INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Facilitator Guide for Modules

World Health Organization
Division of Child Health and Development (CHD)

UNICEF
INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

FACILITATOR GUIDE
FOR
MODULES

World Health Organization and UNICEF
1997
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INTRODUCTION TO THIS FACILITATOR GUIDE

How does this course differ from other training courses?

* The material in the course is not presented by lecture. Instead, each participant is given a set of instructional booklets, called modules, that have the basic information to be learned. Information is also provided through demonstrations, photographs and videotapes.

* The modules are designed to help each participant develop specific skills necessary for case management of sick children. Participants develop these skills as they read the modules, observe live and videotaped demonstrations, and practice skills in written exercises, video exercises, group discussions, oral drills, or role plays.

* After practicing skills in the modules, participants practice the skills in a real clinical setting, with supervision to ensure correct patient care.

* Each participant works at his own speed.

* Each participant discusses any problems or questions with a facilitator, and receives prompt feedback from the facilitator on completed exercises. (Feedback includes telling the participant how well he has done the exercise and what improvements could be made).

What is a FACILITATOR?

A facilitator is a person who helps the participants learn the skills presented in the course. The facilitator spends much of his time in discussions with participants, either individually or in small groups. For facilitators to give enough attention to each participant, a ratio of one facilitator to 3 to 6 participants is desired. In your assignment to teach this course, YOU are a facilitator.

As a facilitator, you need to be very familiar with the material being taught. It is your job to give explanations, do demonstrations, answer questions, talk with participants about their answers to exercises, conduct role plays, lead group discussions, organize and supervise clinical practice in outpatient clinics, and generally give participants any help they need to successfully complete the course. You are not expected to teach the content of the course through formal lectures. (Nor is this a good idea, even if this is the teaching method to which you are most accustomed.)
What, then, DOES a FACILITATOR do?

As a facilitator, you do 3 basic things:

1. You INSTRUCT:
   - Make sure that each participant understands how to work through the materials and what he is expected to do in each module and each exercise.
   - Answer the participant’s questions as they occur.
   - Explain any information that the participant finds confusing, and help him understand the main purpose of each exercise.
   - Lead group activities, such as group discussions, oral drills, video exercises, and role plays, to ensure that learning objectives are met.
   - Promptly assess each participant’s work and give correct answers.
   - Discuss with the participant how he obtained his answers in order to identify any weaknesses in the participant’s skills or understanding.
   - Provide additional explanations or practice to improve skills and understanding.
   - Help the participant to understand how to use skills taught in the course in his own clinic.
   - Explain what to do in each clinical practice session.
   - Model good clinical skills, including communication skills, during clinical practice sessions.
   - Give guidance and feedback as needed during clinical practice sessions.

2. You MOTIVATE:
   - Compliment the participant on his correct answers, improvements or progress.
- Make sure that there are no major obstacles to learning (such as too much noise or not enough light).

3. You MANAGE:

- Plan ahead and obtain all supplies needed each day, so that they are in the classroom or taken to the clinic when needed.

- Make sure that movements from classroom to clinic and back are efficient.

- Monitor the progress of each participant.

**How do you do these things?**

* Show enthusiasm for the topics covered in the course and for the work that the participants are doing.

* Be attentive to each participant's questions and needs. Encourage the participants to come to you at any time with questions or comments. Be available during scheduled times.

* Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.

* Promote a friendly, cooperative relationship. Respond positively to questions (by saying, for example, "Yes, I see what you mean," or "That is a good question."). Listen to the questions and try to address the participant's concerns, rather than rapidly giving the "correct" answer.

* Always take enough time with each participant to answer his questions completely (that is, so that both you and the participant are satisfied).

**What NOT to do.....**

* During times scheduled for course activities, do not work on other projects or discuss matters not related to the course.

* In discussions with participants, avoid using facial expressions or making comments that could cause participants to feel embarrassed.
* Do not call on participants one by one as in a traditional classroom, with an awkward silence when a participant does not know the answer. Instead, ask questions during individual feedback.

* Do not lecture about the information that participants are about to read. Give only the introductory explanations that are suggested in the Facilitator Guide. If you give too much information too early, it may confuse participants. Let them read it for themselves in the modules.

* Do not review text paragraph by paragraph. (This is boring and suggests that participants cannot read for themselves.) As necessary, review the highlights of the text during individual feedback or group discussions.

* Avoid being too much of a showman. Enthusiasm (and keeping the participants awake) is great, but learning is most important. Keep watching to ensure that participants are understanding the materials. Difficult points may require you to slow down and work carefully with individuals.

* Do not be condescending. In other words, do not treat participants as if they are children. They are adults.

* Do not talk too much. Encourage the participants to talk.

* Do not be shy, nervous, or worried about what to say. This Facilitator Guide will help you remember what to say. Just use it!

How can this FACILITATOR GUIDE help you?

This Facilitator Guide will help you teach the course modules, including the video segments. There is a separate guide to assist you with clinical practice sessions: the Facilitator Guide for Clinical Practice.

For each module, this Facilitator Guide includes the following:

* a list of the procedures to complete the module, highlighting the type of feedback to be given after each exercise

* guidelines for the procedures. These guidelines describe:
  - how to do demonstrations, role plays, and group discussions,
  - supplies needed for these activities,
  - how to conduct the video exercises,
  - how to conduct oral drills,
  - points to make in group discussions or individual feedback.
* answer sheets (or possible answers) for most exercises

* a place to write down points to make in addition to those listed in the guidelines

At the back of this Facilitator Guide is a section titled "Guidelines for All Modules" (section I). This section describes training techniques to use when working with participants during the course. It also includes important techniques to use when:

- participants are working individually,
- you are providing individual feedback,
- you are leading a group discussion,
- you are coordinating a role play.

The last four pages fold out so that you can refer to them as needed.

To prepare yourself for each module, you should:

* read the module and **work the exercises**, 

* read in this Facilitator Guide all the information provided about the module, 

* plan exactly how work on the module will be done and what major points to make, 

* collect any necessary supplies for exercises in the module, and prepare for any demonstrations or role plays, 

* think about sections that participants might find difficult and questions they may ask, 

* plan ways to help with difficult sections and answer possible questions, 

* think about the skills taught in the module and how they can be applied in participants' own clinics, 

* ask participants questions that will encourage them to think about using the skills in their clinics. Questions are suggested in appropriate places in the Facilitator Guide.
### CHECKLIST OF INSTRUCTIONAL MATERIALS NEEDED IN EACH SMALL GROUP

<table>
<thead>
<tr>
<th>ITEM NEEDED</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Facilitator Guide for Modules</em></td>
<td>1 for each facilitator</td>
</tr>
<tr>
<td><em>Facilitator Guide for Clinical Practice</em></td>
<td>1 for each facilitator</td>
</tr>
<tr>
<td>Set of 7 modules, photograph booklet, chart booklet (titled <em>Integrated Management of Childhood Illness</em>), and Mother’s Card</td>
<td>1 set for each facilitator and 1 set for each participant</td>
</tr>
<tr>
<td>Videotape</td>
<td>(Course Director will inform you where your small group will view the video.)</td>
</tr>
<tr>
<td>Set of 4 WHO/UNICEF Case Management Charts (Large version -- to display on the wall)</td>
<td>2 sets for each small group</td>
</tr>
<tr>
<td>Set of Facilitator Aids (if available)</td>
<td>1 set for each small group</td>
</tr>
<tr>
<td>Set of Answer Sheets</td>
<td>1 for each participant</td>
</tr>
<tr>
<td>Young Infant Recording Forms (for exercises in module)</td>
<td>5 for each participant plus some extras</td>
</tr>
<tr>
<td>Group Checklist of Clinical Signs Observed</td>
<td>1 per group</td>
</tr>
</tbody>
</table>

A-6
CHECKLIST OF SUPPLIES NEEDED FOR WORK ON MODULES

Supplies needed for each person include:

* name tag and holder
* paper
* ball point pen
* eraser
* felt tip pen
* highlighter
* 2 pencils
* folder or large envelope to collect answer sheets

Supplies needed for each group include:

* paper clips
* pencil sharpener
* stapler and staples
* extra pencils and erasers
* flipchart pad and markers OR blackboard and chalk
* 2 rolls transparent tape
* rubber bands
* 1 roll masking tape
* scissors

Access is needed to a video player. Your Course Director will tell you where this is. In addition, certain exercises require special supplies such as drugs, ORS packets, or a baby doll (or rolled towel to hold like a baby). These supplies are listed in the guidelines for each activity. Be sure to review the guidelines and collect the supplies needed from your Course Director before these activities.
FACILITATOR GUIDELINES FOR

INTRODUCTION
### FACILITATOR GUIDELINES

### INTRODUCTION

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduce yourself and ask participants to introduce themselves.</td>
<td>--------</td>
</tr>
<tr>
<td>2. Perform any necessary administrative tasks.</td>
<td>--------</td>
</tr>
<tr>
<td>3. Distribute and introduce the <em>Introduction</em> module.</td>
<td>--------</td>
</tr>
<tr>
<td>Participants read the module.</td>
<td>--------</td>
</tr>
<tr>
<td>4. Explain your role as facilitator.</td>
<td>--------</td>
</tr>
<tr>
<td>5. Participants tell where they work and tell briefly their responsibility for care of sick children.</td>
<td>--------</td>
</tr>
<tr>
<td>6. Summarize the module and answer any questions.</td>
<td>--------</td>
</tr>
</tbody>
</table>
1. INTRODUCTION OF YOURSELF AND PARTICIPANTS

If participants do not know you or do not know each other, introduce yourself as a facilitator of this course and write your name on the blackboard or flipchart. As the participants introduce themselves, write their names on the blackboard or flipchart. Leave the list of names in a place where everyone can see it to help you and the participants learn each other’s names.

2. ADMINISTRATIVE TASKS

There may be some administrative tasks or announcements that you should address. For example, you may need to explain the arrangements that have been made for lunches, the daily transportation of participants from their lodging to the course, or payment of per diem.

3. INTRODUCTION OF MODULE

Explain that this module is short. Most of the pages are a glossary. The module briefly describes the problem of childhood illness, the need for integrated case management guidelines, and the case management charts. Under "Purpose of This Training Course" are the major teaching objectives of this course. The module also describes the course methods and materials.

Explain that this module, like all the modules that the participants will be given, is theirs to keep. As they read, they can highlight important points or write notes on the pages if they wish.

Ask the participants to read the first several pages of the Introduction module now. They should stop reading when they reach the glossary. After everyone has finished reading, there will be a short discussion and you will answer any questions.

Note: Do not review the Glossary or discuss any questions about definitions in the Glossary now. Participants will learn the terms in logical order as they study the modules. Tell the participants that if they need help understanding a word when it is used in a module, they should refer to the Glossary. They can also ask a facilitator for explanation if needed.

4. EXPLANATION OF YOUR ROLE AS FACILITATOR

Explain to participants that, as facilitator (and along with your co-facilitator, if you have one), your role throughout this course will be to:
* guide them through the course activities
* answer questions as they arise or find the answer if you do not know
* clarify information they find confusing
* give individual feedback on exercises where indicated
* lead group discussions, drills, video exercises and role plays
* prepare them for each clinical session (explain what they will do and what to take)
* in outpatient sessions, demonstrate tasks
* observe and help them as needed during their practice in outpatient sessions.

5. BRIEF DESCRIPTION OF PARTICIPANTS' RESPONSIBILITY FOR CARE OF SICK CHILDREN

Explain to participants that you would like to learn more about their responsibilities for caring for sick children. This will help you understand their situations and be a better facilitator for them. For now, you will ask each of them to tell where they work and what their job is. During the course you will further discuss what they do in their clinic.

Begin with the first person listed on the flipchart and ask the two questions below. Note the answers on the flipchart.

* What is the name of the clinic where you work?
* What is your training or position?

Note: Have the participant remain seated. You should ask the questions and have the participant answer you, as in a conversation. It is very important at this point that the participant feel relaxed and not intimidated or put on the spot. (Though it may be interesting to you to ask the participant more questions about his responsibilities, do not do that now.)
6. **SUMMARIZE THE MODULE AND ANSWER ANY QUESTIONS**

To summarize the module, review the following points:

A. The case management process is described on 4 charts: (Point to or walk to each of the charts on the wall as you say its title.)

* **ASSESS AND CLASSIFY THE SICK CHILD**
* **TREAT THE CHILD**
* **COUNSEL THE MOTHER**

These 3 charts are used for sick children age 2 months up to 5 years.

Management of the young infant age 1 week up to 2 months is somewhat different from older infants and children. It is described on:

* **ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT**

B. To use the charts, you first decide which age group the child is in:

- Age 1 week up to 2 months
- Age 2 months up to 5 years

* If the child is 2 months up to 5 years, select the chart **ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**. "Up to 5 years" means the child has not yet had his fifth birthday. (Be sure that participants understand "up to" means up to but not including that age.)

* A child who is 2 months old would be in the group 2 months up to 5 years, not in the group 1 week up to 2 months.

* If the child is not yet 2 months of age, the child is considered a young infant. Use the chart **ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT**.

C. In this course you will learn to do all the steps on these charts. You will learn from:

* Modules (Hold up or point to a set of modules.)

B-5
Clinical sessions. You will go to clinics (every day except today) to practice managing sick children using what you have learned.

D. Ask participants if they have any questions about what they read in the module or heard in the opening session. Answer their questions, but do not explain how to use the case management charts. This will be taught in the rest of the course.

Note: Participants may ask whether the case management charts can be used for children who are older or younger than the age groups specified on the charts. If they ask this question during discussion of the module Introduction, explain as simply as possible, such as by using only the explanation in bold italics below. If they ask later in the course, after they have learned how to assess and classify, they could understand the entire explanation below.

Why not use this process for children age 5 years or more?

The case management process is designed for children less than 5 years of age. Although much of the advice on treatment of pneumonia, diarrhoea, malaria, measles and malnutrition is applicable to older children, the assessment and classification of older children would differ. For example, the cut-off rates for determining fast breathing would be different, because normal breathing rates are slower in older children. Chest indrawing is not a reliable sign of severe pneumonia as children get older and the bones of the chest become more firm. Older children can talk and so are able to report additional symptoms which are not in these charts, such as chest pain and headache, which maybe useful in deciding whether pneumonia or malaria is present.

In addition, certain treatment recommendations or advice to the mother on feeding would differ for children over 5 years of age. The drug dosing tables only apply to children up to 5 years. The feeding advice for older children may differ and they may have different feeding problems.

To summarize: Much of the treatment advice may be helpful for a child age 5 years or more. However, because of differences in the clinical signs of older and younger children who have these illnesses, this assessment and classification process using these clinical signs is not recommended for older children.
Why not use this process for young infants age less than 1 week?

The case management process on the YOUNG INFANT chart is designed for infants age 1 week up to 2 months. It differs from the process for older infants and young children. A case management process for the sick newborn, that is, a young infant who is less than 1 week of age, would have even greater differences. In the first week of life, newborn infants are often sick from conditions related to labour and delivery. Their conditions require special management which is not described in this course.

E. When there are no more questions, tell participants that they are ready to begin with the first step of case management, assessing and classifying a sick child. This is covered in the next module.
FACILITATOR GUIDELINES FOR

ASSESS AND Classify
The SICK Child
Age 2 Months Up to 5 Years
## FACILITATOR GUIDELINES

**ASSESS AND CLASSIFY THE SICK CHILD**

**AGE 2 MONTHS UP TO 5 YEARS**

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute and introduce the module.</td>
<td>--------</td>
</tr>
<tr>
<td>2. Participants read through section 2.0.</td>
<td>--------</td>
</tr>
<tr>
<td>Demonstration: Introduce the Recording Form</td>
<td>--------</td>
</tr>
<tr>
<td>3. Participants do Exercise A.</td>
<td>Individual</td>
</tr>
<tr>
<td>4. Participants read through section 3.1.</td>
<td>--------</td>
</tr>
<tr>
<td>Demonstration: Introduce the classification tables and how to classify cough or difficult breathing.</td>
<td>--------</td>
</tr>
<tr>
<td>5. Participants read through end of section 3.2.</td>
<td>--------</td>
</tr>
<tr>
<td>Demonstration: Review classification of cough or difficult breathing. Introduce chart booklet.</td>
<td>--------</td>
</tr>
<tr>
<td>6. Participants do Exercise B.</td>
<td>Individual</td>
</tr>
<tr>
<td>7. Participants do a video exercise. They record their answers on the worksheet for Exercise C.</td>
<td>Answers on Video</td>
</tr>
<tr>
<td>8. Participants read through section 4.1 and do Exercise D, a photograph exercise.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>9. Drill: Checking for general danger signs and assessing cough or difficult breathing.</td>
<td>Drill</td>
</tr>
<tr>
<td>10. Participants read through 4.2.1 Classify Dehydration.</td>
<td>--------</td>
</tr>
<tr>
<td>Demonstration: Classify dehydration.</td>
<td>--------</td>
</tr>
<tr>
<td>PROCEDURES</td>
<td>FEEDBACK</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>11. Participants do Exercise E.</td>
<td>Individual</td>
</tr>
<tr>
<td>12. Participants read through section 4.2.3 and do Exercise F.</td>
<td>Individual</td>
</tr>
<tr>
<td>13. Participants do a video exercise and write their answers on the worksheet for Exercise G.</td>
<td>Answers on Video</td>
</tr>
<tr>
<td>14. Participants read through section 5.1 and do Exercise H, a photograph exercise.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>15. Participants read &quot;Look for mouth ulcers&quot; and do Exercise I, a photograph exercise.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>16. Participants read through &quot;Look for pus draining from the eye&quot; and &quot;Look for clouding of the cornea.&quot; They do Exercise J, a photograph exercise.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>17. Drill: Determine fast breathing in children 2 months up to 5 years.</td>
<td>Drill</td>
</tr>
<tr>
<td>18. Participants read through section 5.3. Conduct group discussion of example case for Exercise K. Participants do Exercise K.</td>
<td>Individual</td>
</tr>
<tr>
<td>19. Participants do a video exercise and write their answers on the worksheet for Exercise L.</td>
<td>Answers on Video</td>
</tr>
<tr>
<td>20. Participants read through section 6.2 and do Exercise M.</td>
<td>Individual</td>
</tr>
<tr>
<td>21. Participants read through &quot;Look for palmar pallor&quot; and do Exercise N, a photograph exercise.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>22. Participants read through &quot;Look and feel for oedema of both feet&quot; and do Exercise O, a photograph exercise.</td>
<td>Group Discussion</td>
</tr>
</tbody>
</table>

C-3
<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Participants read through section 7.2 and do Exercise P.</td>
<td>Individual</td>
</tr>
<tr>
<td>24. Participants read through section 8.0 and do Exercise Q.</td>
<td>Individual</td>
</tr>
<tr>
<td>25. Drill: Determine weight for age.</td>
<td>Drill</td>
</tr>
<tr>
<td>26. Participants read section 9.0 and do Exercise R.</td>
<td>Individual</td>
</tr>
<tr>
<td>27. Participants do a video exercise and write their answers on the worksheet for Exercise S.</td>
<td>Answers on Video</td>
</tr>
<tr>
<td>28. As time allows, participants do a video summary exercise and write their answers on the worksheet for Exercise T.</td>
<td>Answers on Video</td>
</tr>
<tr>
<td>29. Summarize the module.</td>
<td><strong>--------</strong></td>
</tr>
</tbody>
</table>
PREPARE TO FACILITATE THE MODULE

Because participants work at their own pace, the course schedule only suggests where a group should be at the end of a day’s session. A possible schedule for working through the ASSESS & CLASSIFY module is as follows:

- Day 1 through Exercise D
- Day 2 through Exercise J
- Day 3 through Exercise M
- Day 4 through the end of the module

While you should not rush participants through their work just to complete a schedule, you should monitor their daily progress carefully so you can prepare to lead group discussions, drills, and demonstrations at the right times. Before you begin each day’s module session, make sure you have the supplies and information you need for leading discussions, drills and demonstrations.

For the video exercises: Depending on arrangements made by your course director, you will either show the video in the same room where the participants work on their modules or take the participants to another room at a scheduled time. To conduct video exercises, make sure the following supplies and information are available:

- a copy of the videotape
- videotape player
- video monitor (a television set with wires to connect it to the videotape player)
- instructions for operating the videotape player including how to turn the player On and Off and how to Rewind or Fast Forward the videotape to specific locations.
- location of electrical outlets
- any particular time during the work period when power may not be available.

For demonstrations: There are at least 5 demonstrations scheduled for this module. The guidelines for the demonstrations suggest using enlargements of some parts of the ASSESS & CLASSIFY chart and the Recording Form to conduct the demonstrations. The enlargements focus participants’ attention on points you introduce and want to emphasize such as how to use a classification table to classify a child’s illness.
To conduct the demonstrations as described in these guidelines, use the following enlargements which are provided as Facilitator Aids.¹

* Blank Recording Form (both sides)
* Classification Table: Cough or Difficult Breathing
* Classification Table: Dehydration
* Classification Table: Fever - High Malaria Risk
* Classification Table: Measles

If you are using laminated Facilitator Aids, you will also need:

* a special pen for writing on laminated enlargements
* a cloth or other material for erasing the laminated enlargements after they have been used for a demonstration.

**For drills:** To lead drills, use the information provided in these guidelines. When the drills are conducted, participants may use their chart booklets or the wall charts. Participants need weight for age charts to do the last drill in this module.

**For photograph exercises:** Make sure you have enough photograph booklets to give one to each participant.

**For chart booklets to use in clinical sessions:** Participants will be introduced to the chart booklet on Day 1 of the module and begin using it during the first clinical practice session on Day 2. Make sure you have enough chart booklets on Day 1.

* * *

Guidelines for leading the module ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS begin on the next page.

¹ In some places where this course is given, additional facilitator aids may be provided to introduce case management charts. If you are using other facilitator aids, your course director will provide you with modified guidelines for using them. Refer to the modified guidelines to determine the advance preparations you need to make.
1. INTRODUCE THE MODULE

Distribute the module. Explain that in this module, participants will learn how to assess and classify children according to the process described on the chart **ASSESS AND CLASSIFY SICK CHILDREN AGE 2 MONTHS UP TO 5 YEARS**. Tell them that by learning how to use the process shown on the chart, participants will be able to identify signs of serious disease such as pneumonia, diarrhoea, malaria, measles, meningitis, malnutrition and anaemia.

1. Explain that they will learn each part of the chart as they work through the module over the next few days. Reassure them by explaining that they are not expected to know and understand all of the steps on the chart in one day. Each part of the chart represents a step in a process that will be taught to them in the module and during clinical practice sessions.

(Note: It is important to not overwhelm participants with extensive details about the chart at this point. Because this is the first day of the course, participants may not be able to retain extensive and detailed points. They are still adjusting to the course method, to you as the facilitator and to their surroundings.)

2. Ask the participants to read the Introduction on page 1 and the Learning Objectives on page 2.

When they have finished reading pages 1 and 2, ask participants to move closer so they can see the wall chart more easily.

Tell participants that this chart has three main sections. They are indicated by three headings: Assess, Classify and Identify Treatment. Point to each heading and column. Explain that this module will teach participants how to assess and classify. Later, they will learn how to identify treatment.

Next review the learning objectives with the participants. State each objective as you point to the relevant assess step or classification table of the wall chart.

* Ask the mother about the child’s problem.
* Check for general danger signs.
* Ask the mother about the four main symptoms:
  - cough or difficult breathing
  - diarrhoea
  - fever
  - ear problem
* When a main symptom is present:
  - assess the child further for signs related to the main symptom
  - classify the illness according to the signs which are present or absent.
* Check for signs of malnutrition and anaemia and classify the child’s nutritional status.
* Check the child’s immunization status and decide if the child needs any immunizations today.
* Assess any other problems.

3. Introduce the first two sections of the module: "Ask the mother what the child’s problems are" and "Check for general danger signs." Show participants where these steps are located on the large wall chart. For example:

Now you will read about how to do the first two steps on the chart. Here is where the steps are located on the chart. (Point to the top of the Assess column). First ask the mother what the child’s problems are. (Point to the relevant question on the chart.) She will tell you the child’s problems and why she brought her child to clinic today.

Next, you must decide if this is an initial or follow-up visit. (Point to where this step is listed above the General Danger Signs box for deciding if this is an initial or follow-up visit.) An "Initial" visit is the first visit for a problem. A "follow-up" visit means that the child was seen a few days ago for the problem, and has now returned for further evaluation.

Next, according to the chart (point to the box "Check for General Danger Signs"), you check the child for general danger signs. To check for general danger signs (point to each assessment step as you say it) ask if the child is able to drink or breastfeed. Ask if the child vomits everything he takes in. Ask if the child has had convulsions. Look to see if the child is lethargic or unconscious.

Look at the note at the bottom of the General Danger Signs box. It says, "A child with any general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed." You will learn more about treating a child with a general danger sign later in the course.

---

2If you are using other visual aids to help introduce the case management charts, refer to the modified guidelines your course director has prepared for you.

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Ask participants to turn to section 1.0 Ask The Mother What The Child’s Problems Are. Ask them to read this section and section 2.0 Check For General Danger Signs.

Explain that when they have finished reading through to the end of section 2.0, they should tell a facilitator. There will be a demonstration before they do Exercise A.

2. DEMONSTRATION: Introduce the Recording Form

Materials needed to do this demonstration:

* Enlarged Blank Recording Form

To conduct the demonstration:

When all the participants are ready, introduce the form by briefly mentioning each part of the form and its purpose. Use enlarged Recording Form, to help participants see each part as you refer to it. For example:

"This is a Recording Form. Its purpose is to help you record information collected about the child’s signs and symptoms when you do exercises in the module and when you see children during clinical practice sessions.

There are 2 sides to the form. The front side is similar to the ASSESS & CLASSIFY chart. The other side of the form has spaces for you to use when you plan the child’s treatment. In this module, however, you will use the front side only. You will learn how to use the reverse side later in the course.

Look at the top of the front side of the form. (Point to each space as you say:) There are spaces for writing:

* the child’s name, age, weight and temperature.
* the mother’s answer about the child’s problems.
* whether this is an initial visit or follow-up visit.

Look at how the Recording Form is arranged. Notice that:

* the form is divided into 2 columns: (point to each column as you mention it) one is for "Assess" and the other is for "Classify." These two columns relate to the Assess and Classify columns on the ASSESS & CLASSIFY wall chart.
* Point to the relevant columns on the wall chart and then on the Recording Form to show their correspondence.

Look at the Assess column on the wall chart. It shows the assessment steps for assessing the child's signs and symptoms. Here is the Assess column on the Recording Form where you record any signs and symptoms that you find are present. Here on the form is where you will record information about (point as you say the name) general danger signs -- the four main symptoms including signs of cough or difficult breathing -- diarrhoea -- fever -- ear problem -- and malnutrition and anaemia. You can see that the assessment steps under the main symptom questions on the chart are the same as on this form. There is also a section for recording information about the child's immunization status --- and to record the answers when you assess the child's feeding later in the child's visit.

* Here is the Classify As column on the chart, and here is the Classify column on the Recording Form. You record the child's classifications in this column.

When you use the Recording Form to do exercises in this course or when you are working with sick children during clinical sessions, you record information by:

* circling any sign that is present, like this (circle a sign on the Recording Form). If the child does not have the sign, you do not need to circle anything.

* ticking Yes if a general danger sign is present and No if it is not present here in the Classify column for the general danger signs section.

The special reminder in the Classify column for general danger signs says, "Remember to use danger sign when selecting classifications." This is to remind you to consider the general danger sign when you classify the child's main symptoms. You will learn more about classifying illness soon.

* ticking Yes if a main symptom is present or No if it is not present. (point to the Yes___ No ___ blanks after each main symptom assessment question on the enlargement.)

* writing specific information in spaces such as the one for recording the number of breaths per minute (point to where this number is

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written) or the number of days a sign or symptom has been present (point to the "for how long?" question in the cough section.

* writing the classification of the main symptom.

As you work through the exercises in this module, you will only see the part of the form for the main symptom and signs you have learned. Look now in your module at Exercise A. You will see the top part of the Recording Form and the section "Check for General Danger Signs."

At the end of the demonstration, ask if there are any questions. When there are no additional questions, ask the participants to turn to Exercise A and begin the exercise. Explain that they should tell a facilitator when they have completed their work on the exercise, and that the facilitator will discuss their answers with them individually.
3. **EXERCISE A: Individual work followed by individual feedback -- Identifying danger signs**

Compare the participant's answers to the answer sheet and discuss any differences between them.

This is the first time participants use the Recording Form. Make sure participants learn to use the form correctly. As you discuss each case with the participant:

* Make sure he has written the child's name, age, weight and temperature in the appropriate places.

* Make sure he has written the child's problems in the space provided and ticked whether this is an initial or follow-up visit.

* If the child has any general danger sign, see if the participant has circled the signs which are present.

* If the child has a general danger sign, be sure the participant ticked "Yes" in the Classify column. If no general danger sign is present, the participant should tick "No" in the Classify column.

Sentences follow each case to help guide the participant in the completion of the Recording Form. Talk through these sentences to review with the participant the steps for filling in the Recording Form and recording information about general danger signs.

Praise the participant for what he does well. Answer his questions and provide guidance as needed. Give the participant a copy of the answer sheet.

Ask the participant to read section 3.0 Assess and Classify Cough or Difficult Breathing and section 3.1 Assess Cough or Difficult Breathing.

At the end of 3.1, there will be a short demonstration to introduce classification tables. Explain that participants do not need to read section 3.2 until after the demonstration.
Case 1: Salina

**Management of the Sick Child Age 2 Months Up to 5 Years**

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Salina</th>
<th>Age: 15 months</th>
<th>Weight: 9.5 kg</th>
<th>Temperature: 38.5°C</th>
</tr>
</thead>
</table>

**Ask:** What are the child's problems? Coughed for 4 days, not eating well

**Assess** (Circle all signs present)

- Check for general danger signs
  - Not able to drink or breastfeed
  - Vomits everything
  - Convulsions

<table>
<thead>
<tr>
<th>Lethargic or unconscious</th>
<th>General danger sign present?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**Classify**

- Initial visit / Follow-up visit?

---

a. Write Salina’s name, age, weight and temperature in the spaces provided on the top line of the form.

b. Write Salina’s problem on the line after the question "Ask -- What are the child’s problems?"

c. Tick (✓) whether this is the initial or follow-up visit for this problem.

d. Does Salina have a general danger sign? If yes, circle her general danger sign in the box with the question, "Check for general danger signs."

In the top row of the "Classify" column, tick (✓) either "Yes" or "No" after the words, "General danger sign present?"
Case 2: Justin:

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Child's Name: **Justin**

Age: 5 years  
Weight: 10 kg  
Temperature: 38 °C

**ASK:** What are the child's problems? **Cough and ear pain**

Initial visit? ✓  
Follow-up visit?

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>General danger sign present?</td>
</tr>
</tbody>
</table>
| LETHARGIC OR UNCONSCIOUS | Yes, No  
| VOMITS EVERYTHING | Remember to use danger sign when selecting classifications |
| CONVULSIONS |

---

a. Write Justin’s name, age, weight and temperature in the spaces provided on the top line of the form.

b. Write Justin’s problem on the line after the question, "Ask -- What are the child's problems?"

c. Tick (✓) whether this is the initial or follow-up visit.

d. Does Justin have a general danger sign? If yes, circle the sign on the Recording Form. Then tick (✓) "Yes" or "No" after the words, "General danger sign present?"
4. **DEMONSTRATION:** Introduce the classification tables and demonstrate how to classify cough or difficult breathing

When all participants have read section 3.1 through "Look and listen for stridor," ask participants to gather for a demonstration.

**Materials needed:**

* Enlargement of Classification Table -- Cough or Difficult Breathing

**To conduct the demonstration:**

Ask if there are any questions about recognizing signs for assessing a child with cough or difficult breathing such as: count the number of breaths in one minute, look for chest indrawing, and listen for stridor.

When there are no further questions, tell participants that the purpose of the demonstration is to introduce the classification tables and how to use them to classify illness in sick children. Details about individual classifications will be described later.

Point to the wall chart and show participants where the classification tables are located on the chart. Mention points such as:

--- Most of the classification tables on the *ASSESS & CLASSIFY* chart have 3 rows.

--- Each row is coloured either pink, yellow, or green.

--- The colour of the row helps to identify rapidly whether the child has a serious disease requiring urgent attention.

--- A classification in a *pink* row means the child has a severe classification and needs urgent attention and referral or admission for inpatient care.

--- A classification in a *yellow* row means the child needs a specific medical treatment such as an appropriate antibiotic, an oral antimalarial or other treatment. Treatment includes teaching the mother how to give the oral drugs or to treat local infections at home. The health worker advises her about caring for the child at home and when she should return.

--- A classification in a *green* row is not given a specific medical treatment such as antibiotics or other treatments. The health worker teaches the mother how to care for her child at home. For example, you might advise her on feeding her sick child.
Now display the enlargement of the classification table for cough or difficult breathing. Point out the Signs column and the Classify As column. As you talk through the steps for classifying cough or difficult breathing listed in the module (section 3.2 "Classify cough or difficult breathing"), point to each row as you describe it. For example:

-- **Look at the pink or top row. Does the child have a general danger sign? Does the child have chest indrawing or stridor in a calm child? If the child has a general danger sign or any of the other signs in the pink or top row, select the severe classification, SEVERE PNEUMONIA OR VERY SEVERE DISEASE.**

-- **If the child does not have a severe classification, look at the yellow or middle row. Does the child have fast breathing? If the child has fast breathing and does not have a severe classification, select the classification in the yellow or middle row, PNEUMONIA.**

-- **If the child does not have a severe classification and does not have a classification in the yellow row, look at the green or bottom row. The child who has no signs of Pneumonia and no signs of very severe disease is classified in the green row, NO PNEUMONIA: COUGH OR COLD.**

Use the enlarged classification table for cough or difficult breathing. Point to the enlargement as you continue:

-- **Always start at the top of the classification table. If the child has signs from more than one row, always select the more serious classification. In this case, the child has a sign in the pink or top row and a sign in the yellow or middle row. Select the more serious classification, SEVERE PNEUMONIA OR VERY SEVERE DISEASE.**

Answer any questions. When there are no further questions, ask the participants to read through section 3.2 which reviews some of this information and also describes each of the cough or difficult breathing classifications. At the end of 3.2, tell them they will see a demonstration before they do Exercise B.
5. **DEMONSTRATION:** Review classification of cough or difficult breathing. Introduce the chart booklet.

When all the participants have finished reading section 3.2, ask them to gather for this demonstration.

**Materials needed:**

- Enlargement of Classification Table - Cough or Difficult Breathing
- Enlargement of Blank Recording Form

**To conduct the demonstration:**

1. Clarify the cut-offs for deciding fast breathing. Often participants may be confused about the range of ages included in the phrase "up to".

   * Briefly review how to assess a child with cough or difficult breathing such as: finding out the duration of cough, counting the breaths and deciding if the child has fast breathing, looking for chest indrawing, and looking and listening for stridor.

   * Remind participants where to look on the chart to find the cut-offs for determining fast breathing. Point out the two ranges "2 months up to 12 months" and "12 months up to 5 years."

   * Define "up to" for the participants. Explain that "up to" means the range of ages that includes the first age (2 months for infants and 12 months for older infants and children) and everything between the first age and the last age (12 months for infants and 5 years for children). The last age is not included (12 months for infants and 5 years for children). If necessary, list on the flipchart the ages that are included in each range such as:

   - **2 months up to 12 months** = 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 months, but not 12 months
   - **12 months up to 5 years** = 12 months, 24 months, 3 years, 4 years, but not 5 years

   * So that participants can practice using this information, talk through the following questions. When a participant gives the correct answer, ask him to explain how he made the decision.
- Is a 5½-year-old included in "12 months up to 5 years"? (No)
- Is a 37-month-old included in "12 months up to 5 years"? (Yes)
- Is a 4½-year-old included in "12 months up to 5 years"? (Yes)
- Is a 5-year-old included in "12 months up to 5 years"? (No)
- Is a 12-month-old included in "12 months up to 5 years"? (Yes)
- Is a 12-month-old included in "2 months up to 12 months"? (No)

* Then practice using the cut-offs for determining fast breathing. Talk through with participants the following situations:

- What is the cut-off for determining fast breathing in a child 2 months up to 12 months? (50 breaths per minute or more)
- What is the cut-off for determining fast breathing in a child 12 months up to 5 years? (40 breaths per minute or more)
- What is the cut-off for determining fast breathing in a child who is exactly 12 months old? (40 breaths per minute or more)

* Practice using the cut-offs to determine fast breathing by talking through the following situations:

- What is fast breathing in a child who is:
  9 months old? 50
  10 months old? 50
  3 years old? 40
  24 months old? 40
  8 months old? 50
  12 months old? 40
  11 months old? 50
  13 months old? 40
  4 years old? 40
  4 months old? 50
  5 years old? not included in the range "up to"

2. Talk through how to classify cough or difficult breathing according to the steps in section 3.2 of the module.

Display the enlargement of the blank Recording Form. Use it to record information about Aziz, the example case study at the end of section 3.2.
Review Aziz’s case information with participants. Call on different participants one at a time and ask questions to obtain the case information. As participants report information to you, write it (or ask a participant to write it) on the Recording Form enlargement. For example:

What is Aziz’s problem?
Does he have any general danger signs?
How did the health worker decide if general danger signs were present?
When did you record information about the general danger signs?
What should you record in the Classify column for general danger signs?
What signs related to cough or difficult breathing does Aziz have?
The health worker classified Aziz as having Pneumonia. Why? How did he select this classification?

Reinforce general points about the classification tables. Display the enlargement of the classification table for cough or difficult breathing. Remind participants that they should:

-- Start with the pink (or top) row. If the child does not have a severe classification, go to the yellow (or middle) row. If the child does not have any signs in the yellow row, go to the green (or bottom) row.
-- Select the more serious classification if the child has signs in more than one row.

Answer any questions participants have about classifying cough or difficult breathing.

When there are no further questions, continue the demonstration as described below:

3. Introduce the chart booklet

Distribute the chart booklet. Introduce it by briefly stating the following points:

* This booklet is called the chart booklet. You can use the wall chart to find information about assessing and classifying sick children or you can use the chart booklet. Both describe the same process. The chart booklet contains the same information that is on the wall charts. It also contains blank copies of the two Recording Forms.

* The chart you are learning now is called ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS. All the assess column boxes and all the classification tables from the ASSESS & CLASSIFY wall chart are in
the first section of the chart booklet. The assessment box and classification table for each main symptom are grouped together like this.

(Show a sample page such as the one for cough or difficult breathing so participants see it matches with the assess box, the classification arrow and classification table on the wall chart.)

The chart booklet is convenient to use when you work with modules at a table and when you practice assessing and classifying sick children during clinical sessions. We will begin using the chart booklet today so you can become familiar with it before using it for the first time tomorrow morning during clinical practice.

Look at the table of contents on the cover. It tells you where to find each part of the chart. The ASSESS & CLASSIFY charts are listed in the first column. They begin on page 2 where you see the charts that tell you how to check for general danger signs and assess cough or difficult breathing.3

Ask if participants have any questions. When there are no additional questions, ask participants to do Exercise B. Remind them to tell a facilitator when they have completed the exercise and are ready to discuss their answers.

3 If the classification tables in the chart booklets do not have coloured rows, participants can use markers to color them pink, yellow and green. Before they begin this activity, explain clearly to them what color each row should be.
6. EXERCISE B: Individual work followed by individual feedback --
Classifying children with cough or difficult breathing.

For Case 1: This is the first time participants practice classifying a main
symptom. Questions in Case 1 help guide the participant through the steps for
selecting a classification.

Review the participant’s answers on the Recording Form to make sure the
participant recorded signs correctly. Check to see if the participant:

-- wrote the child’s name, age, weight and temperature in the relevant spaces at
   the top of the form.
-- recorded the child’s problem and whether it is an initial or follow-up visit
-- circled any general danger signs.
-- ticked Yes or No in the Classify column after "General danger sign present?"
-- ticked "Yes" to show the child has the main symptom, cough or difficult
   breathing.
-- recorded the duration of the cough and the number of breaths in one minute.
   Circled any of the following signs that are present: fast breathing, chest
   indrawing and stridor when calm.
-- wrote the correct classification in the "Classify" column.

Talk through with the participant his answers to questions b, c, and d. Ask
additional questions to confirm that the participant understands how to use this
classification table. For example:

   How did you decide that Gyatsu does not have a general danger sign?

   How did you decide that the child has fast breathing?

   Where on the chart did you look to decide if fast breathing is present?

   Where on the chart did you look when selecting a classification for cough or
difficult breathing?

   How did you finally select this child’s classification?

For Case 2 and Case 3: Compare the participant’s answers to the answer
sheets. Discuss any differences. Talk each case through with the participant as
you did for Case 1. Ask the participant to use the classification table and
describe how he selected the classification for each case.
Praise the participant for what he has done well. Give additional guidance as needed. Give the participant a copy of the answer sheet.

Tell the participant that when the rest of the group is ready, you will show a video exercise about cough or difficult breathing. Ask the participant to begin reading 4.0 Assess and Classify Diarrhoea while he waits for the video exercise to begin.
Case 1: Gyatsu

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Gyatsu  Age: 6 months  Weight: 5.5 kg  Temperature: 38 °C

ASK: What are the child's problems?  Cough for a day

Initial visit? Follow-up visit?

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS
- Not able to drink or breastfeed
- Vomits everything
- Convulsions

ASK: General danger sign present?  Yes/No

LETHARGIC OR UNCONSCIOUS

CLASSIFY

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- For how long? 2 Days
- Count the breaths in one minute:
  - Fast breathing
  - Look for chest indrawing
  - Look and listen for stridor

Pneumonia

b. To classify Gyatsu’s illness, look at the classification table for cough or difficult breathing in your chart booklet. Look at the pink (or top) row.

<table>
<thead>
<tr>
<th>Any general danger sign or</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest indrawing or</td>
</tr>
<tr>
<td>Stridor in calm child.</td>
</tr>
<tr>
<td>SEVERE</td>
</tr>
<tr>
<td>PNEUMONIA OR</td>
</tr>
<tr>
<td>VERY SEVERE DISEASE</td>
</tr>
</tbody>
</table>

- Fast breathing
  - PNEUMONIA

No signs of pneumonia or very severe disease.
  - NO PNEUMONIA: COUGH OR COLD

- Decide: Does Gyatsu have a general danger sign?  Yes ___ No ✓

- Does he have chest indrawing or stridor when calm?  Yes ___ No ✓

- Does he have the severe classification SEVERE PNEUMONIA OR VERY SEVERE DISEASE?  Yes ___ No ✓

c. If he does not have the severe classification, look at the yellow (or middle) row.

- Does Gyatsu have fast breathing?  Yes ✓ No ___
d. How would you classify Gyatsu’s illness? Write the classification on the Recording Form. The classification PNEUMONIA should be written on the Recording Form.

