

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI): AGE 2 MONTHS UP TO 5 YEARS

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS TO CLASSIFY THE ILLNESS

- Greet**, look for danger signs or emergency signs. If any present, manage urgently according to the job aide.
Check: age and whether patient has an acute illness or is a follow-up.
- Ask:** 'What is your problem?' 'How long you had the problem?' 'Any other problems?'
Learn also about their concerns.
- Look**, listen and feel for the signs and symptoms in the first column for each problem.
- Classify**, Start at the top of the classification table according to patient's problems. Assess 'IF' signs present: start from the top pink (signs for severe), then yellow row, then green row signs. Once you find a row/classification, do not go down any further in that box.
- Treat:** according to the classification in the right hand column. If classified in the pink row, arrange urgent referral; if yellow treat condition and arrange **follow up in 2 days** unless stated otherwise. Mild illnesses are coloured in green. These patients need only symptomatic treatment and preventive advice, but no antibiotic. For all classifications, explain when to return urgently.
- Give preventive** care and advice related to their problems.

SYMPTOMS FOUND:	IF	THEN CLASSIFY	TREATMENT
<input type="checkbox"/> GENERAL DANGER SIGNS <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS (Has or has had) • LETHARGIC/ UNCONSCIOUS 	Any danger sign present	<input type="checkbox"/> GENERAL DANGER SIGN	<ul style="list-style-type: none"> ➤ Advise mother to ensure appropriate feeding to avoid glucose insufficiency ➤ Advise mother to keep her child warm ➤ Refer URGENTLY to Upazila Health Complex (UHC)
If a child has any general danger sign, he/she needs urgent care: assess quickly to give pre referral treatment and refer to UHC urgently			

<input type="checkbox"/> COUGH OR DIFFICULT BREATHING For how long? (record in register) Count the breaths in one minute (Record in register) Check if: (Child must be calm) <ul style="list-style-type: none"> • CHEST INDRAWING • STRIDOR • WHEEZE • FAST BREATHING 	Any general danger sign OR <ul style="list-style-type: none"> • Chest in-drawing or • Stridor in calm child 	<input type="checkbox"/> SEVERE PNEUMONIA OR VERY SEVERE DISEASE	<ul style="list-style-type: none"> ➤ Give first dose of amoxicillin syrup (if able to take) ➤ Give paracetamol if temp is 38.5°C or above ➤ Ensure appropriate feeding to avoid glucose insufficiency AND ➤ Refer URGENTLY to UHC 						
	<ul style="list-style-type: none"> • Fast breathing (according to age) 	<input type="checkbox"/> PNEUMONIA	<ul style="list-style-type: none"> ➤ Treat with amoxicillin syrup for 5 days ➤ If wheezing give salbutamol for 5 days ➤ If coughing >21 days, or recurrent wheeze, refer to UHC for assessment of TB or asthma ➤ Advise mother when to return immediately ➤ Follow up in 2 days 						
<table border="1"> <thead> <tr> <th>Age (months)</th> <th>Fast breathing</th> </tr> </thead> <tbody> <tr> <td><12 mo.</td> <td>50 breaths per min or more</td> </tr> <tr> <td>>12 mo.</td> <td>40 breaths per min or more</td> </tr> </tbody> </table>	Age (months)	Fast breathing	<12 mo.	50 breaths per min or more	>12 mo.	40 breaths per min or more			
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>12 mo.	40 breaths per min or more								

