### 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**

1. **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.
2. **Ask**: ‘What is your problem?’ ‘How long you had the problem?’ ‘Any other problems?’ Learn also about their concerns.
3. **Look**, listen and feel for the signs and symptoms in the first column for each problem.
4. **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.
5. **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.
6. **Give preventive** care and advice related to their problems.

#### SYMPTOMS FOUND:

<table>
<thead>
<tr>
<th>IF</th>
<th>THEN CLASSIFY</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| # GENERAL DANGER SIGNS  
  - NOT ABLE TO DRINK OR BREASTFEED  
  - VOMITS EVERYTHING  
  - CONVULSIONS (Has or has had)  
  - LETHARGIC/UNCONSCIOUS | Any danger sign present | # GENERAL DANGER SIGN  
  - 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.

<table>
<thead>
<tr>
<th>COUGH OR DIFFICULT BREATHING</th>
<th>IF</th>
<th>THEN CLASSIFY</th>
<th>TREATMENT</th>
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</thead>
</table>
| Any general danger sign OR  
  - Chest in-drawing or  
  - Stridor in calm child | # SEVERE PNEUMONIA OR VERY SEVERE DISEASE  
  - Fast breathing (according to age) | # PNEUMONIA  
  - 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  
  - 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 |

For how long? (record in register)  
Count the breaths in one minute  
(Record in register)

**Check if:**  
(Child must be calm)

- CHEST INDRAWING  
- STRIDOR  
- WHEEZE  
- FAST BREATHING

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Fast breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;12 mo.</td>
<td>50 breaths per min or more</td>
</tr>
<tr>
<td>&gt;12 mo.</td>
<td>40 breaths per min or more</td>
</tr>
<tr>
<td><strong>DIARRHOEA</strong></td>
<td><strong>Severe Pneumonia: Cold or Cough</strong></td>
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<tr>
<td>---------------</td>
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</tr>
<tr>
<td>If the child has diarrhea?</td>
<td>If coughing &gt; 21 days, or recurrent wheeze, refer to UHC for assessment of TB or asthma</td>
</tr>
<tr>
<td>If yes ask:</td>
<td>If wheezing give salbutamol for 5 days</td>
</tr>
<tr>
<td>For how long?</td>
<td>Soothe the throat and relieve the cough with a safe remedy</td>
</tr>
<tr>
<td>- Record in register, and</td>
<td>Advise mother when to return immediately</td>
</tr>
<tr>
<td>if &gt; 14 days is 'persistent' and see rows below</td>
<td>Follow-up in 2 days if not improving</td>
</tr>
<tr>
<td>- Is there blood in stool?</td>
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</table>

**Check if:**
- 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

- Not enough signs to classify as some or severe dehydration
- 14 days or more and dehydration present
- 14 days or more and no dehydration
- Blood in stool

- 14 days or more and dehydration present
- 14 days or more and no dehydration
- Blood in stool

- Blood in stool

- Dyenserty

- Give cotrimoxazole for 5 days
- And advise mother on home care
- Give ZINC supplements for 10-14 days
- Follow up in 2 days
### □ 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:**
- 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

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<td>40 breaths per min or more</td>
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- 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

- Red/ inflamed/ discharging skin or wound
- Generalised rash AND Runny nose or red eyes
  - Also look for:
    - Clouding of cornea
    - Pus draining from eye
    - Mouth ulcers

- Runny nose, or red throat or cough, AND
- Alert or easily woken, active child
- Drinking normally