Case 2: Wambui:

<table>
<thead>
<tr>
<th>MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name: Wambui</td>
</tr>
<tr>
<td>Age: 8 months</td>
</tr>
<tr>
<td>Weight: 6 kg</td>
</tr>
<tr>
<td>Temperature: 37 °C</td>
</tr>
<tr>
<td>ASK: What are the child’s problems? cough, weak</td>
</tr>
<tr>
<td>Initial visit? Follow-up visit?</td>
</tr>
<tr>
<td>ASSESS (Circle all signs present)</td>
</tr>
<tr>
<td>CHECK FOR GENERAL DANGER SIGNS</td>
</tr>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
</tr>
<tr>
<td>LETHARGIC OR UNCONSCIOUS</td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
</tr>
<tr>
<td>CONVULSIONS</td>
</tr>
<tr>
<td>CLASSIFY</td>
</tr>
<tr>
<td>General danger sign present? Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Remember to use danger sign when selecting classifications</td>
</tr>
<tr>
<td>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Very severe pneumonia</td>
</tr>
<tr>
<td>Cough or cold</td>
</tr>
<tr>
<td>For how long? 2 Days</td>
</tr>
<tr>
<td>Count the breaths in one minute. 35 breaths per minute</td>
</tr>
<tr>
<td>Look for chest indrawing.</td>
</tr>
<tr>
<td>Look and listen for stridor.</td>
</tr>
</tbody>
</table>

Case 3: Pemba:

<table>
<thead>
<tr>
<th>MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name: Pemba</td>
</tr>
<tr>
<td>Age: 9 months</td>
</tr>
<tr>
<td>Weight: 9 kg</td>
</tr>
<tr>
<td>Temperature: 37 °C</td>
</tr>
<tr>
<td>ASK: What are the child’s problems? cough for 3 days</td>
</tr>
<tr>
<td>Initial visit? Follow-up visit?</td>
</tr>
<tr>
<td>ASSESS (Circle all signs present)</td>
</tr>
<tr>
<td>CHECK FOR GENERAL DANGER SIGNS</td>
</tr>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
</tr>
<tr>
<td>LETHARGIC OR UNCONSCIOUS</td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
</tr>
<tr>
<td>CONVULSIONS</td>
</tr>
<tr>
<td>CLASSIFY</td>
</tr>
<tr>
<td>General danger sign present? Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Remember to use danger sign when selecting classifications</td>
</tr>
<tr>
<td>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>No Pneumonia</td>
</tr>
<tr>
<td>Cough or cold</td>
</tr>
<tr>
<td>For how long? 2 Days</td>
</tr>
<tr>
<td>Count the breaths in one minute. 35 breaths per minute</td>
</tr>
<tr>
<td>Look for chest indrawing.</td>
</tr>
<tr>
<td>Look and listen for stridor.</td>
</tr>
</tbody>
</table>

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7. EXERCISE C: Video exercise -- "Check for general danger signs" and "Does the child have cough or difficult breathing?"

If the video is being shown in a room other than where the participants are working on the module, ask the participants to take their modules with them when they go to where the video is being shown. They should also bring a pencil.

**To conduct this video exercise:**

1. Introduce participants to the procedure for video exercises in this course. Explain that during video exercises they will:
   * see videotaped demonstrations and exercises
   * do exercises and record their answers on worksheets in the module
   * check their own answers to exercises and case studies with those on the video.

2. Tell participants that in the first part of the video for Exercise C they will see examples of general danger signs. They will see:
   * a child who is not able to drink or breastfeed,
   * a child who is vomiting,
   * a mother who is being asked about her child's convulsions, and
   * a child who is lethargic or unconscious.

Then participants will do an exercise to practice deciding if the general danger sign "lethargic or unconscious" is present in each child.

3. Start the videotape. Because this is the first video exercise in the course, participants may not be clear about how to proceed. During the first few video exercises, watch the participants. If they are not writing answers on the worksheets in their modules, encourage them to do so. If they seem to be having difficulty, replay the exercise so they can see the exercise again, develop an answer and write it on the worksheet.

4. At the end of the exercise, stop the machine. Ask if any participant had problems identifying the sign "lethargic or unconscious". Rewind the tape to replay any exercise item or demonstration that you think participants should see again. Emphasize points such as:
   * Notice that a child who is lethargic may have his eyes open but is not alert or paying attention to what is happening around him.
Some normal young children sleep very soundly and need considerable shaking or a loud noise to wake them. When they are awake, however, they are alert.

5. Tell the participants they will now:

* see a demonstration of how to count the number of breaths in one minute
* practice counting the number of breaths a child takes in one minute and deciding if fast breathing is present.
* see examples of looking for chest indrawing and looking and listening for stridor.
* do a case study and practice assessing and classifying a sick child up through cough or difficult breathing.

6. Start the videotape again and show the demonstration, exercises and case study for cough or difficult breathing. If any participant has difficulty seeing the child’s breaths or counting them correctly, rewind the tape to the particular case and repeat the example. Show the participant where to look and count the breaths again.

Note: Chest indrawing may be a difficult sign for participants to identify the first time. It may take several trials for the participant to feel comfortable with the sign.

* If any participant has difficulty with this sign, repeat an example from the video. Talk through with the participant where to look for chest indrawing, pointing to where the chest wall goes in when the child breathes in.

* Some participants may need help determining when the child is breathing IN. Show an example from the video. Point to where on the child’s chest the participant should be looking. Each time the child breathes in, say "IN" to help the participant clearly see where to look and what to look for.

* It may be helpful to stop the video and ask a participant to point to the place where he sees chest indrawing. This will help you to check if participants are looking at the appropriate place for identifying chest indrawing. Repeat the exercises on the video until you feel confident that the participants understand where to look for chest indrawing and can identify the sign in each child shown in this exercise.

* * *
At the end of the video, conduct a short discussion. Emphasize points such as:

* Counting breathing requires close attention to one spot on the chest or abdomen.

* Chest indrawing and stridor require knowing when the child is breathing in and out. Practice this when you see children in the clinic tomorrow.

Give the participants a copy of the answer sheet for this exercise.

Ask the participants to read through 4.1 Assess Diarrhoea. Tell them you will conduct Exercise D as a group exercise when all the participants are ready. Each participant will need a booklet of photographs to do this and the other photograph exercises in this module. If participants have not already received a copy of the photograph booklet, distribute them now.
1. For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Is the child lethargic or unconscious?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>Child 1</td>
</tr>
<tr>
<td>Child 2</td>
</tr>
<tr>
<td>Child 3</td>
</tr>
<tr>
<td>Child 4</td>
</tr>
</tbody>
</table>

2. For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Does the child have fast breathing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Mano</td>
</tr>
<tr>
<td>Wumbi</td>
</tr>
</tbody>
</table>
3. For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Does the child have chest indrawing?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Mary</td>
</tr>
<tr>
<td>Jenna</td>
</tr>
<tr>
<td>Ho</td>
</tr>
<tr>
<td>Anna</td>
</tr>
<tr>
<td>Lo</td>
</tr>
</tbody>
</table>

4. For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Does the child have stridor?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Petty</td>
</tr>
<tr>
<td>Helen</td>
</tr>
<tr>
<td>Simbu</td>
</tr>
<tr>
<td>Hassan</td>
</tr>
</tbody>
</table>
Video Case Study

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: *Amnet*  
Age: 7 months  
Weight: 6 kg  
Temperature: 38.5 °C

ASK: What are the child's problems? **Cough for 2 weeks**

Initial visit? *Follow-up visit?*

ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>Classify</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>LETHARGIC OR UNCONSCIOUS</td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td></td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
</tr>
</tbody>
</table>

Classify:

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**

- **Yes**
- **No**

- For how long? *4 Days*
- Count the breaths in one minute.  
  55-65 breaths per minute, *fast breathing*
- Look for chest indrawing
- Look and listen for stidor

General danger sign present?  
Yes  No  
Remember to use danger sign when selecting classifications

**Severe pneumonia**

or

**Very severe pneumonia**

C-30
8. EXERCISE D: Photograph exercise -- Group work with group feedback -- Practice identifying signs of dehydration in children with diarrhoea.

Note: Participants are not expected to prepare complete descriptions for signs in these photographs. They only need to decide if the sign asked for in each exercise item is present. If you see that a participant is writing a lengthy formal description of the photograph, reassure him that he only needs to answer the question in the module.

Because this is the first time participants do a photograph exercise, this exercise is designed for group work followed by group feedback.

When you see that all the participants have completed reading 4.1 Assess Diarrhoea, tell participants they will now do Exercise D as a group.

Photographs 1 and 2:

Talk through the example photographs with your group of participants. Explain particular points such as:

Photograph 1: This child’s eyes are sunken.

Photograph 2: This child has a very slow skin pinch.

Photographs 3 through 6:

Allow all the participants time to answer the next exercise item. Then call on a participant to give his answer to the exercise item. Ask questions as needed to help a participant explain how he recognized the sign or how he would assess for the sign. Then go to the next item. For example:

Now look at Photograph 3. Does the child have sunken eyes? Write your answer on the worksheet in your module. (Wait a few minutes while participants write answers in their modules. Then ask:) Luka, are the child’s eyes sunken? (Luka answers.) How did you decide that the sign is present? To confirm your answer, what should you do? Yes, that is right. Ask the mother if the child’s eyes look unusual to her.

Now look at Photograph 4. Does this child have sunken eyes? Write your answer on the worksheet. (Wait a few minutes while participants write their answers). Then ask: Mateo, how did you answer the question for photograph 4? Does the child have sunken eyes? (Mateo answers.)
Provide guidance as needed for any of the photographs participants have difficulty identifying.

Give each participant a copy of the answer sheet.

Ask the participants to tell you when they have finished reading through 4.2.1 Classify Dehydration. There will be a demonstration before participants do Exercise E.
Part 1:

Photograph 1:  This child's eyes are sunken.

Photograph 2:  The skin pinch for this child goes back very slowly.

*   *   *

Part 2:

Photograph 3:  This child has sunken eyes.

Photograph 4:  The child has sunken eyes.

Photograph 5:  The child does not have sunken eyes.

Photograph 6:  The child has sunken eyes.

Photograph 7:  The child's skin pinch goes back very slowly.
9. **DRILL: Check for general danger signs. Assess cough or difficult breathing**

Conduct this drill at any convenient time after this point in the module. For example, plan to conduct this drill at the beginning of the module session on Day 2. Starting the session with an active learning activity helps focus the participants' attention and helps them review information from previous sessions.

**To conduct this drill:**

1. Gather the participants together and tell them you will conduct a drill. During the drill, they will review the steps "checking for general danger signs" and "assessing cough or difficult breathing."

2. Explain the procedures for doing the drill. Tell participants:
   - This is not a test. The drill is an opportunity for participants to practice recalling information a health worker needs to use when assessing and classifying sick children.
   - You will call on individual participants one at a time to answer the questions. You will usually call on them in order, going around the table. If a participant cannot answer, go to the next person and ask the question again.
   - Participants should wait to be called on and should be prepared to answer as quickly as they can. This will help keep the drill lively.

3. Ask if participants have any questions about how to do the drill.

4. Allow participants to review the assessment steps for a few minutes before the drill begins. Participants should look on the chart and review the steps for Checking for General Danger Signs and for Assessing Cough or Difficult Breathing.

   Tell the participants they may refer to the chart during the drill, but they should try to answer the question without looking at or reading from the chart.

5. Start the drill by asking the first question. Call on a particular participant to provide the answer. He should answer as quickly as he can. Then ask the next question and call on another participant to answer. If a participant gives an incorrect answer, ask the next participant if he can answer.
6. Keep the drill moving at a rapid pace. Repeat the list of questions or make up additional questions if you think participants need extra practice.

The drill ends when all the participants have had an opportunity to answer and when you feel the participants are answering with confidence.
DRILL: Review Checking for General Danger Signs and Assessing Cough or Difficult Breathing

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
</table>
| A child is age 2 months up to 5 years. What are the 4 steps for checking for general danger signs? | - Ask if the child is able to drink or breastfeed  
- Ask if the child vomits everything  
- Ask if the child has had convulsions  
- Look to see if the child is lethargic or unconscious |

How do you decide if the child:  
--Is not able to drink or breastfeed?  
The child is not able to drink at all. The child may be too weak to drink when offered fluids or not able to suck or swallow when offered a drink or breastmilk.

--Vomits everything?  
The child is not able to keep anything down at all. What goes down comes back up.

--Has had convulsions?  
The mother reports that the child has had "fits" or "spasms." She may use another word for convulsions or say that the child had uncontrolled jerky movements with loss of consciousness.

--Is lethargic?  
The *lethargic* child is sleepy when he should be awake. The child may stare blankly and appear not to see what is going on around him.

--Is unconscious?  
The *unconscious* child does not waken at all. He does not respond to touch or to loud noises.

*(Drill questions continue on the next page.)*
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
</table>
| What are the 4 steps for assessing a child with cough or difficult breathing? | * Ask how long has the child been coughing.  
* Count the breaths in one minute and decide if the child has fast breathing.  
* Look for chest indrawing.  
* Look and listen for stridor. |
| What is the cut-off for deciding if fast breathing is present in a child who is: | |
| a. 2 months old? | 50 or more breaths per minute |
| b. 6 months old? | 50 or more breaths per minute |
| c. 11 months old? | 50 or more breaths per minute |
| d. 12 months old? | 40 or more breaths per minute |
| e. 18 months old? | 40 or more breaths per minute |
| f. 25 months old? | 40 or more breaths per minute |
| g. 8 months old? | 50 or more breaths per minute |
| h. 4½ years old? | 40 or more breaths per minute |
| i. 9 months old? | 50 or more breaths per minute |
| How do you recognize chest indrawing? | The lower chest wall goes in when the child breathes IN. This should happen all the time for chest indrawing to be present. |
| What should you do if you are not sure that chest indrawing is present? | If there is any question, ask the mother to change the child’s position. If the lower chest wall does not go in when the child breathes in, the child does not have chest indrawing. |
| How do you recognize stridor? | The child should be calm and not crying. Put your ear close to the child’s mouth. Listen for a harsh noise when the child breathes IN. |
10. DEMONSTRATION: Classify dehydration

When all the participants have read through 4.2.1 Classify Dehydration, gather the participants together for a short demonstration.

Materials needed:

* Enlarged Blank Recording Form
* Enlarged Classification Table - Dehydration

To conduct this demonstration:

1. Briefly review with participants the steps for classifying cough or difficult breathing as described in the module section 3.2.

2. Introduce the enlarged classification table for diarrhoea. Explain that classifying diarrhoea is slightly different than classifying cough or difficult breathing. For example:

* All children with diarrhoea are classified for dehydration. To select a classification for dehydration, the child must have two or more of the signs in either the pink or yellow row. One sign is not enough to select a pink or yellow classification. If the child has only one sign in a row, look at the next row.
* Only classify persistent diarrhoea if the child has had diarrhoea lasting 14 days or more.
* Only classify dysentery if the child has blood in the stool.

3. Ask participants to turn to Exercise E in their modules. Talk through Case 1 for Exercise E to review how to classify a child for dehydration.

(Use the enlarged blank Recording Form when you talk through this exercise.)

This is Pano. I am going to read the information about his signs of dehydration from the module. (Read aloud the description of Pano’s assessment for dehydration in Exercise E of the module.) Take a few minutes and record his signs of dehydration on the worksheet in your module. (Participants record signs present on Recording Form excerpt in module. When you see that everyone is ready:) Let's see how the health worker recorded these signs.

Ask for a participant to tell you what signs he recorded for this case. Record the signs the participant tells you on the Recording Form enlargement. Ask participants if they agree that these are the correct
signs to record. When you have the signs recorded, display the enlarged classification table for dehydration. Then continue the demonstration:

*Notice in the signs column for the pink (or top) row that you need to decide if the child has two signs of dehydration present. Look at Pano’s signs. Does Pano have any signs in the pink row such as lethargic or unconscious, not able to drink or drinking poorly, sunken eyes and skin pinch goes back very slowly? He only has one sign in the pink (or top) row: sunken eyes. This is not enough to select the severe classification.*

*So look now at the next row, the yellow (or middle) row. Does Pano have any signs in the yellow row? Pano is restless and irritable, drinks eagerly, is thirsty and has sunken eyes. He has at least two signs in this row so you can select the classification SOME DEHYDRATION.*

When there are no additional questions, ask participants to do Exercise E.
11. EXERCISE E: Individual work with individual feedback -- Practice classifying dehydration status in children with diarrhoea.

Participants who are very familiar with the CDD training and the diarrhoea case management chart may ask why the ASSESS & CLASSIFY chart does not have any ★ signs in the column for classifying either SEVERE or SOME DEHYDRATION. Explain that the ★ signs have been eliminated. Years of experience with using a longer list of signs to classify the degree of dehydration have shown that it is possible to shorten the list to four signs. The presence of any two signs is sufficient to classify the child as dehydrated or severely dehydrated.

When participants use the classification table for dehydration they will use a process slightly different than what they use for assessing cough. They may have questions or be confused about why two or more signs are needed to classify dehydration and only one sign to classify cough or difficult breathing, or persistent diarrhoea and dysentery. Explain that yes, this is a different process and that each main symptom is classified in slightly different ways.

Compare the participant’s answers to the answer sheet and discuss any differences. For the rest of the cases, talk each one through with the participant. Ask him to show you on the classification table how he selected the classification. Reinforce the process of starting with the pink row, then yellow and then green row.

If the participant has had any difficulty, provide additional guidance.

Give the participant a copy of the answer sheet.

Ask the participant to read through 4.2.3 Classify Dysentery and do Exercise F.

---

4 This simplification has made the chart easier to teach to health workers with less formal education.
Case 1: Pano

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE DIARRHOEA?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>For how long? ✔️ 3 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there blood in the stool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look at the child's general condition. Is the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lethargic or unconscious?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restless and irritable?</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Look for sunken eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer the child fluid. Is the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not able to drink or drinking poorly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking eagerly, thirsty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinch the skin of the abdomen. Does it go back:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very slowly (longer than 2 seconds)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pano: Dehydration

Case 2: Jane

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE DIARRHOEA?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>For how long? ✔️ 3 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there blood in the stool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look at the child's general condition. Is the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lethargic or unconscious?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restless and irritable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look for sunken eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer the child fluid. Is the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not able to drink or drinking poorly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking eagerly, thirsty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinch the skin of the abdomen. Does it go back:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very slowly (longer than 2 seconds)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Jane: No Dehydration
## ASSESS AND CLASSIFY THE SICK CHILD
### AGE 2 MONTHS UP TO 5 YEARS
Answers to Exercise E (continued)

### Case 3: Gretel

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE DIARRHOEA?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For how long? ___ Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there blood in the stool?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Look at the child's general condition. Is the child: Lethargic or unconscious?
  - Restless and irritable?
- Look for sunken eyes?
- Offer the child fluid. Is the child: Not able to drink or drinking poorly?
  - Drinking eagerly, thirsty?
- Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

Dehydration

### Case 4: Jose

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE DIARRHOEA?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For how long? ___ Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there blood in the stool?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Look at the child's general condition. Is the child: Lethargic or unconscious?
  - Restless and irritable?
- Look for sunken eyes.
- Offer the child fluid. Is the child: Not able to drink or drinking poorly?
  - Drinking eagerly, thirsty?
- Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

No Dehydration
12. EXERCISE F: Individual work with individual feedback -- Practice classifying children up through diarrhoea.

This is the first time participants practice classifying more than one main symptom. They may become confused about the difference between classifying cough or difficult breathing (only one sign is needed to select a classification) and classifying diarrhoea (two signs are needed to select either the pink or yellow rows). Also, when classifying diarrhoea, the child may have one, two or three classifications related to diarrhoea.

Compare the participant’s answers with those on the answer sheet and discuss any differences. Make sure that the participant records information correctly on the Recording Form. As you talk through each case with the participant, ask him to describe how he selected the child’s classifications. Reinforce points such as:

* always start from the pink (or top) row.
* to select a classification for dehydration, there must be two signs present to select either SEVERE or SOME DEHYDRATION.
* only classify Persistent Diarrhoea if the child has had diarrhoea for 14 days or more.
* only classify Dysentery if the child has blood in the stool.

**Case 2:** Make sure the participant understands that the classification is SEVERE PERSISTENT DIARRHOEA because the child also has dehydration. Remind participant that information from other parts of the chart (such as the presence of general danger signs, dehydration, cough, etc.) is used to classify other illnesses.

**Case 4:** Point out that dehydration is NOT present and the child does not have a severe classification. This child is classified as having PERSISTENT DIARRHOEA.

Provide guidance as needed. Give the participant a copy of the answer sheet.

Tell the participant that when the rest of the group is ready, you will show the next video exercise. While the participant is waiting for the video to begin, he should begin reading 5.0 Assess and Classify Fever.
**Case 1: Maya**

**Management of the Sick Child Age 2 Months Up to 5 Years**

<table>
<thead>
<tr>
<th>Child's Name: Maya</th>
<th>Age: 2 months</th>
<th>Weight: 9 kg</th>
<th>Temperature: 37 °C</th>
</tr>
</thead>
</table>

**Ask:** What are the child’s problems? _diarrhoea for 4 days_

**Assess** (Circle all signs present)

<table>
<thead>
<tr>
<th>Check for general danger signs</th>
<th>Classify</th>
</tr>
</thead>
</table>
| NOT ABLE TO DRINK OR BREASTFEED                 | General danger sign present? Yes _No_
| VOMITS EVERYTHING                               | Remember to use danger sign when selecting classifications |
| CONVULSIONS                                     |                                               |

**Does the child have cough or difficult breathing?**

- Yes _No_
  - For how long? _4_ Days
  - Count the breaths in one minute, breaths per minute. Fast breathing?
  - Look for chest indrawing.
  - Look and listen for stridor.

**Does the child have diarrhoea?**

- Yes _No_
  - For how long? _3_ Days
  - Is there blood in the stool?
  - Look at the child’s general condition. Is the child:
    - Lethargic or unconscious?
    - Restless and irritable?
    - Look for sunken eyes.
    - Offer the child fluid. Is the child:
      - Not able to drink or drinking poorly?
        - Drinking eagerly, thirsty?
      - Pinch the skin of the abdomen. Does it go back:
        - Very slowly (longer than 2 seconds)?
        - Slowly?

**Outcome:** _No Dehydration_

---

**Case 2: Rana**

**Management of the Sick Child Age 2 Months Up to 5 Years**

<table>
<thead>
<tr>
<th>Child's Name: Rana</th>
<th>Age: 3 months</th>
<th>Weight: 12 kg</th>
<th>Temperature: 37.5 °C</th>
</tr>
</thead>
</table>

**Ask:** What are the child’s problems? _diarrhoea for 3 weeks_

**Assess** (Circle all signs present)

<table>
<thead>
<tr>
<th>Check for general danger signs</th>
<th>Classify</th>
</tr>
</thead>
</table>
| NOT ABLE TO DRINK OR BREASTFEED                 | General danger sign present? Yes _No_
| VOMITS EVERYTHING                               | Remember to use danger sign when selecting classifications |
| CONVULSIONS                                     |                                               |

**Does the child have cough or difficult breathing?**

- Yes _No_
  - For how long? _3_ Days
  - Count the breaths in one minute, breaths per minute. Fast breathing?
  - Look for chest indrawing.
  - Look and listen for stridor.

**Does the child have diarrhoea?**

- Yes _No_
  - For how long? _3_ Days
  - Is there blood in the stool?
  - Look at the child’s general condition. Is the child:
    - Lethargic or unconscious?
    - Restless and irritable?
    - Look for sunken eyes.
    - Offer the child fluid. Is the child:
      - Not able to drink or drinking poorly?
        - Drinking eagerly, thirsty?
      - Pinch the skin of the abdomen. Does it go back:
        - Very slowly (longer than 2 seconds)?
        - Slowly?

**Outcome:** _Some Dehydration_

---

**Diarrhoea**
Case 3: Adeola

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Adeola
Age: 7 Months
Weight: 5.6 kg
Temperature: 37.5°C

ASK: What are the child's problems? diarrhoea

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS
- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS

CLASSIFY
- LETHARGIC OR UNCONSCIOUS
- General danger sign present? Yes, No

REMEMBER TO USE DANGER SIGN WHEN SELECTING CLASSIFICATIONS

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- Yes No

- For how long? ___ Days
- Count the breaths in one minute. 30 breaths per minute. Fast breathing?
- Look for chest indrawing.
- Look and listen for stridor.

DOES THE CHILD HAVE DIARRHOEA?
- Yes No

- For how long? ___ Days
- Look at the child's general condition. Is the child:
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes;
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)? Slowly?

Some Dehydration

Case 4: Heera

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Heera
Age: 3 Years
Weight: 10 kg
Temperature: 37°C

ASK: What are the child's problems? cough + diarrhoea

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS
- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS

CLASSIFY
- LETHARGIC OR UNCONSCIOUS
- General danger sign present? Yes, No

ADDENDUM:
Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- Yes No

- For how long? ___ Days
- Count the breaths in one minute. 30 breaths per minute. Fast breathing?
- Look for chest indrawing.
- Look and listen for stridor.

DOES THE CHILD HAVE DIARRHOEA?
- Yes No

- For how long? ___ Days
- Look at the child's general condition. Is the child:
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes;
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)? Slowly?

Cough or Cold

No Dehydration

Persistent Diarrhoea

C-45
Case 5: Ernesto

**Management of the Sick Child Age 2 Months up to 5 Years**

Child’s Name: **Ernesto**  
Age: **10 months**  
Weight: **8 kg**  
Temperature: **38.5°C**  

**Ask:** What are the child’s problems?  
**Diarrhoea, blood in stool**

| ASSESS (Circle all signs present) | Classify | General danger sign present?  
|----------------------------------|----------|-----------------------------|
| CHECK FOR GENERAL DANGER SIGNS  
NOT ABLE TO DRINK OR BREASTFEED  
VOMITS EVERYTHING  
CONVULSIONS | LETHARGIC OR UNCONSCIOUS | Yes No | Yes No  
Remember to use danger sign when selecting classifications |

**Does the child have cough or difficult breathing?**  
Yes No

- For how long? **3** Days
- Count the breaths in one minute. **6** breaths per minute. Fast breathing?
- Look for chest indrawing.
- Look and listen for stridor.

**Does the child have diarrhoea?**  
Yes No

- For how long? **3** Days
- Is there blood in the stool?
- Look at the child’s general condition. Is the child:  
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:  
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:  
    - Very slowly (longer than 2 seconds)?
    - Slowly?

- **No dehydration**  
- **Dysentery**

C-46
13. EXERCISE G: Video exercise and case study -- "Does the child have diarrhoea?"

When all the participants are ready, arrange for participants to move to where the video exercise will be shown. Make sure the participants bring their modules with them.

1. Tell participants that in this video exercise, they will:

* See examples of children with diarrhoea who have the following signs of dehydration.

* Watch a demonstration of a diarrhoea assessment and how to classify dehydration.

* Do an exercise to practice recognizing sunken eyes and slow or very slow skin pinch.

2. Explain that the participants should write answers to the exercises and case study on the worksheet for Exercise G in their modules. They check their answers with those provided on the video.

3. At the end of each exercise, stop the machine. If participants are having trouble identifying a particular sign, rewind the tape and show the exercise item again. Talk through the exercise item and show the participants where to look to recognize the sign.

At the end of the video, conduct a short discussion. If participants had any particular difficulty, provide guidance as needed. Emphasize points during the discussion such as:

* If you can see the tented skin even briefly after you release the skin, this is a slow skin pinch. A skin pinch which returns immediately is so quick that you cannot see the tented skin at all after releasing it.

* Repeat the skin pinch if you are not sure. Make sure you are doing it in the right position.

* Sometimes children who are sick or tired hold very still in clinic but they respond to touch or voice. Josh is an example of this. They should not be considered lethargic. It can be hard to tell this on the video because you only see a few minutes of the child. If you initially think a child is lethargic but then he awakens and becomes alert later in the exam, do not consider this child to have the general danger sign "lethargic or unconscious".

Give each participant a copy of the answer sheet. Ask participants to read
through section 5.1 Assess Fever and to tell you when they are ready to do Exercise H as a group exercise.
1. For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Does the child have sunken eyes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>Child 1</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Child 2</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Child 3</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Child 4</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Child 5</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Child 6</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

2. For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Does the skin pinch go back:</th>
</tr>
</thead>
<tbody>
<tr>
<td>very slowly?</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Child 1</td>
</tr>
<tr>
<td>Child 2</td>
</tr>
<tr>
<td>Child 3</td>
</tr>
<tr>
<td>Child 4</td>
</tr>
<tr>
<td>Child 5</td>
</tr>
</tbody>
</table>
Video Case Study:

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Josh</th>
<th>Age: 6 months</th>
<th>Weight: 6 kg</th>
<th>Temperature: 38°C</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESS (Circle all signs present)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHECK FOR GENERAL DANGER SIGNS</td>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>VOMITS EVERYTHING</td>
<td>CONVULSIONS</td>
<td></td>
</tr>
<tr>
<td>LETHARGIC OR UNCONSCIOUS</td>
<td>General danger sign present?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- For how long? 2 Days</td>
<td>Count the breaths in one minute.</td>
<td>30 breaths per minute (Fast breathing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for chest indrawing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look and listen for stridor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOES THE CHILD HAVE DIARRHOEA?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- For how long? 5 Days</td>
<td>Look at the child's general condition. Is the child:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is there blood in the stool?</td>
<td>Lethargic or unconscious? Restless and irritable?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for sunken eyes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Offer the child fluid. Is the child:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not able to drink or drinking poorly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drinking eagerly, thirsty?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pinch the skin of the abdomen. Does it go back:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very slowly (longer than 2 seconds)? Slowly?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initial visit? Follow-up visit? | |

General danger sign present? Yes | No |
Remember to use danger sign when selecting classifications: | |

Pneumonia | Severe Dehydration |

C-50
14. EXERCISE H: Group work with group feedback -- Practice identifying generalized rash of measles in children with fever

When the participants have completed reading section 5.1 and before you conduct this exercise, lead a short group discussion.

The participants have just read a long passage which includes general information about malaria and measles. They have also read about the assessment for fever which is a 2-step process. To provide a break from the reading and to help participants review what they have just read:

* Review with participants how to assess a child with fever. Review the assessment steps and how to do them. Emphasize that you do the assessment steps below the broken line only if the child has signs of measles (generalized rash and one of these: cough, runny nose, or red eyes) or has had measles within the last 3 months.

* Review briefly with participants the step, "Decide malaria risk." Point out that to select the correct classification table, you need to know the malaria risk. Talk through with participants whether the malaria risk in their clinic's area is high or low. Is the malaria risk high all year long? Or is the malaria risk high only during certain seasons? Helping participants to clarify the risk of malaria in their clinic's area will guide them in whether they should read or skip the information later in this section about classifying fever when the risk of malaria is low.

* Explain that participants can circle on the recording form how they decided to assess the child for fever. They can circle the appropriate phrase -- by history/feels hot/temperature 37.5°C or above -- that follows the question, "Does the child have fever?"

* * *

Photographs 8 through 11:

After the discussion, begin Exercise H by talking through photographs 8, 9, 10 and 11.

Photograph 8: This child has the generalized rash of measles and red eyes. You can see that the rash has spread to the child's face and chest. The measles rash does not have vesicles or pustules.

Photograph 9: This child has a heat rash. Heat rash can be generalized with small bumps and vesicles which itch. The child's rash is not red.
Photograph 10: This child has scabies. This is not a generalized rash. There are vesicles present and open "runny" sores.

Photograph 11: This child's rash is due to chicken pox. It is not a generalized rash of measles.

Photographs 12 through 21:

Allow participants time to answer the exercise item. Then call on individual participants one at a time to answer an exercise question. For example:

*Now look at Photograph 12. Does the child have the generalized rash of measles? Write your answer on the worksheet in your module. (Wait a few minutes while participants write answers in their modules. Then ask:)*

*Azula, does the child have a measles rash? (Azula answers.) How did you decide that the child had a measles rash?*

*Now look at Photograph 13. Does this child have a measles rash? Write your answer on the worksheet. (Wait a few minutes while participants write their answers. Then ask:)*

*Mateo, how did you answer the question for photograph 13? Does the child have a measles rash? (Mateo answers.)*

Continue in this manner until you and the participants have completed the exercise.

Give each participant a copy of the answer sheet.

Ask the participant to read through the description of mouth signs on the next page of the module and be ready to do Exercise I.

**Note:** Photograph exercises are designed for group feedback. However, feedback to any of the photograph exercises can be given individually. To do a photograph exercise with individual feedback, discuss the example photographs with the group of participants as described in the guidelines. Then ask participants to complete the exercise and to tell you when they are ready to discuss their answers. Compare the participant's answers with those on the answer sheet. Give guidance as needed.
Part 1:

Photograph 8: This child has the generalized rash of measles and red eyes.

Photograph 9: This example shows a child with heat rash. It is not the generalized rash of measles.

Photograph 10: This is an example of scabies. It is not the generalized rash of measles.

Photograph 11: This is an example of a rash due to chicken pox. It is not a measles rash.

Part 2:

<table>
<thead>
<tr>
<th>Is the generalized rash of measles present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Photograph 12</td>
</tr>
<tr>
<td>Photograph 13</td>
</tr>
<tr>
<td>This child has scabies.</td>
</tr>
<tr>
<td>Photograph 14</td>
</tr>
<tr>
<td>Photograph 15</td>
</tr>
<tr>
<td>This child has scabies.</td>
</tr>
<tr>
<td>Photograph 16</td>
</tr>
<tr>
<td>This child has tinea versicolour.</td>
</tr>
<tr>
<td>Photograph 17</td>
</tr>
<tr>
<td>This child has chicken pox.</td>
</tr>
<tr>
<td>Photograph 18</td>
</tr>
<tr>
<td>This child is malnourished and has normal skin.</td>
</tr>
<tr>
<td>Photograph 19</td>
</tr>
<tr>
<td>This child has heat rash.</td>
</tr>
<tr>
<td>Photograph 20</td>
</tr>
<tr>
<td>Photograph 21</td>
</tr>
<tr>
<td>This child has normal skin.</td>
</tr>
</tbody>
</table>

C-53
15. **EXERCISE I: Photograph exercise -- Group work with group feedback -- Practice identifying mouth ulcers.**

*Photographs 22 through 24:*

Talk through the example photographs. Explain points such as:

- **Photograph 22:** This is an example of a normal mouth. The child does not have mouth ulcers.

- **Photograph 23:** This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers.

- **Photograph 24:** This child has measles with mouth ulcers. In this photograph, we can only see the ulcers on the lips.

Ask participants to identify photographs 25 through 27.

*Photographs 25 through 27:*

Allow the participants time to answer the three exercise items.

Then call on participants one at a time to give their answers. If participants have difficulty identifying mouth ulcers, provide guidance about recognizing the sign. Remind participants that mouth ulcers are not only found inside the mouth but may also be found on the child's lips and tongue. Discuss any other questions participants have about this exercise or the sign "mouth ulcers."

Give the participant a copy of the answer sheet.

Ask participants to read the next section describing eye signs and be ready to do Exercise J.
Part 1:

Photograph 22: This is an example of a normal mouth. The child does not have mouth ulcers.

Photograph 23: This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers.

Photograph 24: This child has a mouth ulcer.

Part 2:

<table>
<thead>
<tr>
<th>Does the child have mouth ulcers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>Photograph 25</td>
</tr>
<tr>
<td>Photograph 26</td>
</tr>
<tr>
<td>Photograph 27</td>
</tr>
</tbody>
</table>
16. EXERCISE J: Photograph exercise — Group work followed by group feedback — Pus draining from the eye and clouding of the cornea in children with measles.

Photographs 28 through 30:

When all the participants are ready, talk through the three example photographs.

Photograph 28: This is a normal eye showing the iris, pupil, conjunctiva and cornea. (Make sure participants understand the terms iris, pupil, conjunctiva and cornea.) There is no pus. There are tears. The child has been crying. There is no pus draining from the eye.

Photograph 29: This child has pus draining from the eye.

Photograph 30: This child has clouding of the cornea.

Photographs 31 through 37:

Tell the participants that there are two questions to answer for each photo: one about pus draining from the eye and another for clouding of the cornea. They should write "yes" if the sign is present and "no" if it is not present. If the participant is not able to tell from the photo whether a sign is present, write "not able to tell" in the answer column.

Allow participants time to do the exercise. When you see that everyone has completed the exercise, call on participants one at a time to give their answers. Ask each participant to describe how he recognized the sign. Ask questions to help participants review the parts of the eye. Provide guidance as needed about identifying eye signs in any of the photographs.

Give each participant a copy of the answer sheet.

Ask the participant to read sections 5.2 Classify Fever and 5.3 Classify Measles and study the example case study for Exercise K.
ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS
Answers to Exercise J

Part 1:

Photograph 28: This is a normal eye showing the iris, pupil, conjunctiva and cornea. The child has been crying. There is no pus draining from the eye.

Photograph 29: This child has pus draining from the eye.

Photograph 30: This child has clouding of the cornea.

Part 2:

<table>
<thead>
<tr>
<th>Photograph</th>
<th>Pus draining from the eye?</th>
<th>Clouding of the cornea?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photograph 31</td>
<td>yes</td>
<td>Not able to tell</td>
</tr>
<tr>
<td>Photograph 32</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Photograph 33</td>
<td>yes</td>
<td>Not able to tell</td>
</tr>
<tr>
<td>Photograph 34</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Photograph 35</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Photograph 36</td>
<td>yes</td>
<td>Not able to tell</td>
</tr>
<tr>
<td>Photograph 37</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>
17. DRILL: Determining fast breathing in children 2 months up to 5 years

Conduct this drill at any convenient time after this point in the module. For example, plan to conduct this drill when participants return from tea break. Doing the drill at that time will help participants focus their attention and prepare them to resume work in the module.

To conduct the drill:

1. There are no special materials required for this drill. However, before you begin, help participants review the cut-offs for determining fast breathing. Ask one of the participants to tell the group the cut off for fast breathing in a child age 2 months up to 12 months; ask another to tell the group the cut off for fast breathing in a child 12 months up to 5 years.

2. Remind participants about the procedures for doing drills and that this is not a test. They should wait to be called on and should be prepared to answer as quickly as they can.

3. Start the drill by asking the first question. Call on participants one at a time. If a participant cannot give an answer or gives an incorrect answer, cheerfully go to the next participant and ask if he can answer the question.

When the group is ready, start the drill by asking the first question below:

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK:</strong> What is fast breathing in a child who is: 4 months old</td>
<td>50 breaths per minute or more</td>
</tr>
<tr>
<td>18 months old</td>
<td>40 breaths per minute or more</td>
</tr>
<tr>
<td>36 months old</td>
<td>40 breaths per minute or more</td>
</tr>
<tr>
<td>6 months old</td>
<td>50 breaths per minute or more</td>
</tr>
<tr>
<td>11 months old</td>
<td>50 breaths per minute or more</td>
</tr>
<tr>
<td>12 months old</td>
<td>40 breaths per minute or more</td>
</tr>
<tr>
<td>2 months old</td>
<td>50 breaths per minute or more</td>
</tr>
</tbody>
</table>
DRILL: Part 2:

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK:</strong> Does the child have fast breathing if:</td>
<td></td>
</tr>
<tr>
<td>The child is: and number of breaths in a minute is:</td>
<td></td>
</tr>
<tr>
<td>3 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>2 years old</td>
<td>No</td>
</tr>
<tr>
<td>6 months old</td>
<td>No</td>
</tr>
<tr>
<td>12 months old</td>
<td>No</td>
</tr>
<tr>
<td>12 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>3 years old</td>
<td>No</td>
</tr>
<tr>
<td>8 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>18 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>15 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>4 months old</td>
<td>No</td>
</tr>
<tr>
<td>14 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>4 years old</td>
<td>Yes</td>
</tr>
<tr>
<td>20 months old</td>
<td>Yes</td>
</tr>
<tr>
<td>7 months old</td>
<td>No</td>
</tr>
<tr>
<td>10 months old</td>
<td>No</td>
</tr>
<tr>
<td>11 months old</td>
<td>No</td>
</tr>
<tr>
<td>12 months old</td>
<td>Yes</td>
</tr>
</tbody>
</table>

C-59
18. EXERCISE K: Individual work followed by individual feedback -- Practice classifying sick children up through fever.

Classifying fever involves selecting the appropriate classification table. This is slightly different from the system participants have learned so far. Make sure that participants use the correct classification table when answering the case studies for this exercise. Participants should only practice classifying fever according to the classification table for low malaria risk if there is low malaria risk in their clinic's area.

**Materials needed:**

* Enlargement of Blank Recording Form
* Enlargement of Classification Table - Fever (High Malaria Risk)
* Enlargement of Classification Table - Measles

**To conduct the group discussion:**

When all the participants have read through 5.3, lead a brief discussion about the example case study for Exercise K and review how to classify fever.

* Obtain the case information by calling on participants to provide it. Record the case information on the enlarged Recording Form. For example:

   This is Paulo (write his name on the enlarged Recording Form). What is his age, weight and temperature, Mateo? (Mateo answers. The facilitator or another participant writes information on Recording Form enlargement). Good. What is the child's problem, Rafael? (Rafael answers. Facilitator records information.) And this is Paulo's initial visit for this problem. (Facilitator ticks "Initial visit"). Does Paulo have a general danger sign, Joaquin? (Joaquin answers.) How did you decide no general danger sign is present? (Joaquin answers.)

* Continue in this manner until all of Paulo's signs and classifications have been recorded. When you discuss Paulo's signs of fever, talk through the classification of fever and measles as described in the example case for Exercise K. Point to the enlarged classification table for fever (high malaria risk) and the enlarged classification table for measles as you talk through Paulo's signs related to the main symptom "fever" and how to classify them.

* When there are no additional questions about classifying fever, ask the participants to complete Exercise K if they have not already done so.

   *   *   *

When the participant has completed the exercise, give individual feedback.
Compare the participant’s answers to those on the answer sheet.

Make sure participants are recording information on the Recording Forms accurately by circling signs, ticking Yes or No to show if a main symptom is present, filling in blanks with information about duration, breathing rates and temperature, and writing the classifications in the Classify column.

Talk through each case with the participant. Ask him to show you on the chart how he classified each child.

Give the participant a copy of the answer sheet.

Tell the participant that when the rest of the group is ready, you will show the next video exercise. While the participant is waiting for the video exercise to begin, he should read through 6.2 Classify Ear Problem.
**Case 1: Kareem**

**Management of the Sick Child Age 2 Months Up to 5 Years**

- **Child's Name:** Kareem  
  **Age:** 5 months  
  **Weight:** 5 kg  
  **Temperature:** 37.5 °C

**Ask:** What are the child's problems?  
- Not eating well, feels hot

<table>
<thead>
<tr>
<th><strong>Assess (Circle all signs present)</strong></th>
<th><strong>Classify</strong></th>
</tr>
</thead>
</table>
| **Check for General Danger Signs** | Lethargic or unconscious | General danger sign present?  
  Not able to drink or breastfeed | Yes / No. Remember to use danger sign when selecting classifications |
| **Does the child have cough or difficult breathing?** | Yes / No. Count the breaths in one minute.  
  Fast breathing? | |
| **Does the child have diarrhoea?** | Yes / No. Look at the child's general condition.  
  Lethargic or unconscious?  
  Restless and irritable? | |
| **Does the child have fever?** | Yes / No. Temperature 37.5 °C or above | Malaria |
| Decide Malaria risk: Chills Low |  
  Look for stiff neck.  
  Look for red eyes.  
  Generalized rash and | |
| If the child has measles now or within the last 3 months: | Look for mouth ulcers  
  If Yes, are they deep and extensive?  
  Look for pus draining from the eye.  
  Look for clouding of the cornea. | |
Case 2: Anders

**Management of the Sick Child Age 2 Months Up to 5 Years**

| Child's Name: | Anders | Age: 3 years | Weight: 9.4 kg | Temperature: 37 °C |

**ASK:** What are the child's problems? Feels hot, cough

| Initial visit? | Follow-up visit? |

**Assess** (Circle all signs present)

**Check for General Danger Signs**
- Not Able to Drink or Breastfeed
- Vomits Everything
- Convulsions

**Classify**
- Lethargic or unconscious
- General danger sign present?

**Does the Child Have Cough or Difficult Breathing?**
- Yes □ No □
  - For how long? 3 days
  - Count the breaths in one minute
  - 10 breaths per minute: Fast breathing
  - Look for chest indrawing
  - Look and listen for stridor.

