
If DANGER SIGN, refer urgently: Begin treatment and assist referral

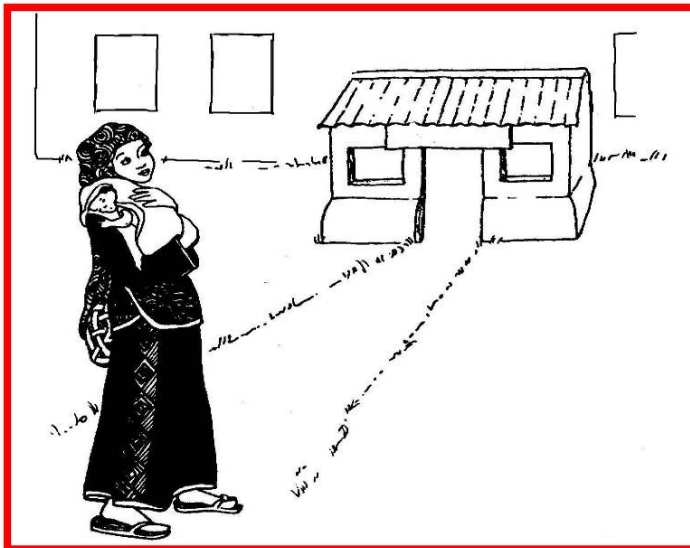
By the end of this section, you will be able to:

- Decide on pre-referral treatments for children who have a danger sign or other problem needing referral to a health facility.
- Use the Sick Child Recording Form to guide decisions on how to treat the child who will be referred.
- Assist referral and write a referral note.
- Follow up the child at home.

A story:

Joseph is very sick. He has had fever for 2 days and he has chest indrawing. He has a red reading on the MUAC strap. Joseph can still drink, but he is not interested in eating.

The community health worker says that Joseph must go right away to the health facility. She explains that Joseph is very sick. He needs treatment that only the health facility can provide. Mrs Green agrees to take Joseph.



Before they leave, the community health worker begins treatment. She helps Mrs Green give her son the first dose of amoxicillin for the chest indrawing (severe pneumonia) and a first dose of oral antimalarial AL for fever. She explains that Joseph will receive additional treatment at the health facility.

She advises Mrs Green to continue giving breast milk and other fluids on the way. She wants her to lightly cover Joseph so he does not get too hot.

The community health worker knows that she must do everything she can to assist the referral. Joseph must reach the health facility without delay.

The community health worker writes a referral note to explain why she is sending Joseph to the health facility and the treatment Joseph has started.

She walks with Mrs Green and her son to the roadway in order to help them find a ride to the health facility.

As they leave, Mrs Green asks, "Will Joseph need to go to the hospital?" The community health worker says she does not know. The nurse at the health facility will decide how to give Joseph the best care.

If Joseph must go to the hospital, the community health worker says that she will find neighbours to help the family until she returns. Mrs Green should not worry about her family at home.

What did the community health worker do to help Joseph get care at the health facility?

- ***What did the community health worker do to encourage Mrs Green to agree to take Joseph to the health facility?***
- ***What treatment did Joseph begin?***
- ***What did the community health worker do to help Joseph receive care as soon as possible after he arrives at the health facility?***

In some situations, it might be better for the child to go directly to the hospital. Discuss with the facilitator when, if ever, you might refer the child directly to the hospital.

Begin treatment

A very sick child needs to start treatment right away. You will be able to start *pre-referral treatment* before the child leaves for the health facility. You will begin treating a child with a danger sign and diarrhoea or fever or fast breathing. Also, you will begin treating a child who has chest indrawing, one of the danger signs.

The pre-referral treatment is the same as **the first dose** of the medicine. The first dose of the medicine will start to help the child on the way to the health facility. ORS, oral antimalarial AL, artesunate suppository and amoxicillin are in your medicine kit to use as pre-referral treatments.

[Note that a zinc supplement is not a pre-referral treatment. You do not need to give it before referral.]

Note that a pre-referral treatment may or may not be for the same reason that the child is being referred.

For example, you are referring a child with cough for 14 days or more. Do you give a pre-referral treatment for the cough? No, there is no pre-referral treatment for just cough.

If the child also has diarrhoea, however, you will start a pre-referral treatment. What pre-referral treatment do you give for diarrhoea? You will give ORS to the child with diarrhoea, even though the child is being referred for another reason.

What is the dose of ORS for pre-referral treatment?

<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
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If a child has fever and a danger sign and will be referred, you will *not* take time to do a rapid diagnostic test for malaria; however you will give a **pre-referral dose of an antimalarial**:

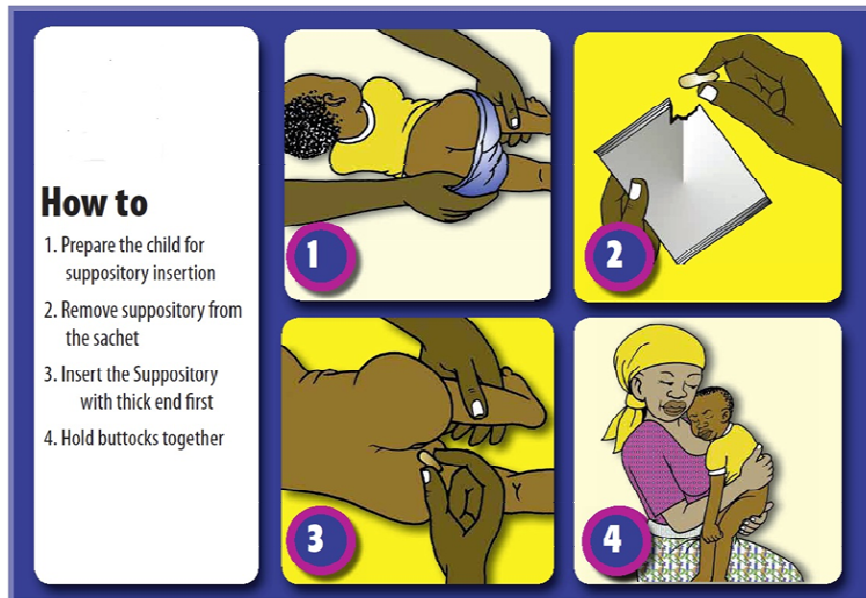
- If the child with fever has convulsions, or is unusually sleepy or unconscious, or is not able to drink or feed anything, or is vomiting everything, you will not be able to give an oral medicine. Give a dose of **rectal artesunate suppository**. This child is very sick and needs urgent care. Pre-referral treatment with rectal artesunate suppository will start helping the child while he is on the way to the health facility. What is the dose for pre-referral treatment?