	No signs of pneumonia or very severe disease	<input type="checkbox"/> NO PNEUMONIA: COLD OR COUGH	<ul style="list-style-type: none"> ➤ If coughing >21 days, or recurrent wheeze, refer to UHC for assessment of TB or asthma ➤ If wheezing give salbutamol for 5 days ➤ Soothe the throat and relieve the cough with a safe remedy ➤ Advise mother when to return immediately ➤ Follow-up in 2 days if not improving
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<p><input type="checkbox"/> DIARRHOEA If the child has diarrhea? If yes ask: For how long? - Record in register, and if > 14 days is 'persistent' and see rows below - Is there blood in stool?</p> <p>Check if:</p> <ul style="list-style-type: none"> • LETHARGIC OR UNCONSCIOUS • RESTLESS OR IRRITABLE • SUNKEN EYES • NOT ABLE TO DRINK OR DRINKS POORLY • SKIN PINCH GOES BACK - VERY SLOWLY (takes more than 2 seconds) -SLOWLY • DRINKS EAGERLY (THIRSTY) • BLOOD IN STOOL 	<p>One of the following signs:</p> <ul style="list-style-type: none"> ▪ Lethargic or unconscious ▪ Sunken eyes ▪ Not able to drink or drinks poorly ▪ Skin pinch goes back very slowly 	<input type="checkbox"/> SEVERE DEHYDRATION	<ul style="list-style-type: none"> ➤ Refer URGENTLY to UHC, with mother giving frequent sips of ORS as soon as the child can drink 	
	<p>One of the following signs:</p> <ul style="list-style-type: none"> ▪ Restless and irritable ▪ Drinks eagerly (thirsty) ▪ Skin pinch goes back slowly 	<input type="checkbox"/> SOME DEHYDRATION	<ul style="list-style-type: none"> ➤ Give ORS in clinic for 4 hours and reassess ➤ Ask mother to also continue breast milk ➤ Give ZINC supplements for 10-14 days ➤ Advise the mother when to return immediately ➤ Follow up in 2 days if not improving 	
	<p>Not enough signs to classify as some or severe dehydration</p>	<input type="checkbox"/> NO DEHYDRATION	<p>Counsel the mother on home treatment:</p> <ul style="list-style-type: none"> ➤ Give extra fluid ➤ Give ZINC supplements for 10-14 days ➤ Continue feeding ➤ Advise the mother when to return immediately ➤ Follow up in 2 days if not improving 	
	<p>If > 14 days is 'persistent' =></p>	<p>14 days or more and dehydration present</p>	<input type="checkbox"/> SEVERE PERSISTANT DIARRHOEA	<ul style="list-style-type: none"> ➤ Refer URGENTLY to UHC with mother giving frequent sips of ORS as soon as the child can drink.
		<p>14 days or more and no dehydration</p>	<input type="checkbox"/> PERSISTANT DIARRHOEA	<ul style="list-style-type: none"> ➤ Give fluid and food to treat diarrhoea at home ➤ Advise the mother on feeding ➤ Give ZINC tablet for 10-14 days ➤ Follow up in 5 days
	<p>If blood in the stool =></p>	<p>Blood in stool</p>	<input type="checkbox"/> DYSENTERY	<ul style="list-style-type: none"> ➤ Give cotrimoxazole for 5 days And advise mother on home care ➤ Give ZINC supplements for 10-14 days ➤ Follow up in 2 days

