INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESS

Abridge Course for Physicians

FACILITATOR GUIDE
FOR
OUTPATIENT CLINICAL PRACTICE

World Health Organization

Ministry of National Health Services,
Regulation And Coordination, Government

unicef

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Clinical Practice Objectives

Clinical practice is an essential part of the *Integrated Management of Childhood Illness* course. The course provides daily practice in using case management skills so that participants can perform them proficiently when they return to their own clinics. Participants learn about the skills by reading information in the modules or seeing demonstrations on videotape. They then use the information by doing written exercises or case studies. Finally and most importantly, in clinical practice, participants practice using their skills with real sick children and young infants.

General Objectives: During clinical practice sessions, participants will:

* see examples of signs of illness in real children.
* see demonstrations of how to manage sick children and young infants according to the case management charts.
* practice assessing, classifying and treating sick children and young infants and counselling mothers about food, fluids, and when to return.
* receive feedback about how well they have performed the skill and guidance about how to strengthen particular skills.
* gain experience and confidence in using the skills as described on the case management charts.

Outpatient Sessions take place in outpatient clinics. Each small group of participants travels to an outpatient clinic each day and is supervised by its facilitators. The focus of the outpatient session is to provide practice of the case management process with sick children and young infants.

In outpatient sessions, participants will:

- see sick children and young infants who have been brought to the clinic by their mothers.
- practice assessing and classifying sick children and young infants according to the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts.
- practice identifying the child's treatment by using the "Identify Treatment" column on the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts.
- practice treating sick children and young infants according to the *TREAT* and *YOUNG INFANT* charts.
- practice counselling mothers about food, fluids, and when to return according to the *COUNSEL* chart.
- practice counselling mothers of sick young infants according to the *YOUNG INFANT* chart.
- practice using good communications skills when assessing, treating and counselling mothers of sick children and young infants.

Inpatient Sessions take place on an inpatient ward. There each small group is led by the inpatient instructor. The focus of the inpatient sessions is to practice assessing and classifying clinical signs, especially signs of severe illness.

During inpatient sessions, participants will:

- see as many examples as possible of signs of severe classifications from the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts, including signs not frequently seen.
- practice assessing and classifying sick children and young infants according to the *ASSESS & CLASSIFY* and *YOUNG INFANT* charts, focusing especially on the assessment of general danger signs, other signs of severe illness, and signs which are particularly difficult to assess (for example, chest indrawing and skin pinch).
- practice treating dehydration according to Plans B and C as described on the *TREAT* chart.
- practice helping mothers to correct positioning and attachment.

Participants practice the case management steps as part of a case management process. The clinical practice skills are presented in the order they are being learned in the modules. In each clinical session, participants use the skills they have learned up to and including that day's session. This allows participants to gain experience and confidence in performing skills introduced in earlier sessions.

To make sure that participants receive as much guidance as possible in mastering the clinical skills, the outpatient facilitator and inpatient instructor give particular attention and feedback to the new skill being practiced that day. If any participant has difficulty with a particular skill, the facilitator or inpatient instructor continues working with the participant on that skill in subsequent sessions until the participant can perform the skill with confidence.

SCHEDULE OF CLINICAL PRACTICE SESSIONS

Outpatient Sessions	Inpatient Sessions
Day 2	
Check for general danger signs Assess and classify cough or difficult breathing Assess and classify Diarrhea Assess and classify Ear Problem Assess and classify Fever and Measles	Check for general danger signs Assess and classify cough or difficult breathing Assess and Classify Diarrhea Assess and Classify Ear Problem Assess and Classify Fever and Measles
Day 3	
Check for Malnutrition, Anemia and Immunization status, Deworming and Vitamin A Supplementation	Check for Malnutrition, Anemia and Immunization status, Deworming and Vitamin A Supplementation
Day 4	
Treat Some Dehydration with ORS (Plan B) Treat Severe Dehydration (Plan C) Assess and Classify additional sick children	Treat Some Dehydration with ORS (Plan B) Treat Severe Dehydration (Plan C) Assess and Classify additional sick children
Day 5	
Assess and Classify Young Infant for PSBI, Local Infection, Jaundice and diarrhea, Assess and Classify additional sick children	Assess and Classify Young Infant for PSBI, Local Infection, Jaundice and diarrhea, Assess and Classify additional sick children
Day 6	
Assess Breastfeeding attachments and suckling. Assess and Classify young infants. Assess and Classify additional sick children	Assess Breastfeeding attachments and suckling. Assess and Classify young infants. Assess and Classify additional sick children

Role of Facilitator During Outpatient Sessions

The role of the facilitator during outpatient sessions is to:

1. **Do all necessary preparations** for carrying out the outpatient sessions.

2. **Explain** the session objectives and make sure the participants know what to do during each outpatient session.

3. **Demonstrate** the case management skills described on the charts. Demonstrate the skills exactly as participants should do them when they return to their own clinics.

4. **Observe** the participants' progress throughout the outpatient sessions and provide feedback and guidance as needed.

5-. **Be available** to answer questions during the outpatient sessions.

6. **Lead discussions** to summarize and monitor the participants' performance.

7. **Complete the Checklist for Monitoring Outpatient Sessions** to record participants' performance and the cases managed.

* * *

(There should be 1 to 2 facilitators for every group of 2 to 6 participants.)

Before the Course Begins

1. Visit the clinic where you will conduct outpatient sessions. The purpose of the visit is to introduce yourself and your co-facilitator and make sure all the necessary arrangements have been carried out.

2. Meet with clinic staff to confirm all administrative and logistical arrangements made in advance.

3. Make sure that a regular clinic staff member such as a nurse has been identified to assist with the clinical practice activities. The nurse will:

   --identify children and young infants who are appropriate for the clinical session as they come into the outpatient department.
   --arrange for the child and mother to leave the regular clinic line and be seen by the participants.
   --return the child to the appropriate station in the clinic for treatment and care.

4. Confirm plans for making sure that patients seen during the outpatient session receive the treatment they need. Determine whether participants or facilitators will dispense drugs to mothers and give the first dose, or whether patients will be passed to regular clinic staff for treatment.

5. Check to see that clinic staff have been briefed on what participants will be doing during the practice sessions.

6. Post the following adapted case management wall charts in the clinic -- *ASSESS AND CLASSIFY THE SICK CHILD, TREAT THE CHILD, COUNSEL THE MOTHER* and *MANAGEMENT OF THE SICK YOUNG INFANT*.

7. During the preliminary visit, check to see that the clinic has the drugs and supplies that are essential for clinical practice activities.

   Participants will need only a very few drugs and supplies to do the clinical practice activities. The drugs should be in the most common formulation listed on the adapted chart. (A single formulation is adequate even if several are listed on the chart.) If you will need any drugs or other supplies in addition to what is available in the clinic, you will need to bring them with you for each session.