**Does the Child Have Diarrhoea?**
- Yes □ No □
  - For how long? ___ days
  - Is there blood in the stool?
  - Look at the child's general condition. Is the child:
    - Lethargic or unconscious?
    - Restless and irritable?
    - Look for sunken eyes.
    - Offer the child fluid. Is the child:
      - Not able to drink or drinking poorly?
      - Drinking eagerly, thirsty?
    - Pinch the skin of the abdomen. Does it go back:
      - Very slowly (longer than 2 seconds)?
      - Slowly?

**Does the Child Have Fever?**
- Low
  - For how long? ___ days
  - If more than 7 days, has fever been present every day?
  - Has child had measles within the last 3 months?
  - Yes □ No □

<table>
<thead>
<tr>
<th>Cough, runny nose, sneezing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized rash and</td>
</tr>
<tr>
<td>One of these: cough, runny nose or red eye.</td>
</tr>
</tbody>
</table>

**Malaria**

<table>
<thead>
<tr>
<th>If the child has measles now or within the last 3 months:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look for mouth ulcers</td>
</tr>
<tr>
<td>If yes, are they deep and extensive?</td>
</tr>
<tr>
<td>Look for pus draining from the eye.</td>
</tr>
<tr>
<td>Look for clouding of the cornea.</td>
</tr>
</tbody>
</table>

**C-63**
Case 3: Atika

<table>
<thead>
<tr>
<th>MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name: <strong>Atika</strong> Age: 5 months Weight: 5 kg Temperature: 36.5°C</td>
</tr>
<tr>
<td>ASK: What are the child's problems? feels hot, cough for 2 days</td>
</tr>
<tr>
<td>Initial visit</td>
</tr>
</tbody>
</table>

**CHECK FOR GENERAL DANGER SIGNS**
- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS

**LETHARGIC OR UNCONSCIOUS**

<table>
<thead>
<tr>
<th>CLASSEIFY</th>
<th>General danger sign present?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember to use danger sign when selecting classifications</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**
- Yes | No |
- Count the breaths in one minute. 60 breaths per minute. Fast breathing? |
- Look for chest indrawing. |
- Look and listen for stridor. |

**DOES THE CHILD HAVE DIARRHOEA?**
- Yes | No |
- For how long? **2** Days |
- Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable? |
- Look for sunken eyes. |
- Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? |
- Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? |

**DOES THE CHILD HAVE FEVER?**
- By history | Feels hot (temperature 37.5°C or above) |
- **Yes** | No |
- Look or feel for stiff neck. |
- Look for signs of MEASLES: |
  - Look for rash |
  - One of these: runny nose or red eye |
- If the child has measles now or within the last 3 months: |
  - Measles with eye or mouth complications |
  - If Yes, are they deep and extensive? |
  - Look for pus draining from the eye. |
  - Look for clouding of the cornea. |

**C-64**
FOR LOW MALARIA RISK ONLY:

Case 4: Dolma

<table>
<thead>
<tr>
<th>MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name: Dolma Age: 2 months Weight: 7.2 kg Temperature: 36.5 °C</td>
</tr>
<tr>
<td>ASK: What are the child's problems? feel hot</td>
</tr>
<tr>
<td>Initial visit? Follow-up visit?</td>
</tr>
</tbody>
</table>

### ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
<th>CLASSEIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>Genera danger sign present?</td>
<td>Yes</td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td>Remember to use danger sign when selecting classifications</td>
<td></td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

- For how long? 12 Days
  - Count the breaths in one minute.
  - Breath per minute. Fast breathing?
  - Look for chest indrawing.
  - Listen for stridor.

Does the child have cough or difficult breathing? Yes No

### DOES THE CHILD HAVE DIARRHOEA?

- For how long? 2 Days
- Is there blood in the stool?
  - Look at the child's general condition. Is the child:
    - Lethargic or unconscious?
    - Restless and irritable?
    - Look for sunken eyes.
    - Offer the child fluid. Is the child:
      - Not able to drink or drinking poorly?
      - Drinking eagerly, thirsty?
      - Pinch the skin of the abdomen. Does it go back?
        - Very slowly (longer than 2 seconds)?

Does the child have diarrhoea? Yes No

### DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 °C or above)

- Decide Malaria risk: High Low
  - For how long? 2 Days
  - If more than 7 days, has fever been present every day?
  - Has child had measles within the last 3 months?
    - Look or feel for stiff neck.
    - Look for signs of MEASLES:
      - Generalized rash and
      - One of these: cough, runny nose or red eyes.
  - If the child has measles now or within the last 3 months:
    - Look for mouth ulcers
      - If yes, are they deep and extensive?
    - Look for pus draining from the eye.
    - Look for clouding of the cornea.

Does the child have fever? Yes No

Malaria
**Case 5: Surita**

**Management of the Sick Child Age 2 Months Up to 5 Years**

**Child's Name:** Surita  
**Age:** 3 years  
**Weight:** 10 kg  
**Temperature:** 38°C

**ASK:** What are the child's problems?  
**Cough, rash**

**Initial visit? X Follow-up visit?**

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</strong></td>
<td>Yes ☑ No _</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>• For how long? 8 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Count the breaths in one minute.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 60 breaths per minute. (Fast breathing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Look for chest indrawing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Look and listen for stridor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **DOES THE CHILD HAVE DIARRHOEA?** | Yes ☑ No _ |
| • For how long? 3 Days            |              |
| • Is there blood in the stool?    |              |
| • Look at the child's general condition. Is the child: |          |
| • Lethargic or unconscious?       |              |
| • Restless and irritable?         |              |
| • Look for sunken eyes.           |              |
| • Offer the child fluid. Is the child: |            |
| • Not able to drink or drinking poorly? |         |
| • Drinking eagerly, thirsty?      |              |
| • Pinch the skin of the abdomen. Does it go back: |          |
| • Very slowly (longer than 2 seconds)? |        |
| • Slowly?                         |              |

**DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)**

<table>
<thead>
<tr>
<th>Decide MALARIA risk: High</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For how long? 3 Days</td>
<td>Yes ☑ No _</td>
</tr>
<tr>
<td>• If more than 7 days, has fever been present every day?</td>
<td></td>
</tr>
<tr>
<td>• Has child had measles within the last 3 months?</td>
<td></td>
</tr>
<tr>
<td>• Look or feel for stiff neck.</td>
<td></td>
</tr>
<tr>
<td>• Look for runny nose.</td>
<td></td>
</tr>
<tr>
<td>• Look for signs of MEASLES:</td>
<td></td>
</tr>
<tr>
<td>• Generalized rash and</td>
<td></td>
</tr>
<tr>
<td>• One of these 3: runny nose or red eyes</td>
<td></td>
</tr>
</tbody>
</table>

If the child has measles now or within the last 3 months:

| Look for mouth ulcers | Measles |
ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS
Answers to Exercise K (Continued)

FOR LOW MALARIA RISK ONLY:

Case 6: Afiya

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Afiya  Age: 2 months  Weight: 2.5 kg  Temperature: 37 °C

ASK: What are the child's problems?  not eating well

<table>
<thead>
<tr>
<th>ASSESS (Circle all signs present)</th>
<th>CLASSIFY</th>
<th>General danger sign present?</th>
<th>Remember to use danger sign when selecting classifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK FOR GENERAL DANGER SIGNS</td>
<td>LETHARGIC OR UNCONSCIOUS</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• For how long?  1 Day</td>
<td>Count the breaths in one minute. 1 breath per minute. Fast breathing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For how long?  1 Day</td>
<td>Look for chest indrawing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there blood in the stool?</td>
<td>Look and listen for stridor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOES THE CHILD HAVE DIARRHOEA?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• For how long?  1 Day</td>
<td>Look at the child's general condition. Is the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there blood in the stool?</td>
<td>Lethargic or unconscious?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restless and irritable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for sunken eyes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Offer the child fluid. Is the child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not able to drink or drinking poorly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drinking eagerly, irritily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pinch the skin of the abdomen. Does it go back:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very slowly (longer than 2 seconds)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slowly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOES THE CHILD HAVE FEVER?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Decide MALARIA risk: High</td>
<td>2/3 History feels hot (temperature 37.5 °C or above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For how long?  2/3 Days</td>
<td>Look or feel for stiff neck.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If more than 7 days, has fever been present every day?</td>
<td>Look for runny nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has child had measles within the last 3 months?</td>
<td>Look for signs of MEASLES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If the child has measles now or within the last 3 months:</td>
<td>Generalized rash and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One of these: cough, runny nose or red eyes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for mouth ulcers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, are they deep and extensive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for purp draening from the eye.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for clouding of the cornea.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Malaria
19. EXERCISE L: Video exercise -- "Does the child have fever?"

When all the participants are ready, arrange for them to move to where the video exercise will be shown. Make sure they bring their modules.

To conduct the video exercise:

1. Tell participants that during the video for Exercise L they will see examples of how to assess a child with fever for:
   -- stiff neck
   -- generalized rash of measles

   They will also see how to assess children with measles for:
   -- mouth ulcers
   -- pus draining from the eye
   -- clouding of the cornea

   They will do an exercise to practice identifying whether stiff neck is present and do a case study to practice assessing and classifying a sick child up through fever.

2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.

3. At the end of the video presentation, lead a short discussion. Answer any questions that participants might have about identifying and classifying clinical signs in children with fever. If they had any particular difficulty identifying or classifying signs during the case study, rewind the tape and show especially clear examples that demonstrate the sign effectively for the participant.

Important points to emphasize in this video are:

* The video shows examples of measles rash at different stages: the early red rash and the older rash which is peeling as you saw in Pu’s case.

* Assessing for stiff neck varies depending on the state of the child. You may not need to even touch the child. If the child is alert and calm, you may be able to attract his attention and cause him to look down. If you need to try to move the child’s neck, you saw in the video a position which supports the child while gently bending the neck. It is hard to tell from a video whether the child’s neck is stiff. When you do this step with a real child, you will feel the stiffness when you try to bend the neck. You also saw the child cry from pain as the health worker tried to bend the neck.
Give the participants a copy of the answer sheet. Ask the participants to read through 6.2 Classify Ear Problem and do Exercise M.
For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Does the child have a stiff neck?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

Child 1  
Child 2  
Child 3  
Child 4

**Video Case Study:**

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Child's Name: P  
Age: 2  
Weight: 14 Kg  
Temperature: 38°C

ASK: What are the child's problems?  
Initial visit?  
Follow-up visit?

**CHECK FOR GENERAL DANGER SIGNS**

- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS
- LETHARGIC OR UNCONSCIOUS

**CLASSIFY**

- General danger sign present?  
- Remember to use danger sign when selecting classification

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**

- Yes  
- No

- Count the breaths in one minute.
- Look for chest indrawing.
- Look for noisy breathing.

**DOES THE CHILD HAVE DIARRHOEA?**

- Yes  
- No

- Look at the child's general condition. Is the child:
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:
  - Not able to drink, or drinking poorly?
  - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

**DOES THE CHILD HAVE FEVER?**  
(by history/feels hot/temperature 37.5°C or above)

- Decide MALARIA risk:  
- Low

- If more than 7 days, has fever been present every day?
- If the child had measles within the last 3 months?

- Look for any of these: red eyes, runny nose, swollen head

- Look for signs of MEASLES:
- One of these:
- Look for mouth ulcers
- Look for cloudy of the cornea.

- Yes  
- No

- Malaria

- Measles with Exitosis or Mouth Complications
20. **EXERCISE M**: Individual work followed by individual feedback -- Assess and classify a sick child up through ear problem.

Compare the participant’s answers to those on the answer sheet.

As you discuss these two cases, ask the participant to show you on the chart how he selected the classification for each child’s ear problem. Discuss any difficulty the participant has classifying ear problem. Provide guidance as needed.

Give the participant a copy of the answer sheet.

Ask the participant to read through the description of palmar pallor and to be ready to do Exercise N, a photograph exercise.
ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS
Answers to Exercise M

Case 1: Mbira

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE AN EAR PROBLEM?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there ear pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there ear discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, for how long?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look for pus draining from the ear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel for tender swelling behind the ear.</td>
<td></td>
<td>mastoiditis</td>
</tr>
</tbody>
</table>

Case 2: Dana

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE AN EAR PROBLEM?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there ear pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there ear discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, for how long?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look for pus draining from the ear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel for tender swelling behind the ear.</td>
<td></td>
<td>Acute Ear Infection</td>
</tr>
</tbody>
</table>

C-72
21. EXERCISE N: Photograph exercise -- Group work followed by group feedback -- Look for palmar pallor

*Photographs 38 through 40b:*

When the participants are ready to do Exercise N, gather the participants together. Talk through the example photographs and mention the following:

- **Photograph 38:** This child’s skin is normal. There is no palmar pallor on the child’s palms.

- **Photograph 39a:** The hands in this photograph are from two different children. The child on the left has some palmar pallor. *The skin is pale but not white.*

- **Photograph 39b:** The child on the right has no palmar pallor.

- **Photograph 40a:** The hands in this photograph are from two different children. The child on the left has no palmar pallor.

- **Photograph 40b:** The child on the right has severe palmar pallor.

*Photograph 41 through 46:*

Allow participants time to complete the exercise. When you see that everyone has completed the exercise, call on participants one at a time to give their answers. Ask the participant to describe how he selected his answer. Provide guidance about identifying pallor as needed.

Give the participant a copy of the answer sheet.

Ask the participant to read through the section "Look and feel for oedema" and to be ready to do Exercise O.
Part 1:

Photograph 38: This child's skin is normal. There is no palmar pallor.

Photograph 39a: The hands in this photograph are from two different children. The child on the left has some palmar pallor.

Photograph 39b: The child on the right has no palmar pallor.

Photograph 40a: The hands in this photograph are from two different children. The child on the left has no palmar pallor.

Photograph 40b: The child on the right has severe palmar pallor.

Part 2:

<table>
<thead>
<tr>
<th></th>
<th>Does the child have signs of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severe pallor</td>
</tr>
<tr>
<td>Photograph 41</td>
<td>✔</td>
</tr>
<tr>
<td>Photograph 42</td>
<td></td>
</tr>
<tr>
<td>Photograph 43a</td>
<td>✔</td>
</tr>
<tr>
<td>Photograph 43b</td>
<td></td>
</tr>
<tr>
<td>Photograph 44</td>
<td>✔</td>
</tr>
<tr>
<td>Photograph 45</td>
<td></td>
</tr>
<tr>
<td>Photograph 46</td>
<td>✔</td>
</tr>
</tbody>
</table>
22. EXERCISE O: Group work followed by group feedback — Look for visible severe wasting. Look for oedema of both feet.

When the participants are ready to do Exercise O gather the participants together.

**Photographs 47 through 50:**

Talk through the example photographs. Mention these points:

- **Photograph 47:** This is an example of visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child’s face.

- **Photograph 48:** This is the same child as in photograph 47 showing loss of buttock fat.

- **Photograph 49:** This is the same child as in photograph 47 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.

- **Photograph 50:** This child has oedema. *Notice that the child has oedema of both feet. In this child, the oedema extends up to the child’s legs.*

**Photographs 51 through 59:**

Allow participants time to complete the exercise. When you see that everyone has completed the exercise, call on participants one at a time to give their answers. After the participant answers, ask further questions about what signs the participant looked for to decide if the child had visible severe wasting or oedema.

Give participants a copy of the answer sheet.

Ask participants to read through 7.2 Classify Nutritional Status and do Exercise P. In Exercise P, the cases are long because the participant has now learned almost all of the *ASSESS & CLASSIFY* chart. Encourage participants to take their time and work through the exercise carefully.
Part 1:

Photograph 47: This is an example of visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child's face.

Photograph 48: This is the same child as in photograph 47 showing loss of buttock fat.

Photograph 49: This is the same child as in photograph 47 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.

Photograph 50: This child has oedema.

Part 2: For each photograph, answer the question:

<table>
<thead>
<tr>
<th>Photograph</th>
<th>Does the child have visible severe wasting?</th>
<th>Does the child have oedema?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Photograph 51</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Photograph 52</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Photograph 53</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Photograph 54</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Photograph 55</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Photograph 56</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Photograph 57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 58</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Photograph 59</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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23. EXERCISE P: Individual work followed by individual feedback -- Assess and classify sick children up through checking for malnutrition and anaemia.

This is the first time participants use the weight for age chart.

Compare the participant’s answers with those on the answer sheet. Talk through each case with the participant. To make sure that the participant understands how to determine weight for age, ask him to show you on the weight for age chart how he determined weight for age for each case.

Take note of any specific problems that a participant is having using the chart or understanding the classifications. Provide additional help or review as needed. Review the assessment and signs for any of the main symptoms learned earlier which you think are still difficult for the participant such as the cut-off for determining fast breathing and classifying dehydration.

Give the participant a copy of the answer sheet.

Ask the participant to read through 8.0 Check The Child’s Immunization Status and do Exercise Q.
Case 1: Nadia

ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS
Answers to Exercise P

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Nadia Age: 2 months Weight: 7 kg Temperature: 38.5°C

ASK: What are the child's problems? Feels hot, rash, skin = bone

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS
NOT ABLE TO DRINK OR BREASTFEED
VOMITS EVERYTHING
CONVULSIONS

LETHARGIC OR UNCONSCIOUS

CLASSIFY

Does the child have cough or difficult breathing? Yes No
- For how long? ___ Days
  - Count the breaths in one minute. Fast breathing?
  - Look for chest indrawing.
  - Look and listen for stridor.

Does the child have diarrhoea? Yes No
- For how long? ___ Days
  - Is there blood in the stools?
  - Look at the child's general condition. Is the child:
    Lethargic or unconscious?
    Restless and irritable?
    Look for sunken eyes.
    Offer the child fluid. Is the child:
    Not able to drink or drinking poorly?
    Drinking eagerly, thirsty?
    Pinch the skin of the abdomen. Does it go back:
    Very slowly (longer than 2 seconds)?
    Slowly?

Does the child have fever? (by history: feels hot Temperature 37.5°C or above)

Yes No

Malaria

Measles

Does the child have an ear problem? Yes No
- Is there ear pain?
- Is there ear discharge?
  - If Yes, for how long? ___ Days
  - Look for pus draining from the ear.
  - Feel for tender swelling behind the ear.

Then check for malnutrition and anaemia

Severe
Malnutrition

- Look for severe wasting
- Determine weight for age
  - Not low

Severe palmar pallor? Some palmar pallor?

- Look for oedema of both feet.
**Case 2: Kalisa**

<table>
<thead>
<tr>
<th>MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name: Kalisa</td>
</tr>
<tr>
<td>ASK: What are the child's problems?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>NOT ABLE TO DRINK OR BREASTFEED</th>
<th>VOMITS EVERYTHING</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
<th>General danger sign present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For how long? 6/7 days</td>
<td>No Pneumonia: Cough or Cold</td>
</tr>
<tr>
<td>• Count the breaths in one minute.</td>
<td>41 breaths per minute. Fast breathing?</td>
</tr>
<tr>
<td>• Look for chest indrawing.</td>
<td></td>
</tr>
<tr>
<td>• Look and listen for solder.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE DIARRHOEA?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For how long?</td>
<td>No</td>
</tr>
<tr>
<td>• Is there blood in the stool?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide MALARIA risk: High</td>
<td>No/Low</td>
</tr>
<tr>
<td>• For how long?</td>
<td></td>
</tr>
<tr>
<td>• If more than 7 days, has fever been present every day?</td>
<td></td>
</tr>
<tr>
<td>• Has child had measles within the last 3 months?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the child has measles now or within the last 3 months:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Look for mouth ulcers</td>
<td></td>
</tr>
<tr>
<td>• Look for running nose</td>
<td></td>
</tr>
<tr>
<td>• Look for signs of MEASLES:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generalized rash and</td>
</tr>
<tr>
<td></td>
<td>One of these: cough, runny nose or red eyes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE AN EAR PROBLEM?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is there ear pain?</td>
<td>No</td>
</tr>
<tr>
<td>• Is there ear discharge?</td>
<td></td>
</tr>
<tr>
<td>If Yes, for how long?</td>
<td>Days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THEN CHECK FOR MALNUTRITION AND ANAEMIA</th>
<th>Severe Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Look for visible severe wasting.</td>
<td>Severe palmar pallor</td>
</tr>
<tr>
<td>• Determine weight for age.</td>
<td>Some palmar pallor</td>
</tr>
<tr>
<td>Very low/Not very low/</td>
<td>Look for cadence of both feet.</td>
</tr>
</tbody>
</table>
### Case 3: Alulu

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

- **Child's Name:** Alulu
- **Age:** 9 months
- **Weight:** 5 kg
- **Temperature:** 96.8 °C

**ASK:** What are the child's problems? **diarrhoea**

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>GENERAL DANGER SIGN PRESENT? (YES/NO)</td>
<td></td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td>REMEMBER TO USE DANGER SIGN WHEN SELECTING CLASSIFICATIONS</td>
<td></td>
</tr>
</tbody>
</table>

#### CONVULSIONS

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**

- Yes
- No

- For how long? ___ Days
- Count the breaths in one minute. Fast breathing?
- Look for chest indrawing.
- Look and listen for stridor.

#### DIARRHOEA

- Yes
- No

- For how long? ___ Days
- Look at the child's general condition. Is the child: Lethargic or unconscious?
- Restless and irritable?
- Look for sunken eyes.
- Offer the child fluid. Is the child: Not able to drink or drinking poorly?
- Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)?

**Some Dehydration**

#### FEVER

- Decide MALARIA risk: High
- Low

- For how long? ___ Days
- Look or feel for stiff neck.
- Look for runny nose.
- Look for signs of MEASLES:
  - Generalized rash and
  - One or two: cough, runny nose or red eyes.

If the child has measles now or within the last 3 months:

- Look for mouth ulcers
- If Yes, are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

#### EAR PROBLEM

- Yes
- No

- Is there ear pain?
- Is there ear discharge?
- If Yes, for how long? ___ Days

- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

#### THEN CHECK FOR MALNUTRITION AND ANAEMIA

- Look for visible severe wasting.
- Determine weight for age.

- Very low
- Not very low

- Look for palmar pallor
- Severe palmar pallor? Some palmar pallor?
- Look for oedema of both feet.

---

**Very Low Weight**

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**Case 4: Antonio**

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

**Child's Name:** Antonio  
**Age:** 37 weeks  
**Weight:** 9.5 kg  
**Temperature:** 37.5°C

**ASK:** What are the child's problems?  
**Feels hot**, **ear problem**  
**Initial visit?** Follow-up visit?

**CHECK FOR GENERAL DANGER SIGNS**

<table>
<thead>
<tr>
<th>LETHARGIC OR UNCONSCIOUS</th>
</tr>
</thead>
</table>

**CLASSEFY**

<table>
<thead>
<tr>
<th>General danger sign present?</th>
</tr>
</thead>
</table>

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**

- For how long? __ Days  
- Count the breaths in one minute.  
- Fast breathing?  
- Look for chest indrawing.  
- Look and listen for stridor.

**DOES THE CHILD HAVE DIARRHOEA?**

- For how long? __ Days  
- Is there blood in the stool?  
- Look at the child's general condition. Is the child: Lethargic or unconscious?  
- Restless and irritable?  
- Look for sunken eyes.  
- Offer the child fluid, is the child Not able to drink or drinking poorly?  
- Drinking eagerly, thirsty?  
- Pinch the skin of the abdomen, Does it go back: Very slowly (longer than 2 seconds)?  
- Slowly?

**DOES THE CHILD HAVE FEVER?** (by history/feels hot/temperature 37.5°C or above)

<table>
<thead>
<tr>
<th>Malaria</th>
</tr>
</thead>
</table>

Decide MALARIA risk:  
- Low

- For how long? __ Days  
- If more than 7 days, has fever been present every day?  
- Has child had measles within the last 3 months?

<table>
<thead>
<tr>
<th>Acute Ear Infection</th>
</tr>
</thead>
</table>

**DOES THE CHILD HAVE AN EAR PROBLEM?**

- Is there __ ear?  
- Is there __ ear discharge?  
- If yes, for how long? __ Days  
- Look for __ draining from the ear?  
- Feel for tender swelling behind the ear.

**THEN CHECK FOR MALNUTRITION AND ANAEMIA**

<table>
<thead>
<tr>
<th>Very low</th>
<th>Not Very low</th>
</tr>
</thead>
</table>

**Look for visible severe wasting.**  
**Look for palmar pallor**  
**Severe palmar pallor? Some palmar pallor?**  
**Look for edema of both feet.**

---

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24. **EXERCISE Q:** Individual work followed by individual feedback -- Check the child's immunization status.

**Part 1:** Compare the participant’s answers to those on the answer sheet. Emphasize in this part of the exercise that there are very few contraindications for immunizations. Even when a contraindication is present for one vaccine, other vaccines may be safely given.

**Part 2:** As you talk through each case with the participant, check to see that the participant understands how to use the recommended immunization schedule when deciding if the child needs any immunizations during this visit. For example:

* How did you decide that this child needed an immunization today?
* What would you say to the mother first to find out this child’s immunization history?
* If she says, "Yes, I brought an immunization card today," what should you do next?
* If she did not bring the card today, what would you do?

Give the participant a copy of the answer sheet.

Ask the participant to read through 9.0 Assess Other Problems and to do Exercise R. Remind participants to work carefully through the cases in Exercise R. They are long cases because the participant has now learned all of the steps for assessing and classifying children according to the *ASSESS & CLASSIFY* chart.
### ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS
Answers to Exercise Q

#### Part 1:

<table>
<thead>
<tr>
<th>If the child:</th>
<th>Immunize this child today</th>
<th>Do not immunize today</th>
</tr>
</thead>
<tbody>
<tr>
<td>will be treated at home with antibiotics</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>has a local skin infection</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>had convulsion immediately after DPT 1 and needs DPT 2 today</td>
<td>✓ give OPV 2 but &gt;</td>
<td>do not give DPT</td>
</tr>
<tr>
<td>has a chronic heart problem</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>is being referred for severe classification</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>is exclusively breastfed</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>older brother had convulsion last year</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>was jaundiced at birth</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>is VERY LOW WEIGHT</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>is known to have AIDS and has not received any immunizations at all</td>
<td>✓ give OPV, DPT and measles but &gt;</td>
<td>do not give BCG</td>
</tr>
<tr>
<td>has NO PNEUMONIA: COUGH OR COLD</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Part 2:

1. Salim -- 6 months:
   a. Is Salim up-to-date with his immunizations? **No.**
   b. What immunizations, if any, does Salim need today?
      
      *He needs DPT 3 and OPV 3.*
   c. When should he return for his next immunization?
      
      *He should return at 9 months of age for measles immunization.*

2. Chilunji -- 3 months:
   a. Is Chilunji up-to-date with her immunizations? **No.**
   b. What immunizations, if any, does Chilunji need today?
      
      *She needs OPV 2 and DPT 2. Do not record OPV 2.*
   c. Chilunji has diarrhoea. What immunizations will she receive at her next visit?
      
      *Give her DPT 3 and repeat OPV 2.*
   d. When should she return for her next immunization? **In 4 weeks.**

3. Marco -- 9 months:
   a. Is Marco up-to-date with his immunizations? **No.**
   b. What immunizations, if any, does Marco need today?  *He needs DPT 3, OPV 3 and Measles.*
   c. When should he return for his next immunization?
      
      *He has received all of his needed immunizations after he is immunized today.*
25. DRILL: Determine Weight For Age

Conduct this drill at any convenient time after this point in the module. For example, plan to conduct it at the beginning of a module session or when a session resumes after a tea break.

To conduct the drill:

1. Make sure each participant is looking at the weight for age chart.

2. Tell the participants that you will state some ages and weights of children. You will then call on individual participants to answer whether the child is very low weight for age or not very low weight for age. Reassure participants that this is a practice activity and not a test. Ask participants to wait to be called on and to be prepared to answer as quickly as they can.

3. Start the drill by saying aloud the weight and age of the first child. Allow participants time to look at a weight for age chart and determine the answer. Then ask a participant to give the child’s weight-for-age status. Continue calling on different participants, making sure each understands how to use the weight for age chart correctly.
<table>
<thead>
<tr>
<th>DRILL: DETERMINING WEIGHT FOR AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK:</strong> If the child is: and weighs:</td>
</tr>
<tr>
<td>7 months</td>
</tr>
<tr>
<td>36 months</td>
</tr>
<tr>
<td>12 months</td>
</tr>
<tr>
<td>18 months</td>
</tr>
<tr>
<td>3 months</td>
</tr>
<tr>
<td>2 years</td>
</tr>
<tr>
<td>6 months</td>
</tr>
<tr>
<td>12 months</td>
</tr>
<tr>
<td>36 months</td>
</tr>
<tr>
<td>8 months</td>
</tr>
<tr>
<td>15 months</td>
</tr>
<tr>
<td>4 months</td>
</tr>
<tr>
<td>14 months</td>
</tr>
<tr>
<td>48 months</td>
</tr>
<tr>
<td>20 months</td>
</tr>
<tr>
<td>7 months</td>
</tr>
<tr>
<td>10 months</td>
</tr>
<tr>
<td>11 months</td>
</tr>
<tr>
<td>12 months</td>
</tr>
</tbody>
</table>
26. EXERCISE R: Individual work followed by individual feedback -- Assess and classify the sick child

In this and the remaining exercises in this module, participants review all they have learned up to this point. Use any relevant opportunity to reteach difficult points about identifying particular signs or classifying illness according to the process on the ASSESS & CLASSIFY chart.

* * *

Compare the participant’s answers to those on the answer sheet. Talk through each case with the participant. Use this review opportunity to make sure the participants understand the steps on the ASSESS & CLASSIFY chart. For example:

* How do you decide if the child has fast breathing? What if the child was 8 months old instead of 18 months old?
* How would you classify this child if he had a low malaria risk?
* How would you classify this child’s cough if he had chest indrawing?

Case 2: Remind the participant that Mishu’s OPV2 should be repeated because she has diarrhoea.

Note: In this module, participants only need to circle the immunizations the child needs today. Decisions about giving the immunization and when to return are taught in the module Identify Treatment.

Case 4: The participant only needs to circle the immunizations this child needs today. You can remind the participant that the child will be referred for a severe classification. The decision to immunize is made by health staff at the referral site. How to record those decisions is taught in the module Identify Treatment.

Give the participant a copy of the answer sheet.

When all of the participants are ready, show the next video exercise which demonstrates how to assess a child for ear problem and how to check a child for signs of malnutrition and anaemia.
Case 1: Dan

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Dan Age: 9 months Weight: 9.5 kg Temperature: 37.5 °C

ASK: What are the child's problems? Diarrhoea for 1 week

Initial visit Follow-up visit

ASSESS (Circle all signs present)

CHECK FOR GENERAL DANGER SIGNS

LETHARGIC OR UNCONSCIOUS

General danger sign present? Yes No

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?

Yes no

- Count the breaths in one minute. 18 breaths per minute. Fast breathing?
- Look for chest indrawing.
- Look and listen for stolids.

DOES THE CHILD HAVE DIARRHOEA?

Yes no

- For how long? 2 Days
- Is there blood in the stool?
- Look at the child's general condition. Is the child:
  Lethargic or unconscious?
  Restless and irritable?
  Look for malarial fever?
  Offer the child fluid. Is the child:
  Not able to drink or drinking poorly?
  (Sucking eagerly, thirsty)
  Pinch the skin of the abdomen. Does it go back:
  Very slowly longer than 2 seconds?
  (Swallowing)

Some dehydration

DOES THE CHILD HAVE FEVER? (Is history/fever hot)

Temperature 37.5 °C or above

Malaria

Decide MALARIA risk: High Low

- For how long? 2 Days
- If more than 7 days, has fever been present every day?
- Has child had measles within the last 3 months?

If the child has measles now or within the last 3 months:

DOES THE CHILD HAVE AN EAR PROBLEM?

Yes no

- Is there ear pain?
- Is there ear discharge?
- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

THEN CHECK FOR MALNUTRITION AND ANAEMIA

- Look for visible severe wasting.
- Determine weight for age: Very low Not very low

- Look for palmar pallor
  Severe palmar pallor? Some palmar pallor?
  Look for edema of both feet.

CHECK THE CHILD'S IMMUNIZATION STATUS

Circle immunizations needed today.

BCG K OPT 1 K OPT 2 K OPT 3
OPV 0 K OPV 1 K OPV 2 K OPV 3
Measles

ASSESS CHILD'S FEEDING if child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.

Feeding Problems:

- Do you breastfeed your child? Yes No
- Do you breastfeed during the night? Yes No
- Does the child take any other foods or fluids? Yes No
- If Yes, what foods or fluids?

How many times per day ______ times. What do you use to feed the child?

If very low weight for age: How large are 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?

Note: You will learn to complete this section in COURSE 7: MOTHER.
ASSESS AND CLASSIFY THE SICK CHILD  
AGE 2 MONTHS UP TO 5 YEARS  
Answers to Exercise R (continued)

Case 2: Mishu

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name: Mishu  Age: 4 months  Weight: 5.5 kg  Temperature: 38 °C

ASK: What are the child’s problems?  Diarrhoea.

ASSESS (Circle all signs present):

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>VOMITS EVERYTHING</td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
</tr>
</tbody>
</table>

CLASSIFY (General danger sign present? Yes / No)

Remember to use danger sign when selecting classifications

DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- Yes / No
  - For how long? ___ Days
  - Count the breaths in one minute, ___ breaths per minute. Fast breathing?
  - Look for chest indenting.
  - Look and listen for stridor.

DOES THE CHILD HAVE DIARRHOEA?
- Yes / No
  - For how long? ___ Days
  - Is there blood in the stool?
  - Look at the child’s general condition. Is the child: Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirsty?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)?
    - Slowly?

DOES THE CHILD HAVE FEVER? (by history/felt hot/temperature 37.5°C or above)
- Decide MALARIA risk: High / Low
  - Yes / No
  - If more than 7 days, have fever been present every day?
  - Has child had measles within the last 3 months?
    - Look for signs of MEASLES:
      - Generalized rash and:
      - One of these: cough, runny nose or red eyes.
    - Look for mouth ulcers.
    - If the child has measles now or within the last 3 months:
      - If Yes, are they deep and extensive?
      - Look for pus draining from the eye.
      - Look for clouding of the cornea.

DOES THE CHILD HAVE AN EAR PROBLEM?
- Yes / No
  - Is there ear pain?
  - Is there ear discharge?
  - Look for pus draining from the ear.
  - Feel for tender swelling behind the ear.
  - If Yes, for how long? ___ Days

THEN CHECK FOR MALNUTRITION AND ANAEMIA
- Look for visible severe wasting.
- Determine weight for age.
- Look for palmar pallor.
- Severe palmar pallor? Some palmar pallor?
- Look for oedema of both feet.

CHECK THE CHILD’S IMMUNIZATION STATUS
- Circle immunizations needed today.

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
<th>DPT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSESS CHILD’S FEEDING
- If child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.
  - 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 foods or fluids? Yes / No
  - If Yes, what foods or fluids?

How many times per day? ___ times. What do you use to feed the child?

Does the child receive his own serving? Yes / No
- Who feeds the child and how?

ASSESS OTHER PROBLEMS:

Feeding Problems:

4 weeks (Date)

C-89
Case 3: Jemilla

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

<table>
<thead>
<tr>
<th>Child's Name: Jemilla</th>
<th>Age: 37 months</th>
<th>Weight: 16.3 kg</th>
<th>Temperature: 38.5°C</th>
</tr>
</thead>
</table>

**ASK:** What are the child's problems? Stomach ache, fast breathing, runny nose, cough

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>LETHARGIC OR UNCONSCIOUS</td>
</tr>
<tr>
<td>VOMITS EVERYTHING</td>
<td>General danger sign present?</td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td>Remember to use danger sign when selecting classifications</td>
</tr>
</tbody>
</table>

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?** Yes No
- For how long? 2 Days
- Count the breaths in one minute.
- 45 breaths per minute. (Fast breathing)
- Look for chest indrawing.
- Look and listen for stridor.
- **Pneumonia**

**DOES THE CHILD HAVE DIARRHOEA?** Yes No
- For how long? __ Days
- Is there blood in the stool?
- Look at the child's general condition. Is the child:
  - Lethargic or unconscious?
  - Residually and incontinent?
  - Look for sunken eyes.
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirstily?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)?
    - Slowly?

**DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)**

| Decide MALARIA risk: High Low |
|-------------------------------|----------------|
| For how long? 2 Days |
| If more than 7 days, has fever been present every day? |
| Has child had measles within the last 3 months? |
- Look or feel for soft neck.
- Look for (sore) nodes
- Look for signs of MEASLES:
  - Generalized rash and
  - One of these: cough, runny nose or red eyes.
- Look for mouth ulcers
- If yes, are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.
- **Malaria**

**DOES THE CHILD HAVE AN EAR PROBLEM?** Yes No
- Is there ear pain?
- Is there ear discharge?

If yes, for how long? __ Days
- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

**THEN CHECK FOR MALNUTRITION AND ANAEMIA**

| Look for visible severe wasting. |
| Determine weight for age. Very low Not very low |
| Look for palmar pallor |
| Severe palmar pallor? Some palmar pallor? |
| Look for oedema of both feet. |

**CHECK THE CHILD'S IMMUNIZATION STATUS**

Circle immunizations needed today.

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
<th>DPT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPV 1</th>
<th>OPV 2</th>
<th>OPV 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measles</th>
</tr>
</thead>
</table>

**ASSESS CHILD'S FEEDING**

If child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.

- 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 foods or fluids? Yes No
  - If Yes, what foods or fluids?

<table>
<thead>
<tr>
<th>How many times per day? __ times. What do you use to feed the child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child receive his own serving? Who feeds the child and how?</td>
</tr>
<tr>
<td>During this illness, has the child's feeding changed? Yes No</td>
</tr>
<tr>
<td>If Yes, how?</td>
</tr>
</tbody>
</table>

**ASSESS OTHER PROBLEMS:** Stomach ache, rash on hand

C-90
### Case 4: Terese

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Child's Name: **Terese**  
Age: 6 months  
Weight: 4 kg  
Temperature: 37 °C

**ASK:** What are the child's problems?  
Cough, looks thin

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTABLE TO DRINK OR BREASTFEED</td>
<td></td>
</tr>
<tr>
<td>VOMETS EVERYTHING</td>
<td></td>
</tr>
<tr>
<td>CONVULSIONS</td>
<td></td>
</tr>
</tbody>
</table>

**CLASSIFY**

- General danger sign present?  
  Yes **No**
- Remember to use danger sign when selecting classifications

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**
- Yes **No**
- For how long? **Days**  
  - Count the breaths in one minute. **30** breaths per minute (fast breathing)
  - Look for chest indrawing.
  - Look and listen for stridor.

**DOES THE CHILD HAVE DIARRHOEA?**
- Yes **No**
- For how long? **Days**  
  - Look at the child's general condition. Is the child:  
    - Lethargic or unconscious?  
    - Restless and irritable?  
    - Look for sunken eyes.  
    - Offer the child fluid. Is the child:  
      - Not able to drink or drinking poorly?  
      - Drinking eagerly, thirsty?  
      - Pinch the skin of the abdomen. Does it go back:  
        - Very slowly (longer than 2 seconds)?  
        - Slowly?

**DOES THE CHILD HAVE FEVER?** (by history/feels hot/temperature 37.5°C or above)
- Yes **No**
- Decide MALARIA risk: High **Low**
  - For how long? **Days**  
  - Look for stiff neck.  
  - Look for signs of MEASLES:
    - Generalized rash and  
    - One of these: cough, snotty nose or red eyes.

  If the child has measles now or within the last 3 months:
  - Look for mouth ulcers
  - If yes, are they deep and extensive?
  - Look for pus draining from the eye.
  - Look for clouding of the cornea.

**DOES THE CHILD HAVE AN EAR PROBLEM?**
- Yes **No**
- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

**THEN CHECK FOR MALNUTRITION AND ANAEMIA**
- Look for severe wasting  
- Determine weight for age.  
  - Very low  
  - Not very low
- Look for palmar pallor  
  - Severe palmar pallor? Some palmar pallor?  
- Look for oedema of both feet.

**CHECK THE CHILD'S IMMUNIZATION STATUS**
- Circle immunizations needed today.
  - BCG  
  - DPT 1  
  - DPT 2  
  - DPT 3  
  - OPV 0  
  - OPV 1  
  - OPV 2  
  - OPV 3  
- Measles

**ASSESS CHILD'S FEEDING**
- If child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.
  - 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 foods or fluids? Yes **No**
    - If yes, what foods or fluids?
  -  

**ASSESS OTHER PROBLEMS:**
- Feeding Problems:
  - How many times per day? **times**. What do you use to feed the child?
  - If very low weight for age: How large are servings?
  - Who feeds the child and how?
  - During this illness, has the child's feeding changed? Yes **No**
  - If yes, how?
27. EXERCISE S: Video Exercise — "Does the child have an ear problem?" "Then check for malnutrition and anaemia."

When all the participants are ready, arrange for them to move where the video exercise will be shown. Make sure participants bring their modules.

1. In this video exercise, participants will:
   - see examples of signs of ear problem and
   - practice identifying signs of malnutrition and anaemia.

2. They will also do a case study showing an assessment of a child up through checking for malnutrition or anaemia.

3. Before you start the video, ask if participants have any questions. When there are no additional questions, start the tape.

4. At the end of the video, lead a short discussion. Answer any remaining questions that participants have. If they had any particular difficulty identifying signs or selecting classifications, rewind the tape and review how to identify the sign.

Give the participants a copy of the answer sheet. If time allows, show the video for Exercise T. Otherwise, summarize the module according to the guidelines that follow Exercise T.

Note: On the video (after Exercise T), there is an exercise to review chest indrawing. You can show that exercise now or at any convenient time after this point to provide additional practice in identifying chest indrawing. The answers to the review exercise are included with the guidelines for Exercise T.
### Video Case Study:

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

Child’s Name: **Jenny**  
Age: 15 months  
Weight: 6 kg  
Temperature: 37°C  
Initial weight? Follow-up weight?  

**ASK:** What are the child’s problems? **diarrhoea**

**ASSESS** (Circle all signs present)

**CHECK FOR GENERAL DANGER SIGNS**  
- NOT ABLE TO DRINK OR BREASTFEED  
- VOMITS  
- EVERYTHING CONVULSIONS  
- LETHARGIC OR UNCONSCIOUS

**LETHARGIC OR UNCONSCIOUS**

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**  
- Yes  
- No  
  - For how long? **5** days  
  - Count the breaths in one minute  
  - 42 breaths per minute  
  - Fast breathing?  
  - Look for chest indrawing  
  - Look and listen for stridor

**DOES THE CHILD HAVE DIARRHOEA?**  
- Yes  
- No  
  - For how long? **1** days  
  - Look at the child’s general condition. Is the child:  
  - Lethargic or unconscious?  
  - Restless and irritable?  
  - Look for sunken eyes  
  - Offer the child fluid. Is the child:  
  - Dehydrated?  
  - Drinking eagerly, thirstily?  
  - Pinch the skin of the abdomen. Does it go back:  
  - Very slowly (longer than 2 seconds)?  
  - Slowly?

