

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

LEARNING OBJECTIVES

- Assessing the child for symptoms and sign related to the main problems or diseases.

Classifying the illness according to the signs which are present or absent.:

Proper initial management steps

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

ASSESS FOR GENERAL DANGER SIGNS:

Ask:

1. the child is not able to drink or breastfeed
2. the child has had convulsions
3. the child vomits everything

Look: the child is lethargic or unconscious.

the child is convulsing now

Any general danger sign Very sever disease

1. Treat the convulsion
2. Complete assessment immediately.
3. Give first dose of appropriate antibiotics.
4. Prevent low blood sugar.
5. Refer URGENTLY to hospital.

Treat A Convulsing Child With Diazepam Rectally

Manage the airway: Turn the child on his side

Do not insert anything in the mouth If the lips and tongue are blue, open the mouth and make sure the airway is clear. If necessary, remove secretions from the throat through a catheter inserted through the nose.

Give diazepam rectally:

Draw up the dose from an ampule of diazepam into a small syringe, then remove the needle

Insert approximately 5cm of nasogastric tube or the tip of the syringe into the rectum , Inject the diazepam solution in to the nasogastric tube and flush it with 2 mls room-temp.water ,Hold buttock together for few minutes

If high fever, lower the fever: Sponge the child with room –temperature water

Treat the child to prevent low blood sugar

If the child able to breastfeed: Ask the mother to breastfeed .If the child not able to breastfeed but is able to swallow: Give expressed breast milk or breast milk substitute. If neither of these is available, give sugar water . Give 30-50 ml of milk or sugar water before departure.

To make sugar water: dissolve 4 teaspoons of sugar (20gm) in a 200ml cup of clean water.

If the child not able to swallow: Give 50 ml of milk or sugar water by nasogastric tube.

Assess And Classify Cough Or Difficult Breathing

A child with cough or difficult breathing may have pneumonia or another sever respiratory infection .Pneumonia is an infection of the lungs. Both bacteria and viruses can cause pneumonia In developing countries ,pneumonia is often due to bacteria. The most common are Streptococcus pneumonia and Hemophilus influenza .Children with bacterial pneumonia may die from hypoxia or sepsis.

Signs and symptom of infection

Cough

Difficult breathing

Sore throat

Runny nose

Ear problem

Does the child have cough or difficult breathing?

Does the child have cough or difficult breathing?

IF YES, ASK:

For how long?

LOOK, LISTEN :

Count the breaths in one minute.

Look for chest indrawing.

Look and listen for stridor.

Look and listen for wheeze

Difficult breathing refers to any unusual pattern of breathing in a child.

Mothers may described it in different ways for example they might use the term noisy ,fast or interrupted

Definitions:

Chest indrawing : When child breathe in lower chest wall move in. If only the soft tissue between the ribs or above the clavicle goes in, it is not chest indrawing .Mild chest indrawing is normal in young infant .

.Sever chest indrawing is a sign of pneumonia

Wheeze : Soft musical noise during expiration.

Listen for the wheeze by holding your ear near the child's mouth .

Stridor : It is a harsh noise made when child breath in

Fast breathing is:

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

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

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

Any general danger sign or

Stridor in calm child or

Chest indrawing

(If also wheezing go to treat wheeze and reassess) classified as

SEVERE PNEUMONIA

1. Give first dose of an appropriate antibiotic.
2. Treat wheeze if present.
3. Prevent low blood sugar.
4. Refer URGENTLY to hospital

Fast breathing.

(If also wheezing go to treat wheeze and reassess) classified as

PNEUMONIA

- i. Give an appropriate antibiotic for 5 days.
- ii. Treat wheeze if present.
- iii. Soothe the throat and relieve the cough with a safe remedy.
- iv. Follow-up in 2 days.
- v. Advise mother when to return immediately

No signs of pneumonia or very sever disease.

(If also wheezing go to treat wheeze) classified as

No pneumonia

Cough or cold

- i. Treat wheeze if present.
- ii. If coughing more than 30 days, refer for assessment.
- iii. Soothe the throat and relieve the cough with a safe remedy.
- iv. Advise mother when to return immediately.
- v. Follow up in 2 days if wheeze present.
- vi. Follow-up in 5 days if not improving

Treat wheezing

Children with wheezing and general danger signs or stridor

Give one dose of rapid acting bronchodilator and refer urgently to hospital

Children with wheezing and no general danger signs and no stridor but chest indrawing with or without fast breathing

Give one dose of rapid acting bronchodilators and reassess the child 30 minutes later

IF:

Chest indrawing persist

Treat for severe pneumonia (refer urgently to hospital)

Fast breathing alone

Treat for pneumonia ,Give oral salbutamol for 5 days Follow up in 2 days

No fast breathing

Treat for no pneumonia ,cough or cold

Give oral salbutamol for 5 days, Follow up in 2 days if wheeze persist

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

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

Communication Skills and family education

- Be respectful and understanding
- Listen to the family's concerns and encourage them to ask questions and

express their emotions

- Use simple and clear language
- Ensure that the family understands any instructions and give them written information
- If a baby needs to be referred, explain the reason for the referral and how the baby will be referred.
- Respect the family's right to privacy and confidentiality
- Respect the family's cultural beliefs and customs, and accommodate the family's needs as much as possible
- Remember that health care providers may feel anger, guilt, sorrow, pain and frustration
- TEACH THE CAREGIVER TO GIVE ORAL
- MEDICINES AT HOME.
- Obtain informed consent before doing any procedures
- Educate the caregiver for Soothe the Throat, Relieve the Cough with a Safe Remedy
- encourage Breastmilk
- Educate about danger signs ask them to return back for any risky signs