<input type="checkbox"/> If Fever, AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything or <input type="checkbox"/> Vomits everything	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years— 1 suppository <input type="checkbox"/> Age 3 years up to 5 years— 2 suppositories
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Ask the caregiver to insert the suppository. Guide her to insert it as shown below.

Then assist the child's referral to the nearest health facility.

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How to

1. Prepare the child for suppository insertion
2. Remove suppository from the sachet
3. Insert the Suppository with thick end first
4. Hold buttocks together

- If the child with fever and a danger sign can drink, that is, has any other danger sign, give a first dose of the **oral antimalarial AL** as pre-referral treatment.

<input type="checkbox"/> If Fever AND danger sign other than the 4 above	<input type="checkbox"/> Give first dose of oral antimalarial AL <input type="checkbox"/> Age 2 months up to 3 years—1 tab <input type="checkbox"/> Age 3 years up to 5 years—2 tabs
--	--

When the child arrives at the health facility, the health worker there will determine whether the child has malaria. If the child has malaria, the health facility will be able to continue the most appropriate antimalarial treatment.

Remember: You cannot give oral medicine to a child who cannot drink. If the child with fever is having convulsions, is unusually sleepy or unconscious, or in any way is not able to drink or eat anything, or is vomiting everything, do not give oral medicine. Give rectal artesunate suppository and refer the child **urgently** to the health facility.

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Discuss: Use the box on the recording form to guide you in selecting and giving a pre-referral treatment. Discuss the examples below.

<p>If any danger sign, REFER URGENTLY to health facility:</p>	
<p>ASSIST REFERRAL to health facility:</p> <p><input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:</p>	
<p><input type="checkbox"/> If Diarrhoea</p>	<p><input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</p>
<p><input type="checkbox"/> If Fever AND</p> <p><input type="checkbox"/> Convulsions or</p> <p><input type="checkbox"/> Unusually sleepy or unconscious or</p> <p><input type="checkbox"/> Not able to drink or feed anything or</p> <p><input type="checkbox"/> Vomits everything</p> <p>-----</p> <p><input type="checkbox"/> If Fever AND danger sign other than the 4 above</p>	<p><input type="checkbox"/> Give rectal artesunate suppository (100 mg)</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 suppository</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 suppositories</p> <p>-----</p> <p><input type="checkbox"/> Give first dose of oral antimalarial AL</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tab</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tabs</p>
<p><input type="checkbox"/> If Chest indrawing, or</p> <p><input type="checkbox"/> Fast breathing</p>	<p><input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet</p> <p><input type="checkbox"/> Age 12 months up to 5 years—2 tablets</p>
<p><input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding.</p> <p><input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever.</p> <p><input type="checkbox"/> Write a referral note.</p> <p><input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral.</p> <p><input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.</p>	

EXAMPLE 1

Minnie is 6 months old with cough for 3 days and chest indrawing.

What is the reason to refer this child (the danger sign)? _____

On the form, tick [✓] all the signs requiring pre-referral treatment.

Then, tick [✓] the pre-referral treatment you would give the child.

Tick [✓] the dose for the pre-referral treatment.

*IF DANGER SIGN, refer urgently:
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<p>If any danger sign, REFER URGENTLY to health facility:</p>	
<p>ASSIST REFERRAL to health facility:</p> <p><input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:</p>	
<p><input type="checkbox"/> If Diarrhoea</p>	<p><input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</p>
<p><input type="checkbox"/> If Fever AND</p> <p><input type="checkbox"/> Convulsions or</p> <p><input type="checkbox"/> Unusually sleepy or unconscious or</p> <p><input type="checkbox"/> Not able to drink or feed anything or</p> <p><input type="checkbox"/> Vomits everything</p> <p>-----</p> <p><input type="checkbox"/> If Fever AND danger sign other than the 4 above</p>	<p><input type="checkbox"/> Give rectal artesunate suppository (100 mg)</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 suppository</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 suppositories</p> <p>-----</p> <p><input type="checkbox"/> Give first dose of oral antimalarial AL</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tab</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tabs</p>
<p><input type="checkbox"/> If Chest indrawing, or</p> <p><input type="checkbox"/> Fast breathing</p>	<p><input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet</p> <p><input type="checkbox"/> Age 12 months up to 5 years—2 tablets</p>
<p><input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding.</p> <p><input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever.</p> <p><input type="checkbox"/> Write a referral note.</p> <p><input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral.</p> <p><input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.</p>	

EXAMPLE 2

Ali is 4 years old. He has a red reading on the MUAC strap and has had diarrhoea for 6 days.

What is the reason to refer this child (the danger sign or other problem)? _____

On the form, tick [✓] all the signs requiring pre-referral treatment.

Then, tick [✓] the pre-referral treatment you would give the child.

Tick [✓] the dose for the pre-referral treatment.

**IF DANGER SIGN, refer urgently:
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If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: <input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:	
<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
<input type="checkbox"/> If Fever AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything or <input type="checkbox"/> Vomits everything ----- <input type="checkbox"/> If Fever AND danger sign other than the 4 above	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years—1 suppository <input type="checkbox"/> Age 3 years up to 5 years—2 suppositories ----- <input type="checkbox"/> Give first dose of oral antimalarial AL <input type="checkbox"/> Age 2 months up to 3 years—1 tab <input type="checkbox"/> Age 3 years up to 5 years—2 tabs
<input type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing	<input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years—2 tablets
<input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding. <input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever. <input type="checkbox"/> Write a referral note. <input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral. <input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.	

EXAMPLE 3

Naome is 3 years old. She has fever for 2 days and is not able to drink.

What is the reason to refer this child (the danger sign or other problem)? _____

On the form, tick [✓] all the signs requiring pre-referral treatment.

Then, tick [✓] the pre-referral treatment you would give the child.

Tick [✓] the dose for the pre-referral treatment.

***IF DANGER SIGN, refer urgently:
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If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: <input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:	
<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
<input type="checkbox"/> If Fever AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything or <input type="checkbox"/> Vomits everything ----- <input type="checkbox"/> If Fever AND danger sign other than the 4 above	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years—1 suppository <input type="checkbox"/> Age 3 years up to 5 years—2 suppositories ----- <input type="checkbox"/> Give first dose of oral antimalarial AL <input type="checkbox"/> Age 2 months up to 3 years—1 tab <input type="checkbox"/> Age 3 years up to 5 years—2 tabs
<input type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing	<input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years—2 tablets
<input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding. <input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever. <input type="checkbox"/> Write a referral note. <input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral. <input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.	

EXAMPLE 4

Marly is 2 years old. She has cough for 3 days and fast breathing. She was diagnosed to have HIV when she was 18 months old.

What is the reason to refer this child (the danger sign or other problem)? _____

On the form, tick [✓] all the signs requiring pre-referral treatment.