DRUGS AND SUPPLIES ESSENTIAL FOR CLINICAL PRACTICE IN OUTPATIENT SESSIONS

Drugs:	ORS packets - a least 8 per participant Oral antibiotic for pneumonia First-line antimalarial Oral antibiotic for dysentery Pyrantel palmoate Vitamin A capsules Zinc Suspension Multivitamin /Mineral supplements Paracetamol Iron (tablet and syrup if possible) Low osmolar ORS
Supplies:	Plastic cups (one for each participant – to offer drinks to child with diarrhoea) Clean water supply (for mixing ORS, for offering fluid to child when assessing signs of dehydration; and for making crushed drugs) Enough watches or other timing devices (participants will usually use their own watches) Mother's cards Banana or other acceptable food to use when mixing crushed tablets. Banana is handy, portable and children like it.
Other essential supplies for ORT Corner	Containers for use to demonstrate how to mix ORS (and to mix ORS for Plan B administration) Spoons Oral Rehydration Salts premixed packets[1]
Other essential clinic supplies	Thermometer Wash basin, towel, soap Functional scale for weighing children and young infants accurately
Desirable for use in clinical practice:	Chloramphenicol eye ointment* - 1 tube per group Gentian violet* - small bottle of 0.5% Soft cloths for applying gentian violet and washing eyes with pus (*These are unlikely to be used during the session. However, facilitators can keep a small supply to use when demonstrating treatments of local infections.)
Desirable for ORT corner if IV fluids to be given:	Ringer's Lactate solution for IV administration Beds or tables with wires above for hanging bottles of IV fluid IV supplies such as scalp vein (butterfly) needles

Note: It would be an ideal situation if clinics where outpatient sessions are held are stocked with **all** the drugs listed on the adapted case management charts and with the necessary equipment for administering them. The drugs which are needed for doing all the steps as described on all of the case management charts include the following (less would be required after charts are adapted):

TO PROVIDE CARE AS TAUGHT IN THE COURSE Integrated Management of Childhood Illness:

Antibiotics:

* Amoxycillin
  -- Syrup (250 mg)
  -- Syrup (125 mg per 5 ml)
* Cephradine
  -- Syrup (250 mg)
* -- Syrup (125 mg per 5 ml)
* Ciprofloxacin
  -- Tab (500 mg)
* -- Syrup (250 mg per 5 ml)
* Metronidazole
  -- Tab (200 mg)
  -- Syrup (200 mg per 5 ml)

Chloramphenicol Intramuscular (1000 mg vial)
Gentamicin Intramuscular
-- (2 ml vial containing 20 mg) OR
-- (2 ml vial containing 80 mg)
Ampicillin intramuscular (500 mg vial)

Antimalarials:

* Chloroquine Tablets
  -- 150 mg base
  -- 100 mg base
  -- Syrup (50 mg base per 5 ml)
* Artisunate Tablets
  -- 50 mg base

* Sulfadoxine and Pyrimethamine Tablets
  (500 mg sulfadoxine + 25 mg pyrimethamine)

Quinine Intramuscular
-- 300 mg/ml (in 2 ml ampoules using quinine salt) OR
-- 150 mg/ml (in 2 ml ampoules using quinine salt)

* Artimether intramuscular
  -- 40 mg/ml
  -- 80 mg/ml

* Paracetamol
  -- Tablet (500 mg) OR
  -- Tablet (100 mg)

Other drugs

* Small bottles of safe, soothing cough remedy *(optional)*

Vaccines:

* Adequate supplies of BCG, OPV, Pentavalent and Measles vaccines

Other supplies:

* Sugar
* Cloth for wicking draining ears
* Large drum (5, 10, or 15 litre size) with cover and side tap for holding large quantities of ORS in ORT corner
* Food to give patients on Plan B
* Nasogastric tube
* Sterile syringes and sterile needles:
* -- 5 cc sterile syringes and sterile needles
* -- 10 cc sterile syringes and sterile needles
* Sterile water for diluting IM antibiotics and IM antimalarials
* Cotton swabs and alcohol or spirits
* All appropriate cold chain supplies such as a reliable refrigerator or cold box, sterilizers, sterile syringes and sterile needles, immunization cards.

General Procedures: How to Prepare for the Session

1. Based on the visit you made to the clinic before the course began, plan to obtain the drugs and supplies you will need. Make sure you bring the relevant supplies to each day's session.[2]

2. Check with the Course Director or other designated course staff to find out the transportation schedule for travel to the clinical practice sessions.

3. At the end of each day's module work, tell your group of participants where to meet in the morning for transportation to the clinical sessions. Also remind the participants to bring their chart booklets, pencils, and timing devices.

4. Read the participant objectives and facilitator procedures for leading the session that are included with these guidelines. (The objectives and procedures are listed on one-page summary tables for your easy reference during the session.) Also read the special notes that follow each table and provide some more detailed instructions.

5. When you arrive at the clinic, meet with the clinic staff who will intercept patients in the triage area. Explain the objectives for the day's session and tell the clinic staff the type of cases participants will need to see today. Any child with a general danger sign should be seen first by the regular clinic staff.

   Note: During your training, you and the Course Director may have already established contact with a nurse or other clinic staff member who will help by identifying cases to send to the area where participants are working. Staff responsibilities often change in large clinics so you may need to explain again to clinic staff information such as the purpose of the course, arrangements made, and who gave permission.

6. You or your co-facilitator should check to see if all the necessary supplies for today's session are available where the participants will be working. You may need to find a tray or table on which to set up any supplies or equipment; do this before the session begins.

7. When you have finished discussing arrangements with the clinic staff, begin the day's session.

[2] A list of supplies needed for every outpatient session and for specific sessions is included at the end of these guidelines.

General Procedures: Conducting the Outpatient Session

1. Gather the participants together. Explain what will happen during the session. Describe the skills they will practice and answer any questions they might have. Be sure participants have their chart booklets and pencils with them.

2. Distribute sufficient copies of the appropriate Recording Form (either for children 2 months up to 5 years or for young infants 1 week up to 2 months). Tell participants they will use the Recording Form to record information about the cases they see. Tell them they should assume all the children they work with during the outpatient sessions have come for an **initial visit**. Also explain that they will need to keep their Recording Forms from each session to use later in the classroom. They will use them to complete a Group Checklist of Clinical Signs.

3. Before participants practice a clinical skill for the first time, they should see a demonstration of the skill. To conduct a demonstration:

   --Review the case management steps that will be practiced in today's session. Show where the steps are located on the chart.

   --Describe how to do the steps and review any special techniques to be practiced today such as doing a skin pinch, identifying a child's treatment, or counselling a mother about food, fluids and when to return.