**DOES THE CHILD HAVE FEVER?**  
- Yes 
- No  
- Decided MALARIA risk:  
  - High  
  - Low  
  - If more than 7 days, has fever been present every day?  
  - Has child had measles within the last 3 months?

**DOES THE CHILD HAVE AN EAR PROBLEM?**  
- Yes  
- No  
  - Is there ear pain?  
  - Is there ear discharge?  
  - If yes, for how long? **3** days  
  - Look for pus draining from the ear,  
  - Feel for tender swelling behind the ear

**THEN CHECK FOR MALNUTRITION AND ANAEMIA**

- Look for *spleen palpable*  
- Determine weight for age  
- Look for palmar pallor  
- Some palmar pallor?  
- Severe pallor?

**CHECK THE CHILD’S IMMUNIZATION STATUS**  
- BCG  
- DPT 1  
- DPT 2  
- DPT 3  
- OPV 1  
- OPV 2  
- OPV 3  
- Measles

**ASSESS CHILD’S FEEDING**

- If child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old:  
  - Do you breastfeed your child?  
  - Yes  
  - No  
  - If yes, how many times in 24 hours?  
  - Times  
  - Do you breastfeed during the night?  
  - Yes  
  - No  
  - If yes, what foods or fluids?  
  - Yes  
  - No

**ASSESS OTHER PROBLEMS:**

---

**General danger sign present?**  
- Yes  
- No

**Remember to use danger sign when selecting classifications**

**Pneumonia**

**No Dehydration**

**Severe Malnutrition**

**Feeding Problems:**

- How many times per day?  
- Times. What do you use to feed the child?  
- Does the child receive his own serving?  
- Who feeds the child and how?

---

**C-93**
28. EXERCISE T: (optional) Video and Group Discussion -- Reviewing the ASSESS & CLASSIFY process

The participants will first see a video showing a demonstration of a full assessment of a child. Participants next watch a case study and practice assessing and classifying according to the steps on the ASSESS & CLASSIFY chart.

After they have done the exercises on the video, discuss the cases with them. Ask for any observations or questions the participants might have about the two cases that they have seen.

Answer any questions participants may still have about the process or about particular cases or clinical signs described in the module or on the video.

Give each participant a copy of the answer sheet.

When there are no additional questions, summarize the module.

Review Exercise: Chest Indrawing

Show this exercise now or at any convenient time after this point. For example, arrange to show the review exercise during the first module session of Week 2. Participants are returning from a day off and may appreciate an opportunity to refresh their skill with identifying chest indrawing.
# ASSESS AND CLASSIFY THE SICK CHILD
## AGE 2 MONTHS UP TO 5 YEARS
### Answers to EXERCISE T

## Video Summary Case Study 1

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

<table>
<thead>
<tr>
<th>Child's Name: Faduma</th>
<th>Age: 18 months</th>
<th>Weight: 6 kg</th>
<th>Temperature: 37°C</th>
</tr>
</thead>
</table>

ASK: What are the child's problems? itching rash

### ASSESS (Circle all signs present)

**CHECK FOR GENERAL DANGER SIGNS**

- **NOT ABLE TO DRINK OR BREASTFEED**
- **LETHARGIC OR UNCONSCIOUS**
- **CONVULSIONS**

**CHECK THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**
- **Yes ✓ No**
  - For how long? 3 Days
  - Count the breaths in one minute:
    - 43 breaths per minute (Fast breathing)
  - Look for chest-inrawing.
  - Look and listen for stridor.

**DOES THE CHILD HAVE DIARRHOEA?**
- **Yes ✓ No**
  - For how long? 5 Days
  - Is there blood in the stool?
  - Look at the child's general condition. Is the child:
    - Lethargic or unconscious?
    - Restless and unstable?
  - Look for runny eyes.
  - Offer the child fluid. Is the child:
    - Not able to drink or drinking poorly?
    - Drinking eagerly, thirst?
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly longer than 2 seconds?

**DOES THE CHILD HAVE FEVER?**
- (by history/feels hot temperature 37.5°C or above)
  - **Decide MALARIA risk:** High Low
  - **Yes ✓ No**
  - For more than 7 days, has fever been present every day?
  - Has child had measles within the last 3 months?

**DOES THE CHILD HAVE AN EAR PROBLEM?**
- **Yes ✓ No**
  - If yes, for how long? 7 Days
  - Look for pus draining from the ear.
  - Feel for tender swelling behind the ear.

### THEN CHECK FOR MALNUTRITION AND ANAEMIA

- **Look for visible severe wasting**
  - **Yes ✓ No**
  - Determine weight for age:
    - Very low ✓ Not Very low
  - **Some palmar pallor?**
  - Look for oedema of both feet.

### CHECK THE CHILD'S IMMUNIZATION STATUS

- BCG ✓ DPT 1 ✓ DPT 2 ✓ DPT 3
- OPV ✓ OPV 1 ✓ OPV 2 ✓ OPV 3 ✓ Measles

### ASSESS CHILD'S FEEDING

- If child has ANAEMIA: VERY LOW WEIGHT or is less than 2 years old:
  - 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 foods or fluids? **Yes ✓ No**
    - If Yes, what foods or fluids?

- How many times per day? times. What do you use to feed the child?
  - If very low weight for age: How large are servings?
  - During this illness, has the child's feeding changed? **Yes ✓ No**
    - If Yes, how?

### ASSESS OTHER PROBLEMS:

---

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**ASSESS AND CLASSIFY THE SICK CHILD**
**AGE 2 MONTHS UP TO 5 YEARS**
Answers to Exercise T (continued)

**Video Summary Case Study 2**

**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

**Child's Name:** Martha  
**Age:** 4 years  
**Weight:** 13 kg  
**Temperature:** 38 °C

**ASK:** What are the child's problems? **Cold, cough**

**Initial visit?** ✔  
**Follow-up visit?**

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>LETHARGIC OR UNCONSCIOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>General danger sign present?</td>
</tr>
</tbody>
</table>
| VOMITS EVERYTHING | Yes ✔ No □  
| CONVULSIONS | Remember to use danger sign when selecting classifications |

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</th>
</tr>
</thead>
</table>
| Yes ✔ No □  
| **Pneumonia** |

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE DIARRHOEA?</th>
</tr>
</thead>
</table>
| Yes ✔ No □  
| **Malaria** |

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)</th>
</tr>
</thead>
</table>
| Decide MALARIA risk: High □ Low ✔  
| For how long? 4 Days  
| If more than 7 days, has fever been present every day?  
| Has child had measles within the last 3 months? Yes □ No ✔  
| If the child has had measles now or within the last 3 months:  
| Look for mouth ulcer.  
| If Yes, are they deep and extensive?  
| Look for pus draining from the ear.  
| Look for cloudy swelling of the ear.  
| **Measles** |

<table>
<thead>
<tr>
<th>DOES THE CHILD HAVE AN EAR PROBLEM?</th>
</tr>
</thead>
</table>
| Yes ✔ No □  
| **No Anaemia and Not Very Low Weight** |

**THEN CHECK FOR MALNUTRITION AND ANAEMIA**

<table>
<thead>
<tr>
<th>Determine weight for age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low □ Not Very low ✔</td>
</tr>
</tbody>
</table>

**CHECK THE CHILD'S IMMUNIZATION STATUS**

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
<th>DPT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPV 0</td>
<td>OPV 1</td>
<td>OPV 2</td>
<td>OPV 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measles</th>
</tr>
</thead>
</table>

**ASSESS CHILD'S FEEDING**

<table>
<thead>
<tr>
<th>If child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.</th>
</tr>
</thead>
</table>
| 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 foods or fluids? Yes ✔ No □  
| If Yes, what foods or fluids? |

| How many times per day? _times. What do you use to feed the child?  
| If very low weight for age: How large are 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? |

**ASSESS OTHER PROBLEMS:**

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For each of the children shown, answer the question:

<table>
<thead>
<tr>
<th>Child 1</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 2</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child 3</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Child 6</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Child 7</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
29. SUMMARY OF MODULE -- Group discussion

To review the skills covered in this module, first ask participants to read again the list of learning objectives on the first page of the module.

1. Review each step of the process on the ASSESS & CLASSIFY chart. As you state each objective, point (or ask a participant to point) to where the relevant step is located on the chart.

2. Tell participants what was done well during their work with this module. Also mention any points that were difficult for participants, such as recognizing a particular sign or using communication skills to talk with mothers. Tell participants that several points in the module will be reinforced in future clinical sessions. They will also be reviewed throughout the rest of the modules that describe how to identify treatment, treat sick children and counsel mothers.

3. Review any points that you noted below and answer any questions that participants still have.
FACILITATOR GUIDELINES FOR

IDENTIFY TREATMENT

D-1
### FACILITATOR GUIDELINES

### IDENTIFY TREATMENT

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute and introduce the module.</td>
<td>--------------</td>
</tr>
<tr>
<td>2. Participants read Introduction and section 1.0 up to the chart &quot;Decisions Involved in Plan C.&quot; Explain the chart and the rest of section 1.0.</td>
<td>--------------</td>
</tr>
<tr>
<td>3. Participants finish reading section 1.0 and do Exercise A.</td>
<td>Individual</td>
</tr>
<tr>
<td>4. Demonstrate how to use the back of the Sick Child Recording Form and discuss example forms in section 2.0. Participants read section 2.0.</td>
<td>--------------</td>
</tr>
<tr>
<td>5. Participants do Exercise B.</td>
<td>Individual</td>
</tr>
<tr>
<td>6. Participants read the section on When to Return Immediately and do Exercise C.</td>
<td>Individual</td>
</tr>
<tr>
<td>7. Lead drill on when to return immediately.</td>
<td>Drill</td>
</tr>
<tr>
<td>8. Participants read section 3.0 and do Exercise D.</td>
<td>Individual</td>
</tr>
<tr>
<td>9. Participants read sections 4.0 and 5.0. Participants do the written part of Exercise E.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>10. Conduct the role play in Exercise E.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>11. Participants do Exercise F.</td>
<td>Individual</td>
</tr>
<tr>
<td>12. Summarize the module.</td>
<td>--------------</td>
</tr>
</tbody>
</table>
1. INTRODUCTION OF MODULE

Briefly introduce the module by explaining that it describes the final step on the ASSESS & CLASSIFY chart: "Identify Treatment." Point to the "Identify Treatment" column on the wall-size ASSESS & CLASSIFY chart.

Pointing to the wall chart, explain how to read across the chart from each classification to the list of treatments needed. Point to the treatments listed for PNEUMONIA and read them aloud (or have a participant read them aloud). Point to the treatments listed for diarrhoea with NO DEHYDRATION and read them aloud (or have a participant read them aloud). Ask a participant to point to the classification DYSENTERY. Then ask that participant to read aloud the treatments for dysentery.

Explain that severe classifications usually require referral to a hospital. For these classifications, the instruction is given to "Refer URGENTLY to hospital." Point to the treatment instructions for SEVERE PNEUMONIA OR VERY SEVERE DISEASE and read them aloud, including the instruction to refer urgently to the hospital. Ask a participant to point to the classification MASTOIDITIS. Then ask that participant to read aloud the treatments for MASTOIDITIS.

Explain what is meant by "hospital": a health facility with inpatient beds and supplies and expertise to treat a very sick child. (If some participants work in facilities with inpatient beds, these participants may refer severe cases to their own inpatient departments. Participants working in clinics will usually refer to a hospital some distance away.)

Ask participants to look at the flowchart on the second page of the module. Explain that this flowchart shows the steps described in this module. The first step, in the diamond, is a decision: 1.0 Determine if urgent referral is needed. If NO, you follow the upper arrow to step 2.0 to identify treatments. If YES, you quickly do steps 3.0, 4.0 and 5.0 to refer the child.

Explain that this module does not describe how to do the treatments, but simply how to identify which treatments are needed. Participants will learn how to do the treatments in the module Treat the Child.

Ask participants to read the Introduction to the module and section 1.0 up to the chart "Decisions Involved in Plan C.”
2. **Explanation of "Decisions Involved in Plan C" and Section 1.0**

When all participants have read up to "Decisions Involved in Plan C" ask participants to gather for an explanation.

**Materials needed:**

* Enlargement of the Classification Table -- Dehydration

**To conduct the explanation:**

Review the following points:

* Most severe classifications require urgent referral.

* Exception: If the only severe classification is SEVERE PERSISTENT DIARRHOEA, the child needs referral, but not as urgently. There is time to give other treatments before referral.

  *Note to facilitator: There are other non-urgent referrals as well: for coughing more than 30 days and for fever present for over 7 days. In these cases also, there is time to give other treatments before referral. Although this is not urgent referral, it is important that the mother go as soon as possible, in the next day or two.*

* Another possible exception: If a child’s only severe classification is SEVERE DEHYDRATION, you may keep and treat the child if your clinic has the ability to treat the child. (This includes a child who may have a general danger sign because of severe dehydration: lethargic, unconscious, or not able to drink.) You will use Plan C to decide how this child should be treated.

Reassure participants that Plan C will be taught in detail in the next module. For now, they will focus on the questions on the left side.

Read through the simplified Plan C out loud as participants follow in their modules. Explain what happens for each NO or YES answer.

Ask each participant to think through the decisions for his own clinic for a child with SEVERE DEHYDRATION who cannot drink.
Explain that, in addition to referrals for severe classifications, the following children should be referred:

* Children who have a general danger sign without a severe classification
* Children who have any other severe problem that cannot be treated at the clinic (for example, severe abdominal pain)

Read aloud and explain the four examples at the end of section 1.0. Point to the relevant classifications and treatments on the wall-size ASSESS & CLASSIFY chart as you speak. When reviewing Example 3, use the enlargement of the Classification Table -- Dehydration. Point to the relevant instruction on the enlargement instead of the wall chart as it will be easier to see.

For Example 3, Fola: Note that Fola has a general danger sign related to dehydration, but she has no severe classification in addition to SEVERE DEHYDRATION. Thus, Plan C is needed.

For Example 4, Lida: Note that Lida has a general danger sign but no disease classification. She must be referred.

Ask participants to finish reading section 1.0 and do Exercise A. Ask them to come to you for individual feedback when they finish.

3. **EXERCISE A: Individual work followed by individual feedback -- Deciding whether or not urgent referral is needed**

Compare the participant’s answers to the answer sheet and discuss any differences.

Questions 5, 6, and 7 involve cases with diarrhoea with SEVERE DEHYDRATION. Be sure the participant understands when to keep or refer such a case:

If the child also has another severe classification, refer. Special expertise is required to rehydrate this child, as too much fluid given too quickly could endanger his life.

If the child has no other severe classification, use Plan C to decide if you should rehydrate the child at your clinic or refer the child.

Look at the abbreviated version of Plan C in section 1.0 with the participant. Discuss whether the participant’s clinic has IV therapy available, whether IV therapy is available nearby (within 30 minutes), and whether NG tubes can be
used. The situation at the participant’s clinic will determine what he can do for a child who needs Plan C.

Give the participant a copy of the answer sheet.

Ask the participant to what hospital or clinic he refers children who need urgent referral. Discuss briefly how far away that is and how mothers can travel there.

Explain that, when everyone has received feedback, you will begin section 2.0 as a group.
IDENTIFY TREATMENT
Answers to Exercise A

1. No. Sara has no general danger signs and no severe classifications.

2. No. Neema has no general danger signs and no severe classifications.

3. Yes. David has a severe classification: MASTOIDITIS.

4. Yes. Marcel has a general danger sign: convulsions.

5. No. Habib has a general danger sign which may be related to dehydration. His only severe classification is SEVERE DEHYDRATION. The clinic should use Plan C. Since this clinic can give IV therapy, Habib should be given IV therapy at the clinic.

6. Yes. Perin has a general danger sign which may be related to dehydration. His only severe classification is SEVERE DEHYDRATION. The clinic should use Plan C. Since this clinic cannot provide IV therapy or NG therapy, and Perin cannot drink, he should be referred for IV therapy.

7. Yes. Isole should be referred since he has diarrhoea with SEVERE DEHYDRATION and another severe classification.
4. Demonstration of how to use the back of the Sick Child Recording Form

Hold up a blank Sick Child Recording Form. Until now participants have used only the front. Explain that they are now going to record treatments needed on the back.

Show how to fold the "Classify" column of the Sick Child Recording Form so that it can be seen while looking at the back of the form. Ask the participants to fold the example form for Adio (in section 2.0 of the module) in the same way.

As participants look at the folded back of Adio’s form, make the following points:

* Look at the ASSESS & CLASSIFY chart to find the treatments needed for each classification.

* List treatments needed on the back of the form, across from the classification.

* Write only the relevant treatments.

Point to Adio’s first classification, SOME DEHYDRATION, and read aloud all the listed treatments. Show participants that only the relevant treatments were listed on the form. The treatment that begins "If child also has a severe classification...." is not written, because Adio does not have a severe classification. ("Advise when to return immediately" is already on the form, so does not need to be written again.)

Ask a participant to point to Adio’s next classification, CHRONIC EAR INFECTION, and read all the treatments listed. Ask the group: Are all of these treatments relevant? Answer: Yes, and all are written on the form.

Ask another participant to point to Adio’s next classification, NO ANAEMIA AND NOT VERY LOW WEIGHT, and read aloud the treatments. Explain: Since Adio is 2½ years old, you do not need to write, "If child is less than 2 years old, assess the child’s feeding, ...." 

* Shorten the wording of treatments if desired. For example, on Adio’s form, the health worker wrote:

Fluid and food (Plan B)

instead of "Give fluid and food for some dehydration (Plan B)."
* Follow-up times are listed in the treatments. These mean to tell the mother to return in a certain number of days. You may abbreviate "Follow-up" as "F/up." If you list several follow-up times, you will tell the mother the earliest, definite time. This is the time to record in the designated space on the recording form.

(Note: you may also need to tell the mother about earlier follow-up that may be needed if a problem persists. For example, you may need to say "Return in 5 days for sure, but return in 2 days if there is still fever.")

* Notice that the recording form already lists the item, "Advise mother when to return immediately," because it is needed for every sick child going home. Do not list this again. (You will learn the signs which indicate when to return immediately later in this module.)

* Notice the space on the back of the recording form to record immunizations needed today.

* You will learn how to complete the feeding sections of the Sick Child Recording Form in the module COUNSEL THE MOTHER. When feeding assessment is needed, it may be done at any convenient time during the visit, after the child’s immediate needs are taken care of.

Ask participants to look at the example Sick Child Recording Form for Veda and fold the "Classify" column back. As you did with Adio’s form, ask a participant to read aloud the treatments for each classification. Then point out which treatments were recorded on the form and how they were recorded. Make the following points:

* If the same treatment is needed for more than one classification, you only need to list it once. However, since different antibiotics may be needed for different problems, list antibiotic treatment separately for each problem, for example:

  antibiotic for pneumonia
  antibiotic for Shigella

* Cotrimoxazole is used as an antimalarial as well as an antibiotic. If a child has PNEUMONIA or another problem for which cotrimoxazole will be given, the cotrimoxazole will serve as treatment for the malaria as well. Notice that Veda will receive cotrimoxazole for both her PNEUMONIA and MALARIA.

* Notice that the earliest definite follow-up visit (2 days) was listed in the appropriate space on the form.
* Notice that Veda needs her measles immunization today.

Ask participants to read section 2.0 of the module and do Exercise B.

5. **EXERCISE B:** Individual work followed by individual feedback -- Identifying treatments for children who do not need urgent referral

Compare the participant's answers to the answer sheet and discuss any differences.

When discussing case 4 about Aina, point out the difference between urgent and non-urgent referral. Aina needs to be referred for fever more than 7 days, but it is not an urgent referral. There is time for the other treatments needed before Aina goes to the hospital.

Give the participant a copy of the answer sheet.

Ask the participant to read the section on "When to Return Immediately" and do Exercise C.
IDENTIFY TREATMENT
Answers to Exercise B

Note: The treatments are listed briefly in the answers to this exercise; the wording may be shorter than that on the ASSESS & CLASSIFY chart.

1. Atiya
   a. Antibiotic for pneumonia, 5 days
      Soothe throat, relieve cough with safe remedy
      Advise when to return immediately
      Follow-up: 2 days
   b. Yes, Atiya needs a feeding assessment since she is less than 2 years old.
   c. Measles immunization
   d. 2 days

2. Zahur
   a. Give fluid/food as on PLAN B.
      Advise mother when to return immediately
      Follow-up in 5 days if not improving
   b. Oral antibiotic for Shigella, 5 days
      Follow-up in 2 days
   c. Oral antimalarial
      Follow-up in 2 days if fever persists
      *(Paracetamol is not needed since fever is not high. Fever has only been present for 2 days, so there is no need to refer for assessment.)*
   d. No. Since Zahur is 2 years old and has NO ANAEMIA AND NOT VERY LOW WEIGHT, you do not need to assess his feeding and counsel on feeding.
   e. 2 days

Answers to cases 3 and 4 should be written on the back of the Sick Child Recording Forms.
3. **Sefu**

**PNEUMONIA**  
Antibiotic for pneumonia, 5 days  
Soothe throat/relieve cough with safe remedy.  
F/up: 2 days

**MALARIA**  
Cotrimoxazole, 5 days (for pneumonia, malaria, ear)  
Dose paracetamol in clinic  
F/up: 2 days if fever persists.

**ACUTE EAR INFECTION**  
Antibiotic for ear infection, 5 days.

Dry ear by wicking.

F/up: 5 days for ear

**NO ANAEMIA**  
*Since Sefu is 3 years old, nothing is written here.*

**AND NOT VERY LOW WEIGHT**

Return for follow-up in: 2 days

*Note: Explain that cotrimoxazole may be used for ear infection as well as the malaria and pneumonia. Participants will learn about selecting antibiotics in the next module.*
IDENTIFY TREATMENT
Answers to Exercise B, continued

4. **Aina**

**MALARIA**
Give oral antimalarial
Refer for assessment

**ANAEMIA**
Assess feeding/counsel mother on feeding. If feeding problem, follow-up in 5 days.
Give iron.
Give mebendazole.
F/up: 14 days for pallor

Follow-up in: 14 days for pallor (or 5 days if a feeding problem is found when the feeding assessment is done)

*Aina is being referred for assessment since she has had fever over 7 days. The health worker will have to use his judgement about what follow-up times to tell the mother. There is no need to tell her about follow-up for fever, since she is being referred for that. However, she may still need to return to the clinic for follow-up on a feeding problem and pallor. Participants may decide whether the nutritional follow-up visits are the responsibility of the clinic or the hospital based on the situation in their own areas.*

---

5. **Maya**

a. Vitamin A
Tetracycline eye ointment
F/up: 2 days

b. Paracetamol
Advise when to return immediately
F/up: 2 days if fever persists

c. Yes, Maya needs a feeding assessment since she is less than 2 years old

d. Since Maya already has measles, she does not need an immunization.

e. 2 days

---

D-13
6. **EXERCISE C: Individual work followed by individual feedback -- When to return immediately**

   Compare the participant's answers to those on the answer sheet and discuss any differences. *Note: Explain that, when speaking with mothers of children who have diarrhoea, participants should combine the signs "not able to drink or breastfeed," and "drinking poorly." "Drinking poorly" includes "not able to drink or breastfeed." These signs are listed separately on the answer sheet, but in discussions with the mother, it will be simpler to combine them.*

   Stress the importance of teaching the mother the signs to return immediately.

   Show the participant the Mother's Card, and explain that it will be used to help teach the mother the signs.

   Give the participant a copy of the answer sheet.

   If you plan to do the drill on signs to return immediately as your next activity, tell the participant to prepare for the drill by reviewing the signs. If you will do the drill at some later time, tell the participant to read section 3.0 and do Exercise D now.
1. Not able to drink or breastfeed
   Becomes sicker
   Develops a fever

2. Not able to drink or breastfeed
   Becomes sicker
   Develops a fever
   Blood in stool
   Drinking poorly

3. Not able to drink or breastfeed
   Becomes sicker
   Develops a fever
   Fast breathing
   Difficult breathing

4. Not able to drink or breastfeed
   Becomes sicker
   Drinking poorly

   Note: The sign "develops a fever" is not listed because the child already has a fever. The sign "blood in the stool" is not listed because the child already has blood in the stool.

FOR LOW MALARIA RISK ONLY:

5. Not able to drink or breastfeed
   Becomes sicker

   Note: The sign "develops a fever" is not listed because the child already has a fever.
7. **DRILL: When to return immediately**

Conduct this drill at any convenient time after this point in the module. You may wish to do it when participants need a review, or when they need a break from reading and writing. Begin the drill as follows:

a. Remind participants that, in addition to telling the mother about definite follow-up visits needed, the health worker must teach her when to return immediately.

For example, if a child has pneumonia, the mother should be told to return in 2 days for follow-up. She should also be told to return **immediately** if the child:

- is not able to drink or breastfeed
- becomes sicker
- develops a fever (*unless the child already has a fever*)

Point to the part of the *COUNSEL* chart where the signs to return immediately are listed. Also show participants in the chart booklet where these signs are listed.

b. In this drill participants will practice saying the signs to return immediately for different cases. Tell them that they may refer to the chart booklet as needed.

c. Read aloud the case's classifications and follow-up times in the left column. (Unless specified otherwise, assume that the child has **NO ANAEMIA AND NOT VERY LOW WEIGHT** and no other classifications.) Ask each participant, in turn, to say the signs to return immediately for a case.

*Note: The signs "not able to drink or breastfeed" and "drinking poorly" are listed separately in the answers to the drill. However, if a participant combines these signs for a child with diarrhoea, his answer is correct. Explain that, in discussions with mothers of children with diarrhoea, it will be simpler to say "drinking poorly," which includes the sign "not able to drink or breastfeed."*
<table>
<thead>
<tr>
<th>CASE</th>
<th>SIGNS TO RETURN IMMEDIATELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child has PNEUMONIA and will be seen in 2 days for follow-up. The child has no fever.</td>
<td>Not able to drink or breastfeed Becomes sicker Develops a fever</td>
</tr>
<tr>
<td>The child has DYSENTERY and will be seen in 2 days for follow-up.</td>
<td>Not able to drink or breastfeed Becomes sicker Develops a fever Drinking poorly</td>
</tr>
<tr>
<td></td>
<td>Note: &quot;Blood in stool&quot; is omitted because the child already has this sign.</td>
</tr>
<tr>
<td>The child has an ACUTE EAR INFECTION and MALARIA. He will be seen in 5 days for follow-up of the ear infection, or in 2 days if the fever persists.</td>
<td>Not able to drink or breastfeed Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Note: &quot;Develops a fever&quot; is omitted because the child already has a fever.</td>
</tr>
<tr>
<td>The child has NO PNEUMONIA: COUGH OR COLD and VERY LOW WEIGHT. She will be seen again in 5 days about a feeding problem.</td>
<td>Not able to drink or breastfeed Becomes sicker Develops a fever Fast breathing Difficult breathing</td>
</tr>
</tbody>
</table>

-- Drill continued on next page
<table>
<thead>
<tr>
<th>CASE</th>
<th>SIGNS TO RETURN IMMEDIATELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child has diarrhoea with NO DEHYDRATION. The mother has been</td>
<td>Not able to drink or breastfeed</td>
</tr>
<tr>
<td>told to come back in 5 days if the child is not better.</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Develops a fever</td>
</tr>
<tr>
<td></td>
<td>Blood in stool</td>
</tr>
<tr>
<td></td>
<td>Drinking poorly</td>
</tr>
<tr>
<td>The child has MEASLES WITH EYE OR MOUTH COMPLICATIONS. He also has</td>
<td>Not able to drink or breastfeed</td>
</tr>
<tr>
<td>fever and is classified as having MALARIA. He will be seen</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td>in 2 days for follow-up.</td>
<td></td>
</tr>
<tr>
<td>The child has PERSISTENT DIARRHOEA with NO DEHYDRATION. He will be</td>
<td>Not able to drink or breastfeed</td>
</tr>
<tr>
<td>seen for follow-up in 5 days.</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Develops a fever</td>
</tr>
<tr>
<td></td>
<td>Blood in stool</td>
</tr>
<tr>
<td></td>
<td>Drinking poorly</td>
</tr>
<tr>
<td>The child has CHRONIC EAR INFECTION and NO PNEUMONIA: COUGH OR</td>
<td>Not able to drink or breastfeed</td>
</tr>
<tr>
<td>COLD. She has no fever. She will be seen in 5 days for follow-up.</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Develops a fever</td>
</tr>
<tr>
<td></td>
<td>Fast breathing</td>
</tr>
<tr>
<td></td>
<td>Difficult breathing</td>
</tr>
</tbody>
</table>

**LOW MALARIA RISK ONLY**

<table>
<thead>
<tr>
<th>CASE</th>
<th>SIGNS TO RETURN IMMEDIATELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child has fever with no apparent cause so he is classified as</td>
<td>Not able to drink or breastfeed</td>
</tr>
<tr>
<td>having MALARIA. He will be seen again in 2 days if the fever</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td>persists.</td>
<td></td>
</tr>
<tr>
<td>The child has NO PNEUMONIA: COUGH OR COLD and FEVER-MALARIA</td>
<td>Not able to drink or breastfeed</td>
</tr>
<tr>
<td>UNLIKELY. Follow-up is in 2 days if fever persists.</td>
<td>Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>Fast breathing</td>
</tr>
<tr>
<td></td>
<td>Difficult breathing</td>
</tr>
</tbody>
</table>
8. **EXERCISE D: Individual work followed by individual feedback -- Identifying urgent pre-referral treatments**

Compare the participant's answers to those on the answer sheet and discuss any differences. On the Sick Child Recording Forms for Rabon and Ram, the participant should only write the urgent treatments to be done before referral.

Remind participants that urgent, pre-referral treatments are in **bold** print on the **ASSESS & CLASSIFY** chart.

Give the participant a copy of the answer sheet. Ask the participant to read sections 4.0 and 5.0 and do the written part of Exercise E.
Treatments ticked are those in bold print on the ASSESS & CLASSIFY chart.

1. a. No tick. Soothing the throat is not an urgent treatment.
   b. No tick. The hospital will explain when to return.
   c. No tick. The hospital will explain about follow-up.
   d. ✓ Give first dose of an appropriate antibiotic.
   e. ✓ Give first dose of paracetamol for pain.
   f. ✓ Refer URGENTLY to hospital.
   g. No tick. There is no time or need to assess feeding before referral.

2. a. No tick. Plan A is not an urgent treatment and takes considerable time.
   b. No tick. The hospital will explain when to return.
   c. No tick. The hospital will explain about feeding for persistent diarrhoea.
   d. No tick. The hospital will explain about follow-up.
   e. ✓ Give Vitamin A.
   f. ✓ Refer URGENTLY to hospital.

3. a. ✓ Give quinine for severe malaria (first dose).
   b. ✓ Give first dose of an appropriate antibiotic.∗
   c. ✓ Give breastmilk, milk, or sugar water before departure.
   d. ✓ Give one dose of paracetamol in clinic for high fever.∗
   e. ✓ Refer URGENTLY to hospital.
   f. No tick. Wicking the ear takes a long time and is not urgent.
   g. No tick. The hospital will explain about follow-up.
   h. No tick. There is no time or need to assess feeding before referral.
   i. No tick. Iron is not urgent and should not be given to a child with severe malnutrition.
   j. No tick. Since quinine is to be given, an oral antimalarial is not needed.
   k. No tick. Mebendazole may be given at the hospital if needed.
   l. No tick. The hospital will explain when to return.
   m. No tick. The hospital will explain about follow-up.
   * Note: Give oral drugs only if a child is awake and can swallow.

4. a. ✓ Provide ORS for the mother to give in frequent sips on the way.
   Advise mother to continue breastfeeding.
   b. ✓ Give antibiotic for cholera.
   c. ✓ Give vitamin A.
   d. ✓ Refer URGENTLY to hospital.
IDENTIFY TREATMENT
Answers to Exercise D, continued

FOR LOW MALARIA RISK ONLY

5.  
   a.  ✔ Give first dose of an appropriate antibiotic.
   b.  ✔ Refer URGENTLY to hospital.
   c.  ✔ Give one dose of paracetamol in clinic for high fever.
   d.  No tick. The hospital will explain when to return.
   e.  No tick. The hospital will explain about follow-up.
   f.  No tick. There is no time or need to assess feeding before referral.

Answers to 6 and 7 should be written on the back of the Sick Child Recording Forms. Answers should include the instruction to "Refer URGENTLY" and urgent pre-referral treatments only.

6. Rabon

MALARIA                          Oral antimalarial
                                  Paracetamol for high fever

SEVERE                           Vitamin A
COMPLICATED                      First dose antibiotic
MEASLES                          Tetracycline eye ointment
                                  Refer URGENTLY to hospital

(Not done before referral: soothe throat/relieve cough, advice on follow-up and when to return, feeding assessment.)
7. **Ram**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEVERE PNEUMONIA</strong></td>
<td>First dose antibiotic</td>
</tr>
<tr>
<td><strong>OR VERY SEVERE DISEASE</strong></td>
<td>Refer URGENTLY to hospital</td>
</tr>
<tr>
<td><strong>SEVERE DEHYDRATION</strong></td>
<td>ORS to be given in frequent sips on the way to hospital. Advise to continue breastfeeding.</td>
</tr>
<tr>
<td><strong>VERY SEVERE FEBRILE DISEASE</strong></td>
<td>Quinine</td>
</tr>
<tr>
<td></td>
<td>Prevent low blood sugar</td>
</tr>
</tbody>
</table>

Not done before referral: measles immunization, advice on follow-up and when to return, feeding assessment. No paracetamol is given because fever is below 38.5°C.

Reminder: Treatments that have already been listed on the recording form do not need to be listed again (although participants may do so and then cross them out if this is helpful to them). For example, "Refer URGENTLY to hospital" is only listed once above. Likewise, "First dose antibiotic" is only listed once.
9. **EXERCISE E, Written Part:** Individual work followed by group discussion -- Identifying pre-referral treatments and writing a referral note

After everyone has finished the written part of this exercise, discuss the following answers with the group:

1. Pablo should be referred for **SEVERE PNEUMONIA OR VERY SEVERE DISEASE.**

2. Pablo needs the first dose of an antibiotic before referral. It should be cotrimoxazole since Pablo has both malaria and cough and fast breathing.

3. The referral note should include:
   - Pablo’s name and age
   - the date and time of day of referral (today’s date and the current time)
   - description of Pablo’s problems including at least:
     - cough and chest indrawing
     - fast breathing, breathing rate
     - diarrhoea
     - temperature
   - reason for referral: **SEVERE PNEUMONIA OR VERY SEVERE DISEASE**
   - treatment given: 5.0 ml cotrimoxazole syrup
   - immunizations needed: OPV2, DPT2
   - your name and clinic

Ask participants if they included any additional or different information on referral notes from their clinics. Give them the sample answer for Pablo on the next page.
SAMPLE REFERRAL NOTE FOR PABLO

Urgent Referral to City Hospital

Pablo Perez, age 4 months --

Please admit for SEVERE PNEUMONIA OR VERY SEVERE DISEASE (Has cough, chest indrawing, fast breathing - 54 breaths per minute. Also has diarrhoea, temperature 38°C.)

Has been given 5.0 ml cotrimoxazole syrup.

Needs DPT 2 and OPV 2.

Your signature
Your clinic
10. **EXERCISE E, continued: Role Play -- Explaining to a mother that her child needs urgent referral**

Select someone to play the role of the health worker and someone to play the role of Pablo's mother. Explain that all others will observe and be prepared to comment afterwards. Have everyone read the Role Play Instructions in the module. Also give the "mother" the instructions in the box below, which may be cut out or photocopied.

After the role play, discuss whether or not this mother seems likely to go to the hospital, and why or why not. Discuss whether all necessary information was given to the mother and all possible help provided.

Then ask participants to do Exercise F to review earlier parts of the module.

---

**Role Play Exercise E - Instructions for Pablo’s Mother**

Pablo is your second child. You also have a 2-year-old son who is at home with your mother-in-law. You did not bring much money with you to the clinic, and you do not know how to get to the hospital. Your home is about 20 minutes away on foot, and you walked to the clinic. There is no phone in your home, but there is a phone at the place where your husband works. You want to do what is right for Pablo, but you are concerned about how to get to the hospital, how to communicate with your family, etc. Also, a child in your community recently died at the hospital. You are very worried that Pablo is going to die.
11. **EXERCISE F**: Individual work followed by individual feedback — Review of identifying treatments

Compare the participant's answers to those on the answer sheet and discuss any differences.

Remind participants that they should write only the relevant treatments and that they may shorten the words.

Give the participant a copy of the answer sheet.
IDENTIFY TREATMENT
Answers to Exercise F

1. No, Rohit does not need referral. He has no general danger signs, no severe classifications, and no other severe problems.

2. Treatments needed by Rohit:

   NO DEHYDRATION
   Fluid and Food (Plan A)
   F/up: 5 days if not improving

   PERSISTENT DIARRHOEA
   Advise mother on feeding for persistent diarrhoea.
   F/up: 5 days

   MALARIA
   Oral antimalarial
   F/up: 2 days if fever persists

   MEASLES
   Give vitamin A

   NO ANAEMIA, NOT VERY LOW WEIGHT
   Assess feeding/ counsel mother. If feeding problem, f/up: 5 days

3. Earliest, definite follow-up: 5 days for persistent diarrhoea. (Or 2 days if fever persists)

4. Not able to drink or breastfeed
   Becomes sicker
   Blood in stool
   Drinking poorly

5. DPT 2 and OPV 2

6. In 4 weeks. Date on form is 28-11-95.
## FACILITATOR GUIDELINES

### TREAT THE CHILD

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute and introduce the module.</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrate how to read a drug table.</td>
<td>Demonstration</td>
</tr>
<tr>
<td>3. Participants read Introduction through section 1.1 and work individually on Exercise A.</td>
<td>Individual</td>
</tr>
<tr>
<td>4. Lead drill on selecting appropriate antibiotic.</td>
<td>Drill</td>
</tr>
<tr>
<td>5. Participants read sections 1.2 - 1.6 and work individually on Exercise B.</td>
<td>Individual</td>
</tr>
<tr>
<td>6. Lead drill on selecting appropriate oral drugs.</td>
<td>Drill</td>
</tr>
<tr>
<td>7. Participants read section 2.0 about communication skills and work individually on Exercise C.</td>
<td>Individual</td>
</tr>
<tr>
<td>8. Lead drill on checking questions.</td>
<td>Drill</td>
</tr>
<tr>
<td>9. Demonstrate in a scripted role play how to teach a mother to give an oral drug at home.</td>
<td>Demonstration</td>
</tr>
<tr>
<td>10. Participants read section 3.0 and do Exercise D.</td>
<td>Individual</td>
</tr>
<tr>
<td>11. Conduct the role play for Exercise E.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>12. Participants read section 4.0. Participants work individually on Exercise F - PART 1.</td>
<td>Individual</td>
</tr>
<tr>
<td>13. Conduct Exercise F - PART 2.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>14. Before clinic sessions begin, lead drill to review important points about assessing and classifying that participants may have forgotten over the weekend.</td>
<td>Drill</td>
</tr>
<tr>
<td>PROCEDURES</td>
<td>FEEDBACK</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>15. Participants read section 5.0 and write the answers to Exercise G - PART 1.</td>
<td>Individual</td>
</tr>
<tr>
<td>16. Supervise participants as they handle and measure the drugs (Exercise G - PART 2). Discuss the written answers for PART 2.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>17. Participants read section 6.0 through 6.1 and do Exercise H.</td>
<td>Individual</td>
</tr>
<tr>
<td>18. Participants read section 6.2 and do Exercise I.</td>
<td>Individual</td>
</tr>
<tr>
<td>19. Lead drill on determining amounts of ORS solution to give a child on Plan B.</td>
<td>Drill</td>
</tr>
<tr>
<td>20. Conduct the role play for Exercise J.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>21. Demonstrate how to use the Plan C Flowchart. Participants read section 6.3 and choose appropriate &quot;C&quot; annex.</td>
<td>Demonstration</td>
</tr>
<tr>
<td>22a. Participants read Annex C-1 and work individually on exercise.</td>
<td>Individual</td>
</tr>
<tr>
<td>22b For participants who did Annex C-1, lead drill on determining IV fluid amounts.</td>
<td>Drill</td>
</tr>
<tr>
<td>23. Participants read Annex C-2 and work individually on exercise.</td>
<td>Individual</td>
</tr>
<tr>
<td>24. Participants read Annex C-3 and work individually on exercise.</td>
<td>Individual</td>
</tr>
<tr>
<td>25. Participants read Annex C-4 and work individually on exercise.</td>
<td>Individual</td>
</tr>
<tr>
<td>26. Participants continue reading section 6.4 through section 7.0 and do Exercise K.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>27. Summarize the module.</td>
<td></td>
</tr>
</tbody>
</table>

E-3
NOTE ABOUT ADAPTATION

The Course Director should give you an adapted version of the TREAT THE CHILD chart. The chart will have first-line and second-line drugs and descriptions of safe and harmful remedies for cough and sore throat recommended in your area.

The module Treat the Child should also have been adapted prior to the course. If so, it includes first- and second-line antibiotics and antimalarials used at clinics in your area, safe remedies recommended for relieving a sore throat or cough, and practices in your area on how to label drugs.

If the module and the answer sheets for Treat the Child have not been adapted, make sure that participants understand that they should use the first- and second-line drugs that are listed on the chart in their own clinics, not the drugs specified in the examples in the module. You may need to adjust answers to some exercises to include the locally recommended drugs.

In discussions, role plays, drills and individual feedback, use locally appropriate examples whenever possible.

1. INTRODUCTION OF MODULE

Introduce the module. State briefly that it will teach health workers how to use the TREAT chart. The chart contains information on how to provide treatment to sick children and how to teach the mother to continue providing treatment at home.

The TREAT chart is organized into several main sections. As you mention a section, point to it on the wall chart. The sections are:

* Teach the Mother to Give Oral Drugs at Home
* Teach the Mother to Treat Local Infections at Home
* Give These Treatments in Clinic Only
* Give Extra Fluid for Diarrhoea and Continue Feeding
* Immunize Every Sick Child, as Needed
* Give Follow-Up Care
This module will teach how to give the treatment described in each section. However, the section at the bottom of the chart, "Give Follow-Up Care," is taught in another module, Follow-Up.

Tell participants that many sick children will need to be treated with oral drugs at home. Introduce section 1.0 - Select the Appropriate Oral Drug and Determine the Dose and Schedule. Section 1.0 and Exercises A and B will teach participants how to use the top part of the TREAT THE CHILD chart, titled "Teach the Mother to Administer Oral Drugs at Home."

Tell participants that they will learn to select the appropriate drug (when there is more than one drug available). They will also learn how to determine the correct dose and schedule for a sick child.

2. **EXAMPLE:** Demonstration -- How to read a drug table

**Purpose:** To demonstrate how to read a drug table on the TREAT chart, including selecting the appropriate drug and determining the dose and schedule.

