

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS FOR HW

Name: _____ Age: _____ Gender: _____ Weight: _____ kg Temperature: _____ °C / °F Date: _____

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

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • LETHARGIC OR UNCONSCIOUS • VOMITS EVERYTHING • CONVULSIONS/ CONVULSING NOW 	<p>General danger sign present? Yes _____ No _____</p> <p style="text-align: center;">Remember to use danger sign when selecting classifications</p>																														
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? _____ Days • Count the breaths in one minute _____ breaths per minute. • Fast breathing? <ul style="list-style-type: none"> • Look for chest indrawing • Check oxygen saturation- <90%/≥90% 																															
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___</p> <ul style="list-style-type: none"> • For how long? _____ Days? • Is there blood in stools? Yes/ No <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> ⇒ Lethargic or unconscious? ⇒ Restless and irritable? • Look for sunken eyes • Offer the child fluid. Is the child: <ul style="list-style-type: none"> ⇒ Not able to drink or drinking poorly? ⇒ Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> ⇒ Slowly? ⇒ Very slowly (longer than 2 seconds)? 																															
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 °C or above) Yes ___ No ___</p> <p>Is it a PF (P. falciparum predominant area) Yes/ No</p> <ul style="list-style-type: none"> • Fever for how long? _____ Days? • If more than 7 days, has fever been present every day? <ul style="list-style-type: none"> • Look or feel for stiff neck • Look for any other focus of fever 																															
<p>THEN CHECK FOR MALNUTRITION Weight _____ (kg) Length/Height _____ (cm)</p> <ul style="list-style-type: none"> • If child is 6 months or older, measure MUAC _____ cm <ul style="list-style-type: none"> • Determine WFH/L SD score by plotting on MCP card: <ul style="list-style-type: none"> ⇒ Red (<-3SD) ⇒ Yellow (<-2 SD) ⇒ Green (≥-2SD) • Look for oedema of both feet • Look for visible severe wasting 																															
<p>THEN CHECK FOR ANEMIA</p> <ul style="list-style-type: none"> • Look for palmar pallor <ul style="list-style-type: none"> ⇒ Severe palmar pallor ⇒ Some palmar pallor ⇒ No pallor 																															
<p>CHECK THE CHILD'S IMMUNIZATION, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID STATUS</p> <p>Circle immunizations and Vitamin A or IFA supplements needed today.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 10%;">BCG</td> <td style="border-bottom: 1px solid black; width: 10%;">PENTA 1</td> <td style="border-bottom: 1px solid black; width: 10%;">PENTA 2</td> <td style="border-bottom: 1px solid black; width: 10%;">PENTA 3</td> <td style="border-bottom: 1px solid black; width: 10%;">MR-1</td> <td style="border-bottom: 1px solid black; width: 10%;">MR-2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">OPV 0</td> <td style="border-bottom: 1px solid black;">OPV 1</td> <td style="border-bottom: 1px solid black;">OPV 2</td> <td style="border-bottom: 1px solid black;">OPV 3</td> <td style="border-bottom: 1px solid black;">VITAMIN A+ IFA</td> <td style="border-bottom: 1px solid black;">OPV- Booster</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Hep B 0</td> <td style="border-bottom: 1px solid black;">Rota-1</td> <td style="border-bottom: 1px solid black;">Rota-2</td> <td style="border-bottom: 1px solid black;">Rota-3</td> <td style="border-bottom: 1px solid black;">JE-1</td> <td style="border-bottom: 1px solid black;">JE-2</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">PCV-1</td> <td></td> <td style="border-bottom: 1px solid black;">PCV-2</td> <td style="border-bottom: 1px solid black;">PCV Booster</td> <td style="border-bottom: 1px solid black;">DPT Booster-1</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">IPV-1</td> <td></td> <td style="border-bottom: 1px solid black;">IPV-2</td> <td style="border-bottom: 1px solid black;">IPV-3</td> <td style="border-bottom: 1px solid black;">Deworming</td> </tr> </table>	BCG	PENTA 1	PENTA 2	PENTA 3	MR-1	MR-2	OPV 0	OPV 1	OPV 2	OPV 3	VITAMIN A+ IFA	OPV- Booster	Hep B 0	Rota-1	Rota-2	Rota-3	JE-1	JE-2		PCV-1		PCV-2	PCV Booster	DPT Booster-1		IPV-1		IPV-2	IPV-3	Deworming	<p>Return for next immunization or Vitamin A or IFA supplement or Deworming:</p> <p style="text-align: center;">_____ (Date)</p>
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<p>ASSESS CHILD'S FEEDING</p> <ul style="list-style-type: none"> • Do you breastfeed your child? Yes ___ No ___ • If yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes ___ No ___ • Does the child take any other food or fluids? Yes ___ No ___ If yes, what foods of fluids? _____ • How many times per day? _____. What do you use to feed the child and how? _____ • How large are the servings? • Does the child receive his own serving? _____ Who feeds the child and how? _____ • During this illness, has the child's feeding changed? Yes ___ No ___ • If Yes, how? 																															
<p>ASSESS CAREGIVER'S PRACTICES TO SUPPORT CHILD'S DEVELOPMENT</p> <p>ASK:</p> <ul style="list-style-type: none"> • How do you play with your baby? • How do you talk to your baby? • How do you get your baby smile? <ul style="list-style-type: none"> • Look how does caregiver show he/she is aware of child's movement? • Look how does caregiver comfort the child and show love? 																															
<p>ASSESS OTHER PROBLEMS:</p>																															