<input type="checkbox"/> FEVER (NON-MALARIA) (Fever by history, or feels hot, or temperature more than 37.5°C) How long has the fever been present? (Record in register) Check the following: <ul style="list-style-type: none"> CHILD 3 MONTHS OR LESS BULGING FONTANELLE NECK STIFFNESS NON BLANCHING RASH CAPILLARY REFILL > 2 SECONDS TEMPERATURE 39°C OR HIGHER IF AGE <6 MONTHS SIGNS OF DEHYDRATION (as page above) RAISED RESPIRATORY RATE <table border="1"> <tr> <td>Age (months)</td> <td>Fast breathing</td> </tr> <tr> <td><12 mo.</td> <td>50 breaths per min or more</td> </tr> <tr> <td>>12 mo.</td> <td>40 breaths per min or more</td> </tr> </table> <ul style="list-style-type: none"> VOMITING POOR FEEDING DECREASED ACTIVITY SWELLING, OR NOT USING ARM, LEG OR JOINT RASH RUNNY NOSE RED EYES CLOUDING OF CORNEA PUS DRAINING FROM EYE MOUTH ULCERS RED/INFLAMED/DISCHARGING SKIN OR WOUND ABDOMINAL/ LOIN PAIN PASSING URINE OFTEN PAIN ON PASSING URINE JAUNDICE 	Age (months)	Fast breathing	<12 mo.	50 breaths per min or more	>12 mo.	40 breaths per min or more	Any general danger sign OR: <ul style="list-style-type: none"> Child 3 months or less Bulging fontanelle Neck stiffness Non blanching rash Capillary refill > 2 seconds Temperature ≥ 39°C if age <6 months Fast breathing Signs of dehydration 	<input type="checkbox"/> MENINGITIS/ SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> ➤ Give first dose of amoxicillin syrup or cotrimoxazole tablet ➤ Advise mother about proper feeding to avoid glucose insufficiency ➤ Give one dose of paracetamol if temperature is more than 38.5 °C AND <ul style="list-style-type: none"> ➤ Refer URGENTLY to UHC
	Age (months)	Fast breathing							
	<12 mo.	50 breaths per min or more							
	>12 mo.	40 breaths per min or more							
	<ul style="list-style-type: none"> Swelling of, or not using, a arm, leg or joint 	<input type="checkbox"/> SEPTIC JOINT or BONE	<ul style="list-style-type: none"> ➤ Refer to UHC 						
	No cause identified for fever AND one or more of: <ul style="list-style-type: none"> Vomiting Poor feeding Decreased activity Abdominal/loin pain Passing urine more often Pain on passing urine 	<input type="checkbox"/> POSSIBLE UTI	<ul style="list-style-type: none"> ➤ Refer to UHC for investigations and treatment 						
	No cause identified for fever AND <ul style="list-style-type: none"> If jaundice present OR If fever present 7 days or more 	<input type="checkbox"/> FEVER CAUSE UNKNOWN	<ul style="list-style-type: none"> ➤ Refer to UHC for further investigations and treatment 						
<ul style="list-style-type: none"> Red/ inflamed/ discharging skin or wound 	<input type="checkbox"/> SKIN INFECTION	<ul style="list-style-type: none"> ➤ Refer to UHC 							
<ul style="list-style-type: none"> Generalised rash AND Runny nose or red eyes <p>Also look for:</p> <ul style="list-style-type: none"> Clouding of cornea Pus draining from eye Mouth ulcers 	<input type="checkbox"/> MEASLES	<ul style="list-style-type: none"> ➤ Apply cloramphenicol eye ointment if pus in the eye ➤ Treat mouth ulcers with 0.25% gentian violet ➤ If clouding of cornea/extensive mouth ulcers, refer URGENTLY to UHC ➤ Review in 2 days 							
<ul style="list-style-type: none"> Runny nose, or red throat or cough, AND Alert or easily woken, active child Drinking normally 	<input type="checkbox"/> MILD VIRAL ILLNESS	<ul style="list-style-type: none"> ➤ Give paracetamol if temperature is more than 38.5 °C ➤ Advise when to return immediately ➤ Return in 2 days if fever persists ➤ Refer if fever persists 7 days 							
<input type="checkbox"/> FEVER (POSSIBLY MALARIA) (Fever by history, or feels hot, or temperature more than 37.5°C) If lives in, or has visited a malarial endemic area: (Chittagong, Coxes Bazar, Rangamati, Bandarban, Khagrachari) <input type="checkbox"/> PERFORM A RAPID DIAGNOSTIC TEST (RDT) or blood slide for malaria	<ul style="list-style-type: none"> RDT positive and: Any general danger sign or Neck stiffness 	<input type="checkbox"/> MALARIA / SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> ➤ Give anti-malarial medicine according to national guideline ➤ Give first dose of an antibiotic (amoxicillin or cotrimoxazole) ➤ Ensure appropriate food or drink to avoid glucose insufficiency ➤ Give paracetamol if temperature is more than 38.5 °C ➤ Refer URGENTLY to UHC 						
	<ul style="list-style-type: none"> RDT positive 	<input type="checkbox"/> MALARIA	<ul style="list-style-type: none"> ➤ Give anti-malarial medicine according to national guideline ➤ Give paracetamol if temperature is more than 38.5 °C ➤ Advise when to return immediately 						