   --As you demonstrate the case management steps, do them exactly as you want the participants to do them. Describe aloud what you are doing, especially how you decide that a sign is present and how to classify the illness.

   --At the end of your demonstration, give participants an opportunity to ask any questions before they begin practicing with patients.

4. Assign patients to participants. Participants should practice doing the steps relevant to each session's objectives with ***as many children and young infants as possible***.

   It is best if participants work individually. If necessary, participants can work in pairs. When working in pairs, they can take turns so that one participant assesses a case while the other observes. Or after one participant does the steps, the other participant also does them.

   When participants work in pairs, you are responsible for making sure that every participant, and not just each pair of participants, practices assessing, classifying, and treating sick children and young infants correctly. Every participant should also practice counselling mothers.

5. Steps such as identifying chest indrawing can be difficult for participants at first. The first time a participant does a new step, supervise him carefully to make sure he can do the step correctly. Provide guidance as needed.

6. Observe each participant working with his assigned patient.[3] Make sure he is doing the clinical skills correctly. Also check the participant's Recording Form to see if he is recording information correctly. Provide feedback as needed. Remark on things that are done well in addition to providing guidance about how to make improvements.
7. When you have not been able to observe the participant's work directly, take note of the patient's condition yourself. Then:
   * Ask the participant to present the case to you. He should refer to his Recording Form and tell you the child's main symptoms, signs, and classifications. Later in the course, the participant should also summarize his treatment plan.
   * If time is very limited, look at the participant's Recording Form. Compare your observation of the child's condition with the participant's findings. Ask clarifying questions as needed to be sure the participant understands how to identify particular signs and classify them correctly.

   Discuss the case with the participant and verify the assessment and classification of the case. If treatment has been specified, verify that it is correct. In some clinics, the participant will be allowed to treat the child.

8. Provide specific feedback and guidance as often as necessary. Provide feedback for each case that the participant sees. Mention the steps the participant does well and give additional guidance when improvement is needed.

   Note: If any children requiring urgent referral are identified during the session, assist in transport if this is feasible. Make sure all urgent pre-referral treatment has been given.
9. When a participant finishes a case, assign him to another patient. If no new patient is available, ask the participant to observe management of other patients. As soon as another patient is available, assign a participant to that patient. ***Your emphasis should be on having participants see as many children as possible during the session.*** Do not let participants become involved in discussions of cases or wander off after managing just one or two patients.

10. If a child has symptoms and signs which the participants are not yet prepared to assess and classify, return the child to regular clinic staff for continuation of assessment and treatment.

11. If the child is returned to the regular clinic staff for treatment, you may need to write a brief note on the findings and likely diagnosis or briefly discuss the case with the clinician in charge to make sure the child receives correct and prompt care. ***It is important that the mother receive appropriate treatment for her child before leaving the clinic.***

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[3] At the end of the session, you will complete a monitoring checklist to record each participant's performance during the outpatient session. Detailed instructions for using the Checklist for Monitoring Outpatient Sessions are in the next section.

12. At anytime during any session, if a child or young infant presents with a sign which is seen infrequently, or with a particularly good or interesting example of a sign being emphasized that day, call all the participants together to see the sign in this child or young infant. Because the signs listed below are seldom seen, any opportunity to see them must be taken.

INFREQUENTLY SEEN SIGNS

Sick Children 2 months up to 5 years	➢ stridor in a calm child ➢ very slow skin pinch ➢ stiff neck ➢ measles rash	➢ mouth ulcer ➢ severe palmar pallor ➢ corneal clouding ➢ pus draining from the eye
Young infants 1 week up to 2 months	➢ severe chest indrawing ➢ nasal flaring ➢ grunting ➢ red umbilicus or draining pus ➢ umbilical redness extending to the skin ➢ bulging fontanelle ➢ less than normal movement	➢ problems with attachment or suckling ➢ not able to feed, no attachment at all, or not suckling at all ➢ thrush ➢ many or severe skin pustules
Treating Local Infections	➢ treating eye infection with tetracycline eye ointment ➢ drying the ear by wicking	➢ treating mouth ulcers ➢ treating skin or umbilical infection or thrush in young infants

--If the participants have not yet learned the sign and how it is assessed and classified, show them the sign and tell them discussion of its classification will take place later in the course. Some signs which are only used in the classification of young infants can be observed in older infants or young children, such as grunting, nasal flaring or bulging fontanelle.

--Participants can take part in the assessment of the child or young infant and, as time allows, observe the relevant therapy (as in the case of a child with diarrhoea with SEVERE DEHYDRATION).

--Return these children to regular clinic staff for further assessment and treatment.

13. Because local infections are seen infrequently, demonstrate treatment of any local infection which presents during an outpatient session. Gather participants and show the signs of the local infection (such as eye infection, mouth ulcers) and demonstrate their treatment (such as drying the ear by wicking, treating skin or umbilical infection or thrush in young infants). Make sure you or your co-facilitator have the supplies needed to provide treatment of local infection: tetracycline eye ointment, gentian violet, soft cloths or gauze for cleaning pus from an eye and for applying gentian violet.

General Procedures: At the End of the Session

1. Lead a discussion to summarize the session.

   Gather participants together and discuss the cases seen and specific skills practiced that day. If problems occurred, discuss what happened and how the problem was corrected. Encourage the participants to discuss their observations about the day's cases. Answer any questions and discuss any concerns that participants have about the case management skills or cases seen that day.

2. Reinforce the use of good communication skills. Discuss words that mothers understand for terms used on the charts.

   Local terms which are well understood for cough, diarrhoea, fever and signs for when to return are usually identified before the course and included on the Mother's Card. They may also be on the adapted charts. Briefly discuss the new terms used in the session with participants and obtain their feedback on whether these are the words they normally use to talk with mothers and whether they are well understood.

3. At the end of each session, you will do two steps for monitoring of the participants' performance in the outpatient sessions.

   --You will complete the Checklist for Monitoring Outpatient Sessions.

   --You will remind participants to keep their Recording Forms to use when they return to the classroom. They will monitor their own clinical experiences by using a Group Checklist of Clinical Signs.

   Detailed instructions for carrying out these two monitoring activities begin on the next page.

Monitoring Outpatient Sessions

Checklist for Monitoring Outpatient Sessions

You will use a Checklist for Monitoring Outpatient Sessions to monitor each participant's progress in learning the case management process. Refer to the checklists which follow these instructions as you read about how to use them.

There is a checklist to use in sessions with sick children (age 2 months up to 5 years) and a checklist to use in sessions with young infants. Each checklist is arranged so you can record results for 3 participants who manage up to 6 patients each without turning the page. If there are more than 6 patients managed by a participant in a morning, use a second checklist.