Then, tick [✓] the pre-referral treatment you would give the child.

Tick [✓] the dose for the pre-referral treatment.

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Discussion:
Select a pre-referral treatment

For each child listed below:

1. Circle the sign or signs for which the child needs referral.
2. Decide which sign or signs need a pre-referral treatment.
3. Tick [✓] all the pre-referral treatments to give before the child leaves for the health facility.
4. Write the dose for each pre-referral treatment. Refer to the recording form to guide you. Be prepared to discuss your decisions. *[The facilitator may give you a child's card for the group discussion.]*

Circle the signs to refer the child	Tick [✓] pre-referral treatment	Write the dose for each pre-referral treatment
Leslie (4-year-old boy) Cough for 14 days Fever for 3 days	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	
Anita (2-year-old girl) Cough for 14 days Diarrhoea for 3 days No blood in stool At risk of HIV	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	
Sam (2-month-old boy) Diarrhoea for 3 weeks No blood in stool Fever for last 3 days	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	
Kofi (3-year-old boy) Cough for 3 days Chest indrawing Unusually sleepy or unconscious	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	
Sara (3-year-old girl) Diarrhoea for 4 days Blood in stool Has HIV	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	

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Thomas (3-year-old boy) Diarrhoea for 8 days Fever for last 8 days Vomits everything Red on MUAC strap	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	
Maggie (5-month-old girl) Fever for last 7 days Diarrhoea less than 14 days Swelling of both feet	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of rectal artesunate suppository <input type="checkbox"/> No pre-referral treatment	

* * * *

Assist referral

A pre-referral treatment for fever, fast breathing or chest indrawing is only the first dose. This is not enough to treat the child. The child with a danger sign must go to the health facility.

The recording form guides you through a list of tasks to assist the child's urgent referral to the health facility. As you complete each task to assist referral, tick [✓] the task on the recording form.

Explain why the child needs to go to the health facility

Once you have given the first dose, the caregiver may think that you have given enough medicine to save the child. You must be firm. Explain that this medicine alone is not enough. The child must go to the health facility for treatment.

Going right away to the health facility may not be possible in some conditions. Perhaps the child is too sick. Perhaps travel at night is dangerous. Perhaps the rains have closed or blocked the roads.

Discuss with your facilitator what you can do when referral is not possible. Remember that your medicine will not be enough for the child. You must try to get a child with a danger sign to a health facility as soon as possible.

For any sick child who can drink, advise to give fluids and continue feeding

If the child can drink and feed, advise the caregiver to continue to offer fluids and food to the child on the way to the health facility.

If the child is still breastfeeding, advise the mother to continue breastfeeding. Offer the breast more frequently and for a longer time at each feed.

If the child is not breastfeeding, advise the caregiver to offer water to drink and some easy-to-eat food.

If the child has diarrhoea, help the caregiver start giving ORS solution right away. Sometimes the ORS solution can help the child stop vomiting. Then the child can take other oral medicines.

□ Advise to keep child warm, if child is NOT hot with fever

Some children have a hot body because of fever. The bodies of other sick children, however, may become too cold. How the caregiver covers the child's body will affect the body temperature. What to advise depends on whether the child has a fever and on the weather.

To keep the child warm, cover the child, including the child's head, hands, and feet with a blanket. Keep the child dry if it rains. If the weather is cold, advise the caregiver to put a cap on the child's head and hold the child close to her body.

If the child is hot with fever, covering the body too much will raise the body temperature. It may make the child sicker and increase the danger of convulsions.

A light cloth or blanket may be enough to cover the child with fever if the weather is warm. If the body becomes very hot, advise the caregiver to remove even the light blanket.

□ Write a referral note

To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. You may have a specific referral form to complete from your health facility.

A referral form or note should give:

1. The name and age of the child
2. A description of the child's problems
3. The reason for referral (list the danger signs or other reason you referred the child)
4. Treatment you have given
5. Your name
6. The date and time of referral

You also can make a simple referral note based on the Sick Child recording form. (An example of a referral note is in the next exercise.)

Tick [✓] each medicine and the dose you gave. It is very important for the health worker to know what medicine you have already given the child, and when. Send the referral note with the caregiver to the health facility.

□ Arrange transportation, and help solve other difficulties in referral

Communities may have access to regular bus, mini-bus, or car transportation to the health facility.

If so, know the transportation available. Keep the schedule handy. You do not want to miss the bus or other transportation by a few minutes. You may need to rush or send someone to ask the driver to wait, if the child is very sick.

Some communities have no direct access to transportation. A community health worker can help leaders understand the importance of organizing transportation to the health facility (and hospital). Or they can organize assistance to a road where there is regular bus service. A community leader may call on volunteers to assist families.



This service can be critical, especially for very sick children. Others also need this service, including women who have difficulty during pregnancy and delivery.

Keeping track of the numbers of children you have referred can help show the need. Use the recording forms or a log book or register for this information.

Transportation is only one of the difficulties a family faces in taking a sick child to the health facility. In the earlier example, Mrs

Green may have been concerned about how to reach her husband who was working in the field. She could not go without telling him. She also needed someone to care for the other children remaining at home, if Joseph needed to go to the hospital.

The community health worker knew her community. She knew the family and neighbours of the sick child. Her knowledge helped Mrs Green solve the problems that prevented her from taking Joseph to the health facility.

Always ask the caregiver if there are any difficulties in taking the child to the health facility. Listen to her answers. Then, help her solve problems that might prevent her or delay her from taking the child for care.

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If the caregiver does not want to take the child to the health facility, find out why. Calm the caregiver's fears. Help her solve any problems that might prevent the child from receiving care. Here are some examples.

The caregiver does not want to take the child to the health facility because:	How to help and calm the caregiver's fears:
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Also, you will write a referral note to help get care for her child as quickly as possible.
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have a way to get to the health facility.	Help to arrange transportation. In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify ways to find transportation. For example, the community might buy a motor scooter, or arrange transportation with a produce truck on market days.
I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.

Even if families decide to take their sick child to the health facility, they face many difficulties. The difficulties add delay. A study in rural Tanzania, for example, found that almost half of referrals took two or more days for the children to arrive at a health facility.¹ Delaying care—even only a few hours—for some sick children with danger signs can lead to death.

Discuss: What are some reasons that sick children in your community are delayed in arriving at the health facility?

You and your community can help families solve some of the delays in taking children for care. Also, when you assist the referral, families are more willing to take their children. Children can arrive at the health facility and receive care with less delay.

¹ Font, F and colleagues. (2002). Paediatric referrals in rural Tanzania: The Kilombero District study—a case series. *BMC International Health and Human Rights*, 2(1), 4–6, April 30.