**Materials:** Enlargement of the box, Give an Appropriate Oral Antibiotic from the TREAT chart

**To conduct the demonstration:**

a. Display the enlargement, Give an Appropriate Oral Antibiotic. (Or, ask participants to read the antibiotic box in the module or chart booklet.) Point to the antibiotic box and tell participants that the box indicates the following:

- Name of the drug and its formulation
- How much of the drug should be given (the dose)
- When the drug should be given (the schedule)

Then point out the lines with the arrow (•) that tell the name of the drug recommended for each classification of illness (for example, PNEUMONIA, DYSENTERY, and cholera).
b. Name the first-line antibiotic used in your area for pneumonia. Then tell participants that you will show them how to use the box to determine how much antibiotic should be given to a child classified as having PNEUMONIA.

c. Find the antibiotic in the antibiotic box. Point first to the antibiotic, then to the column that specifies the different formulations of the antibiotic (e.g., adult tablet, paediatric tablet, or syrup). Ask participants which formulation is used in their clinics. Point to the formulation that is mentioned.

d. Point to the row where ages are listed. Explain the ages and weights in each row. Then find the row for a 6-month-old child. Explain it is better to use the child’s weight, not age.

e. Determine the dose for a 6-month-old child who has PNEUMONIA. If cotrimoxazole is the first-line antibiotic used in your area, point to the correct cotrimoxazole column and row to show that a 6-month-old child should receive:

$$\frac{1}{2} \text{ adult tablet} - \text{two times daily for 5 days, or}$$

$$2 \text{ paediatric tablets} - \text{two times daily for 5 days, or}$$

$$5.0 \text{ ml (or 1 teaspoon) syrup} - \text{two times daily for 5 days}$$

Tell participants that they will learn about equivalent millimetre and teaspoon measurements in section 3.0.

f. Repeat the above demonstration for a 12 kg child with the same classification. When giving cotrimoxazole, a 2-year-old child should receive:

$$1 \text{ adult tablet} - \text{two times daily for 5 days, or}$$

$$3 \text{ paediatric tablets} - \text{two times daily for 5 days, or}$$

$$7.5 \text{ ml (or 1½ teaspoons) syrup} - \text{two times daily for 5 days}$$
g. Give each participant the opportunity to try to read the antibiotic box. Ask one participant, what drug would you give:

1. a child classified as having PNEUMONIA?

Then have the participant point to the correct place on the antibiotic box where he would find the answer. Continue to ask the following questions, one participant at a time.

What drug would you give:

2. a child classified as having ACUTE EAR INFECTION?

3. a child classified as having DYSENTERY?

4. a child suspected of having cholera?

h. Then give each participant the opportunity to practice determining the dose. Ask the following questions.

If giving adult tablets of cotrimoxazole, what dose would you give:

1. an 8 kg child?

2. a 15 kg child?

If giving paediatric tablets of cotrimoxazole, what dose would you give:

3. an 8 kg child?

4. a 15 kg child?

If giving cotrimoxazole syrup, what dose would you give:

5. an 8 kg child?

6. a 15 kg child?

After participants understand how to read the drug box and select the correct drug, ask them to read the Introduction to Exercise A in the module. Then tell them to work individually to complete Exercise A.
3. **EXERCISE A: Individual work followed by individual feedback -- Selecting appropriate antibiotic, dose and schedule**

Compare the participant's answers to the answer sheet. If there are errors, ask the participant to refer to the Oral Antibiotic box. Ask him to show you how to determine the dose and schedule. Give any guidance needed so the participant is able to find the correct answer.

Be sure the participant understands when a child can be treated with a single antibiotic and when two antibiotics are needed. Then give the participant a copy of the answer sheet.

After the exercise (or following the drill), ask the participant to read sections 1.2 - 1.6 and work individually to complete Exercise B.
1. A 6-month-old (7 kg) child needs the first dose of an antibiotic for MASTOIDITIS

Give dose of first-line antibiotic before referral.
Cotrimoxazole, dose =
\[
\begin{align*}
\text{½ adult tablet, or} \\
\text{2 paediatric tablets, or} \\
\text{5.0 ml of syrup}
\end{align*}
\]
(If child is not able to take an oral antibiotic, give chloramphenicol before referral.)

2. A child (10 kg) needs the first dose of an antibiotic for SEVERE PNEUMONIA OR VERY SEVERE DISEASE

Give dose of first-line antibiotic before referral.
Cotrimoxazole, dose =
\[
\begin{align*}
\text{1 adult tablet or} \\
\text{3 paediatric tablets or} \\
\text{7.5 ml of syrup}
\end{align*}
\]
(If child is not able to take an oral antibiotic, give chloramphenicol before referral.)

3. A 2-year-old (11 kg) child needs an antibiotic for PNEUMONIA and ACUTE EAR INFECTION

Give dose of first-line antibiotic.
Cotrimoxazole, give 2 times daily for 5 days. Dose =
\[
\begin{align*}
\text{1 adult tablet or} \\
\text{3 paediatric tablets or} \\
\text{7.5 ml of syrup}
\end{align*}
\]

4. A child (16 kg) needs an antibiotic for DYSENTERY

Give dose of first-line antibiotic for DYSENTERY.
Cotrimoxazole give 2 times daily for 5 days. Dose =
\[
\begin{align*}
\text{1 adult tablet, or} \\
\text{3 paediatric tablets, or} \\
\text{7.5 ml of syrup}
\end{align*}
\]
5. A child (5 kg) needs an antibiotic for DYSENTERY and ACUTE EAR INFECTION

*Give dose of first-line antibiotic for DYSENTERY.*
*Cotrimoxazole to treat DYSENTERY and ACUTE EAR INFECTION.*
*Dosage =*
   ½ adult tablet, two times daily for 5 days, or
   2 paediatric tablets, two times daily for 5 days or
   5.0 ml of syrup, two times daily for 5 days

6. A 36-month-old child (15 kg) needs an antibiotic for PNEUMONIA and SEVERE DEHYDRATION because there is cholera in the area.

*Give dose of first-line antibiotic for PNEUMONIA.*
*Cotrimoxazole to treat PNEUMONIA and cholera. Dosage =*
   1 adult tablet, two times daily for 5 days or
   3 paediatric tablets, two times daily for 5 days or
   7.5 ml of syrup, two times daily for 5 days
4. **DRILL:** Select the appropriate oral antibiotic, and determine its schedule and dose

Conduct this drill at any convenient time after participants have read section 1.1 in the module. You may wish to do it when participants need a review or when they need a break from reading.

Tell participants that this drill will review how to select the appropriate antibiotic, and determine its schedule and dose.

**To conduct the drill:**

a. Explain that this drill will help participants gain skill in using the *TREAT* chart to determine correct antibiotic to give a sick child. This is an important skill. If antibiotics are not chosen correctly, it can be harmful to children. Tell the participants they can refer to the Oral Antibiotic box to answer the questions in this drill. Be sure each participant can see the wall chart or has his chart booklet.

b. Identify the recommended oral antibiotics that are available in participants' clinics. Ask them what formulations (adult tablets, paediatric tablets, syrup) are available. Ask them to answer the questions in the drill using the formulation that they have in their clinics.

c. Ask participants if they have any questions before the drill begins. Answer all questions thoroughly.

d. Begin the drill. Ask the question in the left column. Refer to the appropriate column to check the participant's answer.
**Part 1: Proper Use of Oral Antibiotics for PNEUMONIA, ACUTE EAR INFECTION, and VERY SEvere DISEASE**

<table>
<thead>
<tr>
<th>QUESTIONS:</th>
<th>COTRIMOXAZOLE (trimethoprim + sulphamethoxazole)</th>
<th>AMOXYCILLIN</th>
<th>TABLET</th>
<th>SYRUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT ANTIBIOTIC, DOSE AND SCHEDULE WOULD YOU USE FOR:</td>
<td>ADULT TABLET</td>
<td>PAEDIATRIC TABLET</td>
<td>SYRUP</td>
<td>TABLET</td>
</tr>
<tr>
<td>A 10-kg-child classified as having pneumonia?</td>
<td>80 mg trimethoprim + 400 mg sulphamethoxazole</td>
<td>20 mg trimethoprim + 100 mg sulphamethoxazole</td>
<td>40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml</td>
<td>250 mg</td>
</tr>
<tr>
<td>A 7-kg-child classified as having pneumonia?</td>
<td>½</td>
<td>2</td>
<td>5.0 ml</td>
<td>½</td>
</tr>
<tr>
<td>A 10-month-old child classified as having acute ear infection?</td>
<td>½</td>
<td>2</td>
<td>5.0 ml</td>
<td>½</td>
</tr>
<tr>
<td>A 12-kg-child classified as having pneumonia?</td>
<td>1</td>
<td>3</td>
<td>7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>A 5-kg-child classified as having pneumonia?</td>
<td>½</td>
<td>2</td>
<td>5.0 ml</td>
<td>½</td>
</tr>
<tr>
<td>A 14-kg-child classified as having pneumonia?</td>
<td>1</td>
<td>3</td>
<td>7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>An 11-kg-child classified as having acute ear infection?</td>
<td>1</td>
<td>3</td>
<td>7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>A 6-kg-child classified as having pneumonia?</td>
<td>½</td>
<td>2</td>
<td>5.0 ml</td>
<td>½</td>
</tr>
</tbody>
</table>

- Cotrimoxazole: Give two times daily for 5 days.
- Amoxycillin: Give three times daily for 5 days.
### Part 2: Proper Use of Oral Antibiotics for Dysentery

#### Questions:

**What antibiotic, dose and schedule would you use for the following children classified as having dysentery?**

<table>
<thead>
<tr>
<th>WHAT ANTIBIOTIC, DOSE AND SCHEDULE WOULD YOU USE FOR THE FOLLOWING CHILDREN CLASSIFIED AS HAVING DYSENTERY?</th>
<th>COTRIMOXAZOLE (trimethoprim + sulphamethoxazole)</th>
<th>NALIDIXIC ACID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADULT TABLET</td>
<td>PAEDIATRIC TABLET</td>
</tr>
<tr>
<td></td>
<td>80 mg trimethoprim + 400 mg sulphamethoxazole</td>
<td>20 mg trimethoprim + 100 mg sulphamethoxazole</td>
</tr>
<tr>
<td>A 12-kg-child</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>A 6-kg-child</td>
<td>½</td>
<td>2</td>
</tr>
<tr>
<td>A 9-kg-child</td>
<td>½</td>
<td>2</td>
</tr>
<tr>
<td>A 16-kg-child</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>A 5-kg-child</td>
<td>½</td>
<td>2</td>
</tr>
<tr>
<td>An 8-month-old child</td>
<td>½</td>
<td>2</td>
</tr>
<tr>
<td>An 11-kg-child</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

If first-line antibiotic for pneumonia is also the first- or second-line antibiotic for dysentery, give that antibiotic. For example, if cotrimoxazole, give for both pneumonia and dysentery:

| ½ | 2 | 5.0 ml |

If not, give appropriate antibiotic for pneumonia, and effective antibiotic for dysentery, such as:

| ¼ |
A 3-year old child who is also classified as having acute ear infection

If first-line antibiotic for acute ear infection is also the first- or second-line antibiotic for dysentery, give that antibiotic. For example, if cotrimoxazole, give for both acute ear infection and dysentery:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>7.5 ml</td>
<td></td>
</tr>
</tbody>
</table>

If not, give appropriate antibiotic for acute ear infection, and effective antibiotic for dysentery, such as:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
Part 3: Proper Use of Oral Antibiotics for CHOLERA

**QUESTIONS:**

**WHAT ANTIBIOTIC, DOSE AND SCHEDULE WOULD YOU USE FOR THE FOLLOWING CHILDREN WHO NEED AN ANTIBIOTIC FOR SUSPECTED CHOLERA?**

<table>
<thead>
<tr>
<th></th>
<th><strong>TETRACYCLINE</strong></th>
<th><strong>COTRIMOXAZOLE</strong></th>
<th><strong>ERYTHROMYCIN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tablet 250 mg</td>
<td>Adult Tablet</td>
<td>Paediatric Tablet</td>
</tr>
<tr>
<td><strong>Give 4 times daily for 3 days</strong></td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Give two times daily for 3 days</strong></td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

- **A 4-year-old child**
- **A 14-kg-child**
- **A 6-month-old child**
  - No drug is needed because the child is less than 2 years of age.
- **A 9-kg-child who is over 2 years old**
  - \( \frac{1}{2} \)
- **A 2-year-old child who also needs an antibiotic for pneumonia**
  - If first-line antibiotic for pneumonia is also the first- or second-line antibiotic for cholera, give that antibiotic.
  - For example, if cotrimoxazole, give for both pneumonia and cholera:
    - Tablet 1
    - Syrup 3
    - 7.5 ml

If not, give appropriate antibiotic for pneumonia, and effective antibiotic for cholera, such as:

- Tablet 1
| A 3½-year-old child who also needs an antibiotic for acute ear infection | If first-line antibiotic for acute ear infection is also the first- or second-line antibiotic for cholera, give that antibiotic. For example, if cotrimoxazole, give for both acute ear infection and cholera: |
|---|---|---|---|
| | 1 | 3 | 7.5 ml |
| If not, give appropriate antibiotic for acute ear infection, and effective antibiotic for cholera, such as: | 1 | | |
| | | | 1 |
5. **EXERCISE B: Individual work followed by individual feedback -- Selecting appropriate oral drug, dose and schedule**

Compare the participant’s answers to the answer sheet. If a participant answered a question incorrectly, refer to the relevant box on the *TREAT* chart to help the participant determine the correct answer. Be sure the participant understands that cotrimoxazole can be effective as an antimalarial as well as an antibiotic.

Give the participant a copy of the answer sheet.

After the exercise (or following the drill), ask the participant to read section 2.0 - Use Good Communication Skills and to do Exercise C.
TREAT THE CHILD
Answers to Exercise B

1. A 6-kg-child needs an oral antimalarial for MALARIA.

   Give dose of first-line antimalarial for 3 days.
   If chloroquine, dose =
   ½ tablet (150 mg) once a day for all 3 days, or
   1 tablet (100 mg) once a day on days 1 and 2, ½ tablet on day 3, or
   7.5 ml syrup once a day on days 1 and 2, 5.0 ml on day 3

   (If child also has cough with fast breathing, cotrimoxazole would be the correct choice.)

2. A 4-month-old needs an antibiotic for an ACUTE EAR INFECTION and an oral antimalarial for MALARIA.

   Give dose of cotrimoxazole 2 times daily for 5 days.
   Dose =
   ½ adult tablet, or
   2 paediatric tablets, or
   5.0 ml of syrup

3. A 12-kg-child needs an oral antimalarial for MALARIA and paracetamol for high fever.

   Give dose of first-line antimalarial for 3 days.
   If chloroquine, dose =
   1 tablet (150 mg) once a day on days 1 and 2, and
   ½ tablet on day 3, or
   1½ tablets (100 mg) once a day on days 1 and 2, and
   ½ tablet on day 3, or
   15.0 ml syrup once a day on days 1 and 2, 5.0 ml on day 3

   and

   Give one dose of paracetamol for high fever.
   Dose = 1 tablet (100 mg) or ¼ tablet (500 mg)
4. A 9-month-old needs vitamin A for MEASLES.

*Give first dose of vitamin A in clinic; give mother 1 dose for next day.*

*Dose* =

- ½ capsule if 200 000 IU, or
- 1 capsule if 100 000 IU, or
- 2 capsules if 50 000 IU

5. A 4-year-old needs vitamin A for MEASLES.

*Give first dose of vitamin A in clinic; give mother 1 dose for next day.*

*Dose* =

- 1 capsule if 200 000 IU, or
- 2 capsules if 100 000 IU, or
- 4 capsules if 50 000 IU

6. A 2-year-old child (11 kg) has ANAEMIA with some palmar pallor and needs iron and mebendazole. The child’s card shows he was given mebendazole 3 months ago.

*Give ½ iron/folate tablet or 2.0 ml (½ teaspoon) iron syrup, once daily for 14 days.*

*Do not give mebendazole as a dose was given less than 6 months ago.*

7. A 3-year-old child (14 kg) has ANAEMIA with some palmar pallor and needs iron and mebendazole. The child’s card shows he was not given mebendazole previously.

*Give ½ iron/folate tablet or 2.5 (½ teaspoon) iron syrup, once daily for 14 days*

*and*

*give 500 mg (1 tablet of 500 mg or 5 tablets of 100 mg) mebendazole, once in clinic.*
8. A 6-month-old child (7 kg) has ANAEMIA with some palmar pallor and needs iron.

*Give 1.25 ml (¼ teaspoon) iron syrup, once daily for 14 days.*

9. A 16-kg-child needs an oral antimalarial for MALARIA and iron for ANAEMIA with some palmar pallor. There is no hookworm or whipworm in the area.

*Give dose of first-line antimalarial for 3 days.*

*If chloroquine, dose =*

- 1½ tablets (150 mg) once a day on days 1 and 2, and
- ½ tablet (100 mg) on day 3, or
- 2 tablets (100 mg) once a day on days 1 and 2, and
- 1 tablet (100 mg) on day 3

*and*

*Give ½ iron/folate tablet or 2.5 ml (¼ teaspoon) iron syrup,*

*once daily for 14 days.*
6. **DRILL:** Select the appropriate oral drug, and determine its schedule and dose

Conduct this drill at any time after participants have finished reading through section 1.6 of the module. You may wish to do it when participants finish Exercise B, or later when they need a review, or when they need a break from reading.

Tell participants that this drill will review how to select the appropriate oral drug, and determine its schedule and dose.

*To conduct the drill:*

a. Tell the participants they can refer to the oral drug boxes on the chart to answer the questions in this drill. Be sure each participant can see the wall chart or has his chart booklet.

b. Identify the oral drugs which are available in participants' clinics. Review the different drug tables (antimalarials, paracetamol, vitamin A, iron, and mebendazole) in the chart section, "Teach Mother To Give Oral Drugs At Home." Review the drug formulations that are available in participants' clinics so that you know what answers to expect during the drill.

c. Tell participants that they will select the appropriate drug, dose and schedule using the drugs and formulations that they use in their clinics.

d. Ask participants if they have any questions before the drill begins. Answer all questions thoroughly.

e. Begin the drill. Ask the question in the left column. Refer to the appropriate column to check the participant's answer.

After the drill ask the participants to read section 2.0 and do Exercise C, if you have not already done so.
Part 1: Proper Use of Oral Antimalarials

**QUESTIONS:**

**WHAT ANTIMALARIAL DRUG, DOSE AND SCHEDULE WOULD YOU USE FOR THE FOLLOWING CHILDREN CLASSIFIED AS HAVING MALARIA?**

<table>
<thead>
<tr>
<th>A 10-kg-child</th>
<th>TABLET (150 mg base)</th>
<th>TABLET (100 mg base)</th>
<th>SYRUP (50 mg base per 5 ml)</th>
<th>TABLET (500 mg sulfadoxine + 25 mg pyrimethamine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DAY 1</td>
<td>DAY 2</td>
<td>DAY 3</td>
<td>DAY 1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>½</td>
<td>1½</td>
</tr>
<tr>
<td>A 15-kg-child</td>
<td>1½</td>
<td>1½</td>
<td>½</td>
<td>2</td>
</tr>
<tr>
<td>A 5-month-old child</td>
<td>½</td>
<td>½</td>
<td>½</td>
<td>1</td>
</tr>
</tbody>
</table>

A 5-month-old child who is given cotrimoxazole for pneumonia

The cotrimoxazole will treat the pneumonia and malaria. No additional antimalarial drug is needed.

A 12-month-old child, classified as malaria and pneumonia, who is given amoxicillin for pneumonia

<table>
<thead>
<tr>
<th>A 6-kg-child</th>
<th>TABLET (150 mg base)</th>
<th>TABLET (100 mg base)</th>
<th>SYRUP (50 mg base per 5 ml)</th>
<th>TABLET (500 mg sulfadoxine + 25 mg pyrimethamine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DAY 1</td>
<td>DAY 2</td>
<td>DAY 3</td>
<td>DAY 1</td>
</tr>
<tr>
<td>A 6-kg-child</td>
<td>½</td>
<td>½</td>
<td>½</td>
<td>1</td>
</tr>
</tbody>
</table>
### Questions:

<table>
<thead>
<tr>
<th>What Drug, Dose and Schedule Would You Use For:</th>
<th>Paracetamol</th>
<th>Iron</th>
<th>Vitamin A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 12-kg-child with ear pain?</td>
<td>1</td>
<td>¼</td>
<td></td>
</tr>
<tr>
<td>A 16-kg-child with high fever?</td>
<td>1 ½</td>
<td>½</td>
<td></td>
</tr>
<tr>
<td>A 2-year-old child with ear pain?</td>
<td>1</td>
<td>¼</td>
<td></td>
</tr>
<tr>
<td>A 2-year-old child classified as having measles?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An 8-month-old child with high fever and classified as having measles?</td>
<td>1</td>
<td>¼</td>
<td></td>
</tr>
<tr>
<td>A 14-kg-child with some palmar pallor?</td>
<td></td>
<td>½</td>
<td>2.5 ml</td>
</tr>
<tr>
<td>An 18-month-old child with some palmar pallor?</td>
<td></td>
<td>½</td>
<td>2.0 ml</td>
</tr>
</tbody>
</table>

### Doses:

- Paracetamol:
  - For high fever, give one dose in clinic.
  - For ear pain, give 6 hours until pain is gone.

- Iron:
  - Give one dose daily for 14 days.

- Vitamin A:
  - Give two doses
  - Give first dose in clinic
  - Give mother one dose to give at home the next day
EXERCISE C: Individual work followed by individual feedback – Communication skills

Compare the participant’s answers to the answer sheet. If there are differences, discuss why the participant answered as he did. It is acceptable if the participant’s answers are worded somewhat differently but reflect the teaching steps covered in the module. If the participant’s answers do not reflect the steps taught in the module, have the participant locate the relevant steps in the module. Emphasize that these teaching steps and communication skills, including asking good checking questions, will be important when teaching a mother how to treat her child.

Give the participant a copy of the answer sheet.

Tell the participant that the next section is 3.0 - Teach the Mother to Give Oral Drugs at Home. Tell him that even though different children will need different drugs, teaching a mother to give a drug to her sick child is similar for all drugs.

So that you will better understand the participant’s situation, ask the participant if he dispenses drugs to mothers at his clinic. If someone else gives the tablets, capsules or syrup to mothers to take home, tell the participant that he should still teach the mother how to give the drugs at home.

Then tell the participant that there will be a demonstration role play of a health worker teaching a mother to give drugs at home. While the participant is waiting for the demonstration, ask him to begin reading section 3.0.
1. Nurse Carpin must teach a mother to wick her child's ear dry.

First she explains how drying the ear will help the child, and how to do it. Then she shows the mother how to make a wick and dry the child's ear. Then, Nurse Carpin asks the mother to practice wicking the child's ear while she observes and offers feedback. Before the mother and the child leave the clinic, Nurse Carpin asks the mother several questions. She wants to make sure the mother understands why, how and when to give the treatment at home.

a. What information did Nurse Carpin give the mother about the treatment?

She explained how drying the ear will help the child, and how to dry the ear.

b. In the paragraph above, underline the sentence that describes how the nurse gave examples.

c. What did the nurse do while the mother practiced?

Nurse Carpin observed the mother practice and gave her feedback.

2. Health worker Basaka must teach a mother to prepare ORS solution for her child with diarrhoea. First he explains how to mix the ORS, then he shows her how to do it. He asks the mother, "Do you understand?" The mother answers "yes". So Basaka gives her 2 ORS packets and says good-bye.

a. What information did Basaka give the mother about the task?

Basaka explained how to mix the ORS.

b. Did he show her an example?

Yes. See underlined sentence above.
2. c. Did he ask her to practice?

    No.

d. How did Basaka check the mother’s understanding?

    *He asked her, "Do you understand?"

e. Did Basaka check the mother’s understanding correctly?

    *No.

f. How would you have checked the mother’s understanding?

    *By asking checking questions, such as:
    "How will you prepare the ORS solution? Show me."
    "How much water will you use?"
    "How will you measure 1 litre of water at home?"

3. If a mother tells you that she already knows how to give a treatment, what should you do?

    *Praise her for her knowledge. Ask checking questions, such as
    "When did you give the antibiotic before? How did you give it?"

    *Then explain the dose and schedule for the antibiotic, giving her more information and examples as needed. Observe her practice giving the treatment. Ask more checking questions to make sure the mother does know how to give the treatment correctly.
4. Which of the following is the best checking question after advice about increasing fluids during diarrhoea? (Tick one.)

   a. Do you remember some good fluids to give your child?
   b. Will you be sure to give your child extra fluid?
   c. How much fluid will you give your child?

5. The following questions can be answered "yes" or "no". Rewrite the questions as good checking questions.

   a. Do you remember when to give the antimalarial?

      When will you give the antimalarial? For how many days?

   b. Do you understand how much syrup to give your child?

      How much syrup will you give your child? Show me.

   c. Did the nurse explain to you how to apply the ointment?

      How will you apply the ointment in your child's eye?

   d. Can you wick your child's ears?

      What material will you use to make a wick?
      How will you wick your child's ears? Show me.

   e. Do you know how to get to the hospital?

      How will you get to the hospital?
8. **DRILL: Practice asking checking questions**

Conduct this drill at any time after the participants have read section 2.0 of the module. You may wish to do it when participants need a break from reading, or after a lunch or tea break as a review.

Tell participants that this drill will review how to ask checking questions.

*To conduct the drill:*

Refer to the table on the following page. Read aloud each question in the first column. Ask participants to rephrase the question as a good checking question. Make sure that each participant is given the opportunity to answer.

A participant's checking question may be worded somewhat differently than the examples given. The question is acceptable if it asks a mother to describe how she will treat her child. If the question can be answered with a "yes" or "no", it is not acceptable.
### DRILL: Checking Questions

<table>
<thead>
<tr>
<th>Rephrase the following questions as good checking questions:</th>
<th>Examples of possible CHECKING QUESTIONS</th>
</tr>
</thead>
</table>
| Will you give your child the tablets as we discussed?       |  ➤ When will you give your child the tablets?  
➤ How many tablets will you give as one dose?                |
| You should breastfeed your child when he has diarrhoea, correct? |  ➤ How will you feed your child when he has diarrhoea?  
➤ When should you breastfeed him?                           |
| Do you know how to give your child half of a vitamin A capsule? |  ➤ Show me how you will give half of this vitamin A capsule to your child.  
➤ When will you give the vitamin A capsule?                  |
| Do you know what to do if your child cannot swallow this tablet? |  ➤ How will you prepare this tablet so that your child can swallow it? |
| Do you know how to give the syrup?                          |  ➤ How will you give the syrup?  
➤ How you will measure a dose of the syrup? Show me.         |
| Will you give your child the iron syrup for the next 2 weeks? |  ➤ For how many days will you give the iron syrup to your child?  
➤ How much syrup will you give each day?                     |
| Can you take your child to the hospital?                    |  ➤ Who will take your child to the hospital?  
➤ How will you travel with your child to the hospital?        |
| Will you return for a follow-up visit? Do you know when to return? |  ➤ When will you return for a follow-up visit? |
EXAMPLE: Demonstration role play -- Teaching a mother to give oral drugs at home using good communication skills

**Purpose:** To demonstrate good communication skills and show the steps of teaching a mother to give oral drugs to a sick child.

**Highlights of the case:**

A health worker has decided that a young girl named Gert needs the antibiotic cotrimoxazole. The health worker must now teach Gert’s mother how to give the drug to the child.

Gather the following supplies. Put them on a table in front of the participants.

* TREAT chart or chart booklet opened to the box titled, "Give an Appropriate Oral Antibiotic"
* Doll or other "baby"
* Bottle of cotrimoxazole tablets
* Drug envelope with label
* Pen
* Cup and spoon
* Small amount of milk

The role play script is on the following pages.

Read the role of the health worker. Ask a co-facilitator or a participant to read the role of the mother. You will need an extra copy of the script for the person who plays the mother (you may use the one in your co-facilitator’s guide). Practice the demonstration at least once before performing in front of the group.

Introduce the role play by telling the participants that you are going to demonstrate teaching a mother to give an oral drug at home. This role play is an introduction to section 3.0 of the module. Ask participants to observe the demonstration and to look for:

* the steps to follow when giving oral drugs to the mother of a sick child, and

* whether good communication skills were used while teaching the mother to give the drugs at home.

After the demonstration, lead a group discussion. Ask participants to read the general steps listed in the upper left of the TREAT chart in the box
titled, "Teach the Mother to Give Oral Drugs at Home." Point out that these steps were followed in the demonstration.

Ask a participant to list the basic teaching steps that they read about in section 2.1 - Advise the Mother How to Treat Her Child at Home. Their list should include:

* giving information,

* showing the mother an example (by demonstrating how to measure a dose),

* letting the mother practice, and

* checking the mother's understanding.

A health worker should ask good checking questions and then praise the mother when she answers a checking question correctly.

After the discussion, ask the participants to read section 3.0 which describes the steps they have just seen in the demonstration. Tell them to do Exercise D individually when they come to it.
SCRIPT FOR DEMONSTRATION ROLE PLAY

Health Worker: Now I am going to teach you how to give this drug to Gert. This is cotrimoxazole which is an antibiotic. She needs to take this drug to treat her pneumonia. Are you the person who will give the drug to Gert?

Mother: Yes, I am.

Health Worker: Good. I will show you how much to give her. Since Gert is a baby, 9 months old, she needs to take just one-half of one of these tablets at a time. (Holds up one cotrimoxazole tablet.) You will have to break the tablet in half, like this (breaks tablet in fingers) or you can cut it in half with a knife. (Holds up half tablet.) This half is one dose. Now you try it. (Hands a tablet to the mother.)

Mother: Yes, I will try. (Mother struggles a bit but breaks the tablet in half.)

Health Worker: Good, you did it. Now, how much is one dose for Gert?

Mother: (Mother holds up the half tablet.) This much.

Health Worker: That’s correct. Now you are going to give the tablet to Gert. Have you ever given tablets to Gert before?

Mother: No. I have only given her liquid medicines.

Health Worker: Ah. Liquid medicines are easier to give to a baby. To give a tablet, you will have to make it so the baby can swallow it. You should crush it or grind it until it is in very small pieces, and then mix it with a little milk or food. Here is a cup and spoon for you to use. (Hands mother a cup and spoon) Put the dose into the cup and.....

Mother: Do that now?
Health Worker: Yes, now. I would like you to prepare a dose and give it to Gert now. (Mother nods.) Put the half tablet into the cup and crush it with the spoon.  
(Mother begins crushing the tablet. Health worker watches her and looks into the cup to see when it is crushed.) That's correct. Now add a little of this milk and mix it in. At home, you could use a little bit of Gert's cereal, or some mashed banana, instead of milk.

Mother: (Mother mixes milk into the crushed tablet.) Gert likes banana.

Health Worker: Good, then you might want to try that. OK, that looks ready. Now, with the spoon, try to put the medicine into Gert's mouth.

Mother: I'll try. (She spoons it into the baby's mouth.) She doesn't like it. What should I do?

Health Worker: You are doing fine. See, she is swallowing it now. At home, try mixing it with banana.

Mother: I will.

Health Worker: You need to give a dose to Gert two times each day, once in the morning, such as at breakfast, and again at dinner. I am giving you enough tablets for 5 days. (Health worker writes the instructions on the envelope and then puts 5 tablets into the envelope. He closes the envelope and the jar of cotrimoxazole. He hands the envelope to the mother so that she can see the instructions.)

Mother: Thank you.

Health Worker: I have written the instructions on the envelope to remind you when to give the medicine. Would you read me the instructions on the envelope?

Mother: (Looking at envelope) What is this picture?

Health Worker: That is a picture of the sun rising. The round sun represents midday, the next picture is sunset....

Mother: Yes, of course. I see now. (Mother tries unsuccessfully to read the instructions on the envelope.)
(Reads the instructions on the envelope to the mother.) Who can help you read the envelope?

Mother: My sister can read. She lives with us.

Health Worker: Good. I want to tell you another important thing -- continue giving Gert the medicine in this envelope until it is all gone. Even if she seems to be better, she needs to take all the tablets to be sure that she will get well and stay well.

Mother: I can do that.

Health Worker: Good. And how much will you give Gert each time?

Mother: I will give her one-half tablet.

Health Worker: Correct. And how will you prepare it?

Mother: I will crush it with a little milk or banana.

Health Worker: Good. Can you tell me how many times each day you will give Gert a dose of the medicine?

Mother: I will give the medicine at sunrise and at sunset.

Health Worker: That's correct. Twice each day. I want you to bring Gert back to see me in 2 days, so that I can be sure she is getting better.

Mother: When is that?

Health Worker: The day after tomorrow. Will you, or someone else in your family, be able to bring Gert back?

Mother: Yes, I can bring Gert back on ____________________.

Health Worker: Good, I will expect you then.

Mother: (Gathering up her things and Gert and leaving) Thank you.

Health Worker: Good bye.
10. **EXERCISE D: Individual work followed by individual feedback --
Teaching a mother how to give an oral antibiotic**

Compare the participant’s answers to the answer sheet. If there are differences, refer to the antibiotic box or the module to discuss the reasons for the answers. Give the participant a copy of the answer sheet.

As you check the different participants' answers to this exercise, note whether they are able to write good checking questions. If the participants are still having difficulty developing checking questions, give them some more explanation and practice. If you have not already done the checking question drill, do it now. See instructions for this drill at step 8. If the participants have completed the drill and still need more practice, you might make up some additional questions such as those in the drill.

While the group is finishing Exercise D, ask the participant to read the instructions for Exercise E, a role play. Ask one participant to play the role of the mother and another to play the health worker. Instruct those participants to prepare the role play.
1. Determine the appropriate antibiotic, dose and schedule for Mariana. Write it in the space below.

   *Give the first-line antibiotic for PNEUMONIA.* If cotrimoxazole, give dose 2 times daily for 5 days. \( \text{Dose} = \frac{1}{2} \text{ adult tablet, or} \)
   \[2 \text{ paediatric tablets, or} \]
   \[5.0 \text{ ml of syrup} \]

   *If amoxycillin, give dose 3 times daily for 5 days. \( \text{Dose} = \frac{1}{2} \text{ tablet, or} \)
   \[5.0 \text{ ml of syrup} \]

2. Write the major steps of how to teach Mariana’s mother to give the oral antibiotic to her child in the space that follows.

   Your answer should include the following steps:

   * Explain the reason for giving the antibiotic to the child.

   * Demonstrate how to measure a dose.

   * Ask the mother to practice measuring a dose by herself. Observe the mother as she practices.

   * Ask the mother to give the first dose to her child. If in tablet form, the antibiotic should be mixed with clean water, expressed breastmilk or food.

   * Explain how many times per day to give the dose, when to give it, and for how many days. Record this information on a drug label, then put the drug in a labelled container and give it to the mother.

   * Explain that all drug tablets or syrup must be used to finish the course of treatment, even if the child seems better.

   * Ask checking questions to make sure the mother understands the treatment instructions.
3. | NAME | DATE |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MARIANA</td>
<td>15-03-97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRUG</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cotrimoxazole</td>
<td>5 tablets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOSE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☀️</td>
<td>☀️</td>
<td>☐</td>
</tr>
<tr>
<td>½</td>
<td>½</td>
<td></td>
</tr>
</tbody>
</table>

| Give 2 tablet 2 times daily for 5 days |

4. List at least 3 checking questions to ask Mariana’s mother to make sure she understands how to give the oral antibiotic.

-- How many tablets will you give Mariana in each dose?
-- When will you give a dose to Mariana?
-- How will you prepare the dose for Mariana so she can swallow it?
-- For how many days will you give Mariana the antibiotic?
-- What will you do if Mariana seems to be getting better before she has finished all of the medicine?

5. When should the mother bring Mariana back to the clinic for a follow-up?

A child with PNEUMONIA should be brought back for follow-up in 2 days.

When should the mother bring Mariana back immediately?

Mariana should be brought back to the clinic immediately if she is not able to drink or breastfeed, becomes sicker, or develops a fever.

6. List at least 3 checking questions to ask Mariana’s mother to make sure she knows when to bring Mariana back to the clinic.

-- When will you bring Mariana back to the clinic for follow-up care?
-- What should you do if Mariana seems to be getting better?
-- When will you bring Mariana back to the clinic immediately?
-- What will you do if Mariana cannot drink or breastfeed?
-- What will you do if Mariana becomes sicker?
-- What will you do if Mariana feels hot?
11. **EXERCISE E: Role play -- Teaching a mother to give oral drugs**

*Purpose:* To practice teaching mothers to give oral drugs at home.

*Highlights of the case:*

A health worker has decided that a baby named Dasar needs 2 different drugs, chloroquine and iron. One or both drugs are in syrup form, if possible. The health worker will need to teach the mother how to give Dasar the drugs at home.

Select two participants to play the roles of the health worker and mother. Explain the roles and give the participants time to prepare.

Explain to the participant who will be the health worker how to adjust teaspoon amounts when using a spoon that mothers will likely use at home. Refer to the millilitre/teaspoon chart on page 23 of the module. Tell the participant to be sure to explain a dose in such a way that the mother can measure the dose herself. Also tell the participant that he should measure and give the mother enough of both syrups (or tablets) for the full course of therapy, that is, chloroquine for 3 days and iron for 14 days.

Encourage the participant who will be the mother to act like a normal, concerned mother. Suggest that the mother be confused about the schedule, the dose, or be concerned about giving more than one oral drug at a time.

Gather all of the following supplies.

- * TREAT chart or chart booklet opened to the page titled, "Teach the Mother to Give Oral Drugs at Home"
- * Doll or other "baby"
- * Drug labels and a pen
- * Chloroquine syrup (or tablets, if there is no syrup at your clinic)
- * Iron syrup (or tablets, if there is no syrup at your clinic)
- * Common spoon for measuring syrup
- * Small bottles (or drug envelopes) for mother to take drugs home

Introduce the role play by telling participants that the health worker will follow the steps for teaching a mother how to give oral drugs at home. This role play will not include assessing or classifying Dasar, which has already been done.
Introduce the mother and the health worker. Read aloud from the module "The Situation -- What has happened so far." Remind the observers to think about the questions listed in the module as they watch. Ask the players to begin the role play.

When the role play is finished, thank the participants. Then begin a discussion of the questions listed in the module. Also ask the participants to mention the different or additional steps that a health worker should do when more than one drug is given.

**After the discussion**, introduce the box "Teach the Mother to Treat Local Infections at Home" on the *TREAT* chart. Tell participants that local infections are eye and ear infections, mouth ulcers, sore throat and cough.

Ask the participants to read section 4.0. Tell them that Exercise F is divided into 2 parts. **PART 1** is an individual activity and **PART 2** is a case study followed by group discussion. When they come to Exercise F, they should do **PART 1**.
12. **EXERCISE F - PART 1: Individual work followed by individual feedback -- Teaching mothers to treat local infections**

Compare the participant’s answers to PART 1 with the answer sheet. If there are differences, try to determine the reason. Refer to the chart or module and have the participant locate the correct instructions.

Give the participant a copy of the answer sheet for PART 1. Tell the participant that when all participants are ready, you will do PART 2 as a group activity.
TREAT THE CHILD
Answers to Exercise F - PART 1

PART 1:

1. a. What would you tell a mother about why it is important to treat an eye infection?

_Treating an eye infection will prevent damage to the eye._

b. What major step of how to teach a mother to treat an eye infection is missing from the list below?

_Practice is missing._

* Explain how and why to treat the eye.
* Demonstrate how to clean the eye and apply tetracycline eye ointment.
* Tell her how often and for how many days to treat the eye and tell her to not put anything else in the child’s eye.
* Ask the mother to practice cleaning the eye and putting the ointment in her child’s eye. Observe her as she practices and provide feedback.
* Give her one tube of eye ointment.
* Ask checking questions to make sure she understands the instructions.

c. 1. Do you know how to treat your child’s eye?

_How will you treat your child’s eye?_

2. Can you hold your child still while you apply the ointment?

_How will you hold your child still so that you can put the ointment in his eye?_

2. a. What would you tell a mother about why it is important to treat mouth ulcers?

_It is important to treat mouth ulcers to control infection. Treating the child’s mouth will help the child eat normally sooner and get better faster._
2. b. What are the major steps you would follow when teaching a mother to treat mouth ulcers at home?

* Explain the treatment for mouth ulcers. Explain why the treatment should be given.

* Describe the steps of the treatment (demonstrate if possible):

- Wash hands.
- Wrap a clean cloth around a finger.
  Dip it in salt water.
- Clean the mouth with the cloth.
- Paint the mouth ulcers with half-strength gentian violet. Use a clean cloth or cotton-tipped stick.
- Wash the hands again.

* Ask the mother to practice cleaning her child's mouth and painting it with gentian violet. Observe her while she practices.

* Tell the mother how often to give the treatment at home. Tell her to apply the gentian violet for 5 days and then stop.

* Give the mother the bottle of half-strength gentian violet. For example, if 0.5% gentian violet is available in clinic, dilute this with an equal amount of water.

* Ask checking questions to make sure the mother understands how to treat mouth ulcers.

c. List 3 checking questions you could ask to make sure the mother understands how to treat mouth ulcers at home.

-- How will you treat the mouth ulcers?
-- What will you use when you treat the child's mouth ulcers?
-- Why should you wash your hands?
-- When will you wash your hands?
-- How often will you treat the child's mouth ulcers?
3. a. What is meant by a "safe" remedy? Give an example.

A safe remedy is any remedy that does not contain harmful ingredients, such as

b. Give at least 2 examples of remedies that are not safe.

Harmful remedies include medicated nose drops and those that contain atropine, codeine or codeine derivatives, or alcohol.

c. When should a child classified as NO PNEUMONIA: COUGH OR COLD return immediately for treatment?

- If not able to drink or breastfeed
- If becomes sicker
- If develops a fever
- If fast breathing
- If difficult breathing
13. **EXERCISE F - PART 2**: Case study followed by individual work and group discussion -- Practice determining priority of advice

a. Read aloud the following case description to the participants. Be sure to read slowly and clearly. Tell the participants to write the findings of Mela’s assessment and classification on the recording form in the module.

*A grandmother brought her 3-year-old granddaughter, Mela, to the clinic because she had been coughing with a runny nose for a week and today she felt hot. The grandmother told the health worker that Mela’s ear had been "wet" for 2 days and her throat was sore. The risk of malaria is high.*

*Mela weighs 14 kg and has a temperature of 39°C. The health worker finds no general danger signs. He counts her breathing at 50 breaths per minute, but notes that she has no chest indrawing and no stridor. Mela also does not have diarrhoea. She does not have a stiff neck and has no signs of measles. The grandmother tells the health worker that Mela never had measles.*

*The health worker sees pus draining from one of the ears and notices that Mela has ear pain. There is no tender swelling behind Mela’s ears. The health worker finds Mela has no visible severe wasting, no palmar pallor and no oedema. Her weight for age is not very low. The health worker noted that Mela has had all the necessary immunizations.*

*The health worker classifies Mela as having PNEUMONIA, MALARIA, ACUTE EAR INFECTION, and NO ANAEMIA AND NOT VERY LOW WEIGHT.*

b. Ask the participants to list the treatments for the above classifications on the recording form. Give them enough time. When everyone is ready, review the list.

c. Continue reading the case description.

*The health worker shows the grandmother the drugs (cotrimoxazole and paracetamol) she will take home. He tells the grandmother that to treat Mela’s PNEUMONIA, MALARIA and ACUTE EAR INFECTION, he is giving her cotrimoxazole. He tells the grandmother to give Mela 3 cotrimoxazole pediatric tablets 2 times daily for 5 days. He explains how the tablets should be given and tells them to return in 2 days for follow-up care. He also advises the grandmother to return immediately if Mela is not able to drink or becomes sicker.*
Then the health worker tells the grandmother to give Mela paracetamol tablets for the ear pain. The paracetamol also lowers a fever. He tells her to give the child 1½ tablets until the ear pain is gone. He explains that the first dose will be given in the clinic, and that the grandmother should give Mela a dose every 6 hours, as needed for pain.