Do not spend all your time in the outpatient session completing the checklist. Concentrate on actually observing participants and giving feedback. You can complete the checklist for each child from memory after the case is completed since you only need to record the child's age, classifications and treatments or counselling given.

To use the checklist:

1. Tick (✓) each classification the child actually has (according to your assessment). Tick the <u>true</u> classifications, not the ones assigned by a participant if he is in error.

2. If there is an error in the participant's classification, circle the tick that you have entered by the correct classification. The participant's error could be in the assessment or could be misclassification based on correct assessment. Even if the classification is correct, if there was an error in the assessment, circle the tick and annotate the assessment problem.

3. For the step "Identify Treatment Needed" tick if the participant performed this step and wrote the correct treatment on the Recording Form. If he made an error, circle the tick mark. (Common errors are skipping treatments, not crossing off treatments that are not needed, or recording treatments that are not needed because the conditional "if" was ignored.)

4. For the rows for doing treatments (oral drugs, Plan A, Plan B and treating local infections), for "Counsel When To Return" and for the steps for counselling on feeding, tick if the participant actually performed the step.

   Note: Giving the treatment means teaching the mother how to give it and administering first dose or the initial treatment.

   If there is any error in the treatment or counselling, circle the relevant tick. There could be an error in the treatment (either the dosage or explanation to the mother) or counselling.

5. For each circled tick, note the problem in the space at the bottom of the checklist. Note the problems very briefly. You can use letters or numbers next to the circles to annotate the problems. These notes will help you when you discuss the participants' performance at the facilitator meeting. These notes will also help you keep track of the skills that need further practice.

6. If you did not see the participant manage the case, take note of the child's condition yourself. Then ask the participant to present the case or refer to the participant's Recording Form. Tick the checklist as described above.

7. When you complete the checklist and record information about the case:

   --If the child does not have a main symptom, do not tick that section. There is no classification to record.

   --If the participant has not yet learned the steps related to certain rows of the checklist, leave these rows blank. If there was no time for the treatment or counselling, leave these rows blank.

   --Draw a line under the row for the last step that the group practiced.

   An example of a completed checklist is on the next page.

Integrated Management of Neonatal and Childhood Illnes (IMNCI)

Checklist for monitoring **CLINICAL Session**- Sick Child age 2 months up to 5 years

Day : Date : Name of Facilitateur : Venue : Group :

➢ **ick Correct classifications** ➢ **ircle if any assesment or classification problem** ➢ **nnote below**

Participants Initial																					
SICK CHILD (NUMBER MANAGED)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sick Child Age (months):																					
Danger Sings	**VERY SEVERE DISEASE**																				
Cough or Difficult Breathing	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**																				
	PNEUMONIA																				
	NO PNEUMONIA: COUGHOR COLD																				
Diarrhea	**SEVERE DEHYDRATION**																				
	SOME DEHYDRATION																				
	NO DEHYDRATION																				
	SEVERE PERSISTENT DIARHOEA																				
	PERSISTENT DIARHOEA																				
	DYSENTERY																				
Ear Problem	**MASTOIDITIS**																				
	ACUTE EAR INFECTION																				
	CHRONIC EAR INFECTION																				
	NO EAR INFECTION																				
Fever	**VERY SEVERE FEBRILE DISEASE**																				
	MALARIA																				
	FEVER- NOMALARIA																				
	FEVER																				
	SEVERE COMPLICATED MEASLES																				
	MEASLESWITH EYE AND/OR/MOUTH COMPLICATIONS																				
	MEASLES																				
	SEVERE DENGUE HEMORRHAGIC FEVER																				
	FEVER ONLY: DENGUE UNLIKELY																				
Malnutrition	**COMPLECATED SEVERE ACUTE MALNUTRITION**																				
	UNCOMPLECATED SEVERE ACUTE MALNUTRITION																				
	MODERATE ACUTE MALNUTRITION																				
	NO ACUTE MALNUTRITION																				
Anemia	**SEVERE ANAEMIA**																				
	ANAEMIA																				
	NO ANAEMIA																				
IDENTIFY TREATMENTS NEEDED																					

- Tick treatments or counselling actually given **- Circle if any problem** **-Annote below**

Refer																					
Treat	**REFER**																				
	ORAL DRUGS																				
	PLAN A																				
	PLAN B																				
	LOCAL INFECTION																				
Cousel Feeding	**ASKS FEEDING QUESTIONS**																				
	FEEDING PROBLEMS IDENTIFIED																				
	GIVES ADVICE ON FEEDING PROBLEMS																				
COUNSEL WHEN TO RETURN																					
Number of cases with problem																					
Number of classifications with problem																					
Proportion of cases managed without problem																					
Proportion of classifications made without problem																					
SIGNS DEMONSTRATED IN ADDITION CHILDREN																					

Integrated Management of Neonatal and Childhood Illnes (IMNCI)

Checklist for monitoring **CLINICAL Session**- Sick Young Infant Age less than 2 months

Day : Date : Name of Facilitateur : Venue : Group :

➢ **ick Correct classifications** ➢ **ircle if any assesment or classification problem** ➢ **nnote below**

Participants Initial																					
Sick Young Infant (NUMBER MANAGED)	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Sick Young Infant age less than 2 months (days):																					
Possible Serious Bacterial Infection (PSBI	**PSBI OR VERY SEVERE DISEASE**																				
	PNEUMONIA																				
	LOCAL INFECTION																				
	SERIOUS DISEASE OR INFECTION UNLIKELY																				
Jaundice	**SEVERE JAUNDICE**																				
	JAUNDICE																				
	NO JAUNDICE																				
Diarrhea	**SEVERE DEHYDRATION**																				
	SOME DEHYDRATION																				
	NO DEHYDRATION																				
	VERY LOW WEIGHT																				
Feeding Assesment	**FEEDING PROBLEM OR LOW WEIGHT FOR AGE**																				
	NO FEEDING PROBLEM																				
OTHERS PROBLEM																					
IDENTIFY TREATMENTS NEEDED																					

- Tick treatments or counselling actually given **- Circle if any problem** **-Annote below**

Treat and Counsel	Teach Correct Positioning and attachment																				
	Advise on home care																				
	Refer																				
COUNSEL WHEN TO RETURN																					
Number of cases with problem																					
Number of classifications with problem																					
Proportion of cases managed without problem																					
Proportion of classifications made without problem																					
SIGNS DEMONSTRATED IN ADDITION CHILDREN																					

Group Checklist of Clinical Signs

Participants will monitor their own clinical practice experience by using their Recording Forms to complete a Group Checklist of Clinical Signs.

A sample checklist is on the next two pages. The first page contains the signs to observe in children age 2 months up to 5 years. The second page lists additional signs that are usually seen in young infants age 1 week up to 2 months.

