Interior Control       Interior Control         Look for push details of the control       Interior Control       Interior Control       Interior Control       Interior Control         Look for push details of the control       Interior Control       Interior Control       Interior Control       Interior Control         Look for push details of the control       Interior Control       Interior Control       Interior Control       Interior Control         Interior Control       Interior Control       Interior Control       Interior Control       Interior Control         Look for push detail control       Interior Control       Interior Control       Interior Contro       Interior Control <t< td=""><td>Add SUC of allows     Add series     Add serie</td><td>Art Dr Cristolovi, Controllovi, Cassify     Contrendive, Cassify     Controllovi, Cassify     Controllovi, Cassify</td></t<>	Add SUC of allows     Add series     Add serie	Art Dr Cristolovi, Controllovi, Cassify     Contrendive, Cassify     Controllovi, Cassify     Controllovi, Cassify



**CLASSIFY AS** 

IDENTIFY TREATMENT

**IDENTIFY TREATMENT** 

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

**USE ALL BOXES THAT MATCH THE** CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

SIGNS

CLASSIFY

# THEN CHECK THE CHILD'S IMMUNIZATION \*, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID SUPPLEMENTATION STATUS

	AGE Birth 6 weeks	VACCINE BCG + OPV-0 DPT-1+ OPV-1(+ HepB-1**)	PROPHYLACTIC VITAMIN A Give a single dose of vitamin A: 100,000 IU at 9 months with measles immunizatoin	PROPHYLACTIC IFA Give 20 mg elemental iron + 100 mcg folic acid (one tablet of Pediatric
IMMUNIZATION SCHEDULE:	10 weeks 14 weeks 9 months 16-18 months 60 months	DPT-2+ OPV-2(+ HepB-2**) DPT-3+ OPV-3(+ HepB-3**) Measles + Vitamin A DPT Booster + OPV + Vitamin A DT	200,000 IU at 16-18 months with DPT Booster 200,000 IU at 24 months 200,000 IU at 30 months 200,000 IU at 30 months 200,000 IU at 36 months	IFA or 5 ml of IFA syrup or 1 ml of IFA drops) for a total of 100 days in a year after the child has recovered from acute illness if : > The child 6 months of age or older, and > Has not recieved Pediatric IFA Tablet/syrup/drops for 100 days in last one year.

\* A child who needs to be immunized should be advised to go for immunization the day vaccines are available at AW/SC/PHC

\*\* Hepatitis B to be given wherever included in the immunization schedule

### **ASSESS OTHER PROBLEMS**

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.

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Child.