The health worker then shows the grandmother how to make a wick and dry Mela's ear by wicking. He lets her practice wicking Mela's ear. He explains that Mela's ear should be wicked 3 times per day until it stays dry.

The health worker began to tell the grandmother about how she could relieve Mela's cough with a home remedy. The grandmother interrupts the health worker. She tells him that she is very worried. She will try to remember all of the instructions, but she does not remember things well. She tells him that she cannot read. The health worker realizes that he will not be able to teach this grandmother all the treatments, instructions and advice properly.

d. Ask the participants to answer questions 4 and 5 in the module. Give them time to write their answers. If they are having difficulty answering the questions, suggest they read "Priority of Advice" in the module again.

e. In a group, discuss participants' answers to questions 4 and 5. Review the items that could be omitted or delayed if a mother is overwhelmed. The treatments and advice most essential for a child's survival are antibiotic and antimalarial drugs, and fluids for a child with diarrhoea. Make sure participants understand this.

Give participants the answer sheet for Exercise F - PART 2.

When the participants have finished this exercise, ask if they give injections to children. Tell them that they will learn about giving injections of antibiotics and quinine in the next section.

Ask participants to read section 5.0 - Give These Treatments in Clinic Only, including Exercise G. Tell them that Exercise G is divided into 2 parts. Both parts include individual and group activities. Tell them that they should do PART 1 when they come to it.
PART 2:

The following is a case study for a child named Mela:

A grandmother brought her 3-year-old granddaughter, Mela, to the clinic because she had been coughing with a runny nose for a week and today she felt hot. The grandmother told the health worker that Mela’s ear had been "wet" for 2 days and her throat was sore. The risk of malaria is high.

Mela weighs 14 kg and has a temperature of 39°C. The health worker finds no general danger signs. He counts her breathing at 50 breaths per minute, but notes that she has no chest indrawing and no stridor. Mela also does not have diarrhoea. She does not have a stiff neck and has no signs of measles. The grandmother tells the health worker that Mela never had measles.

The health worker sees pus draining from one of the ears and notices that Mela has ear pain. There is no tender swelling behind Mela’s ears. The health worker finds Mela has no visible severe wasting, no palmar pallor and no oedema. Her weight for age is not very low. The health worker noted that Mela has had all the necessary immunizations.

The health worker classifies Mela as having PNEUMONIA, MALARIA, ACUTE EAR INFECTION, and NO ANAEMIA AND NOT VERY LOW WEIGHT.

1 - 2. See the completed recording form.

The case description continues:

The health worker shows the grandmother the drugs (cotrimoxazole and paracetamol) she will take home. He tells the grandmother that to treat Mela’s PNEUMONIA, MALARIA and ACUTE EAR INFECTION, he is giving her cotrimoxazole. He tells the grandmother to give Mela 3 cotrimoxazole pediatric tablets 2 times daily for 5 days. He explains how the tablets should be given and tells them to return in 2 days for follow-up care. He also advises the grandmother to return immediately if Mela is not able to drink or becomes sicker.
Then the health worker tells the grandmother to give Mela paracetamol tablets for the ear pain. The paracetamol also lowers a fever. He tells her to give the child 1½ tablets (100 mg) until the ear pain is gone. He explains that the first dose will be given in the clinic, and that the grandmother should give Mela a dose every 6 hours, as needed for pain.

The health worker then shows the grandmother how to make a wick and dry Mela’s ear by wicking. He lets her practice wicking Mela’s ear. He explains that Mela’s ear should be wicked 3 times per day until it stays dry.

The health worker began to tell the grandmother about how she could relieve Mela’s cough with a home remedy. The grandmother interrupts the health worker. She tells him that she is very worried. She will try to remember all the instructions, but she does not remember things well. She tells him that she cannot read. The health worker realizes that he will not be able to teach this grandmother all the treatments, instructions and advice properly.

4. Review your list of treatments, instructions and advice that Mela needs. Which ones are the most important for the health worker to teach the grandmother?

* How and when to give the cotrimoxazole to Mela
* Instructions on when Mela should return (that is, 2 days for follow-up or earlier if Mela cannot drink or breastfeed or if she gets worse)

5. Which treatments, instructions or advice could be omitted or delayed if the grandmother is clearly overwhelmed?

* Soothe the throat with a safe remedy
* Instructions for giving paracetamol
* Instructions on wicking the ear
**MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

**Child's Name:** Mela  
**Age:** 3 yrs  
**Weight:** 14 kg  
**Temperature:** 39 °C

**ASK:** What are the child's problems?  
Coughing, runny nose, feels hot, weak, sore throat.

**Initial visit?** Yes, follow-up visit? __

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR GENERAL DANGER SIGNS</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO DRINK OR BREASTFEED</td>
<td>LETHARGIC OR UNCONSCIOUS</td>
</tr>
<tr>
<td>VOMITS EVERYTHING CONVULSIONS</td>
<td>General danger sign present? Yes / No</td>
</tr>
<tr>
<td>Remember to use danger sign when selecting classifications</td>
<td></td>
</tr>
</tbody>
</table>

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**
- **Yes** / **No**
  - For how long? __ Days  
  - Count the breaths in one minute.  
  - Look for chest indrawing.  
  - Look for stidor.

**DOES THE CHILD HAVE DIARRHOEA?**
- **Yes** / **No**
  - For how long? __ Days  
  - Is there blood in the stool?

**DOES THE CHILD HAVE DIARRHOEA?**
- **Yes** / **No**
  - Look at the child's general condition. Is the child:
    - Lethargic or unconscious?  
    - Restless and irritable?  
    - Look for sunken eyes.  
    - Offer the child fluid. Is the child:
      - Not able to drink or drinking poorly?  
      - Drinking eagerly, thirsty?  
    - Pinch the skin of the abdomen. Does it go back:
      - Very slowly (longer than 2 seconds)?

**DOES THE CHILD HAVE FEVER?** (by history/spells) (Temperature 37.5°C or above)
- **Yes** / **No**
  - Decide MALARIA risk: **High** / **Low**
  - For how long? __ Days  
  - If more than 7 days, has fever been present every day?  
  - Has child had measles within the last 3 months?

**DOES THE CHILD HAVE AN EAR PROBLEM?**
- **Yes** / **No**
  - Is there ear pain?  
  - Is there ear discharge?

**THEN CHECK FOR MALNUTRITION AND ANAEMIA**
- Look for visible severe wasting.
- Determine weight for age.
- **Very low** / **Not very low**
- Look for signs of MEASLES:
  - Generalized rash and  
  - One of these: cough, runny nose or red eyes.

**CHECK THE CHILD'S IMMUNIZATION STATUS**
Circle immunizations needed today.
- **BCG**  
- **DPT 1**  
- **DPT 2**  
- **DPT 3**  
- **OPV 0**  
- **OPV 1**  
- **OPV 2**  
- **OPV 3**  
- **Measles**

**ASSESS CHILD'S FEEDING**
If child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.
- **Yes** / **No**
  - Do you breastfeed your child?  
  - If yes, how many times in 24 hours? __ times.
  - Do you breastfeed during the night?  
  - Does the child take any other foods or fluids?  
  - If yes, what foods or fluids?  
  - How many times per day? __ times. What do you use to feed the child?  
  - If very low weight for age: How large are servings?  
  - Does the child receive his own serving?  
  - Who feeds the child and how?

**ASSESS OTHER PROBLEMS:**

---

**TREAT THE CHILD**
Answers to Exercise F - PART 2 (continued)

---

**You will learn to complete this section in COUNSEL THE MOTHER**
<table>
<thead>
<tr>
<th>TREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember to refer any child who has a danger sign and no other severe classification.</td>
</tr>
</tbody>
</table>

- **Give COTRIMOXAZOLE (ped. tablets)** for: 
  - Pneumonia 
  - Malaria 
  - Acute Ear Infection
- 2 times daily for 5 days
- Follow-up in 2 days

- **Relieve sore throat with a SAFE REMEDY**
- **Give PARACETAMOL** for:
  - High Fever
  - One dose in clinic
  - Follow-up in 2 days
- Dry ear by wicking
  - Return in 5 days
- **Give PARACETAMOL** for ear pain
  - 1st dose in clinic
  - Every 6 hours until pain is gone
  - Follow-up in 2 days

Return for follow-up in: 2 days

Advise mother when to return immediately.

Give any immunizations needed today: N/A

Feeding advice:

You will learn to complete this section in COUNSEL THE MOTHER.

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14. DRILL: Reviewing information on the ASSESS & CLASSIFY chart

Conduct this drill Monday morning when participants return from the weekend break and before the clinic sessions begin. Doing the following drills will help participants recall and focus on the information they learned last week about assessing and classifying sick children.

Materials needed:

From the Facilitator Guidelines for ASSESS & CLASSIFY:

* Item 5: Instructions for review of classifying signs of illness
* Enlargement of Classification Table: Cough or Difficult Breathing
* Enlargement of Blank Recording Form
* Item 17: Instructions for conducting drill to review cut-offs for determining fast breathing

To conduct the drill:

Tell participants the purpose of the drill is to review information on the ASSESS & CLASSIFY chart that they may have forgotten over the weekend break. Allow participants a few minutes to review the assess and classify steps on the chart before the drill begins. Tell them they may refer to the chart during the drill, but they should try to answer the questions without looking at or reading from the chart.

When all the participants are ready, begin the drill. Ask the first question.

Part 1: Review the ASSESS & CLASSIFY chart

a. What are the two age groups for determining the cut-off for fast breathing?

   2 months up to 12 months and 12 months up to 5 years

b. Does "12 months up to 5 years" include a 5-year old child?

   No

c. Does "12 months up to 5 years" include a 12-month old child?

   Yes
d. Each mother is asked about four main symptoms. What are they?

*Cough or difficult breathing, diarrhoea, fever and ear problem*

e. Besides checking for general danger signs and assessing for four main symptoms, what else do you check all sick children for?

*Check for malnutrition and anaemia. Then check the child's immunization status and any other problem which the mother mentions.*

f. Please come up to the chart and show the group where the steps for assessing sick children are located.
 (*Participant points to boxes in Assess column.*)

g. (*Ask another participant to come to the chart.*) Where do you look first when you classify the child's illness?
 (*Participant points to Signs column in Classification Table.*)

h. (*Ask another participant to come to the chart.*) Where are the classifications located?
 (*Participant points to Classify As column.*)

**Part 2: Review how to classify illness**

As described in Item 5 of the *ASSESS & CLASSIFY* Facilitator Guidelines, display both the enlargement of Classification Table: Cough or Difficult Breathing and the enlargement of Blank Recording Form.

Review how to classify cough or difficult breathing according to the instructions for Item 5, step 2.

Answer any questions participants may have about classifying illness in sick children. Then continue with the drill as described below.

**Part 3: Review the cut-offs for determining fast breathing**

Conduct the drill included in Item 17 in the *ASSESS & CLASSIFY* Facilitator Guidelines to review the cut-offs for determining fast breathing. Continue the drill until you feel that participants can recall the cut-offs confidently.
Part 4: Review classifying signs of illness

Tell the participants they will now practice classifying signs of illness. You will describe a child’s signs and symptoms. Then call on a participant to select the appropriate classification. If you think a participant needs additional practice, ask him to describe how he classified the child’s signs according to the classification table.

When all the participants are ready, begin the drill by asking the first question below.

**DRILL:** Classification of illness in children age 2 months up to 5 years

<table>
<thead>
<tr>
<th>QUESTION: How would you classify a 9-month old child who has:</th>
<th>ANSWER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>cough AND a general danger sign with chest indrawing and stridor in a calm child</td>
<td>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</td>
</tr>
<tr>
<td>cough AND 51 breaths per minute and no signs of the severe classification</td>
<td>PNEUMONIA</td>
</tr>
<tr>
<td>cough AND 40 breaths per minute and no signs of the severe classification</td>
<td>NO PNEUMONIA: COUGH OR COLD</td>
</tr>
<tr>
<td>fever with high malaria risk AND a general danger sign and stiff neck</td>
<td>VERY SEVERE FEBRILE DISEASE</td>
</tr>
<tr>
<td>fever with high malaria risk AND a temperature of 37.5°C in clinic and no signs for the severe classification.</td>
<td>MALARIA</td>
</tr>
<tr>
<td>diarrhoea for 3 days AND blood in stool. Child is restless and irritable; no sunken eyes; drinking eagerly, thirsty; skin pinch goes back immediately</td>
<td>SOME DEHYDRATION and DYSENTERY</td>
</tr>
<tr>
<td>diarrhoea for 3 days AND blood in stool. Child does not have signs of SEVERE or SOME DEHYDRATION.</td>
<td>NO DEHYDRATION and DYSENTERY</td>
</tr>
<tr>
<td>QUESTION:</td>
<td>ANSWER:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>How would you classify a 9-month old child who has:</strong></td>
<td></td>
</tr>
<tr>
<td>diarrhoea for 14 days AND</td>
<td>SOME DEHYDRATION and SEVERE PERSISTENT DIARRHOEA</td>
</tr>
<tr>
<td>diarrhoea for 2 days AND</td>
<td>NO DEHYDRATION</td>
</tr>
<tr>
<td>signs suggesting measles AND</td>
<td>SEVERE COMPLICATED MEASLES</td>
</tr>
<tr>
<td>signs suggesting measles AND</td>
<td>SEVERE COMPLICATED MEASLES</td>
</tr>
<tr>
<td>signs suggesting measles AND</td>
<td>MEASLES WITH EYE OR MOUTH COMPLICATIONS</td>
</tr>
<tr>
<td>an ear problem AND</td>
<td>MASTOIDITIS</td>
</tr>
<tr>
<td>an ear problem AND</td>
<td>ACUTE EAR INFECTION</td>
</tr>
<tr>
<td>an ear problem AND</td>
<td>CHRONIC EAR INFECTION</td>
</tr>
</tbody>
</table>

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## DRILL: (continued)

<table>
<thead>
<tr>
<th>QUESTION:</th>
<th>ANSWER*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you classify a 9-month old child who has:</td>
<td></td>
</tr>
<tr>
<td>visible severe wasting</td>
<td>SEVERE MALNUTRITION OR SEVERE ANAEMIA</td>
</tr>
<tr>
<td>oedema of both feet</td>
<td>SEVERE MALNUTRITION OR SEVERE ANAEMIA</td>
</tr>
<tr>
<td>very low weight for age</td>
<td>ANAEMIA OR VERY LOW WEIGHT</td>
</tr>
<tr>
<td>some palmar pallor</td>
<td>ANAEMIA OR VERY LOW WEIGHT</td>
</tr>
<tr>
<td>severe palmar pallor</td>
<td>SEVERE MALNUTRITION OR SEVERE ANAEMIA</td>
</tr>
</tbody>
</table>

### FOR LOW MALARIA RISK ONLY:

| fever with low malaria risk AND                                        | no runny nose, no measles and no other cause of fever. (No signs of the severe classification.) | MALARIA |
| fever with low malaria risk AND                                        | measles present and there are no signs of severe classification.                                  | FEVER - MALARIA UNLIKELY |
| fever with low malaria risk AND                                        | a runny nose and there are no signs of severe classification.                                     | FEVER - MALARIA UNLIKELY |

* It is also correct to give the classification in bold print only.
15. EXERCISE G - PART 1: Individual work followed by individual feedback
   - Determine correct doses

Compare the participant's answers (PART 1) to the answer sheet. If there are
differences, refer to the boxes on the chart that describe treatments to be given in
clinic only. Give the participant a copy of the answer sheet to PART 1. Then
discuss the answers with the group.

After the participants have finished discussing PART 1, invite them to come up to
the table where you have assembled an assortment of drugs. Tell them that they
will now have the opportunity to practice handling and measuring drugs.
PART 1:

1. What dose would you give the following children?

<table>
<thead>
<tr>
<th>Child’s weight</th>
<th>If Chloramphenicol is needed (180 mg/ml)</th>
<th>If Quinine is needed (150 mg/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 kg</td>
<td>1.0 ml (or 180 mg)</td>
<td>0.4 ml</td>
</tr>
<tr>
<td>7 kg</td>
<td>1.5 ml (or 270 mg)</td>
<td>0.6 ml</td>
</tr>
<tr>
<td>13 kg</td>
<td>2.5 ml (or 450 mg)</td>
<td>1.0 ml</td>
</tr>
<tr>
<td>18 kg</td>
<td>3.5 ml (or 630 mg)</td>
<td>1.2 ml</td>
</tr>
</tbody>
</table>

2. What are the possible side effects of a quinine injection?

- Sudden drop in blood pressure
- Dizziness
- Ringing of the ears
- Sterile abscess

3. WING
Specify the dose of each treatment.

Chloramphenicol: 2.5 ml or 450 mg
Quinine: 0.8 ml if concentration is 150 mg/ml, or
0.4 ml if concentration is 300 mg/ml
Sugar water by NG tube: 50 ml
EXERCISE G - PART 2: Group activity followed by individual work and individual feedback -- Practice handling and measuring oral and intramuscular drugs

Gather all of the following supplies. Put them on a large table (or two small tables) so that the participants can handle the different drugs as a group activity.

* TREAT chart or chart booklet
* Bottle of cotrimoxazole tablets or syrup
* Bottle of chloroquine tablets or syrup
* Bottle of paracetamol tablets
* Vitamin A capsules
* Bottle of iron tablets or syrup
* Bottle of mebendazole tablets
* Instruments for dividing tablets and opening Vitamin A capsules (surgical blades, razor blades, scissors or sharp knife)
* Common spoons for measuring syrup
* Sharps container (or other safe container) for disposal of needles after the exercise

You will need enough of the following supplies so that each participant has his own and there are extras for demonstration:

* Vials of chloramphenicol
* Sterile water or diluent
* Ampoules of quinine
* Tuberculin syringes with needle
* 5cc syringes with needle

If possible, all drug containers (bottles, vials, etc.) should be like those used in the participants’ clinics and should be labelled.

Tell the participants to sit or stand around the display table(s).

1. Ask the participants to look at the different tablets and to compare their appearance. Tell participants that some tablets cannot always be identified by colour or appearance. Then ask if they think it would be easy to confuse the paracetamol, the antibiotic and the chloroquine tablets. Tell them that keeping tablets separate is not easy for health workers, and it is even more difficult for mothers.
Remind participants that it is important when they give drugs to mothers to take home to always label the drug envelope (or other appropriate container) carefully and clearly. If a mother is given more than one drug to take home, the person dispensing the drugs should put each drug in a separate drug envelope so that the mother does not confuse the different drugs.

2. Ask each participant to tear off or cut the nipple or pierce the vitamin A capsule (100,000 units). Drip the liquid into a cup as if it were the mouth of an infant.

Observe participants as they do it. If a participant is not able to give the vitamin A correctly, ask him to reread section 1.4 - Vitamin A in the module again. Then help the participant do it correctly.

3. Ask participants to prepare each of the doses listed in PART 2 of Exercise G. Tell them to use the drugs that are on the table. Remind participants to select the proper syringe when preparing the intramuscular drugs.

Observe participants as they prepare the chloramphenicol and quinine injections. Correct any problems in dilution or measuring the dose. Point out that when 5.0 ml sterile water is added to the chloramphenicol, more than that is drawn out of the chloramphenicol vial. The increase in volume is due to the drug.

Tell the participants to place the actual dose that they measure in the box provided in the module.

Compare the participant's doses to the answer sheet. Check the fluid and fluid level in each participant's syringe.

If there is an error, try to determine why the participant is having a problem measuring the dose. Refer to the module or chart. Have the participant measure the dose again until he does it correctly.

When you are sure that the participant understands how to measure doses correctly, give him a copy of the answer sheet for Exercise G - PART 2.
Clean up at the end of the exercise. Be sure that participants put all needles in a sharps container and dispose of all drugs safely.

As you are cleaning up, ask participants again if they dispense oral drugs and give injections at their clinics. If participants do not, discuss how they should supervise those who do to make sure the drug dispensing is done correctly.

After the exercise, tell the participants that the next section of the module will cover how to give extra fluid to treat a child with diarrhoea. A child with diarrhoea also needs to be fed a good normal diet, which will be described in the module *Counsel the Mother*.

Then ask participants to read section 6.0 - Plan A: Prevent Dehydration and to do Exercise H individually.
PART 2:

3. a. Cotrimoxazole for a 6-kg-child

\[ \frac{1}{2} \text{ adult tablet, or 2 pediatric tablets} \]

b. Chloroquine for a 9-kg-child

\[ \frac{1}{2} \text{ tablet (150 mg), or 1 tablet (100 mg)} \]

c. Iron tablet for a 12-kg-child

\[ \frac{1}{2} \text{ tablet} \]

d. Chloramphenicol for a 6-kg-child

\[ 1.5 \text{ ml} = 270 \text{ mg} \]

e. Quinine for a 11-kg-child

\[ 0.8 \text{ ml (150 mg/ml), or 0.4 ml (300 mg/ml)} \]

f. Mebendazole for a 3-year-old child

\[ 1 \text{ tablet (500 mg), or 5 tablets (100 mg)} \]

g. Paracetamol for a 14-kg-child

\[ 1\frac{1}{2} \text{ tablet (100 mg), or } \frac{1}{2} \text{ tablet (500 mg)} \]
17. **EXERCISE H: Individual work followed by individual feedback -- Using fluid**

**Plan A: Treat Diarrhoea at Home**

Compare the participant's answers to the answer sheet. If there are differences, ask the participant to locate the correct instructions in Plan A or the module text.

The important point about question 7 is that each participant has a clear understanding of how to carry out Plan A at his own clinic. He should know the specific fluids to recommend and when to give ORS solution to a child on Plan A.

Give the participant a copy of the answer sheet.

Ask the participant to read section 6.2 - Plan B: Treat Some Dehydration with ORS and to do Exercise I.
1. somi
   a. What are the three rules of home treatment of diarrhoea?
      -- Give extra fluid
      -- Continue feeding
      -- When to return

   b. What fluids should the health worker tell his mother to give?
      ORS solution, food-based fluids (such as soup, rice water and yoghurt drinks), and clean water

2. kasit
   What should the health worker tell his mother about giving him extra fluids?
   The health worker should tell Kasit's mother to breastfeed him more frequently than usual. The health worker should also tell the mother that after breastfeeding, she should give Kasit ORS solution or clean water.

3. For which children with NO DEHYDRATION is it especially important to give ORS at home?
   -- Children who have been treated with Plan B or Plan C during the visit.
   -- Children who cannot return to a clinic if the diarrhoea gets worse.

4. Write the amount of extra fluid that the mother should give after each stool.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Amount of extra fluid to give after each loose stool</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Kala</td>
<td>6 months</td>
<td>50-100 ml</td>
</tr>
<tr>
<td>b) Sam</td>
<td>2 years</td>
<td>100-200 ml</td>
</tr>
<tr>
<td>c) Kara</td>
<td>15 months</td>
<td>50-100 ml</td>
</tr>
<tr>
<td>d) Lalita</td>
<td>4 years</td>
<td>100-200 ml</td>
</tr>
</tbody>
</table>

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5.  a. Tea that the child usually drinks with meals  
    b. Fruit juice that the child usually drinks each day  
    c. Water from the water jug. The child can get water from the jug whenever he is thirsty.  
    d. ORS after each loose stool  
    e. Yoghurt drink when the mother makes some for the family

6. AVIVA 
   a. Should the health worker give this mother ORS packets to take home? 
      Yes

      If so, how many one-litre packets should he give? 

      2 packets

6. b. Mark this Mother’s Card for Aviva’s mother.

   FLUIDS
   FOR ANY SICK CHILD
   • Breastfeed frequently. 
   • Increase fluid. Give soup, rice water, yoghurt drinks, or clean water.

   FOR CHILD WITH DIARRHOEA
   Giving more fluid can be lifesaving!
   • Give these extra fluids, as much as the child will take: 
     ✓ ORS Solution 
     ✓ Food-based fluids, such as soup, rice water, yoghurt drinks 
     ✓ Clean water 
   • Breastfeed more frequently and longer at each feeding. 
   • Continue giving extra fluids until diarrhoea stops.

   c. Write 3 questions to ask Aviva’s mother to make sure she understands how to mix and give ORS solution.

      How much water will you use to mix ORS solution?
How will you give the ORS solution to your child?
What will you do if your child vomits?
6. d. What should the mother do if the child vomits while being fed the solution?

_The mother should wait 10 minutes before giving more fluid. Then she should give the solution more slowly._

e. How long should Aviva’s mother continue giving extra fluid?

_Aviva’s mother should continue giving extra fluid until the diarrhoea stops._

f. What signs should the health worker teach Aviva’s mother?

* Drinking poorly or not able to drink or breastfeed
* Becomes sicker
* Develops a fever
* Blood in stool

7. _Answers will vary._
18. **EXERCISE I: Individual work followed by individual feedback -- Using fluid Plan B: Treat Some Dehydration with ORS**

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan B or the module text and have the participant locate the correct instructions. Give the participant a copy of the answer sheet.

While the group is finishing Exercise I, ask the participant to read the instructions for Exercise J, a role play. Ask one participant to play the health worker and another to play the mother. Instruct those participants to begin preparing themselves for the role play.
1. List the appropriate range of amounts of ORS solution each child is likely to need in the first 4 hours of treatment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age or Weight</th>
<th>Range of Amounts of ORS Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Andras</td>
<td>3 years</td>
<td>900 - 1400 ml</td>
</tr>
<tr>
<td>b) Gul</td>
<td>10 kg</td>
<td>750 ml or 700 - 900 ml</td>
</tr>
<tr>
<td>c) Nirveli</td>
<td>7.5 kg</td>
<td>562.5 ml or 400 - 700 ml</td>
</tr>
<tr>
<td>d) Sami</td>
<td>11 months</td>
<td>400 - 700 ml</td>
</tr>
</tbody>
</table>

2. VINITA
   a. Vinita should be given \textit{400 - 700 ml} of \textit{ORS solution} during the first \textit{4} hours of treatment. She should also be given \textit{100 - 200 ml} of \textit{clean water} during this period.

   b. What should the grandmother do if Vinita vomits during the treatment?

   \textit{She should wait 10 minutes before giving more ORS solution. Then she should give Vinita the ORS solution more slowly.}

   c. When should the health worker reassess Vinita?

   \textit{After Vinita is given ORS solution for 4 hours on Plan B}

   d. What treatment plan should Vinita be put on?

   \textit{Because Vinita has been reassessed as NO DEHYDRATION, she should be put on Plan A.}
2. e. How many one-litre packets of ORS should the health worker give the grandmother?

   2 one-litre packets

f. To continue treatment at home, the grandmother should give Vinita 50 - 100 ml of ORS solution after each loose stool.

3. YASMIN
   a. Approximately how much ORS should Yasmin’s mother give her during the first 4 hours?

      400 - 700 ml of ORS solution

   b. During the first 4 hours of treatment, should Yasmin eat or drink anything in addition to the ORS solution? If so, what?

      Yes, Yasmin should breastfeed whenever and as much as she wants.

   c. What is the appropriate plan to continue her treatment?

      Because Yasmin is still classified as SOME DEHYDRATION, she should continue on Plan B.

   d. Describe the treatment to give Yasmin now.

      Tell the mother to begin feeding Yasmin. Offer the mother food, milk or juice to give the child. After the child has had some food, repeat the 4-hour Plan B treatment. Offer food, milk or juice every 3 - 4 hours. Remind the mother to continue to breastfeed Yasmin frequently.
4. What should the health worker do before the mother leaves?

* Show her how to prepare ORS solution at home.

--- Show the mother how much ORS solution to give to finish the 4-hour treatment at home.

--- Give her enough packets to complete rehydration. Also give her 2 one-litre packets as recommended in Plan A.

* Explain the 3 Rules of Home Treatment:

1. **GIVE EXTRA FLUID**

   Explain what extra fluids to give. Since the child is being treated with Plan B during this visit, the mother should give ORS at home. Explain how much ORS solution to give after each loose stool.

2. **CONTINUE FEEDING**

   Instruct her how to continue feeding during and after diarrhoea.

3. **WHEN TO RETURN**

   Teach her the signs to bring a child back immediately.
19. **DRILL: Determine amounts of ORS solution for children on Plan B**

Conduct this drill at any time after participants have completed Exercise I. You may wish to do it when participants need a review, when they need a break from reading, or after they finish the role play in Exercise J.

Tell participants that this drill will provide additional practice determining the approximate amount of ORS solution to give a child who has diarrhoea and some dehydration.

* **Materials needed for this drill:**
  
  * `TREAT` chart or chart booklet opened to the instructions for giving Plan B
  * Pencil and paper to do calculations

* **To conduct the drill:**

a. Ask the participants to look at the instructions for giving Plan B on the `TREAT` chart. Review the fluid amounts. Tell the participants they can refer to the charts during the drill.

b. Tell the participants that you will state the ages and/or weights of children with signs of dehydration. You will then call on individual participants to state how much ORS solution should be given. Tell participants that this drill is practice for them to quickly determine the approximate amounts of ORS to give to dehydrated children. To keep the drill lively, encourage participants to wait to be called on and be prepared to answer as quickly as they can.

c. Tell participants that they may use a pencil and paper to do quick calculations for this drill. Ask if there are any questions. Answer all questions thoroughly.

d. Begin the drill. State the weight for the first child. Call on a participant to tell you the range or the calculated amount (the child's weight in kg multiplied by 75 ml) of ORS solution to give to that child. Encourage participants to answer quickly. Then state the next weight and age, and call on the next participant.

Praise a participant for a correct answer. If a participant gives an incorrect answer, ask the next participant to answer. If you feel that one or more participants do not understand, pause to explain. Then resume the drill.
e. Keep the drill moving at a quick pace. Repeat the list of questions or make up additional weights if you believe participants need more practice. The drill ends when you believe that all participants are skilled and comfortable determining amounts of fluid needed.

**DRILL: Amount of ORS solution to give a child on PLAN B**

<table>
<thead>
<tr>
<th>AGE and/or WEIGHT of a SICK CHILD</th>
<th>AMOUNT OF ORS SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RANGE</td>
</tr>
<tr>
<td>12 kg</td>
<td>900 - 1400 ml</td>
</tr>
<tr>
<td>4 months old, 4 kg</td>
<td>200 - 400 ml</td>
</tr>
<tr>
<td>5 months old</td>
<td>400 - 700 ml</td>
</tr>
<tr>
<td>10 months old, 8 kg</td>
<td>400 - 700 ml</td>
</tr>
<tr>
<td>10 kg</td>
<td>700 - 900 ml</td>
</tr>
<tr>
<td>4 years old, 13 kg</td>
<td>900 - 1400 ml</td>
</tr>
<tr>
<td>15 months old</td>
<td>700 - 900 ml</td>
</tr>
<tr>
<td>1 year old, 8 kg</td>
<td>400 - 700 ml</td>
</tr>
<tr>
<td>3 kg</td>
<td>200 - 400 ml</td>
</tr>
<tr>
<td>8.5 kg</td>
<td>400 - 700 ml</td>
</tr>
<tr>
<td>8 months old, 6 kg</td>
<td>400 - 700 ml</td>
</tr>
<tr>
<td>18 months old, 10 kg</td>
<td>700 - 900 ml</td>
</tr>
<tr>
<td>4½ years old</td>
<td>900 - 1400 ml</td>
</tr>
<tr>
<td>5.5 kg</td>
<td>200 - 400 ml</td>
</tr>
</tbody>
</table>

**NOTE:** Tell participants that the above amounts are guides. If a child wants more or less ORS solution, give him what he wants.

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20. **EXERCISE J: Role play -- Teaching a mother to care for a dehydrated child**

**Purpose:** To practice talking with mothers about treatment of diarrhoea.

**Highlights of the case:**

**Part 1** - A health worker has decided that a baby named Lura has diarrhoea with SOME DEHYDRATION and should be treated with ORS solution on Plan B. In the role play, the health worker will instruct the mother how to give the ORS to the child.

**Part 2** - Lura’s dehydration has improved and she is ready for Plan A. In the role play, the health worker will teach the mother Plan A.

**Preparations:**

Gather the following supplies:

* The *TREAT* chart or chart booklet opened to diarrhoea treatment plans A and B
* Doll or other "baby"
* ORS solution, already mixed (for Part 1)
* Cup and spoon

Write the highlights of the case on a flipchart.

Select two participants to play the roles of a mother and a health worker in Part 1. Select two other participants to play these roles in Part 2. This will give more participants a chance to practice. Explain the roles and give the participants time to prepare.

Take the participants aside who will be the mothers. Encourage them to act like normal, concerned mothers. Suggest that the mother could ask for some medicine to stop the diarrhoea. Or, she could become alarmed when Lura vomits some of the solution.

**To conduct Part 1:**

Tell the participants that a health worker will practice talking with a mother about treatment of diarrhoea. Have observers read "The Situation" in the module.
Remind the group that the role play will not include assessing or classifying Lura, which has already been done. Remind the observers to refer to the appropriate diarrhoea treatment plan and to note how the health worker communicates with the mother.

Introduce the mother and the health worker. Then ask the players to begin Part 1 of the role play.

When Part 1 is finished and the mother is successfully giving ORS solution, thank the players. Then stop the role play and lead a discussion. Ask the observers to comment on the following:

* What did the health worker do well?

* Did the health worker leave out anything important? Be sure to comment on:
  - if the health worker told the mother the amount of ORS to give in the next 4 hours,
  - if the health worker said to give the ORS slowly, and
  - if he showed her how to give the fluid with a spoon.

* How were the 3 basic teaching steps (information, example, practice) demonstrated?

* How did the health worker check the mother’s understanding?

To conduct Part 2:

After the discussion, tell participants that 4 hours has passed. The mother has already been taught how to mix ORS. In this part of the role play, the health worker will teach the mother Plan A, but does not need to mix ORS. Remind observers to refer to Plan A and to note the communication skills that the health worker uses. Then ask participants to read "The Situation 4 Hours Later" in the module.

Introduce the other two players, Lura’s mother and the health worker. Ask them to begin Part 2 of the role play.
When Part 2 is finished, thank the players. Lead a discussion of the role play. Ask the observers to comment on the following:

* What did the health worker do well?

* Did the health worker leave out anything important? Be sure to comment on:

  - if the health worker told the mother the amount of fluid to give and when to give it,

  - if the health worker said to continue giving normal fluids,

  - if he told her to give extra fluid until the diarrhoea stops,

  - if he discussed continued feeding, and

  - if he discussed when to return immediately.

* How were the 3 basic teaching steps (information, example, practice) demonstrated?

* How did the health worker check the mother’s understanding?
21. **Demonstration -- How to read the Plan C Flowchart to select an annex**

Explain how participants will work on the next section of the module.

Display the enlargement of the Plan C Flowchart. Explain that section 6.3 - Plan C: Treat Severe Dehydration Quickly is different than any other section in the course. It is designed so that participants learn how to do Plan C as they will do it at their own clinics. Ask the participants to read section 6.3 now.

Point to the enlargement (alternatively, the Plan C flowchart in the module). Read the flowchart with the participants. Tell participants to note the first time they answer YES. The flowchart directs each participant to an appropriate C Annex. Different participants in the group may turn to different annexes to work on different exercises.

When participants know the annex that matches their situation, ask them to turn to the annex. Tell them to read and do the exercise in that annex.

(Facilitator guidelines and answer sheets for all Annex C exercises: Annex C-1, Annex C-2, Annex C-3 and Annex C-4, are found on the following steps of these guidelines.)
22a. EXERCISE ANNEX C-1: Individual work followed by individual feedback -- If You Can Give Intravenous (IV) Treatment, according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly

Compare the participant’s answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-1 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.
1. BAREC

a. How should the health worker treat Barec’s dehydration?

_The health worker should begin IV fluid immediately._

b. What amount of fluid should Barec be given?

_Barec should be given 450 ml (30 ml × 15 kg) of IV fluid in the first 30 minutes, then 1050 ml (70 ml × 15 kg) of IV fluid over the next 2½ hours. Total = 1500 ml (100 ml × 15 kg)._  

c. What should be done now?

_The health worker should begin giving Barec ORS solution by mouth. He should give Barec 75 ml (5 ml × 15 kg) of ORS solution per hour. He should also continue giving IV fluid at the same rate._

d. After Barec has completed 3 hours of IV treatment, what should the health worker do?

_The health worker should reassess Barec and classify the dehydration. Then the health worker should choose the appropriate Plan (A, B or C) and continue treatment._

2. AMARU

Should Amaru be urgently referred to a hospital? Why or why not?

_Yes, Amaru should be urgently referred because he has SEVERE DEHYDRATION and VERY SEVERE FEBRILE DISEASE._

3. DANO

a. How much IV fluid should be given to Dano in the first hour?

_180 ml (30 ml × 6 kg) of IV fluid_  

How much over the next 5 hours?

_420 ml (70 ml × 6 kg) of IV fluid_
TREAT THE CHILD
Answers to Exercise Annex C-1 (continued)

3. b.

Should the health worker give Dano ORS solution? If so, how much?

Yes, the health worker should encourage Dano to sip ORS solution, while the drip is being set up and while Dano is receiving IV fluid. The health worker should give about 30 ml (5 ml x 6 kg) of ORS solution per hour.

c.

Calculate the amounts of IV fluid that Dano received and record them on the form.

<table>
<thead>
<tr>
<th>Time (hr)</th>
<th>Volume (ml)</th>
<th>Estimated Volume (ml)</th>
<th>Volume received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 pm</td>
<td>1000 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 pm</td>
<td></td>
<td>820 ml</td>
<td>180 ml</td>
</tr>
<tr>
<td>3:00 pm</td>
<td></td>
<td>730 ml</td>
<td>270 ml</td>
</tr>
<tr>
<td>4:00 pm</td>
<td></td>
<td>640 ml</td>
<td>360 ml</td>
</tr>
<tr>
<td>5:00 pm</td>
<td></td>
<td>550 ml</td>
<td>450 ml</td>
</tr>
<tr>
<td>6:00 pm</td>
<td></td>
<td>470 ml</td>
<td>530 ml</td>
</tr>
<tr>
<td>7:00 pm</td>
<td></td>
<td>400 ml</td>
<td>600 ml</td>
</tr>
</tbody>
</table>

* For each new bottle/pack, initial or added

d.

How should the health worker classify Dano's dehydration?

NO DEHYDRATION

What plan should be followed to continue treating Dano?

Plan A

Is Dano ready to go home? Why or why not?

No, Dano should remain at the clinic for 6 more hours or until closing while he is given ORS solution on Plan A. During that time, the health worker should observe Dano to check whether the signs of dehydration return. If Dano and his mother cannot stay at the clinic, Dano should continue Plan A treatment at home.
22b. **DRILL (Annex C-1): Determine amounts of IV fluid to give a child on Plan C**

Conduct this drill with those participants who have studied Annex C-1. Tell them that this drill will provide additional practice determining the amount of IV fluid to give a child who has diarrhea with severe dehydration.

*Materials needed for this drill:*

* *TREAT* chart or chart booklet opened to the instructions for giving Plan C
* Pencil and paper to do calculations

*To conduct the drill:*

a. Ask the participants to look at the instructions for giving Plan C on the *TREAT* chart. Review the fluid amounts. Tell the participants they can refer to Plan C during the drill.

b. Tell the participants that you will state the ages and weights of children with severe dehydration. You will then call on individual participants to state how much IV fluid should be given. Tell them that this drill is practice for them to quickly calculate the amount of IV fluids to give. To keep the drill lively, encourage participants to be prepared to answer as quickly as they can.

d. Ask if there are any questions. Tell participants that they may use pencil and paper to do quick calculations for this drill.

e. Begin the drill. State the weight and age for the first child. Call on a participant and ask how much IV fluid should be given to that child. Then ask how much fluid should be given in the first 30 minutes or one hour of IV treatment. Finally ask how much to give during the remainder of the rehydration period. Then state the next weight and age, and call on the next participant.

Praise the participant for a correct answer. If a participant gives an incorrect answer, ask the next participant to answer. If you feel one or more participants do not understand, pause to explain. Then resume the drill.

f. Keep the drill moving at a quick pace. Repeat the list of questions or make up additional weights if you believe participants need more practice. The drill ends when you believe that all participants are skilled and comfortable determining amounts of fluid needed.

E-80
**DRILL: Amounts of IV fluid to give a child on PLAN C**

<table>
<thead>
<tr>
<th>CHILD'S AGE and WEIGHT:</th>
<th>TOTAL AMOUNT</th>
<th>TOTAL TIME</th>
<th>FIRST GIVE:</th>
<th>THEN GIVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>For</td>
<td>Amount</td>
<td>For</td>
</tr>
<tr>
<td>14 months, 9 kg</td>
<td>900 ml</td>
<td>3 hrs</td>
<td>270 ml 30 mins</td>
<td>630 ml 2½ hrs</td>
</tr>
<tr>
<td>8 months, 7 kg</td>
<td>700 ml</td>
<td>6 hrs</td>
<td>210 ml 1 hour</td>
<td>490 ml 5 hrs</td>
</tr>
<tr>
<td>3 years, 13 kg</td>
<td>1300 ml</td>
<td>3 hrs</td>
<td>390 ml 30 mins</td>
<td>910 ml 2½ hrs</td>
</tr>
<tr>
<td>3 months, 5 kg</td>
<td>500 ml</td>
<td>6 hrs</td>
<td>150 ml 1 hour</td>
<td>350 ml 5 hrs</td>
</tr>
<tr>
<td>2 years, 12 kg</td>
<td>1200 ml</td>
<td>3 hrs</td>
<td>360 ml 30 mins</td>
<td>840 ml 2½ hrs</td>
</tr>
<tr>
<td>15 months, 10 kg</td>
<td>1000 ml</td>
<td>3 hrs</td>
<td>300 ml 30 mins</td>
<td>700 ml 2½ hrs</td>
</tr>
<tr>
<td>4 years, 15 kg</td>
<td>1500 ml</td>
<td>3 hrs</td>
<td>450 ml 30 mins</td>
<td>1050 ml 2½ hrs</td>
</tr>
<tr>
<td>23 months, 11.5 kg</td>
<td>1150 ml</td>
<td>3 hrs</td>
<td>345 ml 30 mins</td>
<td>805 ml 2½ hrs</td>
</tr>
<tr>
<td>6 months, 6 kg</td>
<td>600 ml</td>
<td>6 hrs</td>
<td>180 ml 1 hour</td>
<td>420 ml 5 hrs</td>
</tr>
<tr>
<td>12 months, 8 kg</td>
<td>800 ml</td>
<td>3 hrs</td>
<td>240 ml 30 mins</td>
<td>560 ml 2½ hrs</td>
</tr>
<tr>
<td>11½ months, 8 kg</td>
<td>800 ml</td>
<td>6 hrs</td>
<td>240 ml 1 hour</td>
<td>560 ml 5 hrs</td>
</tr>
<tr>
<td>5 months, 5 kg</td>
<td>500 ml</td>
<td>6 hrs</td>
<td>150 ml 1 hour</td>
<td>350 ml 5 hrs</td>
</tr>
<tr>
<td>10 months, 7 kg</td>
<td>700 ml</td>
<td>6 hrs</td>
<td>210 ml 1 hour</td>
<td>490 ml 5 hrs</td>
</tr>
</tbody>
</table>

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23. **EXERCISE ANNEX C-2: Individual work followed by individual feedback -- If IV Treatment Is Available Nearby, according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly**

Compare the participant’s answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-2 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.
1. **GABRIEL**
   a. How should the health worker treat Gabriel?

