

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

Age (months)	Fast breathing
<12 mo.	50 breaths per min or more
>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