□ Follow up the child on return at least once a week until child is well

The child will need care when he or she returns from the health facility. Ask the caregiver to bring the child to see you when they return. Ask her to bring any note from the health worker about continuing the child's treatment at home. If this is not possible, then try to check whether the caregiver went to the health facility and how the child is doing.

During the follow-up visit, check for danger signs. If there are any danger signs, you will need to refer the child again to the health facility. The child is not improving as expected.

If there are no danger signs, help the caregiver continue appropriate home care. If the health worker at the health facility gave the child medicine to take at home, make sure that the caregiver understands how to give it correctly. Giving the medicine correctly means:

- The correct medicine
- The correct dose
- The correct time or times of the day
- For the correct number of days

Help the caregiver continue to follow the treatment that the health worker recommended to continue at home.

Remind the caregiver to offer more fluids and to continue feeding the child. Also, offer more food to the child as the child gets better. The extra food will help the child catch up on the growth the child lost during the illness.

If the child becomes sicker, or if the caregiver has any concerns, advise the caregiver to bring the child to you right away.

Follow up the child on return at least once a week until the child is well. If the child has an illness that is not curable, continue to support the family. Help the family give appropriate home care for the child.



Exercise: Complete a recording form and write a referral note

You are referring Joseph Bono to the health facility.

1. Complete Joseph's **recording form** on the next two pages. Based on the signs of illness found:
 - a. Decide which signs are Danger Signs or other signs of illness. Tick [✓] any DANGER SIGN and other signs of illness.
 - b. Decide: Refer, or treat Joseph at home
 - c. Act as if you have seen Joseph. Tick [✓] treatments given and other actions.
 - d. You will refer Joseph. Therefore, do not complete item 4 (vaccines), item 6 (follow up), or item 7 (note on follow up).
2. Then, use Joseph's recording form to complete a **referral note** for Joseph. Again, you are the referring CHW. Refer Joseph to the nearest health facility where you live. Put today's date and time, where you are asked for them.

If there is time, the facilitator will give you a sample recording form for another child. Complete the recording form and a referral note for the child.

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: / / 20____ CHW: _____
 Child's name: First Joseph Family Bono Age: 0 Years / 8 Months (Boy / Girl)
 Caregiver's name: Judith Bono Relationship: (Mother / Father / Other): _____
 Address, Community: Orange Grove Road

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? <u>2</u> days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>2</u> days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<input type="checkbox"/> Has HIV?	<input type="checkbox"/> Has HIV and any other illness	
<input checked="" type="checkbox"/> At risk of HIV because <input checked="" type="checkbox"/> One or both parents have HIV and child has not tested for HIV? or <input type="checkbox"/> Parents' current HIV status is unknown?		<input type="checkbox"/> One or both parents have HIV and child has not tested for HIV <input type="checkbox"/> Parents' current HIV status is unknown
<input type="checkbox"/> Lives in a household with someone who is on TB treatment?		<input type="checkbox"/> Lives with someone on TB treatment
LOOK:		
<input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
IF COUGH, count breaths in 1 minute: <u>42</u> breaths per minute (bpm) <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red <input checked="" type="checkbox"/> yellow <input type="checkbox"/> green <input type="checkbox"/>	<input type="checkbox"/> Red on MUAC strap <input type="checkbox"/> Yellow on MUAC strap and has HIV	<input type="checkbox"/> Yellow on MUAC strap (does not have HIV)
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

2. Decide: Refer or treat child (tick decision)

<input type="checkbox"/> If ANY Danger Sign, REFER URGENTLY to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver
--	--

GO TO PAGE 2 →

**IF DANGER SIGN, refer urgently:
 Begin treatment and assist referral**

Child's name: Joseph Bono

Age: 8 months

3. Refer or treat child (tick treatments given and other actions)

<p>If any danger sign, REFER URGENTLY to health facility:</p> <p>ASSIST REFERRAL to health facility:</p> <p><input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:</p>		<p>If no danger sign, TREAT at home and ADVISE caregiver:</p>	
<p><input type="checkbox"/> If Diarrhoea</p>	<p><input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</p>	<p><input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)</p>	<p><input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty.</p> <p><input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool.</p> <p><input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days:</p> <p><input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs)</p> <p><input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs)</p> <p>Help caregiver to give first dose now.</p>
<p><input type="checkbox"/> If Fever AND</p> <p><input type="checkbox"/> Convulsions or</p> <p><input type="checkbox"/> Unusually sleepy or unconscious or</p> <p><input type="checkbox"/> Not able to drink or feed anything or</p> <p><input type="checkbox"/> Vomits everything</p>	<p><input type="checkbox"/> Give rectal artesunate suppository (100 mg)</p> <p><input type="checkbox"/> Age 2 months up to 3 years — 1 suppository</p> <p><input type="checkbox"/> Age 3 years up to 5 years — 2 suppositories</p> <p><input type="checkbox"/> Give first dose of oral antimalarial AL.</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tablet</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tablets</p>	<p><input type="checkbox"/> If Fever (less than 7 days) in a malaria area</p>	<p><input type="checkbox"/> Do a rapid diagnostic test (RDT). ___Positive ___Negative</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine). Give twice daily for 3 days:</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs)</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs)</p> <p>Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.</p>
<p><input type="checkbox"/> If Fever AND danger sign other than the 4 above</p>	<p><input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet</p> <p><input type="checkbox"/> Age 12 months up to 5 years —2 tablets</p>	<p><input type="checkbox"/> If Fast breathing</p>	<p><input type="checkbox"/> Give oral antibiotic (amoxicillin tablet—250 mg). Give twice daily for 5 days:</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs)</p> <p><input type="checkbox"/> Age 12 months up to 5 years—2 tablets (total 20 tabs)</p> <p>Help caregiver give first dose now.</p>
<p><input type="checkbox"/> If Chest indrawing, or</p> <p><input type="checkbox"/> Fast breathing</p>	<p><input type="checkbox"/> Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.</p>	<p><input type="checkbox"/> If at risk of HIV</p>	<p><input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p>
<p><input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding.</p> <p><input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever.</p> <p><input type="checkbox"/> Write a referral note.</p> <p><input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral.</p> <p><input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.</p>	<p><input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p>	<p><input type="checkbox"/> If living in household with someone on TB treatment</p>	<p><input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p>
<p><input type="checkbox"/> If Yellow on MUAC strap (no HIV)</p>	<p><input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.</p>	<p><input type="checkbox"/> If Yellow on MUAC strap (no HIV)</p>	<p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding.</p> <p><input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child</p> <p><input type="checkbox"/> Cannot drink or feed</p> <p><input type="checkbox"/> Becomes sicker</p> <p><input type="checkbox"/> Has blood in the stool</p> <p><input type="checkbox"/> Advise caregiver on use of a bednet (ITN).</p> <p><input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below)</p>
<p><input type="checkbox"/> For ALL children treated at home, advise on home care</p>	<p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding.</p> <p><input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child</p> <p><input type="checkbox"/> Cannot drink or feed</p> <p><input type="checkbox"/> Becomes sicker</p> <p><input type="checkbox"/> Has blood in the stool</p> <p><input type="checkbox"/> Advise caregiver on use of a bednet (ITN).</p> <p><input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below)</p>	<p><input type="checkbox"/> For ALL children treated at home, advise on home care</p>	<p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding.</p> <p><input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child</p> <p><input type="checkbox"/> Cannot drink or feed</p> <p><input type="checkbox"/> Becomes sicker</p> <p><input type="checkbox"/> Has blood in the stool</p> <p><input type="checkbox"/> Advise caregiver on use of a bednet (ITN).</p> <p><input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below)</p>