To use the group checklist:

1. Obtain or make an enlarged version of each page of the checklist and hang it on the wall of the classroom. (You can copy it onto flipchart paper.)

2. When participants return to the classroom after clinical practice each day, they should indicate the signs they have seen that day by writing their initials in the box for each sign. They should indicate signs that they have seen in either the outpatient session or the inpatient session.

3. Each day they will add to the same checklist.

4. Monitor the Group Checklist to make sure that participants are seeing all of the signs.

   --If you notice that participants have not seen many examples of a particular sign, take every opportunity to show participants this sign when a child with the sign presents during an outpatient session.

   --Or, in facilitator meetings, talk with the inpatient instructor and discuss locating in the inpatient ward a child or young infant with the sign the participants need to observe.

GROUP CHECKLIST OF CLINICAL SIGNS

Sick Child Age 2 Months Up To 5 Years

Not able to drink or breastfeed	Vomits everything	History of convulsions (with this illness)	Lethargic or unconscious
Fast breathing	Chest indrawing	Stridor in calm child	Restless and irritable
Sunken eyes	Drinking poorly	Drinking eagerly, thirsty	Very slow skin pinch
Slow skin pinch	Stiff neck	Runny nose	Generalized rash of measles
Red eyes	Mouth ulcers	Deep and extensive mouth ulcers	Pus draining from eye
Clouding of the cornea	Pus draining from ear	Tender swelling behind the ear	Visible severe wasting
Severe palmar pallor	Some palmar pallor	Oedema of both feet	

ADDITIONAL SIGNS IN YOUNG INFANTS

Age 1 Week up to 2 Months

(Note: These signs may also be observed in older infants and children age 2 months up to 5 years.)

Mild chest indrawing in young infant (normal)	Fast breathing in young infant	Severe chest indrawing in young infant	Nasal flaring
Grunting	Bulging fontanelle	Umbilical redness extending to the skin	Red umbilicus or draining pus
Many or severe skin pustules	Skin pustules	Lethargic or unconscious young infant	Less than normal movement
No attachment at all	Not well attached to breast	Good attachment	Not suckling at all
Not suckling effectively	Suckling effectively	Thrush	

Summary Tables: Daily Procedures for Conducting Outpatient Sessions

On the following pages you will find summary tables that describe the participant objectives and facilitator procedures for conducting each outpatient session. They are designed as 1-page summaries for easy reference when you are planning and conducting outpatient sessions.

Each day's summary table is followed by notes that describe any special information to help you to conduct that day's session.

When you plan for each session, refer to "Supplies to Bring for Each Session." It lists the supplies you need to bring to the clinic every day (unless you are certain they are in clinic) and particular supplies you will need for specific sessions.

DAY 2: OUTPATIENT SESSION

General Danger Signs - Malnutrition

To Prepare	- Ask participants to bring their chart booklets. - Bring 8 copies of Recording Form per participant. - Bring or make sure participants have timing devices.
Participant Objectives	- Practice using Recording Form in outpatient setting. - Use good communication skills: Greet the mother, listen carefully, use clear language, use words the mother understands. – Check for general danger signs. - Assess and classify: ○ Cough or difficult breathing. ○ Diarrhoea ○ Fever ○ Era problem – Check for Malnutrition and Anaemia
Facilitator Procedures	Choose sick children with cough or difficult breathing and any child with a general danger sign. 1. Introduce clinic facility and staff, describe general procedures for outpatient sessions, and show where supplies are located. 2. Demonstrate how to check for general danger signs and how to assess and classify child for cough or difficult breathing. 3. Assign patients to participants. 4. Supervise closely first time participant counts child's breaths, looks for chest indrawing and listens for stridor. 5. Observe each participant as he works with a patient. If you cannot observe, ask participant to present case or look at participant's Recording Form. Record case on Monitoring Checklist, if possible. 6. Give feedback and guidance as needed. 7. Return patient to clinic staff with note for treatment, or treat according to arrangements.
At the end of the session:	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for: convulsions, difficult breathing, fast breathing, pneumonia. 3. Tell participants to keep their Recording Forms to use when they return to the classroom. 4. Complete the Monitoring Checklist.

SPECIAL NOTES FOR DAY 2 OUTPATIENT SESSION

Description of how outpatient sessions work:

Tell the participants that they will do clinical practice in both the outpatient clinic and the inpatient ward. You and your co-facilitator will lead the outpatient sessions; the inpatient instructor will lead the inpatient sessions.

When describing general procedures for outpatient sessions, refer to the general procedures section of this guide. Be sure to explain to participants how you or the co-facilitator will discuss the case with them. Answer any questions that participants have about general procedures, where they will be working, or how to use the Recording Form. Then begin the session.

Demonstration:

Tell participants the objectives for today's session. Also review the following phrases that describe age groups in this course:

--"2 months up to 5 years" refers to children who are at least 2 months old and also any age between 2 months and 5 years of age. It does not include the child who is already 5 years old.

--"1 week up to 2 months" includes infants who are at least 1 week of age and any age between 1 week and 2 months. It does not include the infant who is already 2 months old.

--"2 months up to 12 months" includes children who are at least 2 months old and any age between 2 months and 12 months. It does not include a child who is already 12 months old.

--"12 months up to 5 years" includes children who are at least 12 months old and any age between 12 months and 5 years. It does not include a child who is already 5 years old.

Review the cut-offs for determining fast breathing. Ask several participants in turn to tell you the definition of fast breathing in a child who is:

- at least 2 months of age up to 12 months of age
  ANSWER: 50 breaths per minute or more

- 12 months up to 5 years of age
  ANSWER: 40 breaths per minute or more

- exactly 12 months old
  ANSWER: 40 breaths per minute or more.

* Do the demonstration. Make sure participants know where to look in their chart booklets for the *ASSESS & CLASSIFY* boxes that describe how to check for general danger signs and how to assess and classify cough or difficult breathing.

- Do the demonstration on how to measure Weight, Hieght/lenth.
- Do the demonstration on MUAC

* Ask participants to tell you if they identify a child with a general danger sign so you can alert the regular clinic staff.

Supervision and feedback:

Watch each participant while he counts the number of breaths, looks for chest indrawing and listens for stridor. If a participant's count is too high or too low, or if he had difficulty identifying chest indrawing or stridor, give him guidance based on your observation of his work. For example, you may have noticed that the participant did not time one minute correctly and needs instruction on how to time a minute. Or you may ask him about how he counted (for example, where he was watching for movement) and suggest how to do it better. If there are errors, ask the participant to do the step again.