**MENINGITIS/SEVERE FEBRILE DISEASE**
- 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
- Refer URGENTLY to UHC

**SEPTIC JOINT or BONE**
- Refer to UHC

**POSSIBLE UTI**
- Refer to UHC for investigations and treatment

**FEVER CAUSE UNKNOWN**
- Refer to UHC for further investigations and treatment

**SKIN INFECTION**
- Refer to UHC

**MEASLES**
- 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

**MILD VIRAL ILLNESS**
- 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

### □ 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)

**PERFORM A RAPID DIAGNOSTIC TEST (RDT) or blood slide for malaria**

- RDT positive and:
  - Any general danger sign or
  - Neck stiffness

- RDT positive

**MALARIA / SEVERE FEBRILE DISEASE**
- 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

**MALARIA**
- Give anti-malarial medicine according to national guideline
- Give paracetamol if temperature is more than 38.5°C
- Advise when to return immediately
<table>
<thead>
<tr>
<th>EAR PROBLEM</th>
<th>MASTOIDITIS</th>
<th>ACUTE EAR INFECTION</th>
<th>CHRONIC EAR INFECTION</th>
<th>NO EAR INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EAR PAIN</td>
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<tr>
<td>• EAR DISCHARGE AND NUMBER OF DAYS</td>
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<tr>
<td>• PUS DRAINING FROM EAR</td>
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<tr>
<td>• TENDER SWELLING BEHIND THE EAR</td>
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<tr>
<td>Tender swelling behind the ear</td>
<td>Give 1st dose of oral amoxicillin</td>
<td>Give oral amoxicillin for 5 days</td>
<td>Dry the ear by wicking</td>
<td>No treatment</td>
</tr>
<tr>
<td>Pus draining from the ear and discharge is reported for less than 14 days OR Ear pain</td>
<td>Give one dose of paracetamol for pain</td>
<td>Give paracetamol for pain</td>
<td>Refer to UHC</td>
<td></td>
</tr>
<tr>
<td>Pus draining from the ear and discharge is reported for 14 days or more</td>
<td>Refer URGENTLY to UHC</td>
<td>Dry the ear by wicking</td>
<td>Refer to UHC</td>
<td></td>
</tr>
<tr>
<td>No ear pain and no pus draining from the ear</td>
<td>NO EAR INFECTION</td>
<td>NO EAR INFECTION</td>
<td>NO EAR INFECTION</td>
<td>NO EAR INFECTION</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>MALNUTRITION</th>
<th>SEVERE MALNUTRITION</th>
<th>MALNUTRITION</th>
<th>NO MALNUTRITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISIBLE SEVERE WASTING</td>
<td></td>
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<tr>
<td>ODEMA OF BOTH FEET</td>
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<tr>
<td>VERY LOW WEIGHT FOR AGE</td>
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<tr>
<td>Assess malnutrition: Use MUAC (Mid Upper Arm Circumference) tape to detect red, yellow or green colour</td>
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<tr>
<td>MUAC measurement indicating red colour (less than 11.5 cm)</td>
<td>Give vitamin A</td>
<td>Assess the child’s feeding and counsel the mother on feeding according to the advice chart</td>
<td>If child is less than 2 years old, assess the child’s feeding and counsel the mother on feeding according to the advice chart</td>
</tr>
<tr>
<td>Visible severe wasting OR Oedema of both feet</td>
<td>Keep the child warm</td>
<td>Follow up in 14 days</td>
<td>If feeding problem follow up in 5 days</td>
</tr>
<tr>
<td>MUAC measurement indicating yellow colour</td>
<td>Ensure appropriate feeding to avoid low blood glucose level</td>
<td>If feeding problem follow up in 5 days</td>
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<tr>
<td>Very low weight for age</td>
<td>Refer URGENTLY to UHC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very low weight for age</td>
<td></td>
<td></td>
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<tr>
<td>MUAC measurement indicating green colour</td>
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<table>
<thead>
<tr>
<th>ANAEMIA</th>
<th>SEVERE ANAEMIA</th>
<th>ANAEMIA</th>
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<tbody>
<tr>
<td>SEVERE PALMAR PALLOR</td>
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<tr>
<td>SOME PALMAR PALLOR</td>
<td></td>
<td></td>
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<tr>
<td>NO PALMAR PALLOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe palmar pallor</td>
<td>Refer URGENTLY to UHC</td>
<td>Give iron and folic acid for 14 days</td>
</tr>
<tr>
<td>Some palmar pallor</td>
<td></td>
<td>Give albendazole if child is 1 year or older and has not had a dose in previous 6 months</td>
</tr>
<tr>
<td>No palmar pallor</td>
<td></td>
<td>Assess the child’s feeding and counsel the mother on feeding according to the advice chart</td>
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<tr>
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<td></td>
<td>If malaria risk area, perform RDT</td>
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<td></td>
<td>Advise mother when to return immediately</td>
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<tr>
<td></td>
<td></td>
<td>Follow up in 14 days</td>
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<tr>
<td></td>
<td></td>
<td>if child is 6 months or older give iron and folic acid to avoid anaemia</td>
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</tbody>
</table>