4. CHECK VACCINES RECEIVED

(tick vaccines completed)

Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: _____

Age	Vaccine	Date given
Birth	<input type="checkbox"/> BCG + HepB Birth <input type="checkbox"/> OPV0	
6 weeks	<input type="checkbox"/> DTP/Hib1/HepB1 <input type="checkbox"/> OPV1 <input type="checkbox"/> Rota1 <input type="checkbox"/> PCV1	
10 weeks	<input type="checkbox"/> DTP/Hib2/HepB2 <input type="checkbox"/> OPV2 <input type="checkbox"/> Rota2 <input type="checkbox"/> PCV2	
14 weeks	<input type="checkbox"/> DTP/Hib3/HepB3 <input type="checkbox"/> OPV3 <input type="checkbox"/> Rota3 <input type="checkbox"/> PCV3	
9 months	<input type="checkbox"/> MCV1	
18 months	<input type="checkbox"/> DTP + MCV2	

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:

- Child is better—continue to treat at home. Day of next follow up: _____
- Child is not better—refer URGENTLY to health facility.
- Child has danger sign—refer URGENTLY to health facility.

**IF DANGER SIGN, refer urgently:
Begin treatment and assist referral**

Take-home messages for this section:

- A very sick child needs to start treatment right away, thus in many cases you will give one dose before the child goes for referral.
- You cannot give oral medication to a child who cannot drink.
- You may need to help arrange transportation for referral, and to help solve other difficulties the caregiver may have.
- This section, *If Any Danger Sign, Refer Child Urgently to Health Facility* is summarized on page 7 of the Chart Booklet.



Role play practice: Give oral amoxicillin to treat child at home

You will go into groups of three for the role play. In your groups, identify who will be the caregiver, the community health worker, and an observer. Use the recording form on the next pages to guide your selection of home care for Katrina and advice on correct treatment.

Katrina Jones is 2 years old. She has had a cough for 3 days. The community health worker has counted the child's breaths. The child has 45 breaths per minute, which is fast breathing. She is at risk of HIV because her parents' HIV status is unknown. She received all her vaccines except the 18 months booster. Mark the correct treatment and advice on the recording form.

In the role play, the **caregiver** should act like a real parent. When you are the caregiver, be interested in doing what is necessary to make sure that Katrina gets well. Listen carefully and ask questions. Only ask questions about what is not clear. (Do not add difficulties during this practice.)

The **community health worker** will teach the caregiver how to treat Katrina for fast breathing at home.

1. Help the caregiver:
 - Prepare the oral amoxicillin to give Katrina, age 2 years.
 - Give the first dose to Katrina.
2. Make sure that the caregiver can give the medicine correctly at home.
3. Give the caregiver enough medicine for the full treatment at home.
4. Advise the caregiver on HIV testing and basic home care for the sick child.
5. Set a day for a follow-up visit.

The **observer** will look for:

1. What did the community health worker do that was helpful in teaching the caregiver how to treat the child at home?
2. What else could the community health worker do to help?
3. Was the advice correct? If not, identify what was not correct.
4. How well did the caregiver understand what to do? How do you know?
5. What task, if any, might the caregiver not understand or remember?

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: / /20___

CHW: _____

Child's name: First Katrina Family Jones Age: 2 Years/___ Months **Boy / Girl** (Girl circled)

Caregiver's name: Johanna Jones Relationship: Mother / Father / Other: _____

Address, Community: Willowtree Point

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Cough? If yes, for how long? <u>3</u> days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> <input checked="" type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> <input checked="" type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> <input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> <input checked="" type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> <input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> <input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<input type="checkbox"/> <input checked="" type="checkbox"/> Has HIV?	<input type="checkbox"/> Has HIV and any other illness	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> At risk of HIV because <input type="checkbox"/> One or both parents have HIV and child has not tested for HIV? or <input checked="" type="checkbox"/> Parents' current HIV status is unknown?		<input type="checkbox"/> One or both parents have HIV and child has not tested for HIV <input type="checkbox"/> Parents' current HIV status is unknown
<input type="checkbox"/> <input checked="" type="checkbox"/> Lives in a household with someone who is on TB treatment?		<input type="checkbox"/> Lives with someone on TB treatment
LOOK:		
<input type="checkbox"/> <input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
IF COUGH, count breaths in 1 minute: <u>45</u> breaths per minute (bpm)		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> <input checked="" type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green <input checked="" type="checkbox"/>		
<input type="checkbox"/> <input checked="" type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Red on MUAC strap <input type="checkbox"/> Yellow on MUAC strap and has HIV	<input type="checkbox"/> Yellow on MUAC strap (does not have HIV)
	<input type="checkbox"/> Swelling of both feet	

2. Decide: Refer or treat child (tick decision)

<input type="checkbox"/> If ANY Danger Sign, REFER URGENTLY to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver
--	--