DAY 3: OUTPATIENT SESSION

General Danger Signs - Malnutrition

To Prepare	- Ask participants to bring chart booklets, pencils, timing devices. - Bring 8 copies of Recording Form per participant. - Make sure the following are available in each room where participants are working: cup or spoon and clean water for offering fluid to assess dehydration.
Participant Objectives	- Practice using Recording Form in outpatient setting. - Use good communication skills: Greet the mother, listen carefully, use clear language, use words the mother understands. – Check for general danger signs. - Assess and classify: ○ Cough or difficult breathing. ○ Diarrhoea ○ Fever ○ Era problem – Check for Malnutrition and Anaemia – Use Growth Cards
Facilitator Procedures	Choose children with diarrhoea or with cough or difficult breathing. 1. Demonstrate how to assess child for diarrhoea. (Preferably, do this demonstration with a child who is dehydrated.) Demonstrate technique for doing skin pinch. 2. Review steps for assessing cough or difficult breathing. 3. Assign participants to patients. 4. If child with SOME DEHYDRATION or SEVERE DEHYDRATION presents during session, demonstrate signs to all participants. 5. Supervise closely first time participant assesses a child with diarrhoea to be sure assessment is done correctly (especially skin pinch). 6. Observe each participant as he works with a case. If you cannot observe, ask participant to present case or look at Recording Form. 7. Give feedback and guidance as needed. Reinforce skills for assessing and classifying cough or difficult breathing. 8. Return patient with note to clinic for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for: diarrhoea, blood in the stool. 3. Remind participants to keep their Recording Forms to use when they return to the classroom. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 3 OUTPATIENT SESSION

Demonstration:

If possible, do the demonstration with a child who has diarrhoea with dehydration. To do the demonstration:

-- Explain to the participants that you will do the steps on the *ASSESS & CLASSIFY* chart through assessing and classifying diarrhoea.

-- Review the assessment steps for checking for danger signs, and for assessing and classifying cough or difficult breathing.

-- Then describe the steps for assessing and classifying a child for diarrhoea. Mention the signs of dehydration that you will assess: the child's general condition, whether the child has sunken eyes, the child's thirst and a skin pinch.

-- Review the technique for doing a skin pinch. Remind participants that they should:

- Use their thumb and first finger.
- The fold of the skin should be in a line up and down the child's body.
- Pick up all the layers of skin and the tissue underneath them.
- Hold the pinch for one second and then release it.
- Look to see if the skin pinch goes back very slowly (more than 2 seconds) or slowly or immediately.

-- State briefly that dehydrated children are treated with fluids, but that this practice session will focus on assessing and classifying signs of dehydration, dysentery, and persistent diarrhoea.

- Do the demonstration on how to measure Weight, Hieght/lenth.
- Do the demonstration on MUAC

If a child with SOME DEHYDRATION or SEVERE DEHYDRATION presents during the practice session, gather all the participants to observe the signs.

If during the 2-hour session a child can be rehydrated to the extent that participants can see improvement in his clinical signs, demonstrate reassessment of his signs and discuss the improvements.

Since the participants are not yet prepared to treat patients with diarrhoea, return the children with a note to the regular clinic staff for treatment. If time allows and there is no other patient to assess and classify, the participants can observe a child's treatment in the ORT corner.

DAY 4: OUTPATIENT SESSION

Assess and Classify Sick Child - Identify Treatment

To Prepare	- Ask participants to bring chart booklet, pencils, timing devices. - Bring 8 Recording Forms per participant. - Bring 8 Mother's Cards per participant. - Place tablets or syrup, drug label, envelope or paper to wrap tablets on table or tray.
Participant Objectives	- Assess and classify a sick child; practice identifying the child's treatment. - Advise mothers when to return immediately. - Teach mother to give her child an oral drug at home. - Use a Mother's Card to advise and teach mothers. - Use good communication skills.
Facilitator Procedures	Choose sick children with one or more main symptoms. 1. Assess and classify a child and, using chart or chart booklet and a Recording Form, demonstrate how to identify the child's treatment. 2. Demonstrate how to advise mother when to return immediately. Use the relevant part of the Mother's Card. 3. Review steps on *TREAT* chart and demonstrate how to teach mother to give an oral drug at home. 4. Assign patients to participants. 5. Supervise participants carefully as they practice 3 new steps: identifying treatment, advising when to return immediately and giving oral drugs. 6. Give feedback and guidance as needed. 7. Return child to clinic with note for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced and demonstrated today. 2. Discuss problems with compliance and words that mothers understand for: becomes sicker, develops a fever, drinking poorly, tablet, syrup. 3. Remind participants to keep their Recording Forms. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 4 OUTPATIENT SESSION

Ask clinic staff to select a child who has fast breathing, fever, or an ear problem. (This child would need an oral drug.) Use this child when you demonstrate how to teach a mother to give an oral drug at home.

Demonstration:

When reviewing the steps for identifying a child's treatment, mention the severe classifications that require referral and remind participants about the exceptions. If the child's treatment includes one or more oral drugs, demonstrate how to teach the mother to give the oral drug at home. Point out and do the generic steps on the *TREAT* chart for teaching a mother to give an oral drug. Also remind participants to:

-- Use basic teaching steps: give the mother information, show an example, let her practice.

-- Use good communication skills: ask questions, praise the mother for what she has done well, advise her how to treat her child at home, check the mother's understanding.

-- When teaching the mother, use words she understands, use teaching aids that are familiar, give feedback when she practices, encourage her to ask questions, and answer her questions.

Observing participants:

Watch carefully whether participants teach each mother when to return immediately. If any participant has a case whose treatment includes an oral drug, observe the participant <u>while he teaches the mother</u>. Provide feedback after the mother and child have been passed to regular clinic staff for any additional treatment.

When you observe participants teaching mothers, pay particular attention to whether they do all the steps for teaching mothers to give oral drugs at home. Praise their use of appropriate communication skills such as asking mothers checking questions.

At the end of the session:

Mention any difficulties participants had with identifying treatment or advising mothers.

DAY 5: OUTPATIENT SESSION

Counsel the Mother

To Prepare	- Ask participants to bring chart booklets, pencils, timing devices. - Bring 8 Recording Forms per participant. - Bring 8 Mother's Cards per participant.
Participant Objectives	- Assess and classify a sick child and identify the child's treatment, including feeding advice. Advise mother when to return. - Counsel mother about feeding: --Ask feeding questions --Identify feeding problems --Give advice on feeding problems - Use good communication skills for counselling mothers.
Facilitator Procedures	Choose children who appear to be very low weight for age or anaemic, or children who are less than 2 years old. 1. Demonstrate how to assess feeding and counsel the mother about food, fluids and when to return. 2. Assign participants to patients. 3. Supervise participants closely when they assess feeding and counsel the mother about feeding for the first time. 4. Observe each participant as he works with a case. If you cannot observe, ask participant to present the case. 5. Give feedback and guidance as needed. 6. Return patient with note to clinic staff to continue treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss feeding problems identified by participants and the advice given. Discuss whether any common modifiable feeding problems were identified that are not on the *COUNSEL* chart. Add them to the special page in the module. 3. Remind participants to keep their Recording Forms. 4. Complete Monitoring Checklist.

