

## MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS BY MO

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><b>CHECK FOR GENERAL DANGER SIGNS</b></p> <ul style="list-style-type: none"> <li>• NOT ABLE TO DRINK OR FEED</li> <li>• CONVULSIONS /CONVULSING NOW</li> <li>• LETHARGIC OR UNCONSCIOUS</li> <li>• VOMITS EVERYTHING</li> </ul>	<p>General danger sign present? Yes _____ No _____</p> <p style="text-align: center;"><b>Remember to use danger sign when selecting classifications</b></p>																														
<p><b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• For how long? _____ Days</li> <li>• Count the breath in one minute _____ breaths.</li> <li>• Fast breathing?</li> <li>• Look for chest indrawing</li> <li>• Look and listen for stridor</li> <li>• Look and listen for wheeze</li> <li>• Check oxygen saturation- &lt;90% / ≥90%</li> </ul>																															
<p><b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• For how long? _____ Days</li> <li>• Is there blood in the stool?</li> <li>• Look at the child's general condition. Is the child:                             <ul style="list-style-type: none"> <li>⇨ Lethargic or unconscious?</li> <li>⇨ Restless and irritable?</li> </ul> </li> <li>• Look for sunken eyes</li> <li>• Offer the child fluid. Is the child:                             <ul style="list-style-type: none"> <li>⇨ Not able to drink or drinking poorly?</li> <li>⇨ Drinking eagerly, thirsty?</li> </ul> </li> <li>• Pinch the skin of the abdomen. Does it go back:                             <ul style="list-style-type: none"> <li>⇨ Slowly?</li> <li>⇨ Very slowly (longer than 2 seconds)?</li> </ul> </li> </ul>																															
<p><b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5 °C or above) Yes ___ No ___</p> <p>Is it a PF (<i>P. falciparum</i>) predominant area Yes/ No</p> <ul style="list-style-type: none"> <li>• Fever for how long? _____ Days?</li> <li>• If more than 7 days, has fever been present every day?</li> <li>• Do RDT for PF/PV if PF predominant area or no obvious cause of fever present –Positive/Negative</li> <li>• <b>Is this a dengue season? (Yes/No)</b></li> <li>• If Yes-Is there is continuous fever of 2-7 days?</li> <li>• If this is a dengue season and there is continuous fever of 2-7 days?                             <ul style="list-style-type: none"> <li>⇨ Is there any rash/ bleeding from any site?</li> <li>⇨ Are extremities cold?</li> <li>⇨ Is there severe abdominal pain?</li> </ul> </li> <li>• Look or feel for stiff neck</li> <li>• Look for any bacterial focus of fever</li> <li>• Look for cold extremities, weak &amp; fast pulse</li> <li>• Tourniquet test –Positive/Negative</li> <li>• Look for signs of MEASLES                             <ul style="list-style-type: none"> <li>⇨ Generalized rash</li> <li>⇨ One of these: cough/ runny nose/ or red eyes</li> </ul> </li> <li>• Positive Tourniquet test</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• If child has measles now or within the last 3 months</li> <li>• Look for mouth ulcers</li> <li>• If yes, are they deep and extensive?</li> <li>• Look for pus draining from eye</li> <li>• Look for clouding of cornea</li> </ul>																															
<p><b>DOES THE CHILD HAVE EAR PROBLEM?</b> Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• Is there ear pain?</li> <li>• Is there ear discharge? If yes, for how long _____ Days</li> <li>• Look for pus draining from the ear</li> <li>• Feel for tender swelling behind the ear</li> </ul>																															
<p><b>THEN CHECK FOR MALNUTRITION</b> Weight _____ (kg) Length/Height _____ (cm)</p> <ul style="list-style-type: none"> <li>• If child is 6 months or older, measure MUAC _____ cm</li> <li>• Determine WFH/L SD score:                             <ul style="list-style-type: none"> <li>⇨ Red (&lt;-3SD)</li> <li>⇨ Yellow (&lt;-2SD)</li> <li>⇨ Green (≥-2SD)</li> </ul> </li> <li>• Look for oedema of both feet</li> </ul>																															
<p><b>THEN CHECK FOR ANEMIA</b></p> <ul style="list-style-type: none"> <li>• Look for palmar pallor – severe/some/no</li> <li>• Check haemoglobin: _____ gm/dl (if possible)</li> </ul>																															
<p><b>CHECK THE CHILD'S IMMUNIZATION, PROPHYLACTIC VITAMIN A &amp; IRON-FOLIC ACID STATUS</b></p> <p>Circle immunizations and Vitamin A or IFA supplements needed today.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">BCG</td> <td style="width: 15%; border-bottom: 1px solid black;">PENTA 1</td> <td style="width: 15%; border-bottom: 1px solid black;">PENTA 2</td> <td style="width: 15%; border-bottom: 1px solid black;">PENTA 3</td> <td style="width: 15%; border-bottom: 1px solid black;">MR-1</td> <td style="width: 15%; border-bottom: 1px solid black;">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;">nPV-1</td> <td></td> <td style="border-bottom: 1px solid black;">nPV-2</td> <td style="border-bottom: 1px solid black;">nPV-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		nPV-1		nPV-2	nPV-3	Deworming	<p>Return for next immunization or Vitamin A or IFA supplement or Deworming:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p>
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<p><b>ASSESS CHILD'S FEEDING, if child has UNCOMPLICATED SEVERE ACUTE MALNUTRITION/MODERATE ACUTE NUTRITION OR ANEMIA OR age is less than 2 year's old</b></p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes ___ No ___</li> <li>• If Yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>• Does the child take any other food or fluids? Yes ___ No ___ If Yes, what foods or fluids?</li> <li>• How many times per day? _____ time. What do you use to feed the child and how? _____</li> <li>• How large are the servings? _____</li> <li>• Does the child receive his own serving? _____ Who feeds the child and how? _____</li> <li>• During this illness, has the child's feeding changed? Yes ___ No ___</li> <li>• If Yes, how?</li> </ul>																															
<p><b>ASSESS THE CAREGIVER'S DEVELOPMENT SUPPORTIVE PRACTICES if child is less than 3 years old or has UNCOMPLICATED SEVERE ACUTE MALNUTRITION/ANEMIA</b></p> <p>ASK:</p> <ul style="list-style-type: none"> <li>• How do you play with your baby?</li> <li>• How do you talk to your baby?</li> <li>• How do you get your baby smile?</li> <li>• Look how does caregiver show he/she is aware of child's movement?</li> <li>• Look how does caregiver comfort the child and show love?</li> </ul>																															
<p><b>ASSESS OTHER PROBLEMS:</b></p>																															