GO TO PAGE 2 →

Child's name: Katrina Jones Age: 2 years

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:		If no danger sign, TREAT at home and ADVISE caregiver:	
ASSIST REFERRAL to health facility: <input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:		<input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)	
<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.	<input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days: <input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs) <input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.	<input type="checkbox"/> Do a rapid diagnostic test (RDT). ___Positive ___Negative <input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine). Give twice daily for 3 days: <input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2 nd dose after 8 hours, and to give dose twice daily for 2 more days.
<input type="checkbox"/> If Fever AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything or <input type="checkbox"/> Vomits everything	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years — 1 suppository <input type="checkbox"/> Age 3 years up to 5 years — 2 suppositories <hr/> <input type="checkbox"/> Give first dose of oral antimalarial AL. <input type="checkbox"/> Age 2 months up to 3 years—1 tablet <input type="checkbox"/> Age 3 years up to 5 years—2 tablets	<input type="checkbox"/> If Fast breathing	<input type="checkbox"/> Give oral antibiotic (amoxicillin tablet—250 mg). Give twice daily for 5 days: <input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs) <input type="checkbox"/> Age 12 months up to 5 years—2 tablets (total 20 tabs) Help caregiver give first dose now.
<input type="checkbox"/> If Fever AND danger sign other than the 4 above	<input type="checkbox"/> Give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years — 2 tablets	<input type="checkbox"/> If at risk of HIV	<input type="checkbox"/> Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.
<input type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing	<input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years — 2 tablets	<input type="checkbox"/> If living in household with someone on TB treatment	<input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.
<input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding. <input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever. <input type="checkbox"/> Write a referral note. <input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral. <input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.		<input type="checkbox"/> If Yellow on MUAC strap (no HIV)	<input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.
		<input type="checkbox"/> For ALL children treated at home, advise on home care	<input type="checkbox"/> Advise caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in the stool <input type="checkbox"/> Advise caregiver on use of a bednet (ITN). <input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED

(tick vaccines completed)
 Advise caregiver, if needed:
 WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: _____

Age	Vaccine	Date given
Birth	<input type="checkbox"/> BCG + HepB Birth <input type="checkbox"/> OPV0	
6 weeks	<input type="checkbox"/> DTP/Hib1/HepB1 <input type="checkbox"/> OPV1 <input type="checkbox"/> Rota1 <input type="checkbox"/> PCV1	
10 weeks	<input type="checkbox"/> DTP/Hib2/HepB2 <input type="checkbox"/> OPV2 <input type="checkbox"/> Rota2 <input type="checkbox"/> PCV2	
14 weeks	<input type="checkbox"/> DTP/Hib3/HepB3 <input type="checkbox"/> OPV3 <input type="checkbox"/> Rota3 <input type="checkbox"/> PCV3	
9 months	<input type="checkbox"/> MCV1	
18 months	<input type="checkbox"/> DTP + MCV2	

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:

- Child is better—continue to treat at home. Day of next follow up: _____
- Child is not better—refer URGENTLY to health facility.
- Child has danger sign—refer URGENTLY to health facility.

Take-home messages for this section:

- One is more likely to remember the skills learned if one can practise them right away.
- CHWs will be supplied and resupplied with medicines and equipment.
- Keep recording forms available to help guide the work. The Chart Booklet is also a reference and reminder.
- The Ministry of Health or the CHW programme may have a register or log book in which the CHW will keep track of the cases seen.

Practise your skills in the community

You have had many opportunities to practise during this course. Now you will practise your new skills in the community under supervision. You will not forget what you have learned if you begin to practise right away. Each task will become easier to do with practice.

The facilitator will discuss ways that you may receive supervision in the community. Possible ways are:

- The facilitator visits families together with you.
- The facilitator assigns you to a health worker or supervisor. The health worker will be your mentor in the community. A mentor helps you until you get more experience.
- Course participants meet regularly to practise together and discuss their experiences in the community.
- You continue to practise with a health worker in a health facility.

The record-keeping system and the method of supplying you with medicine will be different in different places. Together the facilitator and supervisor will make arrangements for regularly refilling your medicine kit.

Before you leave, the facilitator also will give you the following items to use when you see sick children:

- Recording forms and referral notes
- ORS packets
- Zinc tablets
- Rapid Diagnostic Tests for malaria (with supplies)
- Antimalarial AL tablets
- Artesunate suppositories
- Antibiotic amoxicillin
- An extra MUAC strap

In addition, keep the following items with you:

- Utensils to prepare and give ORS solution
- A table knife to cut a tablet, and a spoon and small cup to prepare the medicine to give the child
- Pencils
- Chart Booklet (for reference)

When you visit families or they bring their children to see you, complete a recording form for every sick child. Bring the completed recording forms to the next meeting with the facilitator or supervisor. You will discuss the children, their signs, and the actions you have taken. You can discuss any problems you found and how to solve them.

Annexes

A: Using a thermometer	138
B: Rapid diagnostic test for malaria.....	139
C: Giving rectal artesunate suppository for pre-referral treatment of fever	142
D: Sick child recording form (for copying).....	143
E: CHW referral note	145

Annex A: Using a thermometer

Take the child's temperature with a thermometer

It is not necessary to take the child's temperature with a thermometer. You can learn to feel the child's body to identify fever.

In places where community health workers have thermometers, however, use these instructions to take the child's temperature.

1. Shake the thermometer down.

Hold the thermometer tightly in your thumb and first two fingers. Shake it quickly downwards with your wrist—bulb side down—several times. Make sure that the mercury shakes down below the end of the scale. Be careful. Don't let the bulb hit anything. It may break.

2. Take the child's temperature.

Put the bulb end of the thermometer deep under the child's arm, in the arm pit (called the axilla). Close the child's arm down by her side, and ask the caregiver to hold the arm closed. Keep the thermometer in the arm pit for 3 minutes.

3. Determine if child has fever.

A temperature of 37.5°C or higher is a fever.



4. Wash the thermometer with room temperature water and soap before using it again with another child.

Annex B: Rapid Diagnostic Test for Malaria

How To Do the Rapid Test for Malaria



Collect:

- NEW unopened test packet
- NEW unopened spirit swab
- NEW unopened lancet
- NEW pair of disposable gloves
- Buffer
- Timer



Disposable gloves



Spirit swab



Lancet



Timer



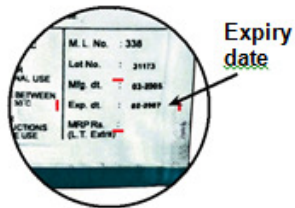
Buffer



Test packet

READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

1. Check the expiry date on the test packet.



2. Put on the gloves. Use new gloves for each patient



3. Open the packet and remove:



a. Test



b. Straw



c. Desiccant sachet

4. Write the patient's name on the test.





5. Open the alcohol swab. Grasp the 4th finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.



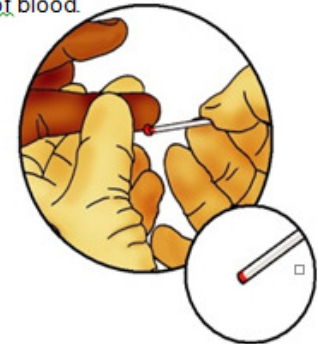
6. Open the lancet. Prick patient's finger to get a drop of blood.



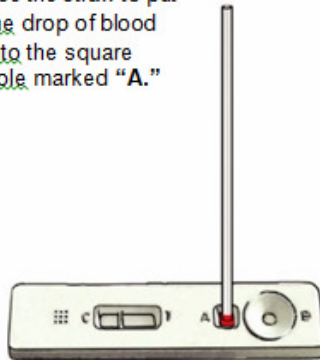
7. Discard the lancet in the Sharps Box immediately after pricking finger. Do not set the lancet down before discarding it.