   *The health worker should refer Gabriel urgently to the hospital for IV treatment.*

   b. What advice should the health worker give to his mother?

   *The health worker should give Gabriel’s mother directions to the hospital (if she does not already know the way), and some ORS solution. He should instruct her to give Gabriel frequent sips of ORS on the way to and while waiting at the hospital.*

2. **JESSE**
   How should Jesse be treated?

   *Jesse should be referred urgently to the hospital because he has 2 severe classifications, SEVERE PNEUMONIA OR VERY SEVERE DISEASE and SEVERE DEHYDRATION.*
24. EXERCISE ANNEX C-3: Individual work followed by individual feedback -- If You Are Trained To Use A Nasogastric (NG) Tube, according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly

Compare the participant’s answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-3 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.
1. ROGIT
   a. How should Rogit be rehydrated?
      
      **by nasogastric tube**

   b. How much ORS solution should Rogit be given per hour?
      
      **160 ml (20 ml × 8 kg) of ORS solution per hour**

   c. What should the health worker do?
      
      *The health worker should give Rogit the NG fluid more slowly.*

   d. After 3 hours, Rogit’s signs of dehydration have not improved. Now what should the health worker do?
      
      *The health worker should send Rogit to the hospital for IV treatment.*

2. SHARITA
   a. How much NG fluid per hour should the health worker give Sharita?
      
      **140 ml (20 ml × 7 kg) of ORS solution per hour**

   b. For how long should the health worker give Sharita NG therapy?
      
      *The health worker should give Sharita NG therapy for 6 hours.*

   c. Fill out the sample form below as if you were setting up the NG fluid for Sharita.
      
      *See next page.*
2.  
d.  At 10:00, the health worker checks the fluid pack. There is 860 ml of fluid remaining. Record it on the form and calculate the volume received.

<table>
<thead>
<tr>
<th>Time (hr)</th>
<th>Volume (ml)</th>
<th>Estimated Volume (ml)</th>
<th>Volume Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>1000 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 am</td>
<td>1000 ml</td>
<td>860 ml</td>
<td>140 ml</td>
</tr>
</tbody>
</table>

* For each new bottle/pack, initial or added

e. Every 1-2 hours the health worker monitors Sharita. What should the health worker look for?

*The health worker should look for signs of dehydration, a distended abdomen, and repeated vomiting.*

f. How should Sharita be classified now?

*NO DEHYDRATION*

g. What should the health worker do next?

*The health worker should treat Sharita according to Plan A. If possible, the health worker should keep the child at the clinic until closing to be sure the mother can maintain hydration.*

3. **JESSE**

How should Jesse be treated?

*Jesse should be referred urgently to the hospital because he has 2 severe classifications, SEVERE PNEUMONIA OR VERY SEVERE DISEASE and SEVERE DEHYDRATION.*

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25. EXERCISE ANNEX C-4: Individual work followed by individual feedback -- If You Can Only Give Plan C Treatment By Mouth according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly

Compare the participant’s answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-4 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.
1. JOSEF
   a. Should you refer Josef urgently or try to rehydrate him by mouth?

   Since Josef can drink some ORS solution, you should try to rehydrate him by mouth.

   b. How much ORS solution should you give?

   240 ml (20 ml × 12 kg) of ORS solution

   c. Josef vomits frequently. What should you do?

   Give the fluid more slowly

   d. What should you do now?

   Refer for IV treatment

2. BO
   a. How much ORS should the father encourage Bo to drink during the next hour?

   300 ml (20 ml × 15 kg) of ORS solution during the next hour

   b. What should the health worker do now?

   The health worker should put Bo on Plan B treatment. During the next 4 hours, Bo should receive 900-1400 ml of ORS solution by mouth.
2. c. For how long should the health worker encourage Bo and his father to remain at the clinic? Why?

_The health worker should encourage Bo and his father to remain at the clinic for 4 hours on Plan B and until closing time on Plan A. It is important that Bo and his father remain for at least the Plan B treatment, to be sure Bo is rehydrated successfully. If possible, they should stay 6 more hours to be sure that the signs of dehydration do not return._

3. **LALO**

What should the health worker do?

_Refer Lalo. The health worker should tell the grandmother to take Lalo to the hospital urgently. The health worker should also help her figure out the fastest way to get there._

4. **JESSE**

How should Jesse be treated?

_Jesse should be referred urgently to the hospital because he has 2 severe classifications, SEVERE PNEUMONIA OR VERY SEVERE DISEASE and SEVERE DEHYDRATION._
26. **EXERCISE K:** Individual work followed by group discussion -- Determining whether to immunize

Lead a group discussion to quickly review the answers to the exercise. Call on a participant or ask for a volunteer to answer each question. Then give participants a copy of the answer sheet.
1. Should Malambu be given the immunizations today?

Yes, *Malambu should be immunized today*. *Pneumonia* and *Malaria* are not contraindications to immunizations.

2. Should Pachik immunize children with ANAEMIA OR VERY LOW WEIGHT?

Yes. *Anaemia OR Very Low Weight* is not a contraindication to immunizations.

3. Should Alou give the infant OPV 0 today?

No. *OPV 0 is not given to an infant who is more than 14 days old.*

4. a. Should the health worker give Joli OPV 3 and DPT 3 today?

Yes. *Dysentery is not a contraindication to immunizations.*

b. What should the health worker tell the mother about possible side effects of OPV and DPT vaccines?

*The health worker should tell the mother that there are no side effects of the OPV vaccine, but sometimes there are side effects from DPT. Fever, irritability and soreness are possible, but not serious. Fever means that the DPT is working. Tell the mother to give paracetamol to Joli if she feels very hot or is in pain.*
4. c. How should the health worker record the immunizations?

The health worker should record the date that the DPT is given on the immunization card and in the clinic's register. The OPV 3 should not be recorded because the child has diarrhoea today. Tell the mother to return in 4 weeks for another dose of OPV 3. When she returns, the health worker should then record the date of the second dose.

5. Describe what you would say to a child's mother to try to convince her to have her child immunized for measles today.

Your child is at an age when he is very likely to get measles. Immunizing your child for measles will not make him sicker. It will prevent him from getting measles. If he is not immunized today, he may get measles before he comes back to the clinic. Measles can make your child very sick.
27. SUMMARY OF MODULE

Review with participants the main skills covered in this module. They are listed in the learning objectives in the beginning of the module. Also review any points that you may have noted below:
FACILITATOR GUIDELINES FOR

COUNSEL THE MOTHER
### FACILITATOR GUIDELINES

#### COUNSEL THE MOTHER

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute and introduce the module.</td>
<td></td>
</tr>
<tr>
<td>2. Participants read &quot;Introduction&quot; and &quot;Feeding Recommendations&quot; and do written Exercise A.</td>
<td>Individual</td>
</tr>
<tr>
<td>3. Lead drill on feeding recommendations.</td>
<td>Drill</td>
</tr>
<tr>
<td>4. Participants read section 1.0 and do Short Answer Exercise.</td>
<td>Self-checked</td>
</tr>
<tr>
<td>5. Participants read section 2.0. Conduct role play Exercise B.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>6. Participants read section 3.1 and do written Exercise C.</td>
<td>Individual</td>
</tr>
<tr>
<td>7. Participants read section 3.2 and do Short Answer Exercise.</td>
<td>Self-checked</td>
</tr>
<tr>
<td>8. Participants read section 3.3 and the Mother's Card. Do Example role play about Akono.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>9. Conduct role play Exercise D.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>10. Participants read sections 4.0 and 5.0. Participants do Short Answer Exercise.</td>
<td>Self-checked</td>
</tr>
<tr>
<td>11. Continue the Example role play about Akono.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>12. Conduct role play Exercise E.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>13. Participants read section 6.0. Lead discussion of Exercise F.</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>14. Summarize the module.</td>
<td></td>
</tr>
</tbody>
</table>

F-2
NOTE ABOUT ADAPTATION:

The module *Counsel the Mother* should have been adapted prior to the course to include local examples of good complementary foods, common feeding problems, etc. Before beginning this module, the Course Director should give you a local version of the *COUNSEL* chart and a local Mother's Card. The Course Director should also present the results of research done before the course about local feeding problems. Local information has been used in the module where possible. In discussions, role plays, and individual feedback, you should also use local examples whenever possible.

1. INTRODUCTION OF MODULE

Explain that this module describes how to use the *COUNSEL* chart. Point to the relevant sections of the *COUNSEL* chart while outlining the tasks to be taught:

- Assess the child's feeding.
- By comparing the child's feeding to recommendations on the chart, identify feeding problems.
- Advise the mother to increase fluids during illness.
- Advise the mother when to return to the health worker:
  -- for follow-up visits
  -- immediately if certain signs appear
  -- for immunizations.

Explain that it is also important to counsel the mother about her own health, as noted at the bottom of the chart.

Point to the nutritional status section of the *ASSESS & CLASSIFY* chart, and remind participants that they may have identified the need to "Assess the child's feeding and counsel the mother on feeding." This module will teach them how to assess feeding and counsel the mother on feeding.

This module emphasizes good communication skills such as asking the mother questions and listening carefully to her. There will be a number of role plays in which to practice good communication.

Ask participants to read the "Introduction" to the module and the section titled "Feeding Recommendations." Explain that the recommendations have been adapted to include local foods. Ask participants to do Exercise A when they come to it.
2. **EXERCISE A: Individual work followed by individual feedback -- Content of feeding recommendations**

Compare the participant's answers to the answer sheet (on the next page) and discuss any differences. For answer 3, the participant should have listed two good local complementary foods. If the participant has listed foods that are not familiar to you, ask about the contents and preparation of the food. It should be nutrient-rich, energy-rich, and thick.

Give the participant a copy of the answer sheet.

If you plan to do the drill next, tell the participant to prepare for the drill by reviewing the feeding recommendations. If you will do the drill at some later time, ask the participant to continue reading the module through section 1.0 and to do the Short Answer Exercise.
1. a. False. Children should be fed the recommended foods for their age, as often as recommended, during both sickness and health.

b. True

c. False. Complementary foods should be thick and energy-rich. Cereal gruels should be made thick and mixed with oil and mashed, nutritious foods.

d. True

e. True

2. Complementary foods should be started between 4 and 6 months of age. They should only be started if the child:

- shows interest in semisolid foods,
- the child appears hungry after breastfeeding,
- the child is not gaining weight adequately,

By 6 months of age, all children should have started complementary foods.

3. Two locally available, good complementary foods for children age 4-6 months should be listed for this answer.

4. 3 times per day, since she is still breastfed

5. The mother can judge an adequate serving by how much food Samuel leaves. If Samuel leaves a spoonful uneaten, she has given enough food.

6. Replace the cow’s milk with a fermented milk product such as yoghurt, OR give half the usual amount of cow’s milk and replace the rest with other nutritious foods. Continue giving family foods 5 times per day as usual.

Ramon should return for follow-up in 5 days.
3. **DRILL: Review of feeding recommendations**

Conduct this drill at any convenient time after this point in the module. You may wish to do it when participants need a review, or when they need a break from reading and writing.

a. Tell participants that this drill will review the feeding recommendations on the *COUNSEL* chart. They should look at the *COUNSEL* chart or chart booklet as needed. Ask them to find the Feeding Recommendations in the chart booklet now.

b. Ask the questions in the left column. Participants should answer in turn.
## DRILL: Review of Feeding Recommendations

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A child is 3 months old.</strong></td>
<td></td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td>The first (left-most) column</td>
</tr>
<tr>
<td>How often should this child breastfeed?</td>
<td>As often as the child wants, day and night, at least 8 times in 24 hours.</td>
</tr>
<tr>
<td>Should other food or fluid be given?</td>
<td>No.</td>
</tr>
<tr>
<td><strong>A child is 5 months old.</strong></td>
<td></td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td>The second column</td>
</tr>
<tr>
<td>How often should the child breastfeed?</td>
<td>As often as the child wants, at least 8 times in 24 hours.</td>
</tr>
<tr>
<td>When should complementary foods be added?</td>
<td>When the child:</td>
</tr>
<tr>
<td></td>
<td>- shows interest in semisolid foods, or</td>
</tr>
<tr>
<td></td>
<td>- seems hungry after breastfeeding, or</td>
</tr>
<tr>
<td></td>
<td>- is not gaining weight adequately.</td>
</tr>
<tr>
<td>What is an example of a good complementary food?</td>
<td>Several participants may answer with local complementary foods.</td>
</tr>
<tr>
<td>How many times per day should these foods be given?</td>
<td>1 or 2 times per day after breastfeeding</td>
</tr>
<tr>
<td><strong>A child is 6 months old and breastfed.</strong></td>
<td></td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td>The third (middle) column</td>
</tr>
<tr>
<td>How often should the child breastfeed?</td>
<td>As often as the child wants</td>
</tr>
<tr>
<td>How often should complementary foods be given?</td>
<td>3 times per day, since the child is breastfed</td>
</tr>
</tbody>
</table>

F-7
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A child is 15 months old.</strong></td>
<td>The fourth column</td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td></td>
</tr>
<tr>
<td>How often should the child breastfeed?</td>
<td>As often as the child wants</td>
</tr>
<tr>
<td>How often should complementary foods or family foods be given?</td>
<td>5 times per day</td>
</tr>
<tr>
<td><strong>A child is 10 months old and is not breastfed.</strong></td>
<td></td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td>The third (middle) column</td>
</tr>
<tr>
<td>What kinds of food should this child be given?</td>
<td>Several participants may answer with local complementary foods.</td>
</tr>
<tr>
<td>How many times per day?</td>
<td>5 times per day, since the child is not breastfed</td>
</tr>
<tr>
<td><strong>A child is 2 years old.</strong></td>
<td>The last (right-most) column</td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td></td>
</tr>
<tr>
<td>How often should family foods be given?</td>
<td>At 3 meals per day</td>
</tr>
<tr>
<td>How often should food be given between meals?</td>
<td>Twice daily</td>
</tr>
<tr>
<td><strong>A child is 1 month old. She is breastfed about 6 times in 24 hours and receives no other milk.</strong></td>
<td></td>
</tr>
<tr>
<td>Is this child breastfed often enough?</td>
<td>No, the child should be breastfed at least 8 times in 24 hours</td>
</tr>
</tbody>
</table>

F-8
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A child is 5 months old and is exclusively breastfed (8 times in 24 hours). She sometimes reaches for her mother’s food and seems hungry.</strong></td>
<td><strong>The second column</strong></td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td>Yes, since he is 5 months old, shows interest in other foods, and seems hungry</td>
</tr>
<tr>
<td>Should this child be given complementary foods?</td>
<td><strong>1 or 2 times per day, after breastfeeding</strong></td>
</tr>
<tr>
<td>How many times per day?</td>
<td></td>
</tr>
<tr>
<td><strong>A child is 3 years old. She eats 3 meals each day with her family.</strong></td>
<td><strong>The fifth (right-most) column</strong></td>
</tr>
<tr>
<td>Which column of the feeding recommendations applies?</td>
<td>Twice daily</td>
</tr>
<tr>
<td>How often should this child be given nutritious food between meals?</td>
<td><strong>Several participants may mention local foods listed on the chart.</strong></td>
</tr>
<tr>
<td>What are some examples of foods to give between meals?</td>
<td></td>
</tr>
<tr>
<td><strong>A child is 1 month old and is exclusively breastfed. The weather is extremely hot and dry.</strong></td>
<td><strong>No. Breastmilk contains all the water that the child needs.</strong></td>
</tr>
<tr>
<td>The mother asks if she should give her child clean water as well as breastmilk, since it is so hot. Should she?</td>
<td></td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>ANSWERS</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>A 6-month-old child has persistent diarrhoea.</strong></td>
<td><strong>In the box below the feeding recommendations by age group</strong></td>
</tr>
<tr>
<td>Where on the chart are the feeding recommendations for persistent diarrhoea?</td>
<td></td>
</tr>
<tr>
<td><strong>This 6-month-old usually breastfeeds 4 times per day and takes cow’s milk 3 times per day.</strong></td>
<td></td>
</tr>
<tr>
<td>What is the first recommendation for this child with persistent diarrhoea?</td>
<td>Give more frequent, longer breastfeeds, day and night</td>
</tr>
<tr>
<td>What are the mother’s choices to replace the cow’s milk?</td>
<td><em>Three participants may answer:</em></td>
</tr>
<tr>
<td></td>
<td>- Replace with increased breastfeeding, OR</td>
</tr>
<tr>
<td></td>
<td>- Replace with fermented milk products, such as yoghurt, OR</td>
</tr>
<tr>
<td></td>
<td>- Replace half the milk with nutrient-rich semisolid food.</td>
</tr>
<tr>
<td>Should this child be taking complementary foods?</td>
<td>Yes, since the child is 6 months old</td>
</tr>
<tr>
<td>- How often?</td>
<td>3 times per day (since the child is breastfed)</td>
</tr>
<tr>
<td>- What are good complementary foods for this child?</td>
<td><em>Several participants may answer with local complementary foods. The answers should not include animal milk since this child has persistent diarrhoea.</em></td>
</tr>
</tbody>
</table>
4. READING AND SHORT ANSWER EXERCISE -- Assessing Feeding

Participants read section 1.0 and do the Short Answer Exercise. Encourage participants to ask you questions as needed. Tell participants to read on to Exercise B after doing the Short Answer Exercise.

As participants work on this and other Short Answer Exercises, look at their work to make sure they are completing the exercises. Ask occasionally if there are any questions.

5. EXERCISE B: Role Play followed by discussion -- Assessing feeding

There is one role play in this exercise, and there are three more in later exercises. Each role play isinstructionally important and teaches certain counselling steps or content. Do not omit role plays.

In the facilitator notes for each role play, there will be a note such as the following which lists the main points covered. Do not read this to the participants beforehand, but ensure that the points are covered in discussion afterwards.

Counselling steps covered in this role play:
- asking questions to assess feeding
- identifying correct feeding and feeding problems

Highlights of case: Breastmilk is being reduced too quickly as complementary food is added. Feeding has changed during illness (sugar water added).

Plan to assign every participant a role in one of the role plays in this module. If a participant does not play a role in this exercise, be sure that he or she is assigned a role in a later role play.

1. Assign the role of health worker to a participant who seems confident and understands the course materials well. Explain that the "health worker" will use the questions on the Sick Child Recording Form to identify feeding problems. Explain that the health worker may need to ask additional questions if the mother's answers are unclear or incomplete.
Remind the health worker that he is not giving advice in this role play but simply identifying the feeding problems and correct feeding practices.

2. Assign the role of the mother in the role play to a different participant. (If there are not enough women, men can play the roles of mothers.) Give the "mother" the box on the next page describing her child's feeding. This box may be copied or cut out. Tell the mother that she may make up additional realistic information that fits the situation if necessary. She should behave as a real mother might behave.

3. Conduct the role play. Participants not playing roles should record answers on the Sick Child Recording Form section reprinted in the module. They should make notes of correct feeding practices and feeding problems discovered.

4. After the role play, lead a brief discussion. Review the answers that the mother gave to the feeding questions. List on the flipchart or chalkboard correct feeding practices mentioned in the role play, and feeding problems discovered. (See Answer Sheet.) Also discuss whether all the necessary questions were asked of the mother. If not, what additional questions should have been asked? What might be the consequences of not asking these questions?

Tell participants to continue reading through section 3.1 of the module and to do written Exercise C individually.
EXERCISE B: Role Play - Description for Zuwena’s Mother

You are the mother of Zuwena, a 5-month-old girl. You have brought her to the health worker because she has a cough and runny nose. The health worker has already told you about a soothing local remedy for cough. Now the health worker will ask you some questions about how you feed Zuwena.

You are still breastfeeding Zuwena about 3 times each day and once during the night. In the past month you have started giving her a thin cereal gruel (local cereal gruel: ______________) because she seemed hungry after breastfeeding and your mother-in-law suggested it. You give the gruel by spoon 3 times each day. You do not own or use a feeding bottle.

During the illness Zuwena has breastfed as usual, but she spits out the gruel and cries. Your friend suggested giving Zuwena some sugar water instead of the gruel while she is sick. You have tried giving the sugar water by cup, and Zuwena seems to like the sweet taste.
COUNSEL THE MOTHER
Answers to Exercise B

ANSWERS TO FEEDING QUESTIONS

<table>
<thead>
<tr>
<th>ASSESS CHILD’S FEEDING if child has ANAEMIA / VERY LOW WEIGHT or is less than 2 years old.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Do you breastfeed your child? Yes / No.</td>
</tr>
<tr>
<td>- If Yes, how many times in 24 hours? 4 times.</td>
</tr>
<tr>
<td>- Do you breastfeed during the night? Yes / No.</td>
</tr>
<tr>
<td>- Does the child take any other foods or fluids? Yes / No.</td>
</tr>
<tr>
<td>- If Yes, what foods or fluids? Thin cereal gruel.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeding Problems:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not breastfed enough—increase to 8 times.</td>
</tr>
<tr>
<td>- Cereal gruel too thin, not nutrient-rich and given too often (avoid).</td>
</tr>
<tr>
<td>- Sugar water should not be given.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many times per day? 3 times. What do you use to feed the child? Spoon, no feeding bottle.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- If very low weight for age: How large are servings?</td>
</tr>
<tr>
<td>- Does the child receive his own serving? Yes / No.</td>
</tr>
<tr>
<td>- During this illness, has the child’s feeding changed? Yes / No.</td>
</tr>
<tr>
<td>- If Yes, how? Spits out gruel, giving sugar water instead.</td>
</tr>
</tbody>
</table>

ASSESS OTHER PROBLEMS:

Notice that the questions for “very low weight for age” were not answered for Zuwena because her weight is not very low.

FEEDING PROBLEMS:

Not breastfeeding often enough. The child needs to breastfeed on demand, at least 8 times in 24 hours.

Complementary food (thin cereal gruel) is too thin, not energy-rich and nutrient-rich. Mother needs to offer thicker foods.

Gruel is being given too often. If the mother can increase the frequency of breastfeeding, then other foods should be given only 1 or 2 times per day at this age. Other foods should not replace breastmilk too quickly.

Sugar water should not be given.

CORRECT FEEDING PRACTICES:

Still breastfeeding

Has started complementary foods

Uses a spoon or a cup rather than feeding bottle.
6. **EXERCISE C: Individual work followed by individual feedback -- Identifying feeding problems and relevant advice**

Compare the participant's answers to the answer sheet and discuss any differences. Be sure that the participant has mentioned good local complementary foods where appropriate.

The main point of this exercise is to identify relevant feeding advice and limit advice to that. Be sure that the participant understands that it is not necessary to give all the feeding advice to every mother. If certain recommendations are not being followed, advice should be limited to those recommendations. This helps the mother focus on what is important in her situation.

If the child is being fed correctly for his age group, then the mother may not need any feeding advice now. (If the child is about to enter a new age group with different feeding recommendations, however, explain these new recommendations to her.) Remember to praise the mother for feeding practices that are correct.
1. **Feeding problem(s):**

Not breastfeeding often enough  
Taking other milk (cow’s milk 2 times per day)  
Using feeding bottle

**Correct Feeding Practices:**

Breastfeeding day and night  
Feeding the same during illness as health

**Relevant Advice:**

You can produce all the breastmilk your child needs. Your child will gain weight better on more breastmilk than on cow’s milk.

Give more frequent, longer breastfeeds, day and night, and gradually reduce amount of cow’s milk given. (If the mother will not increase breastfeeding to replace other milk, instruct the mother to prepare cow’s milk appropriately or change to another appropriate breastmilk substitute. To prepare cow’s milk appropriately, mix ½ cup boiled whole cow’s milk with ¼ cup water and 2 teaspoons sugar. Make sure that any breastmilk substitute is correctly and hygienically prepared and is used within an hour.)

Use a cup instead of a bottle.

*Note: This mother will also need to be told to return for follow-up in 5 days since there is a feeding problem.*

2. **Feeding Problem(s):**

Child is receiving only 3 meals per day.  
Family foods (rice and thin soup) are not varied and are not energy-rich.  
Child is not fed actively. He shares a plate with siblings and does not get much.

**Correct Feeding Practices:**

Giving family foods
COUNSEL THE MOTHER
Answers to Exercise C, continued

Relevant Advice:

Feed the child 5 times each day.

Try to add some oil, vegetables, meat, fish, or other foods to the rice.
Give a thick food rather than thin soup. Give other nutritious foods such as (local foods .....)
Save out an individual serving for the child and feed it to him, or help him get enough from the shared plate. Feed him until he does not want any more.

Note: This child will need to be seen again in 5 days for feeding problems.

3. Feeding Problem(s):

The child is being fed according to the recommendations for his age. However, the persistent diarrhoea suggests that he is having trouble digesting cow’s milk.

Relevant Advice:

Replace the cow’s milk with yoghurt, OR replace half the cow’s milk with nutritious foods such as (local foods ....).

Note: This child will need to be seen again in 5 days for follow-up for persistent diarrhoea.

4. Feeding Problem(s) -- Recorded on the front of the Sick Child Recording Form:

Complementary foods are not given often enough and are not thick and nutritious.
Mother has stopped cereal during illness.

On the back of the form, the participant should have written advice such as:
At this age the child needs more complementary foods. Make cereal gruel thicker and add oil and mashed vegetables or fruit. Start now to give this 3 times daily, even during illness. Also try combinations such as rice with vegetables, meat, or fish. Keep breastfeeding as often as the child wants.
7. **READING AND SHORT ANSWER EXERCISE -- Good communication skills**

Ask the participant to read section 3.2 and do the Short Answer Exercise. As participants work on the Short Answer Exercise, look at their work to make sure they are completing the exercises. Ask occasionally if there are any questions.

When a participant has completed the Short Answer Exercise, tell the participant to read section 3.3 and to look at the Mother’s Card (either the adapted card or the Mother’s Card in the Annex).

When participants have studied the Mother’s Card, explain any plans for use of the adapted Mother’s Card in their clinics. If no plans have yet been made, explain that there are many ways that Mother’s Cards could be designed. Some countries give a new Mother’s Card at every visit. Some countries use a multivisit card that should be brought back to the clinic at every visit. Other countries use a card which is kept at the clinic and used for education, but is not taken home by mothers.
8. EXAMPLE: Demonstration role play -- Giving feeding advice using good communication skills

Counselling steps and communication skills covered in this role play:

- asking questions to assess feeding
- identifying correct feeding and feeding problems
- praising the mother when appropriate
- advising the mother using simple language and giving only relevant advice about feeding
- using the Mother's Card
- checking the mother's understanding

This demonstration gives participants a model of the entire process of feeding assessment and counselling. (A later continuation of this demonstration covers advice about fluids and when to return.)

Highlights of case: Child has lost appetite during illness. Information given on complementary feeding for an 8-month-old.

This is a scripted role play about Akono, an 8-month-old child. You may play the role of the health worker and have a participant or your co-facilitator read the role of the mother. You will need an extra copy of the script for the mother; you may use the one in your co-facilitator’s guide. Have the Mother’s Card ready to use. A baby doll will be helpful. Practice the demonstration at least once before doing it in front of the group.

To the left of the script, the communication skills being used are listed in italics. Write these skills on the flipchart or blackboard before the role play:

Ask, listen
Praise
Advise
Check understanding

You or your co-facilitator should stand near the flipchart or blackboard during the role play. Point to each skill as it is used in the script. This will make participants aware of the skills being used.

After the role play, ask participants to tell you what feeding problems were found and whether all of the relevant advice about feeding was given.

Feeding problems: Akono is not feeding well during illness. Akono needs more varied complementary foods. He also needs one more serving per day. All of the relevant advice was given.
SCRIPT FOR DEMONSTRATION ROLE PLAY

Health Worker: Let's talk about feeding Akono. Do you breastfeed him?
  Ask, listen

Mother: Yes, I'm still breastfeeding.

Health Worker: That's very good. Breastmilk is still the best milk for Akono.
  Praise
  Ask, listen
How often do you breastfeed him each day?

Mother: It varies. Maybe 4 or 5 times.

Health Worker: Do you also breastfeed at night?

Mother: Yes, if he wakes up and wants to.

Health Worker: Good. Keep breastfeeding as often as he wants. Tell me, are you giving Akono any other foods or fluids besides breastmilk?
  Praise
  Ask, listen

Mother: Sometimes I give him cooked cereal, or banana mixed in yoghurt.

Health Worker: Those are good choices. How often do you give them?
  Praise
  Ask, listen

Mother: When he seems hungry.

Health Worker: How often is that?

Mother: Usually about 2 times a day.

Health Worker: Do you ever give Akono a feeding bottle?

Mother: No, I don't have one.

Health Worker: Good. It is much better to use a spoon or cup. Tell me, during this illness, has Akono's feeding changed?
  Praise
  Ask, listen

Mother: He is still breastfeeding, but he has not been hungry for the cereal or yoghurt.

F-20
Health Worker: Well, he's probably just lost his appetite due to the fever....
Advice
Ask, listen

Most children do. Still, keep encouraging him to eat. Try giving him his favourite nutritious foods. Give him small servings frequently. Have there been any other problems with feeding?

Mother: No, I don't think so.

Health Worker: You said you were feeding Akono cereal 2 times a day. At his age, he is ready to eat foods like cereal about 3 times each day. Make sure the cereal is thick. Akono is ready for some different foods too. Try adding some mashed vegetables or beans to the cereal, or some very small bits of meat or fish. Also add a little bit of oil for energy. Would this be possible for you to do?

Mother: Yes, I think so.

Health Worker: Let me show you on this Mother's Card what Akono needs. Since he's 8 months old, he should get the foods under this picture. (Mention some local foods.)

Mother: Should I give him these foods now, while he is sick?

Health Worker: Try offering them. He might like the taste, and these are the best foods if he will eat them. Offer the foods that he likes. And most importantly, keep breastfeeding.

Mother: All right. I will try adding some more things to the cereal.

Health Worker: Good. What do you have that you will add?

Mother: I will add a little oil, and some mashed peas. Sometimes I can add vegetables or chicken, when I have one.

Health Worker: Good. And how often will you try to feed Akono these foods?

Mother: Three times each day.

Health Worker: That's right. I am sure you will feed him well.
9. **EXERCISE D: Role plays -- Giving feeding advice using good communication skills**

There are 2 role plays in this exercise. These role plays include feeding problems that could occur anywhere. Your Course Director may prefer for you to use role plays involving specific local feeding problems. If so, you will be given different role play descriptions to use.

**Counselling steps and communication skills covered in this role play:**

- asking questions to assess feeding
- identifying correct feeding and feeding problems
- praising the mother when appropriate
- advising the mother using simple language and giving only relevant advice about feeding
- using the Mother’s Card
- checking the mother’s understanding

**In the role play about Akono, the above process was demonstrated. In these role plays, the participants must practice the process themselves.**

**Highlights of role play 1, Sudi:** 7-month-old child is still exclusively breastfed but needs complementary foods. Health worker must explain good complementary foods to give and how often.

**Highlights of role play 2, Javas:** 15-month-old child has very low weight and has persistent diarrhoea. Health worker must explain how to feed a child with persistent diarrhoea.

Assign roles and conduct the role plays as follows:

1. Assign the role of health worker in each role play to a different participant. Give these participants a copy of the Mother’s Card to use in the role play. Encourage these participants to take several minutes to review the feeding questions (on the Sick Child Recording Form reprinted in the module) and the feeding recommendations for the child’s age (on the Mother’s Card). Tell them they should be prepared for the mother to behave like a real mother, to ask questions, etc.

2. Assign the role of the mother in each role play to a different participant. (If there are not enough women, men can play the role of mothers.) Give each mother a slip of paper describing the situation, the child’s usual feeding and feeding during the illness,
and her attitude. These slips of paper are provided below and on
the next page of this guide and may be photocopied or cut out. Tell
the "mothers" that they may make up additional realistic
information that fits the situation if necessary. Help them prepare
to play the role.

3. Conduct each role play. During the role play, observers should
complete the sections of the recording form reprinted in the module.
They should be prepared to answer and discuss the questions given
in the module.

4. After each role play, lead a brief discussion using the questions in
the module. Ensure that positive comments are made as well as
suggestions for improvements. (Note: If the health worker in the
second role play does not properly explain the recommendations for
persistent diarrhoea, be sure to explain them in this discussion.)

EXERCISE D: Role Play 1 - Description for the Mother

You are the mother of a 7-month-old boy named Sudi. Sudi has a cough and a
runny nose. You have been taught to give a soothing cough remedy. Now the
health worker is going to ask you some questions and give you some advice
about feeding Sudi.

You are anxious to leave the health centre as Sudi has been crying. You did
not get much sleep last night, so you are tired.

Sudi is exclusively breastfed and has never been given a bottle. You
breastfeed him about 8 times each day, and you also breastfeed at night if he
wakes up. Sudi has been fussy during his cold and seems to want to breastfeed
more often. He seems hungry even after breastfeeding. You are worried that
giving him other foods besides breastmilk will make him sicker.
EXERCISE D: Role Play 2 - Description for the Mother

You are the mother of Javas, a 15-month-old boy who has very low weight and has persistent diarrhoea. The health worker has explained how to give extra fluid to treat diarrhoea at home (ORS, water and food-based fluids such as: ____________________). Now the health worker is going to ask you some questions and advise you about feeding Javas.

You are worried about Javas, but you have little food available in your home, and you have three other children to feed. You are timid when talking with the health worker, and you are hesitant to ask questions, even when you are confused. You tend to answer the health worker very briefly so that he or she must ask further questions to get the necessary information.

Javas is no longer breastfed. He takes goat’s milk and foods eaten by the rest of the family, 2 or 3 times each day. He has continued to eat everything that he is offered during the diarrhoea. If the health worker asks what foods are given, describe low energy foods common in your area. If asked who feeds the child and how, describe feeding practices common in your area.

10. READING AND SHORT ANSWER EXERCISE -- When to return

After the role plays, tell participants to read sections 4.0 and 5.0 and do the short answer exercise about when to return. Stress the importance of teaching the mother about when to return, especially the importance of teaching her the signs to return immediately.

As participants do the short answer exercise, encourage them to ask questions as needed.
EXAMPLE: Demonstration role play -- Giving advice on fluid and when to return using good communication skills

The earlier demonstration about Akono covered the steps of assessing feeding, identifying feeding problems, and counselling the mother about feeding. This demonstration completes the interaction by covering advising the mother about fluid and when to return. In other words, this role play covers the remaining parts of the COUNSEL chart.

Highlights of the case: Health worker uses the Mother's Card to teach the signs to return immediately, including the very important signs -- fast breathing and difficult breathing.

Continue the scripted role play about Akono beginning on the next page. Have the same people play the roles of the health worker and mother. Use the Mother's Card. A baby doll will be helpful. Practice the demonstration at least once before doing it in front of the group.

Before the role play, remind participants that Akono is 8 months old and has no general danger signs. He has: NO PNEUMONIA: COUGH OR COLD, MALARIA, NO ANAEMIA AND NOT VERY LOW WEIGHT.

In the previous demonstration, the health worker assessed feeding and found three feeding problems: Akono was not feeding well during illness; he needed more varied complementary foods; and he needed one more serving each day. The health worker counselled the mother to keep feeding during illness even though Akono had lost his appetite. The health worker also gave advice on good complementary foods for Akono and advised the mother to feed him 3 times per day. Now, the health worker will give advice on fluid and when to return. (Point to the parts of the COUNSEL chart to be used.)

To the left of the script, notice that the communication skills are again listed in italics. You previously wrote these on the flipchart or blackboard:

Ask, listen
Praise
Advise
Check understanding

As in the previous demonstration about Akono, you or your co-facilitator should point to each skill as you use it in the script.
SCRIPT FOR DEMONSTRATION ROLE PLAY, CONTINUED

Health Worker: We've already talked about how important breastfeeding is. 
    *Ask, listen*
    Does Akono take any other fluids regularly?

Mother: Sometimes I give him orange juice.

Health worker: That's good. During illness children may lose fluids due to fever, and it is important to give extra fluids to replace those. 
    *Praise*
    *Advise*
    You can do that by breastfeeding frequently and by giving fluids like orange juice or soups as well. How do you give him his orange juice now?

Mother: In a cup. I hold it while he sips.

Health worker: That's very good. That is the best way to give him extra fluid. 
    *Praise*
    *Advise*
    Now we need to talk about when you should bring Akono back to see me. If his fever continues for 2 more days, bring him back. Otherwise, come back in 5 days so we can find out how he is feeding.

Mother: In 5 days?

Health Worker: Yes, that will be Monday. If you can come in the afternoon at 3:00, there will be a nutrition class that would be helpful for you. Can you come then? 
    *Ask, listen*

Mother: I think so.

Health Worker: I also want you to bring Akono back *immediately* if he is not able to drink or if he becomes sicker. This is very important. I'm going to show you these pictures on the Mother's Card to help you remember. *(Points to Mother's Card and describes the pictures for these signs)*

Mother: I understand.

Health worker: Good. Now I am going to tell you two more signs to look for so you will know if Akono needs to come back. The signs are *fast breathing* and *difficult breathing*. If you notice Akono breathing fast, or having difficulty breathing, bring him back *immediately*. These signs mean he may
have developed pneumonia and may need some special medicine. I do not expect this will happen, but I want you to know what to look for. Here is another picture to help you remember to look at Akono's chest for fast breathing. *(Points to Mother's Card.)* If Akono is breathing faster than usual, or he seems to have trouble breathing, bring him back.

**Mother:**

All right.

**Health worker:**

I also want to see Akono again in one month for his measles immunization. I know this is a lot to remember, but don't worry, I'm going to write it down for you.

**Check Understanding**

Can you remember the important signs to bring Akono back immediately?

**Mother:**

Yes, fast breathing and difficult breathing.

**Health worker:**

Good. And how will you recognize fast breathing?

**Mother:**

If it's faster than usual?

**Health worker:**

Good. That's right. And there were two more signs that I told you first.

**Mother:**

Oh yes, if he cannot drink and...?

**Health worker:**

If he cannot drink and if he becomes sicker. Let's look again at the Mother's Card. You can take it home to help you remember everything. *(Health worker points to the relevant pictures again and asks the mother to say the signs.)*

**Mother:**

Not able to drink....sicker....fast or difficult breathing....

**Health worker:**

Excellent. Bring Akono back if any of these signs appear. I'm also writing the day to come back for measles immunization here. That is very important to keep Akono from getting measles. And remember, if his fever doesn't stop in 2 days, you also need to come back. Do you have any questions?

**Mother:**

No, I think I understand.
Health worker: You were right to bring Akono today. I will see you again on Monday. I hope his cough is better soon.

12. EXERCISE E: Role plays -- Using good communication skills and the entire COUNSEL chart and Mother’s Card

This exercise allows participants to practice the entire process covered on the COUNSEL chart: feeding assessment, counselling on feeding, giving advice on fluid, and teaching when to return. Participants do the whole process using good communication skills and using the Mother’s Card.

Highlights of the case: Child has VERY LOW WEIGHT and feeding problems. As well as assessing feeding and counselling on feeding, the health worker will practice giving instructions on when to return for VERY LOW WEIGHT and a feeding problem.

Conduct the role play as in Exercise D. Give the "mother" the situation described on the next page. Remind her that she may make up additional realistic information that fits the situation if necessary.

After the role play, use questions in the module to lead a group discussion.
EXERCISE E, Role Play - Description for Felice’s Mother

You have a 2-year-old daughter named Felice who has very low weight and has an ear infection. The health worker has already given you instructions on wicking the ear and giving an antibiotic for the ear infection. He or she will now assess feeding and counsel you about FOOD, FLUID, and WHEN TO RETURN.

You are timid with the health worker and do not volunteer information unless asked. You have come a long way to the clinic and you are tired. You are reluctant to come back for a follow-up visit because transportation is difficult for you. You are not able to read the words on the Mother’s Card, but you try to understand the pictures.

Felice is no longer breastfed. She eats family foods about 3 times a day. She drinks cow’s milk when it is available. She does not use a feeding bottle. Food servings are small and Felice finishes all of her food. (If asked about family foods and feeding practices, describe foods and feeding practices that are typical in your area.)
13. **EXERCISE F: Group discussion -- Local feeding problems and recommendations**

Lead a group discussion of local feeding problems and recommended advice for these problems. Relate the discussion to the feeding problems of children seen during the clinical sessions. (If participants have not yet practiced counselling about feeding during a clinical session, delay this discussion until after that clinical session.)

Ask participants what common local feeding problems they found during their clinical sessions. For problems covered on the *COUNSEL* chart, point out what advice should be given. For any additional local problems identified by participants, ask what would be suitable advice.

Ask participants if the recommended advice for local feeding problems is practical. Ask if mothers are likely to follow this advice. If not, ask for alternative suggestions that would improve feeding, be practical, and be followed by mothers.

14. **SUMMARY OF MODULE**

Review with participants the main skills covered in this module. These are listed in the learning objectives on the first page of the module. Also review any points that you may have noted below:
FACILITATOR GUIDELINES FOR

MANAGEMENT OF THE SICK YOUNG INFANT

G-1
FACILITATOR GUIDELINES

MANAGEMENT OF THE SICK YOUNG INFANT
Age 1 Week Up To 2 Months

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute and introduce the module.</td>
<td>------</td>
</tr>
<tr>
<td>2. Participants read the Introduction and section 1.0 up to Exercise A.</td>
<td>------</td>
</tr>
<tr>
<td>3. Lead drill on cut-offs for determining fast breathing in infants and in children.</td>
<td>Drill</td>
</tr>
<tr>
<td>4. Exercise A, Part 1 -- Show the video (how to assess young infant for possible bacterial infection).</td>
<td>Group discussion</td>
</tr>
<tr>
<td>5. Participants study the example photographs in Exercise A, Part 2. Facilitator leads brief discussion of example photographs. Participants work individually to identify the remaining photographs. Demonstrate grunting. Give each participant 5 copies of the Young Infant Recording Form to use in Exercise B.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>6. Participants read sections 1.2 through 1.4 and work individually on Exercise B.</td>
<td>Individual</td>
</tr>
<tr>
<td>7. Participants read through section 1.5.1. Lead a drill on reading a weight for age chart for young infants.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>8. Participants read section 1.5.2. For Exercise C, show the video case study (assess and classify possible bacterial infection and diarrhoea).</td>
<td>Group discussion</td>
</tr>
<tr>
<td>PROCEDURES</td>
<td>FEEDBACK</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>10. Participants study the example photographs in Exercise D, Part 2. Facilitator leads brief group discussion of example photographs.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>Participants work individually on rest of photographs.</td>
<td>Individual</td>
</tr>
<tr>
<td>11. Participants read sections 1.6 - 1.8 and work individually on Exercise E.</td>
<td>Individual</td>
</tr>
<tr>
<td>12. Participants read sections 2.0 through 3.2 and work individually on Exercise F.</td>
<td>Individual</td>
</tr>
<tr>
<td>13. Participants read sections 3.3 through 3.6. For Exercise G, Part 1 -- Show the video (helping a mother to improve her baby’s positioning and attachment for breastfeeding).</td>
<td>Group discussion</td>
</tr>
<tr>
<td>14. Exercise G, Part 2 -- Participants study the photographs in Exercise G. Facilitator leads group discussion of example photographs.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>Participants work individually on rest of photographs.</td>
<td>Individual</td>
</tr>
<tr>
<td>Facilitator leads group discussion of how to help each mother in photograph better position her infant.</td>
<td>Group discussion</td>
</tr>
<tr>
<td>15. Participants read section 3.7 and work individually on Exercise H.</td>
<td>Individual</td>
</tr>
<tr>
<td>16. Lead a drill on points of advice for mothers of young infants.</td>
<td>Drill</td>
</tr>
<tr>
<td>17. Summarize the module.</td>
<td></td>
</tr>
</tbody>
</table>
1. **INTRODUCTION OF MODULE**

Explain that this module describes how to care for a young infant age 1 week up to 2 months. It describes how to use the chart "Assess, Classify, and Treat the Sick Young Infant Age 1 Week Up To 2 Months." This is referred to as the YOUNG INFANT chart. It is not used for an infant less than one week of age.