SPECIAL NOTES FOR DAY 5 OUTPATIENT SESSION

Observing participants:

Supervise closely the first time participants counsel mothers. Make sure they:

--know where to record the mother's answers on the Recording Form
--teach mothers the signs to return immediately
--check the mothers' understanding

If you cannot observe all of a participant's work with a case, check his Recording Form for assessment and classification. Then observe him counselling the mother.

Make sure participants use good communication skills. They should:

--ask all the questions to assess feeding
--praise the mother for what she is already doing well
--limit feeding advice to what is relevant
--give accurate advice
--ask checking questions

DAY 6: OUTPATIENT SESSION

Management of the Sick Young Infant:

To Prepare	- Ask participants to bring their chart booklets. - Bring 8 Young Infant Recording Forms for each participant.
Participant Objectives	- Assess and classify the sick young infant - Use good communication skills when talking with mothers.
Facilitator Procedures	Choose infants age 1 week up to 2 months. Any infant with a severe sign should be seen first by the regular clinic staff. 1. Demonstrate how to assess and classify a sick young infant 2. Assign patients to participants. 3. Supervise participants closely the first time they assess and classify a sick young infant. 4. If a young infant has signs of POSSIBLE SERIOUS BACTERIAL INFECTION, show the signs to all participants. 5. Observe each participant as he works with a case. 6. Provide feedback and guidance as needed. 7. Return young infant to regular clinic staff for treatment.
At the end of the session	1. Lead a discussion to summarize the session. Reinforce steps for assessing sick young infant, noting especially the new signs (that is, signs not assessed in sick children). 2. Remind participants to keep their Recording Forms. 3. Complete the Monitoring Checklist, Young Infant version.

SPECIAL NOTES FOR DAY 6 OUTPATIENT SESSION

When you arrive at the clinic, explain to the clinic staff that participants will assess and classify young infants during today's session. Ask the clinic staff to select young infants age 1 week up to 2 months. Young infants with any severe signs should be seen first by clinic staff.

Demonstration:

Remind participants that they should use Young Infant Recording Forms during this clinical session.

Demonstrate how to assess and classify a young infant. This demonstration is important to help participants realize the differences in the assessment process for the young infant as compared with the process for a child age 2 months up to 5 years.

During the assessment, describe aloud what you are doing. Participants should record the findings of this assessment on a Young Infant Recording Form.

Observing participants:

Supervise participants closely the first time they assess and classify young infants. There are signs on the *YOUNG INFANT* chart which participants may not have seen or practiced assessing before. Pay particular attention to these new signs when participants work with patients.

SUPPLIES TO BRING FOR EACH SESSION

(UNLESS YOU ARE CERTAIN THEY ARE IN CLINIC)

BRING TO EVERY SESSION	____ Recording Forms: 8 copies per participant ____ Remind participants to bring chart booklets, pencils and timing devices to each session ____ Clipboards: one per participant--distribute first day ____ 4 to 8 extra pencils, 2 extra chart booklets ____ 1 tube tetracycline ointment and 1 bottle gentian violet to demonstrate treatment of local infections, if a child presents during any session ____ Checklist for Monitoring Outpatient Sessions: 5 copies ____ Cup or spoon for each participant and clean water for assessing dehydration. (If you know that the water supply at the clinic is not reliable, bring water with you.)
DAY 4,5 and 6	____ Mother's Cards: 8 per participant ____ Drugs and supplies for demonstrating and practicing how to teach mother to give oral drug at home and for giving treatment if clinic does not have an adequate supply: --essential drugs for clinical practice[4] --a common spoon used by mothers --clean bowl --drug labels --envelope or paper to wrap tablets in --appropriate food (such as a banana) if mother is going to give first dose in food. If mother gives first dose in expressed breastmilk, use a clean bowl or spoon. ____ Supplies for ORT corner, if not available in clinic: --prepared ORS and ORS packets --soap for washing hands --water if clinic does not have reliable supply --container for mixing 1 litre --spoon for mixing ORS --cups and spoons for giving ORS solution ____ Cup or bowl for demonstrating feeding ____ Appropriate food for demonstrating feeding
DAY 5 and 6	____ Young Infant Recording Forms: 10 per participant

[4]See the list of essential drugs for clinical practice in outpatient sessions on page 6.

REMEMBER THIS
WHEN CONDUCTING OUTPATIENT SESSIONS

TO CONDUCT A SESSION

Tell clinic staff cases to select.

Demonstrate the clinical skills.

Assign patients.

Supervise closely the first time skill is practiced.

Observe each participant working with each patient if possible. Verify that the assessment is done correctly.

Make sure patients receive treatments.

Complete the Checklist for Monitoring Outpatient Sessions.

HOW TO GIVE FEEDBACK

To monitor clinical performance:

1. Observe the participant doing the assessment, classification, treatment and counselling. This is the best method.

2. If you cannot observe all the case management, ask the participant to present the case to you, or

3. Look at Recording Form and discuss the case with participant.

Praise the participant for what he has done well.

Give guidance about how to improve performance.

INFREQUENTLY SEEN SIGNS

Sick Children 2 months up to 5 years	➢ stridor in a calm child ➢ very slow skin pinch ➢ stiff neck ➢ measles rash	➢ mouth ulcer ➢ severe palmar pallor ➢ corneal clouding ➢ pus draining from eye
Young Infants 1 week up to 2 months	➢ severe chest indrawing ➢ nasal flaring ➢ grunting ➢ red umbilicus or draining pus ➢ umbilical redness extending to the skin ➢ bulging fontanelle ➢ less than normal movement	➢ problems with attachment or suckling ➢ not able to feed, no attachment at all, or not suckling at all ➢ thrush ➢ many or severe skin pustules
Treating Local Infections	➢ treating eye infection with tetracycline eye ointment ➢ drying the ear by wicking ➢ treating mouth ulcers	➢ treating skin or umbilical infection or thrush in young infants

CASE RECORDING FORMS

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ID No.**009**

Name: **Faheem** Age: 10 Months Weight 8 Kg Temperature 38.5^{0}C_____^{O}F , Height/Length(cm)_____

ASK What are the child's problems? Diarrhea sine 3 days, blood in stool Initial visit?___✓_____Follow up visit?_____

ASSESS (Circle all signs present) | **CLASSIFY**

CHECK FOR GENERAL DANGER SIGNS

LETHARGIC OR UNCONSCIOUS
NOT ABLE TO DRINK OR BREASTFEED
CONVULSIONS

CONVULSING NOW
VOMITS EVERYTHING
ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓_ (remember to use when selecting classification)

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES____ NO__✓__

For how long? ____ Days
Look and listen for stridor
Look and listen for wheeze

Count the breaths in one minute. (child must be calm) _____ breaths per minute.
Fast breathing? YES____ NO____

DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO____
For how long? _3___ Days
Is there blood in the stools? YES__✓__ NO____
Pinch the skin of the abdomen. Does it go back:
Very slowly (longer than 2 seconds)
Slowly

Look at the child's general condition. Is the child:
Lethargic or unconscious
Restless or irritable
Offer the child fluid. Is the child:
Not able to drink or drinking poorly?
Drinking eagerly, thirsty?

DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO____
For how long? __3__ Days
If more than 7 days, has fever been present every day?

Has child had measles within the last 3 months

Decide malaria risk High____ Low____ No____
Malaria transmission in the area
YES____ NO____
Transmission season = YES____ NO____
In non or low endemic areas
travel history within the last 15-days to an area
where malaria transmission occurs
YES____ NO ____

Look or feel for stiff neck.
Look for runny nose
Look for signs of MEASLES
Generalized rash ***AND***
One of these: cough, runny nose, or red eyes
Look for any other causes of fever
Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test
(if yes, use the relevant treatment instructions)

Do a malaria test, if No general danger sign in all cases in
High malaria risk or No obvious causes of fever in low
Malaria risk:
Test POSITIVE? P. falciporium P. vlvax NEGATIVE?

If the child has measles now or within the last 3 months:

Look for mouth ulcers If YES are they deep and extensive?
Look for pus draining from the eye
Look for clouding of cornea

DOES THE CHILD HAVE AN EAR PROBLEM? YES__✓__ NO____
Is there severe ear pain?
Is there ear discharge? If Yes, for how long? ____ Days

Look for pus draining from the ear.
Feel for tender swelling behind the ear.

THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA

Look for oedema of both feet
Determine WFH/L z-score:
Less than -3 Between -3 and -2 -2 or more
Child 6 months or older measure MUAC____ mm
Look for palmar pallor:
Severe palmar pallor Some palmar pallor No palmar pallor

If child has MUAC less than 115 mm or WFH/L less than -3 z-score

Is there any medical complication: General Danger Sign?
Any Severe Classification? Pneumonia with Chest Indrawing?
Child 6 months or older, Offer RUTF to eat. Is the child:
Not able to finish? Able to finish?
Child less than 6 months Is there a breastfeeding problem?

CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS

BCG	OPV-I *Pentavalent–I Pneumococcal – I Rota 1	OPV-II *Pentavalent–II Pneumococcal – II Rota 2	OPV-III *Pentavalent–III Pneumococcal – III IPV	Measles I	Measles-II**	Vitamin A Mebendazole

*Pentavalent: DPT+HepB+Hib ^If the child is seen b/w 12-15 months of age,
**2nd dose of measles can be given if one month passed since the Measles 1st dose is given

Return for next immunization on:

_____
(DATE)

ASSESS THE CHILD'S FEEDING if the child is less than 2 years old, has **MODERATE ACUTE MALNUTRITION, ANAEMIA.**
Do you breastfeed your child? YES____ NO____ If YES how many times in 24 hours? ____times. Do you breastfeed during the night?
Does the child take any other foods or fluids? YES____ NO____
If YES what foods or fluids?
How many times per day? ____times What do you use to feed the child?
If MODERATE ACUTE MALNUTRITION: How large are the servings?
Does the child receive his own serving? YES____ NO____ Who feeds the child and how?
During this illness, has the child's feeding changed? YES____ NO____
If YES, how?

FEEDING PROBLEMS

ASSESS OTHER PROBLEMS:

ASK ABOUT MOTHER'S OWN HEALTH?

FOLLOW UP:

IMNCI Case Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT -- BIRTH UP TO AGE 2 MONTHS

ID No._____

Name: _____ Age: _____ Sex: ____ Weight: _____ Temperature: _____°C

Height/Length(cm)_____

ASK: What are the infant's problems? _____ Initial visit? ___ Follow-up Visit? ___

ASSESS (Circle all signs present) **CLASSIFY**

CHECK FOR POSSIBLE VERY SEVERE DISEASE and LOCAL INFECTION

- Is the infant having difficulty feeding?
- Has the infant had convulsions?

· Count the breaths in one minute. _____breaths per minute
Repeat if (≥ 60) elevated _____ Fast breathing?
· Look for severe chest indrawing
· Fever (temperature ≥ 38°C) or body temperature below 35.5°C ·
Look at young infant's movements.
Does the infant move on his/her own?
Does the infant move only when stimulated?
Does the infant not move at all?
· Look at umbilicus. Is it red or draining pus?
· Look for skin pustules.

CHECK FOR JAUNDICE

- When did the jaundice appear first?

· Is skin yellow?
· Are the palms or soles yellow?

DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes __ No ____ If yes,
ASK:
· For how long? _____ Days

·Look at the young infant's general condition.
Does the infant move only when stimulated?
Does the infant not move at all?
Is the infant restless and irritable?
Look for sunken eyes.
Pinch the skin of the abdomen. Does it go back:
Very slowly (longer than 2 seconds)?
Slowly?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE

- Is the infant breastfed? Yes _____ No _____
- If Yes, how many times in 24 hrs? _____ times
- Does the infant receive any other foods or drinks? Yes ___ No ___
  If Yes, how often? _____ times
- If yes, what do you use to feed the infant?

- Determine weight for age.
- Very low weight for age (< 1.5 kg or < -3 Z score) ___
  Low weight for age____
  NOT low weight for age ____
- Look for ulcers or white patches in the mouth (thrush)

If the infant has **any difficulty feeding,** is **feeding < 8 times in 24 hours,** is **taking any other food or drinks,** or is **low weight for age, AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING**:

- Has the infant breastfed in the previous hour?
- If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes
- If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.

- Is the infant able to attach? To check attachment, look for:
- More areola seen above than below the mouth Yes ___ No ___
- Mouth wide open Yes ___ No ___
- Lower lip turned outward Yes ___ No ___
- Chin touching breast Yes ___ No ___

*Good attachment*_____ *Poor attachment*_____
No attachment at all ____

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?

*Suckling effectively*____ *not suckling effectively*_____
*not suckling at all*____

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS: Circle immunizations needed today.

Return for next immunization on:

BCG	Hep B-0	OPV-0	Pentavalent-1	OPV-1	Rotavirus-1	PCV-1
_____	_____	_____	_____	_____	_____	_____

ASSESS OTHER PROBLEMS:

COUNSEL THE MOTHER ABOUT HER OWN HEALTH

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