8. Use the straw to collect the drop of blood.



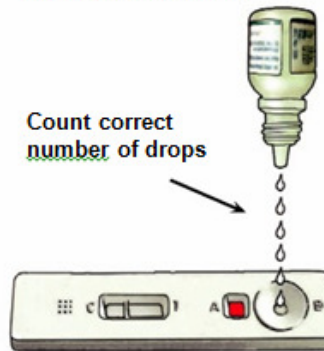
9. Use the straw to put the drop of blood into the square hole marked "A."



10. Discard the straw in the Sharps Box.



11. Put six (6) drops of buffer into the round hole marked "B."



12. Wait 15 minutes after adding buffer.

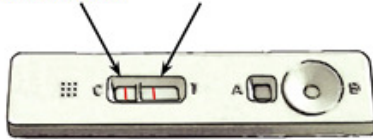


13. Read test results. (NOTE: Do Not read the test sooner than 15 minutes after adding the buffer. You may get FALSE results.)

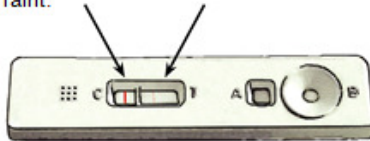
14. How to read the test results:

POSITIVE

One red line in window "C" **AND** one red line in window "T" means the patient **DOES** have *falciparum* malaria.

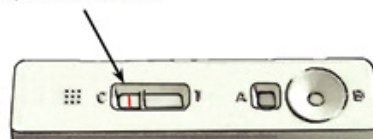


The test is **POSITIVE** even if the red line in window "T" is faint.



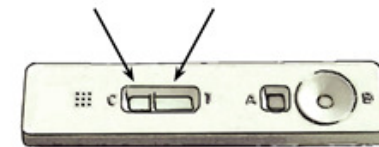
NEGATIVE

One red line in window "C" and **NO LINE** in window "T" means the patient **DOES NOT** have *falciparum* malaria.

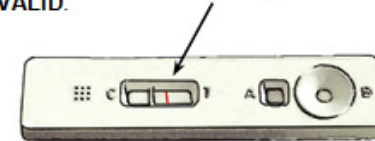


INVALID RESULT

NO LINE in window "C" means the test is damaged.



A line in window "T" and **NO LINE** in window "C" also means the test is damaged. Results are **INVALID**.



If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

15. Dispose of the gloves, spirit swab, desiccant sachet and packaging in a non-sharps waste container.



16. Record the test results in your CHW register. Dispose of cassette in non-sharps waste container



NOTE: Each test can be used ONLY ONE TIME.
Do not try to use the test more than once.



Annex C. Giving rectal artesunate suppository for pre-referral treatment of fever

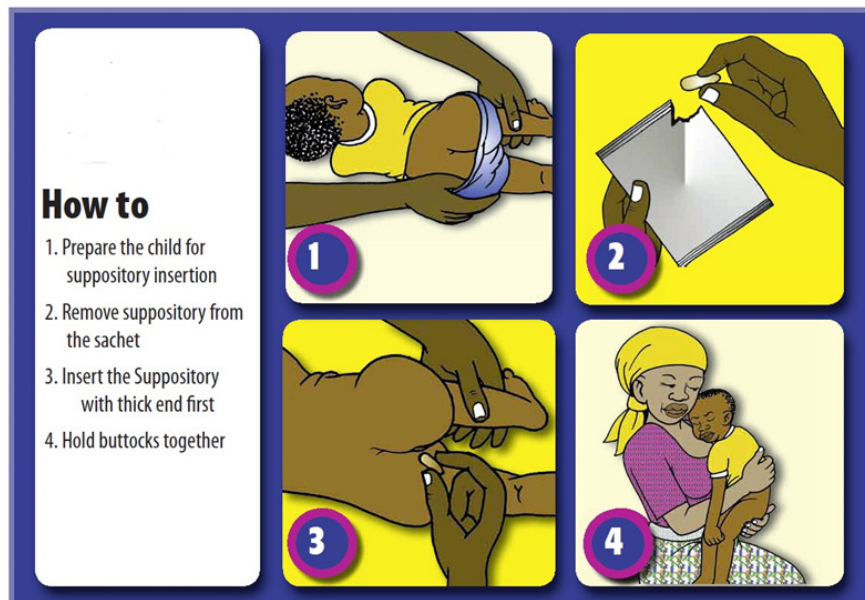
Give pre-referral treatment with rectal artesunate suppository to a child who has fever in a malaria area and:

- Convulsions **or**
- Unusually sleepy or unconscious **or**
- Not able to drink or feed anything **or**
- Vomits everything

A child with fever and any of these danger signs cannot drink to take an oral medicine. This child is very sick and needs urgent care. Rectal artesunate suppository will start helping the child while he is on the way to the health facility. Refer to pre-referral box for fever on the recording form for the dosage:

<input type="checkbox"/> If Fever, AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything or <input type="checkbox"/> Vomits everything	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years— 1 suppository <input type="checkbox"/> Age 3 years up to 5 years— 2 suppositories
--	---

Ask the caregiver to insert the suppository. Guide her to insert it as shown in the instructions below. Then assist the child's referral to the nearest health facility.



Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: ___ / ___ /20___
(Day/Month/Year)

CHW: _____

Child's name: First _____ Family _____ Age: ___ Years/___Months Boy/Girl

Caregiver's name: _____ Relationship: Mother/Father/Other: _____

Address, Community: _____

1. Identify problems

ASK and LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/>		
<input type="checkbox"/> ■ Cough? IF YES, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> ■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> ■ IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> ■ Fever (reported or now)? IF YES, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> ■ Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> ■ Difficulty drinking or feeding? IF YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> ■ Vomiting? IF YES, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<input type="checkbox"/> ■ Has HIV?	<input type="checkbox"/> Has HIV and any other illness	
<input type="checkbox"/> ■ At risk of HIV because <input type="checkbox"/> One or both parents have HIV and child has not tested for HIV? or <input type="checkbox"/> Parents' current HIV status is unknown?		<input type="checkbox"/> One or both parents have HIV and child has not tested for HIV <input type="checkbox"/> Parents' current HIV status is unknown
<input type="checkbox"/> ■ Lives in a household with someone who is on TB treatment?		<input type="checkbox"/> Lives with someone on TB treatment
LOOK:		
<input type="checkbox"/> ■ Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> ■ IF COUGH, count breaths in 1 minute: _____ breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> ■ Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> ■ For child 6 months up to 5 years, MUAC strap colour: red___ yellow___ green___	<input type="checkbox"/> Red on MUAC strap <input type="checkbox"/> Yellow on MUAC strap and has HIV	<input type="checkbox"/> Yellow on MUAC strap (does not have HIV)
<input type="checkbox"/> ■ Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