- Review in 2 days
- For non malarial area if anti malarial drugs are not available refer to UHC
## MANAGEMENT OF SICK CHILD: AGE 0-2 MONTHS

<table>
<thead>
<tr>
<th>SYMPTOMS FOUND:</th>
<th>IF THEN CLASSIFY</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| **ASK:** Has the infant had convulsions? Is the infant feeding well? | **LETHARGIC OR UNCONSCIOUS**<br>**MOVEMENT ONLY WHEN STIMULATED OR NO MOVEMENT**<br>**NOT FEEDING WELL**<br>**CONVULSIONS OR**<br>**FAST BREATHING OR**<br>**SEVERE CHEST INDRAWING OR**<br>**GRUNTING OR**<br>**BULGING FONTANELLE OR**<br>**FEVER (37.5°C OR ABOVE) OR LOW BODY TEMPERATURE (35.5°C OR BELOW)**<br>**JAUNDICE AND:**<br> - **LESS THAN 24 HOURS OLD**<br> - **MORE THAN 3 WEEKS OLD**<br> - **YELLOW PALMS AND SOLES ANY AGE**<br>**DEHYDRATION**<br>**PUS DRAINING FROM THE EAR**<br>**UMBILICAL REDNESS EXTENDING TO THE SKIN OR DRAINING PUS**<br>**EXTENSIVE SKIN PUSTULES** | **VERY SEVERE DISEASE**<br>**TREAT TO PREVENT LOW BLOOD SUGAR**<br>**IF CHILD CAN BREAST FEED:** Advise mother to continue breast feeding<br>**IF CHILD CAN’T BREAST FEED:** Ensure drinking extracted breast milk or water with sugar (Add 20 mg sugar into 200 ml of water)<br>**REFER URGENTLY TO UHC**<br>**ADVISE MOTHER HOW TO KEEP THE INFANT WARM ON THE WAY TO THE UHC**<br>**IF DEHYDRATED, ADVISE MOTHER TO GIVE FREQUENT SIPS OF ORS ON THE WAY TO UHC**<br>**GIVE 1ST DOSE OF AMoxicillin IF CHILD CAN TAKE** |}

**LOOK, LISTEN, FEEL:**
- Is the young infant lethargic or unconscious?
- Look at the young infant’s movements. *If the infant is sleeping ask the caregiver to wake him/her.*
  - 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:
  - 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
**Assess for limited local infections**

- 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

<table>
<thead>
<tr>
<th>LOCAL BACTERIAL INFECTION</th>
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<tbody>
<tr>
<td>➢ If there is pus draining from the eye, treat with chloramphenicol eye drops</td>
</tr>
<tr>
<td>➢ If there are mouth ulcers treat with 0.25% gentian violet solution</td>
</tr>
<tr>
<td>➢ Treat skin pustules or umbilical redness with 0.25% gentian violet solution</td>
</tr>
<tr>
<td>➢ Review in 2 days and if not improving, refer to UHC</td>
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</table>

**Assess for jaundice (as above)**

- Jaundice appearing after 24 hours of age and less than 3 weeks of age AND
- Palms and soles not yellow

<table>
<thead>
<tr>
<th>JAUNDICE</th>
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<tbody>
<tr>
<td>➢ Advise the mother to give home care for the young infant</td>
</tr>
<tr>
<td>➢ Advise the mother to return immediately if palms and soles appear yellow</td>
</tr>
<tr>
<td>➢ Follow up in 1 day</td>
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</tbody>
</table>

- Does the young infant have diarrhoea*?

<table>
<thead>
<tr>
<th>DIARRHOEA WITH NO DEHYDRATION</th>
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<tbody>
<tr>
<td>➢ Give fluid for diarrhoea at home and continue breastfeeding (Plan A)</td>
</tr>
<tr>
<td>➢ Advise mother when to return immediately</td>
</tr>
<tr>
<td>➢ Follow up in 2 days if not improving</td>
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*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