			<ul style="list-style-type: none"> ➤ Review in 2 days ➤ For non malarial area if anti malarial drugs are not available refer to UHC
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<input type="checkbox"/> EAR PROBLEM <ul style="list-style-type: none"> • EAR PAIN • EAR DISCHARGE AND NUMBER OF DAYS • PUS DRAINING FROM EAR • TENDER SWELLING BEHIND THE EAR 	<ul style="list-style-type: none"> ▪ Tender swelling behind the ear 	<input type="checkbox"/> MASTOIDITIS	<ul style="list-style-type: none"> ➤ Give 1st dose of oral amoxicillin ➤ Give one dose of paracetamol for pain ➤ Refer URGENTLY to UHC
	<ul style="list-style-type: none"> ▪ Pus draining from the ear and discharge is reported for less than 14 days OR ▪ Ear pain 	<input type="checkbox"/> ACUTE EAR INFECTION	<ul style="list-style-type: none"> ➤ Give oral amoxicillin for 5 days ➤ Give paracetamol for pain ➤ Dry the ear by wicking ➤ Follow up in 5 days
	<ul style="list-style-type: none"> ▪ Pus draining from the ear and discharge is reported for 14 days or more 	<input type="checkbox"/> CHRONIC EAR INFECTION	<ul style="list-style-type: none"> ➤ Dry the ear by wicking ➤ Refer to UHC
	<ul style="list-style-type: none"> ▪ No ear pain and no pus draining from the ear 	<input type="checkbox"/> NO EAR INFECTION	<ul style="list-style-type: none"> ➤ No treatment

<input type="checkbox"/> MALNUTRITION <input type="checkbox"/> VISIBLE SEVERE WASTING <input type="checkbox"/> OEDEMA OF BOTH FEET <input type="checkbox"/> VERY LOW WEIGHT FOR AGE Assess malnutrition: Use MUAC(Mid Upper Arm Circumference) tape to detect red, yellow or green colour	<ul style="list-style-type: none"> ▪ MUAC measurement indicating red colour(less than 11.5 cm) ▪ Visible severe wasting OR ▪ Oedema of both feet 	<input type="checkbox"/> SEVERE MALNUTRITION	<ul style="list-style-type: none"> ➤ Give vitamin A ➤ Keep the child warm ➤ Ensure appropriate feeding to avoid low blood glucose level ➤ Refer URGENTLY to UHC
	<ul style="list-style-type: none"> ▪ MUAC measurement indicating yellow colour ▪ Very low weight for age 	<input type="checkbox"/> MALNUTRITION	<ul style="list-style-type: none"> ➤ Assess the child's feeding and counsel the mother on feeding according to the advice chart ➤ Follow up in 14 days ➤ If feeding problem follow up in 5 days
	<ul style="list-style-type: none"> ▪ Not very low weight for age ▪ MUAC measurement indicating green colour 	<input type="checkbox"/> NO MALNUTRITION	<ul style="list-style-type: none"> ➤ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the advice chart ➤ If feeding problem follow up in 5 days

<input type="checkbox"/> ANAEMIA <input type="checkbox"/> SEVERE PALMAR PALLOR <input type="checkbox"/> SOME PALMAR PALLOR <input type="checkbox"/> NO PALMAR PALLOR	<ul style="list-style-type: none"> • Severe palmar pallor 	<input type="checkbox"/> SEVERE ANAEMIA	<ul style="list-style-type: none"> ➤ Refer URGENTLY to UHC
	<ul style="list-style-type: none"> • Some palmar pallor 	<input type="checkbox"/> ANAEMIA	<ul style="list-style-type: none"> ➤ Give iron and folic acid for 14 days ➤ Give albendazole if child is 1 year or older and has not had a dose in previous 6 months ➤ Assess the child's feeding and counsel the mother on feeding according to the advice chart ➤ If malaria risk area, perform RDT ➤ Advise mother when to return immediately ➤ Follow up in 14 days
	<ul style="list-style-type: none"> • No palmar pallor 	<input type="checkbox"/> NO ANAEMIA	<ul style="list-style-type: none"> ➤ if child is 6 months or older give iron and folic acid to avoid anaemia