2. Decide: Refer or treat child (tick decision)

<input type="checkbox"/> If ANY Danger Sign, REFER URGENTLY to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver
--	--

GO TO PAGE 2 →

Child's name: _____ Age: _____

3. Refer or treat child (tick treatments given and other actions)

<p>If any danger sign, REFER URGENTLY to health facility:</p> <p>ASSIST REFERRAL to health facility:</p> <p><input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:</p>	
<p><input type="checkbox"/> If Diarrhoea</p>	<p><input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</p>
<p><input type="checkbox"/> If Fever AND</p> <p><input type="checkbox"/> Convulsions or</p> <p><input type="checkbox"/> Unusually sleepy or unconscious or</p> <p><input type="checkbox"/> Not able to drink or feed anything or</p> <p><input type="checkbox"/> Vomits everything</p> <p>-----</p> <p><input type="checkbox"/> If Fever AND danger sign other than the 4 above</p>	<p><input type="checkbox"/> Give rectal artesunate suppository (100 mg)</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 suppository</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 suppositories</p> <p>-----</p> <p><input type="checkbox"/> Give first dose of oral antimalarial AL</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tab</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tabs</p>
<p><input type="checkbox"/> If Chest indrawing, or</p> <p><input type="checkbox"/> Fast breathing</p>	<p><input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet</p> <p><input type="checkbox"/> Age 12 months up to 5 years—2 tablets</p>
<p><input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding.</p> <p><input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever.</p> <p><input type="checkbox"/> Write a referral note.</p> <p><input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral.</p> <p><input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.</p>	

<p>If no danger sign, TREAT at home and ADVISE on home care:</p>	
<p><input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)</p>	<p><input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty.</p> <p><input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool.</p> <p><input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days:</p> <p><input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs)</p> <p><input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs)</p> <p>Help caregiver to give first dose now.</p>
<p><input type="checkbox"/> If Fever (less than 7 days) in a malaria area</p>	<p><input type="checkbox"/> Do a rapid diagnostic test (RDT) for malaria. ___ Positive ___ Negative</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).</p> <p>Give twice daily for 3 days:</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs)</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs)</p> <p>Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.</p>
<p><input type="checkbox"/> If Fast breathing</p>	<p><input type="checkbox"/> Give oral antibiotic (amoxicillin tablet—250 mg). Give twice daily for 5 days:</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs)</p> <p><input type="checkbox"/> Age 12 months up to 5 years—2 tablets (total 20 tabs)</p> <p>Help caregiver give first dose now.</p>
<p><input type="checkbox"/> If at risk of HIV</p>	<p><input type="checkbox"/> Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.</p>
<p><input type="checkbox"/> If living in household with someone on TB treatment</p>	<p><input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p>
<p><input type="checkbox"/> If Yellow on MUAC strap (no HIV)</p>	<p><input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.</p>
<p><input type="checkbox"/> For ALL children treated at home, advise on home care</p>	<p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding.</p> <p><input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately, or if not possible, return to CHW if child</p> <p><input type="checkbox"/> Cannot drink or feed</p> <p><input type="checkbox"/> Becomes sicker</p> <p><input type="checkbox"/> Has blood in the stool</p> <p><input type="checkbox"/> Advise caregiver on sleeping under a bednet (ITN).</p> <p><input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below).</p>

4. CHECK VACCINES RECEIVED

(tick vaccines completed)
 Advise caregiver, if needed:
WHEN and WHERE is the next vaccine to be given?

Age	Vaccine	Date given
Birth	<input type="checkbox"/> BCG + HepB Birth <input type="checkbox"/> OPVO	
6 weeks	<input type="checkbox"/> DTP/Hib1/HepB1 <input type="checkbox"/> OPV1 <input type="checkbox"/> Rota1 <input type="checkbox"/> PCV1	
10 weeks	<input type="checkbox"/> DTP/Hib2/HepB2 <input type="checkbox"/> OPV2 <input type="checkbox"/> Rota2 <input type="checkbox"/> PCV2	
14 weeks	<input type="checkbox"/> DTP/Hib3/HepB3 <input type="checkbox"/> OPV3 <input type="checkbox"/> Rota3 <input type="checkbox"/> PCV3	
9 months	<input type="checkbox"/> MCV1	
18 months	<input type="checkbox"/> DTP + MCV2	

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: _____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- 7. Note on follow up:**
- Child is better—continue to treat at home. Day of next follow up: _____
 - Child is not better—refer URGENTLY to health facility.
 - Child has danger sign—refer URGENTLY to health facility.

Referral note from community health worker: Sick Child

Child's name: First _____ Family _____ Age: __Years/___ Months **Boy/Girl**

Caregiver's name: _____ Relationship: Mother/Father/Other: _____

Address, Community: _____

This child has: Sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/>	Reason for referral:	Treatment given:
<input type="checkbox"/> ■ Cough? IF YES, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	<input type="checkbox"/> ORS solution for diarrhoea <input type="checkbox"/> Oral antimalarial AL for fever <input type="checkbox"/> Rectal artesunate suppository for fever if unable to drink <input type="checkbox"/> Oral antibiotic amoxicillin for chest indrawing or fast breathing
<input type="checkbox"/> ■ Diarrhoea (loose stools)? ___ days	<input type="checkbox"/> Diarrhoea for 14 days or more	
<input type="checkbox"/> ■ IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> ■ Fever (reported or now)? since ___ days	<input type="checkbox"/> Fever for last 7 days or more	
<input type="checkbox"/> ■ Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> ■ Difficulty drinking or feeding? IF YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> ■ Vomiting? IF YES, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<input type="checkbox"/> ■ Has HIV?	<input type="checkbox"/> Has HIV and any other illness	
<input type="checkbox"/> ■ Chest indrawing?	<input type="checkbox"/> Chest indrawing	
IF COUGH , count breaths in 1 minute: _____ breaths per minute (bpm)		
<input type="checkbox"/> ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		
<input type="checkbox"/> ■ Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red___ yellow___ green___	<input type="checkbox"/> Red on MUAC strap	
<input type="checkbox"/> ■ Swelling of both feet?	<input type="checkbox"/> Yellow on MUAC strap and has HIV	
	<input type="checkbox"/> Swelling of both feet	

Any OTHER reason referred:

- TB screening Vaccines
 HIV testing HIV care and treatment
 Other: _____

Referred to (name of health facility): _____

Referred by (name of CHW): _____ Date: _____ Time: _____

For more information, please contact:
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