MANAGEMENT OF SICK CHILD: AGE 0-2 MONTHS

SYMPTOMS FOUND:	IF	THEN CLASSIFY	TREATMENT
<p>ASK: Has the infant had convulsions? Is the infant feeding well?</p> <p>LOOK, LISTEN, FEEL:</p> <ul style="list-style-type: none"> • Is the young infant lethargic or unconscious • Look at the young infant's movements. <i>If the infant is sleeping ask the caregiver to wake him/her.</i> <ul style="list-style-type: none"> - Does the child move on his/her own? - Does the child move only when stimulated? - Does the infant not move at all? • Count the breaths in one minute. Repeat the count if elevated (60 breaths per minute or more) • Look for severe chest indrawing • Look and listen for grunting • Look and feel for bulging fontanelle • Measure temperature • Look for jaundice (yellow eyes or skin) • Check for dehydration: <ul style="list-style-type: none"> - Is the child restless and irritable? - Look for sunken eyes - Pinch the skin on the abdomen; does it go back slowly? • Look for pus draining from the ear • Look at the umbilicus. Is it red and does the redness extend to the skin? Is it draining pus? • Look for skin pustules 	<ul style="list-style-type: none"> • Lethargic or unconscious • Movement only when stimulated or no movement • Not feeding well or • Convulsions or • Fast breathing or • Severe chest indrawing or • Grunting or • Bulging fontanelle or • Fever (37.5°C or above) or low body temperature (35.5°C or below) or • Jaundice and: <ul style="list-style-type: none"> - Less than 24 hours old - More than 3 weeks old - Yellow palms and soles any age • Dehydration • Pus draining from the ear • Umbilical redness extending to the skin or draining pus • Extensive skin pustules 	<p>VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> ➤ Treat to prevent low blood sugar If child can breast feed: Advise mother to continue breast feeding If child can't breast feed: Ensure drinking extracted breast milk or water with sugar (Add 20 mg sugar into 200 ml of water) ➤ Refer URGENTLY to UHC ➤ Advise mother how to keep the infant warm on the way to the UHC ➤ If dehydrated, advise mother to give frequent sips of ORS on the way to UHC ➤ Give 1st dose of Amoxicillin if child can take

<p>Assess for limited local infections</p> <ul style="list-style-type: none"> • Look for pus draining from the eye • Look for mouth ulcers or thrush • Look at the umbilicus for redness, not extending to the skin • Look for skin pustules 	<ul style="list-style-type: none"> • Pus draining from the eye • Mouth ulcers or thrush • Umbilical redness not extending to the skin and no pus • Skin pustules but not extensive or severe 	<p>LOCAL BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> ➤ If there is pus draining from the eye, treat with chloramphenicol eye drops ➤ If there are mouth ulcers treat with 0.25% gentian violet solution ➤ Treat skin pustules or umbilical redness with 0.25% gentian violet solution ➤ Review in 2 days and if not improving, refer to UHC
<p>Assess for jaundice (as above)</p>	<ul style="list-style-type: none"> • Jaundice appearing after 24 hours of age and less than 3 weeks of age AND • Palms and soles not yellow 	<p>JAUNDICE</p>	<ul style="list-style-type: none"> ➤ Advise the mother to give home care for the young infant ➤ Advise the mother to return immediately if palms and soles appear yellow ➤ Follow up in 1 day
<ul style="list-style-type: none"> • Does the young infant have diarrhoea*? 	<ul style="list-style-type: none"> • No signs of dehydration 	<p>DIARRHOEA WITH NO DEHYDRATION</p>	<ul style="list-style-type: none"> ➤ Give fluid for diarrhoea at home and continue breastfeeding (Plan A) ➤ Advise mother when to return immediately ➤ Follow up in 2 days if not improving

*A young infant has diarrhoea if the stools have changed from the usual pattern and are very frequent and watery (more water than faecal matter)

The normally frequent and semi-solid stools of a breastfed baby are not diarrhoea