The process for managing a sick young infant is generally the same process as the participants have learned for managing a sick child. Point to the relevant sections of the YOUNG INFANT chart while outlining the tasks to be learned. The steps are all on the one chart:

* assess, classify, and identify treatment (presented in the same manner as on the ASSESS AND CLASSIFY chart)
* treat the young infant and counsel the mother
* give follow-up care for the young infant (will be taught in the module Follow-Up)

Explain that there are differences because the problems and treatments of young infants are somewhat different from older infants and children. For example, when young infants are sick, they may have only general signs of illness such as few movements, fever, or low body temperature. Mild chest indrawing is normal, so only severe chest indrawing is a serious sign. Young infants may need different antibiotics than older infants.

Ask participants to read the Introduction and section 1.0 up to Exercise A.

3. **DRILL: Review of cutoffs for determining fast breathing**

Conduct this drill at any convenient time after this point in the module. You may wish to do it while participants are gathered to watch the video, or at another time when they need a break from reading and writing.

Tell participants that this drill will review the cutoffs for determining fast breathing in children and young infants.

State or ask participants to state the three age groups that you must keep in mind when determining fast breathing and the respiratory rate threshold for each:
* Young infants (age 1 week up to 2 months) = 60 breaths per minute or more is fast breathing

* Infants 2 months up to 12 months = 50 breaths per minute or more is fast breathing

* Children 12 months up to 5 years = 40 breaths per minute or more is fast breathing

Then ask the questions in the left column. Participants should answer in turn.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT IS FAST BREATHING IN AN INFANT OR CHILD:</td>
<td></td>
</tr>
<tr>
<td>age 4 weeks?</td>
<td>60 breaths per minute or more</td>
</tr>
<tr>
<td>age 6 weeks?</td>
<td>60+</td>
</tr>
<tr>
<td>age 2 months?</td>
<td>50+</td>
</tr>
<tr>
<td>age 6 months?</td>
<td>50+</td>
</tr>
<tr>
<td>age 12 months</td>
<td>40+</td>
</tr>
<tr>
<td>age 11½ months</td>
<td>50+</td>
</tr>
<tr>
<td>age 1 month?</td>
<td>60+</td>
</tr>
<tr>
<td>age 4 months?</td>
<td>50+</td>
</tr>
<tr>
<td>age 3 weeks?</td>
<td>60+</td>
</tr>
<tr>
<td>age 3 years?</td>
<td>40+</td>
</tr>
<tr>
<td>age 3 months?</td>
<td>50+</td>
</tr>
<tr>
<td>age 5 weeks?</td>
<td>60+</td>
</tr>
<tr>
<td>age 10 months?</td>
<td>50+</td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>ANSWERS</td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>DOES THIS INFANT OR CHILD HAVE FAST BREATHING?</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td><strong>Breathing Rate</strong></td>
</tr>
<tr>
<td>3 weeks</td>
<td>55</td>
</tr>
<tr>
<td>4 weeks</td>
<td>63</td>
</tr>
<tr>
<td>2 weeks</td>
<td>59</td>
</tr>
<tr>
<td>18 months</td>
<td>44</td>
</tr>
<tr>
<td>2 months</td>
<td>48</td>
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<tr>
<td>12 months</td>
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<td>3 years</td>
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<td>3 years</td>
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<td>12 months</td>
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<tr>
<td>11 months</td>
<td>49</td>
</tr>
<tr>
<td>6 months</td>
<td>52</td>
</tr>
<tr>
<td>6 weeks</td>
<td>65</td>
</tr>
<tr>
<td>14 months</td>
<td>45</td>
</tr>
</tbody>
</table>


When all the participants are ready, arrange for them to move to where the video exercise will be shown. Make sure they bring their modules and chart booklets.

*To show the video exercise:*

1. Tell participants that they will watch a demonstration of how to assess a young infant for possible bacterial infection. The video will show examples of abnormal signs.

2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video

G-6
3. Show the video. Follow the instructions given in the video. Pause the video and give explanations or discuss what the participants are seeing as needed to be sure the participants understand how to assess these signs.

4. At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

Important points to emphasize about the assessment in this video are:

* It is particularly difficult to count breathing in a young infant because of irregular breathing. Repeat any count which is 60 or more.

* Grunting can be difficult to hear. Many infants make occasional noises. Grunting is regular, soft, short noises when breathing out (at the beginning of expiration). (If participants are having trouble understanding grunting, demonstrate it.)

* You need to look very closely for nasal flaring -- the nostrils of a young infant are small!

5. **EXERCISE A: Part 2: Group discussion of photographs of a young infant’s umbilicus and skin pustules**

Talk about each of the first 3 photographs, pointing out or having participants point out and tell how they can recognize the signs.

Then ask participants to work individually to study the rest of the photographs for this exercise and write the answers in the chart in the module.

**Give feedback in a group discussion:** For each photograph, ask a participant to explain what he sees in the photograph. Discuss as necessary so that participants understand how to recognize an infected umbilicus.

Give the participants a copy of the answer sheet.

When all discussion is complete, ask participants to continue working in the module. They should read sections 1.2 through 1.4 and work individually on Exercise B. Give each participant 5 copies of the Young Infant Recording Form to use in Exercise B.
Part 2 -- Photographs

Photograph 60: Normal umbilicus in a newborn
Photograph 61: An umbilicus with redness extending to the skin of the abdomen.
Photograph 62: Many skin pustules

<table>
<thead>
<tr>
<th>Umbilicus</th>
<th>Normal</th>
<th>Redness or draining pus</th>
<th>Redness extending to the skin of abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photograph 63</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Photograph 64</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 65</td>
<td></td>
<td>✓ (pus)</td>
<td></td>
</tr>
</tbody>
</table>
6. **EXERCISE B: Individual work followed by individual feedback -- Assess and classify possible bacterial infection and diarrhoea in case studies**

Watch to see when participants have finished reading section 1.4 and are beginning Exercise B. Be sure that each participant has 5 copies of the Young Infant Recording Form and understands that he should record the information about each case in Exercise B on these forms. If any participant seems confused, explain or show him individually how to use the Recording Forms, so that he can get started on the exercise without delay.

Compare the participant’s Recording Forms with the Answer Sheets for Exercise B. Where the participant has recorded something different, discuss why he did that, and go back to the case study as needed to verify the reason for the answer. Give the participant a copy of the answer sheet to keep.

Tell the participant that later exercises in this module will continue these same 5 case studies. The participant will continue completing the same 5 Recording Forms as he continues to work through the module.

In order to better understand the participant’s work situation, discuss with the participant whether he sees sick young infants at his clinic.

Ask the participant to read through section 1.5.1 and to let you know when he has finished. (If you do not plan to do the drill on reading a weight for age chart right away, ask the participant to read section 1.5.2 also and to let you know when he comes to Exercise C. Exercises C and D are video exercises.)
## MANAGEMENT OF THE SICK YOUNG INFANT

### MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

**Name:** Henri  
**Age:** 3 weeks  
**Weight:** 3.6 kg  
**Temperature:** 36.5 °C

**ASK:** What are the infant's problems? **difficulty breathing**  
**Initial visit?**  
**Follow-up visit?**

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CLASSIFY</th>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Has the infant had convulsions? NO</td>
</tr>
<tr>
<td></td>
<td>- Count the breaths in one minute. 34 breaths per minute. Repeat if elevated 70. <strong>Fast breathing</strong></td>
</tr>
<tr>
<td></td>
<td>- Look for severe chest indrawing.</td>
</tr>
<tr>
<td></td>
<td>- Look for nasal flaring.</td>
</tr>
<tr>
<td></td>
<td>- Look and listen for grunting.</td>
</tr>
<tr>
<td></td>
<td>- Look and feel for bulging fontanelle.</td>
</tr>
<tr>
<td></td>
<td>- Look for pus draining from the ear.</td>
</tr>
<tr>
<td></td>
<td>- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?</td>
</tr>
<tr>
<td></td>
<td>- Fever (temperature 37.5 °C or above or feels hot or low body temperature (below 35.5 °C or feels cool)?</td>
</tr>
<tr>
<td></td>
<td>- Look for skin pustules. Are there many or severe pustules?</td>
</tr>
<tr>
<td></td>
<td>- See if the young infant is lethargic or unconscious.</td>
</tr>
<tr>
<td></td>
<td>- Look at young infant's movements. Less than normal?</td>
</tr>
</tbody>
</table>

**Possible Serious Bacterial Infection**

### DOES THE YOUNG INFANT HAVE DIARRHOEA?

- For how long? ____ Days  
- Is there blood in the stool?

**YES**  
**NO**

- Look at the infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable?
- Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

---

**Management of the Sick Young Infant Age 1 Week Up to 2 Months**

**Name:** Sashie  
**Age:** 5 weeks  
**Weight:** 4 kg  
**Temperature:** 37 °C

**ASK:** What are the infant's problems? **rash**  
**Initial visit?**  
**Follow-up visit?**

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CLASSIFY</th>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Has the infant had convulsions? NO</td>
</tr>
<tr>
<td></td>
<td>- Count the breaths in one minute. 55 breaths per minute. Repeat if elevated. <strong>Fast breathing</strong></td>
</tr>
<tr>
<td></td>
<td>- Look for severe chest indrawing.</td>
</tr>
<tr>
<td></td>
<td>- Look for nasal flaring.</td>
</tr>
<tr>
<td></td>
<td>- Look and listen for grunting.</td>
</tr>
<tr>
<td></td>
<td>- Look and feel for bulging fontanelle.</td>
</tr>
<tr>
<td></td>
<td>- Look for pus draining from the ear.</td>
</tr>
<tr>
<td></td>
<td>- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?</td>
</tr>
<tr>
<td></td>
<td>- Fever (temperature 37.5 °C or above or feels hot or low body temperature (below 35.5 °C or feels cool)?</td>
</tr>
<tr>
<td></td>
<td>- Look for skin pustules. Are there many or severe pustules?</td>
</tr>
<tr>
<td></td>
<td>- See if the young infant is lethargic or unconscious.</td>
</tr>
<tr>
<td></td>
<td>- Look at young infant's movements. Less than normal?</td>
</tr>
</tbody>
</table>

**Local Bacterial Infection**

### DOES THE YOUNG INFANT HAVE DIARRHOEA?

- For how long? ____ Days  
- Is there blood in the stool?

**YES**  
**NO**

- Look at the infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable?
- Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?
### MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

**Name:** Ehai  
**Age:** 14 days  
**Weight:** 2.5 kg  
**Temperature:** 36.5°C

**ASK:** What are the infant’s problems? Umbilicus infected, small baby  
**Initial visit?** ___  
**Follow-up visit?** ___

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
<th>CLASSIFY</th>
</tr>
</thead>
</table>
| - Has the infant had convulsions? **NO** | - Count the breaths in one minute. __5__ breaths per minute.  
  Repeat if elevated. Fast breathing?  
- Look for severe chest indrawing.  
- Look for nasal flaring.  
- Look and listen for grunting.  
- Look and feel for bulging fontanelle.  
- Look for pus draining from the ear.  
- Look at the umbilicus. Is it red or draining pus?  
  Does the redness extend to the skin?  
- Fever (temperature 37.5°C or above or feels hot or low body temperature below 35.5°C or feels cool)?  
- Look for skin pustules. Are there many or severe pustules?  
- See if the young infant is lethargic or unconscious.  
- Look at young infant’s movements. Less than normal? |

<table>
<thead>
<tr>
<th>DOES THE YOUNG INFANT HAVE DIARRHOEA?</th>
<th>Yes <strong>X</strong> No</th>
</tr>
</thead>
</table>
| - For how long? ___ Days  
- Is there blood in the stool? | - Look at the infant’s general condition. Is the infant:  
  Lethargic or unconscious?  
  Restless and irritable?  
- Look for sunken eyes.  
- Pinch the skin of the abdomen. Does it go back:  
  Very slowly (longer than 2 seconds)?  
  Slowly? |

### MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

**Name:** Jenna  
**Age:** 2 weeks  
**Weight:** 3 kg  
**Temperature:** 36.4°C

**ASK:** What are the infant’s problems? diarrhea  
**Initial visit?** ___  
**Follow-up visit?** ___

**ASSESS** (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
<th>CLASSIFY</th>
</tr>
</thead>
</table>
| - Has the infant had convulsions? **NO** | - Count the breaths in one minute. __5__ breaths per minute.  
  Repeat if elevated. Fast breathing?  
- Look for severe chest indrawing.  
- Look for nasal flaring.  
- Look and listen for grunting.  
- Look and feel for bulging fontanelle.  
- Look for pus draining from the ear.  
- Look at the umbilicus. Is it red or draining pus?  
  Does the redness extend to the skin?  
- Fever (temperature 37.5°C or above or feels hot or low body temperature below 35.5°C or feels cool)?  
- Look for skin pustules. Are there many or severe pustules?  
- See if the young infant is lethargic or unconscious.  
- Look at young infant’s movements. Less than normal? |

<table>
<thead>
<tr>
<th>DOES THE YOUNG INFANT HAVE DIARRHOEA?</th>
<th>Yes <strong>X</strong> No</th>
</tr>
</thead>
</table>
| - For how long? 3 Days  
- Is there blood in the stool? | - Look at the infant’s general condition. Is the infant:  
  Lethargic or unconscious?  
  Restless and irritable?  
- Look for sunken eyes.  
- Pinch the skin of the abdomen. Does it go back:  
  Very slowly (longer than 2 seconds)?  
  Slowly? |

**Some dehydration**  
**Dysentery**
MANAGEMENT OF THE SICK YOUNG INFANT

Name: Neera  Age: 6 weeks  Weight: 4.2 kg  Temperature: 36.5 °C

ASK: What are the infant's problems? diarrhea, very sick  Initial visit? ✓ Follow-up visit?

ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the infant had convulsions? NO</td>
<td></td>
</tr>
<tr>
<td>• Count the breaths in one minute. 50 breaths per minute.</td>
<td>Possible</td>
</tr>
<tr>
<td>Repet if elevated. Fast breathing?</td>
<td>Serious</td>
</tr>
<tr>
<td>• Look for</td>
<td></td>
</tr>
<tr>
<td>• Look for</td>
<td></td>
</tr>
<tr>
<td>• Look and listen for grunting.</td>
<td>Bacterial</td>
</tr>
<tr>
<td>• Look and feel for bulging fontanelle.</td>
<td>Infection</td>
</tr>
<tr>
<td>• Look for pus draining from the ear.</td>
<td></td>
</tr>
<tr>
<td>• Look at the umbilicus. Is it red or draining pus?</td>
<td></td>
</tr>
<tr>
<td>• Does the redness extend to the skin?</td>
<td></td>
</tr>
<tr>
<td>• Fever (temperature 37.5 °C or above or feels hot or low body temperature (below 35.5 °C or feels cool)?</td>
<td></td>
</tr>
<tr>
<td>• Look for skin pustules. Are there many or severe pustules?</td>
<td></td>
</tr>
<tr>
<td>• See if the young infant is lethargic or unconscious</td>
<td></td>
</tr>
<tr>
<td>• Look at young infant's movements. Less than normal</td>
<td></td>
</tr>
</tbody>
</table>

DOES THE YOUNG INFANT HAVE DIARRHOEA?

<table>
<thead>
<tr>
<th>YES ✓ NO</th>
<th>Severe dehydratation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For how long? 2 Days</td>
<td>Look at the infant's general condition. Is the infant:</td>
</tr>
<tr>
<td>• Is there blood in the stool?</td>
<td>Lethargic or unconscious</td>
</tr>
<tr>
<td>•</td>
<td>Restless and irritable</td>
</tr>
<tr>
<td>• Look for</td>
<td></td>
</tr>
<tr>
<td>• Pinch the skin of the abdomen. Does it go back:</td>
<td></td>
</tr>
<tr>
<td>• Very slowly (longer than 2 seconds)?</td>
<td></td>
</tr>
<tr>
<td>• Slowly?</td>
<td></td>
</tr>
</tbody>
</table>
7. **DRILL: Reading a weight for age chart for young infants**

Conduct this drill when participants have finished reading section 1.5.1 or at any convenient time during work on this module.

Tell participants that in this drill they will practice determining whether a young infant is low weight for age. Ask them to take out their chart booklets and turn to the Weight for Age chart.

Ask the question in the left column. Participants should answer in turn.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which curve do you look at to assess weight for age in a child age 2 months up to 5 years?</td>
<td>Very low weight for age (bottom curve)</td>
</tr>
<tr>
<td>Which curve do you use to assess weight for age in a young infant?</td>
<td>Low weight for age</td>
</tr>
<tr>
<td>If a young infant’s weight is on the curve for low weight for age, is he low weight for age?</td>
<td>No. Below the curve is low weight. On or above the curve is not.</td>
</tr>
<tr>
<td>Does the bottom of the Weight for Age chart show age in weeks or months?</td>
<td>Months</td>
</tr>
<tr>
<td>How do you find the infant’s age in weeks on the Weight for Age chart?</td>
<td>You estimate the point on the Weight for Age chart, assuming approximately 4 weeks per month.</td>
</tr>
<tr>
<td>If a young infant has very low weight for age, does this count as low weight for age?</td>
<td>Yes</td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>ANSWERS</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>IS THE YOUNG INFANT LOW WEIGHT FOR AGE IF</strong></td>
<td></td>
</tr>
<tr>
<td>the infant is:</td>
<td>and weighs?</td>
</tr>
<tr>
<td>3 weeks old</td>
<td>3 kg</td>
</tr>
<tr>
<td>6 weeks old</td>
<td>4 kg</td>
</tr>
<tr>
<td>7 weeks old</td>
<td>3 kg</td>
</tr>
<tr>
<td>4 weeks old</td>
<td>2.5 kg</td>
</tr>
<tr>
<td>5 weeks old</td>
<td>3.25 kg</td>
</tr>
<tr>
<td>2 weeks old</td>
<td>2.5 kg</td>
</tr>
<tr>
<td>6 weeks old</td>
<td>3.75 kg</td>
</tr>
<tr>
<td>5 weeks old</td>
<td>2.9 kg</td>
</tr>
</tbody>
</table>

G-14
8. **EXERCISE C: Video case study -- Group viewing and discussion of assessing and classifying a young infant for possible bacterial infection and diarrhoea**

When all the participants are ready, arrange for them to move to where the video exercise will be shown. Make sure they bring their modules and chart booklets.

**To conduct the video exercise:**

1. Tell participants that during this exercise they will watch a case study of a young infant. The young infant will be assessed for possible bacterial infection and diarrhoea. They should record their assessment results on the recording form in the module. They will be given time to classify the young infant and write the classifications on the form.

2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.

3. At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again. If there are any questions about the classifications, review the infant's signs and how they were classified, referring to a classification table.

Give participants a copy of the answer sheet.
MANAGEMENT OF THE SICK YOUNG INFANT
Answers to Exercise C (Video)

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Name: Gemma
Age: 46 days
Weight: 7 kg
Temperature: 37 °C

ASK: What are the infant’s problems? Sick
Initial visit? Follow-up visit?

ASSESS (Circle all signs present)

CHECK FOR POSSIBLE BACTERIAL INFECTION
- Has the infant had convulsions?
- Count the breaths in one minute. 62 breaths per minute. Fast breathing?
- Look for severe chest indrawing.
- Look for miliaria.
- Look and listen for grunting.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look at the umbilicus. Is it red or draining pus?
- Does the redness extend to the skin?
- Fever (temperature 37.5°C or above or feels hot or low body temperature (below 35.5°C or feels cool)?
- Look for skin pustules. Are there many or severe pustules?
- See if the young infant is lethargic or unconscious.
- Look at young infant’s movements. Less than normal?

CLASSIFY
Possible
Serious
Bacterial
Infection

DOES THE YOUNG INFANT HAVE DIARRHOEA?
- For how long? 4 Days
- Is there blood in the stool? No
- Look at the infant’s general condition. Is the infant:
  Lethargic or unconscious?
  Restless and irritable?
  Look for sunken eyes.
  Pinch the skin of the abdomen. Does it go back:
  Very slowly, longer than 2 seconds?
  Slowly?

Severe
Dehydration

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT
- Is there any difficulty feeding? Yes No
- Is the infant breastfed? Yes No
  If Yes, how many times in 24 hours? times
  Does the infant usually receive any other foods or drinks? Yes No
  If Yes, how often?
- What do you use to feed the child?

If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:
- Has the infant breastfed in the previous hour?
  If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfed for 4 minutes.
  Is the infant able to attach? To check attachment, look for:
    - Chin touching breast Yes No
    - Mouth wide open Yes No
    - Lower lip turned outward Yes No
    - More areola above than below the mouth Yes No
  no attachment at all not well attached good attachment
- Is the infant suckling effectively? (that is, slow deep sucks, sometimes pausing)?
  not sucking at all not sucking effectively sucking effectively
- Look for ulcers or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS
Circle immunizations needed today.

<table>
<thead>
<tr>
<th>BCG</th>
<th>OPT 1</th>
<th>OPT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OPV 0</td>
<td>OPV 1</td>
</tr>
</tbody>
</table>

Return for next immunization on:

(Date)

ASSESS OTHER PROBLEMS:

If possible, in the room where the video is being shown, display the enlarged section of the chart: Assess Breastfeeding.

Tell participants that they will see a demonstration of assessing feeding. In particular they will see how to assess breastfeeding. Point to the enlargement and review the steps of assessing breastfeeding. (Or, ask participants to turn in the chart booklet to the *YOUNG INFANT* chart and read over the steps to assess feeding of a young infant.) The video will show examples of the signs of good and poor attachment and effective and ineffective suckling.

Ask if participants have any questions before you start the video. When there are no additional questions, start the videotape.

At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

Important points to emphasize in the discussion are:

* The four signs of good attachment. (Point to these on the enlargement as you review them.)

* An infant who is well attached does not cause any pain or discomfort to the breast. Good attachment allows the infant to suckle effectively. Signs of effective suckling are:
  - the infant suckles with slow deep sucks
  - you may see or hear swallowing

* An infant who is suckling effectively may pause sometimes and then start suckling again. Remember that the mother should allow her baby to finish the feed and release the breast himself. A baby who has been suckling effectively will be satisfied after a breastfeeding.

10. **EXERCISE D - Part 2: Group discussion of example photographs.**

Then individual work followed by individual feedback -- Recognizing signs of good attachment

Talk about each of the first 4 photographs, pointing out or having participants point out and tell how they can see each sign of good or poor
attachment. Participants should refer to the descriptions of each photograph in their module.

Then ask participants to work individually to study the rest of the photographs for this exercise and write the answers in the chart. They should look for the signs of good attachment present in each photograph and make an overall assessment of the infant’s attachment.

To give individual feedback on this exercise, compare the participant’s answers with the answers on the answer sheet. If the participant had a different answer, look at the photograph together and discuss how to recognize the sign.

Then look at photographs 75 and 76 (thrush) with the participant. Answer any questions that the participant may have about these photographs.

Give the participant a copy of the answer sheet for this exercise.

Ask the participant to read sections 1.6 through 1.8 and do Exercise E.
### Management of the Sick Young Infant

**Answers to Exercise D**

<table>
<thead>
<tr>
<th>Photo</th>
<th>Signs of Good Attachment</th>
<th>Assessment</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chin Touching Breast</td>
<td>Mouth Wide Open</td>
<td>Lower Lip Turned Outward</td>
</tr>
<tr>
<td>66</td>
<td>yes (almost)</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>67</td>
<td>no</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>68</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>69</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>70</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>71</td>
<td>no</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>72</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>73</td>
<td>yes (almost)</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>74</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>

Photographs 75 and 76: White patches (thrush) in the mouth of an infant.
11. **EXERCISE E: Individual work followed by individual feedback -- Assess and classify nutritional status and feeding in case studies**

Compare the participant's recording forms with the front of the forms which are the Answer Sheets for Exercises E and F. (Do not give the answer sheet to the participant yet since the backs of the forms have the answers to Exercise F.) If the participant recorded something different on his form, discuss his answer, and refer back to the case study as needed to verify the reason for the answer provided on the answer sheet.

Note that Case 3 (Ebai), who is 14 days old, should get OPV O today. If an infant is even one day older than 2 weeks of age, he should not get OPV O.

Ask the participant to read sections 2.0 through 3.2 and work individually on Exercise F.

12. **EXERCISE F: Individual work followed by individual feedback -- Determine whether young infant needs referral, identify treatments needed, including antibiotics with dosages**

Compare the participant's recording forms with the back sides of the Answer Sheets for Exercises E and F. You may now give the answer sheets to the participant.

In their answers, participants should select the first-line oral antibiotic recommended for the infant's problem on their country's own chart. The answer sheets assume that cotrimoxazole is the first-line oral antibiotic and amoxycillin is the second-line drug, but if the country recommends a different drug, it would be a correct answer.

After checking all the treatments listed for all the cases, discuss with the participant the need to quickly give some breastmilk or sugar water to the two infants who will be referred, case 1 (Henri) and case 5 (Neera). Review with the participant why this is needed, that is, to prevent or treat low blood sugar (hypoglycaemia), which can cause brain damage. Discuss the difference in the two young infants:

Henri is alert and normally breastfeeds well, so his mother can probably quickly breastfeed him, whereas Neera is not awake and cannot breastfeed or drink. She will need to be given some breastmilk or sugar water by NG tube.
Also mention that Case 3 (Ebai) is not given cotrimoxazole because he is less than 1 month of age and premature. Ask the participant to point to the footnote about this. (It is below the box for Oral Antibiotics on the YOUNG INFANT chart.) Give amoxycillin or benzylpenicillin instead.

Ask the participant to read sections 3.3 through 3.6. He should let you know when he comes to Exercise G. It includes looking at a video and photographs.
MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Name: Henri
Age: 3 weeks
Weight: 3.6 kg
Temperature: 36.5 °C

ASK: What are the infant’s problems? difficulty breathing

ASSESS (Circle all signs present)

CHECK FOR POSSIBLE BACTERIAL INFECTION
- Has the infant had convulsions?
- Count the breaths in one minute. 24 breaths per minute.
  Repeat if elevated fast breathing.
- Look for severe chest indrawing.
- Look for gagging.
- Look and listen for grunting.
- Look and feel for bulging fontanelle.
- Look for pus draining from ear.
- Look at the umbilicus. Is it red or draining pus?
- Does the redness extend to the skin?
- Fever (temperature 37.5 °C or above or feels hot or low body temperature (below 35.5 °C or feels cool)?
- Look for skin pustules. Are there many or severe pustules?
- See if the young infant is lethargic or unconscious.
- Look at young infant’s movements. Less than normal?

POSSIBLE SERIOUS BACTERIAL INFECTION

DOES THE YOUNG INFANT HAVE DIARRHOEA?
- For how long? Yes
- Days
- Is there blood in the stool?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT
- Is there any difficulty feeding? Yes No
- Determine weight for age. Low No low
- If Yes, how many times in 24 hours? 8 times
- Does the infant usually receive any other foods or drinks? Yes No
- If Yes, how often?
- What do you use to feed the child?

IF THE INFANT HAS ANY DIFFICULTY FEEDING, IS FEEDING LESS THAN 8 TIMES IN 24 HOURS, IS TAKING ANY OTHER FOOD OR DRINKS, OR IS LOW WEIGHT FOR AGE AND HAS NO INDICATIONS TO REFER URGENTLY TO HOSPITAL:

ASSESS BREASTFEEDING:
- Has the infant breastfed in the previous hour?
- if infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
  - Is the infant able to attach? To check attachment, look for:
    - Chin touching breast Yes No
    - Mouth wide open Yes No
    - Lower lip turned outward Yes No
    - More areola above than below the mouth Yes No
  - no attachment at all not well attached good attachment
  - Is the infant suckling effectively that is, slow deep sucks, sometimes pausing?
    - not suckling at all not suckling effectively suckling effectively
  - Look for ulcers or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS
Circle immunizations needed today.

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OPV 0</td>
<td>OPV 1</td>
</tr>
</tbody>
</table>

ASSSESS OTHER PROBLEMS:

Return for next immunization on: at 6 weeks of age (Date)

G-22
Give first dose intramuscular antibiotics:
- Gentamicin - 1.0ml
- Benzylpenicillin (20000 units/ml) - 0.8ml

Treat to prevent low blood sugar - breastfeed
Advise how to keep infant warm on way
Refer urgently to hospital

Return for follow-up in:
None given since

Give any immunizations needed today:
Referral to hospital

G-23
MANAGEMENT OF THE SICK YOUNG INFANT

Name: Sashie
Age: 5 weeks
Weight: 4 kg
Temperature: 37 °C

ASK: What are the infant’s problems? Rash
Initial visit? / Follow-up visit?

ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the infant had convulsions? no</td>
<td></td>
</tr>
<tr>
<td>• Count the breaths in one minute. 55 breaths per minute. Repeat if elevated. Fast breathing?</td>
<td></td>
</tr>
<tr>
<td>• Look for severe chest indrawing.</td>
<td></td>
</tr>
<tr>
<td>• Look for nasal flaring.</td>
<td></td>
</tr>
<tr>
<td>• Look and feel for bulging fontanelle.</td>
<td></td>
</tr>
<tr>
<td>• Look for pus draining from the ear.</td>
<td></td>
</tr>
<tr>
<td>• Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?</td>
<td></td>
</tr>
<tr>
<td>• Fever (temperature 37.5 °C or above or feels hot or low body temperature (below 35.5 °C or feels cool))?</td>
<td></td>
</tr>
<tr>
<td>• Look for skin pustules. Are there many or severe pustules?</td>
<td></td>
</tr>
<tr>
<td>• See if the young infant is lethargic or unconscious.</td>
<td></td>
</tr>
<tr>
<td>• Look at young infant’s movements. Less than normal?</td>
<td></td>
</tr>
</tbody>
</table>

Local Bacterial Infection

DOES THE YOUNG INFANT HAVE DIARRHOEA?

Yes / No /

• For how long? ___ Days
• Is there blood in the stool?

• Look at the infant’s general condition. Is the infant:
  Lethargic or unconscious?
  Restless and irritable?
  Look for sunken eyes?
  Pinch the skin of the abdomen. Does it go back:
  Very slowly (longer than 2 seconds)?
  Slowly?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

• Is there any difficulty feeding? Yes / No /
• Is the infant breastfed? Yes / No
• If Yes, how many times in 24 hours? 2-10 times
• Does the infant usually receive any other foods or drinks? Yes / No /
• If Yes, how often?
• What do you use to feed the child?

Determine weight for age. Low / Not low /

No Feeding Problem

If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

• Has the infant breastfed in the previous hour?
  If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes:
  • Is the infant able to attach? To check attachment, look for:
    • Chin touching breast
    • Mouth wide open
    • Lower lip turned outward
    • More areola above than below the mouth
  • No attachment at all / not well attached / good attachment

• Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
  not suckling at all / not suckling effectively / suckling effectively

• Look for ulcers or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS

Circle immunizations needed today.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
<th>OPV 0</th>
<th>OPV 1</th>
<th>OPV 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return for next immunization on: at 6 weeks of age (Date)

ASSESS OTHER PROBLEMS:

G-24
TREAT

Give oral antibiotic - Cotrimoxazole
1 pediatric tablet 2 times/day x 5 days
Teach mother to treat local infection
Advise on home care for young infant

F/up: 2 days

Return for follow-up in: 2 days
Give any immunizations needed today: none.
MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Name: Ebai Age: 44 days Weight: 2.5 kg Temperature: 36.5°C

ASK: What are the infant's problems? umbilicus infected, small baby Initial visit? ✔ Follow-up visit?

ASSESS (Circle all signs present)

CHECK FOR POSSIBLE BACTERIAL INFECTION
- Has the infant had convulsions? no
- Count the breaths in one minute. 35 breaths per minute. Repeat if elevated. Fast breathing?
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look at the umbilicus. Is it red or draining pus?
- Does the redness extend to the skin?
- Fever (temperature 37.5°C or above or feels hot or low body temperature (below 35.5°C or feels cool)?
- Look for skin pustules. Are there many or severe pustules?
- See if the young infant is lethargic or unconscious.
- Look at young infant's movements. Less than normal?

CLASSIFY
- Local Bacterial Infection

DOES THE YOUNG INFANT HAVE DIARRHOEA?
- For how long? ___ Days
- Is there blood in the stool? no
- Look at the infant's general condition. Is the infant:
  - Lethargic or unconscious?
  - Restless and irritable?
  - Look for sunken eyes.
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly (longer than 2 seconds)?

YES ___ NO ✔

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT
- Is there any difficulty feeding? Yes ___ No ✔
  - Is the infant breastfed? Yes ___ No ___
  - If Yes, how many times in 24 hours? 6-7 times
  - Does the infant usually receive any other foods or drinks? Yes ___ No ___
- What do you use to feed the child?
- Determine weight for age. Low ___ Not low ___

IF the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:
- Has the infant breastfed in the previous hour? if infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
- Is the infant able to attach? To check attachment, look for:
  - Chin touching breast Yes ___ No ___
  - Mouth wide open Yes ___ No ___
  - Lower lip turned outward Yes ___ No ___
  - More areola above than below the mouth Yes ___ No ___

no attachment at all not well attached good attachment

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?

not suckling at all not suckling effectively suckling effectively

- Look for ulcers or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Return for next immunization on:

at 6 weeks of age

(Date)

ASSESS OTHER PROBLEMS:

BCG DPT 1 DPT 2

OPV OPV 1 OPV 2

G-26
TREAT

Give oral antibiotic – Amoxicillin 1.25 ml (1/4 tsp) syrup
3 times/day x 5 days
Teach how to treat local infection
Advising on home care
Follow-up: 2 days

Advising to breastfeed as often and as long as infant wants
Increase frequency to 8 or more times/day.
Follow-up feeding problem in 2 days
Follow-up low Wt/HA in 14 days

Return for follow-up in: 2 days

Give any immunizations needed today: 

G-27
MANAGEMENT OF THE SICK YOUNG INFANT
Answers to Exercises E and F continued

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Name: Jenna
Age: 7 weeks
Weight: ___ kg
Temperature: ___°C

ASK: What are the infant's problems? _diarrhoea_
Initial visit? _Follow-up visit?_

ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the infant had convulsions? <em>NO</em></td>
<td></td>
</tr>
<tr>
<td>• Count the breaths in one minute. <em>58</em> breaths per minute. Repeat if elevated. Fast breathing?</td>
<td></td>
</tr>
<tr>
<td>• Look for severe chest indrawing.</td>
<td></td>
</tr>
<tr>
<td>• Look for nasal flaring.</td>
<td></td>
</tr>
<tr>
<td>• Look and listen for grunting.</td>
<td></td>
</tr>
<tr>
<td>• Look and feel for bulging fontanelle.</td>
<td></td>
</tr>
<tr>
<td>• Look for pus draining from the ear.</td>
<td></td>
</tr>
<tr>
<td>• Look at the umbilicus. Is it red or draining pus?</td>
<td></td>
</tr>
<tr>
<td>• Does the redness extend to the skin?</td>
<td></td>
</tr>
<tr>
<td>• Fever (temperature 37.5°C or above or feels hot or low body temperature (below 35.5°C or feels cool)?</td>
<td></td>
</tr>
<tr>
<td>• Look for skin pustules. Are there many or severe pustules?</td>
<td></td>
</tr>
<tr>
<td>• See if the young infant is lethargic or unconscious.</td>
<td></td>
</tr>
<tr>
<td>• Look at young infant's movements. Less than normal?</td>
<td></td>
</tr>
</tbody>
</table>

DOES THE YOUNG INFANT HAVE DIARRHOEA?

• For how long? _3_ Days
• Is there food in the stool? _YES_

Does the young infant have diarrhoea?

• Look at the infant's general condition. Is the infant:  
  • Lethargic or unconscious?  
  • Restless and irritable?  
  • Look for sunken eyes.  
  • Pinch the skin of the abdomen. Does it go back:  
  • Very slowly (longer than 2 seconds)?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

• Is there any difficulty feeding?  _Yes_ _No_  
  • If Yes, how many times in 24 hours? _2_ times
• Does the infant usually receive any other foods or drinks?  _Yes_ _No_
  • If Yes, how often? _3_ times per day - _breastmilk substitute_

If the infant has any difficulty feeding, is feeding less than 6 times in 24 hours, is taking any other food or drinks or is _low weight for age_ and has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

• Has the infant breastfed in the previous hour?  

If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.

• Is the infant able to attach? To check attachment, look for:
  • Chin touching breast _Yes_ _No_
  • Mouth wide open _Yes_ _No_
  • Lower lip turned outward _Yes_ _No_
  • More areola above than below the mouth _Yes_ _No_

  - no attachment at all _not well attached_ _good attachment_

• Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
  • not suckling at all _not suckling effectively_ _suckling effectively_

• Look for ulcers or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Circle immunizations needed today:

<table>
<thead>
<tr>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>✓</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPV 0</th>
<th>OPV 1</th>
<th>OPV 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>✓</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSESS OTHER PROBLEMS:

Return for next immunization on: _in 4 weeks_  
(Date)

G-28
Jenna

TREAT

Give Fluid/Food - Plan B
Oral antibiotic for Shigella
  Cotrimoxazole - 1 pediatric tablet
  2 times/day × 5 days

Advise to breastfeed as often and as long as infant wants
Teach correct positioning and attachment
Increase frequency of feeding
Reduce other foods/drinks
Use cup instead of bottle
Advise on home care
  F/up feeding problem: 2 days
  F/up low Wt/A: 14 days

Return for follow-up in: 2 days
Give any immunizations needed today: DPT 1, OPV 1
# MANAGEMENT OF THE SICK YOUNG INFANT

## MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

**Name:** Neera  
**Age:** 6 weeks  
**Weight:** 4.2 kg  
**Temperature:** 36.5°C  

### ASSESS (Circle all signs present)

<table>
<thead>
<tr>
<th>CHECK FOR POSSIBLE BACTERIAL INFECTION</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the infant had convulsions?</td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>• Count the breaths in one minute. 30 breaths per minute.</td>
<td><strong>Possible</strong></td>
</tr>
<tr>
<td>Repeat if elevated. Fast breathing?</td>
<td><strong>Serious</strong></td>
</tr>
<tr>
<td>• Look for some chest indrawing.</td>
<td><strong>Bacterial</strong></td>
</tr>
<tr>
<td>• Look for nasal flaring.</td>
<td>Infection**</td>
</tr>
<tr>
<td>• Look and listen for grunting.</td>
<td><strong>Possible</strong></td>
</tr>
<tr>
<td>• Look and feel for bulging fontanelle.</td>
<td><strong>Serious</strong></td>
</tr>
<tr>
<td>• Look for pus draining from the ear.</td>
<td><strong>Bacterial</strong></td>
</tr>
<tr>
<td>• Look at the umbilicus. Is it red or draining pus?</td>
<td><strong>Infection</strong></td>
</tr>
<tr>
<td>Does the redness extend to the skin?</td>
<td><strong>Possible</strong></td>
</tr>
<tr>
<td>• Fever (temperature 37.5°C or above or feels hot for low body temperature (below 35.5°C or feels cool)?</td>
<td><strong>Serious</strong></td>
</tr>
<tr>
<td>• Look for skin pustules. Are there many or severe pustules?</td>
<td><strong>Infection</strong></td>
</tr>
<tr>
<td>• See if the young infant is lethargic or unconscious.</td>
<td><strong>Possible</strong></td>
</tr>
<tr>
<td>• Look at young infant’s movements. Less than normal?</td>
<td><strong>Serious</strong></td>
</tr>
</tbody>
</table>

### DOES THE YOUNG INFANT HAVE DIARRHOEA?

<table>
<thead>
<tr>
<th>For how long? 2 days</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there blood in the stool?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

<table>
<thead>
<tr>
<th>Is there any difficulty feeding?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, how many times in 24 hours?</td>
<td>8 times</td>
<td></td>
</tr>
<tr>
<td>Does the infant usually receive any other foods or drinks?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, how often?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do you use to feed the child?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drink, or is low weight for age AND has no indications to refer urgently to hospital:

### ASSESS BREASTFEEDING:

| Has the infant breastfed in the previous hour? | |
|-----------------------------------------------| |

If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes:

<table>
<thead>
<tr>
<th>Is the infant able to attach?</th>
<th>To check attachment, look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chin touching breast</td>
<td>Yes</td>
</tr>
<tr>
<td>Mouth wide open</td>
<td>Yes</td>
</tr>
<tr>
<td>Lower lip turned outward</td>
<td>Yes</td>
</tr>
<tr>
<td>More areola above than below the mouth</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*no attachment at all  not well attached  good attachment*

| Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? | |
|-----------------------------------------------| |

*not sucking at all  not suckling effectively suckling effectively*

| Look for ulcers or white patches in the mouth (thrush). | |

### CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

**BCG** □  
**DPT 1** □  
**DPT 2** □  
**OPV 0** □  
**OPV 1** □  
**OPV 2** □

### ASSESS OTHER PROBLEMS:

**Return for next immunization on:**

**in 4 weeks (Date)**

G-30
TREAT

Give first dose intramuscular antibiotics
- Gentamicin - 1.0 ml
- Benzylpenicillin (250,000 units/ml) - 0.8 ml

Prevent low blood sugar (milk or sugar-water by NG tube)

Advise mother how to keep infant warm on way

Refer urgently to hospital

Return for follow-up in:

None given since

Give any immunizations needed today, referred to hospital

G-31
13. **EXERCISE G: Part 1 - Video demonstration of how to teach correct positioning and attachment for breastfeeding**

When all the participants are ready, arrange for them to move to where the video will be shown. Make sure they bring their modules.

If it is possible in the room where the video is shown, display the enlargement of "Teach Correct Positioning and Attachment for Breastfeeding."

**To show the video demonstration:**

1. Tell participants that they will watch a demonstration of helping a mother to improve positioning and attachment for breastfeeding.

2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.

3. At the end of the video, lead a short discussion. Ask participants to look at the box, "Teach Correct Positioning and Attachment for Breastfeeding." Explain that the video showed exactly these steps. Then make the following points:

   * Good positioning is important for good attachment. A baby who is well positioned can take a good mouthful of breast.

   * Review the four steps to help her position the infant. (As you speak, point to the steps on the enlargement.)

   * When you explain to a mother how to position and attach her infant, let her do as much as possible herself.

   * Then review the 3 steps to help the infant to attach.

   * Check for signs of good attachment and effective suckling. It may take several attempts before the mother and baby are able to achieve good attachment.

If participants are not clear about the steps, rewind the tape and show it again.
EXERCISE G: Part 2 -- Photographs -- Group discussion of example photographs. Individual work, then group discussion -- Recognizing signs of good positioning

Talk about the first three photographs by describing or asking participants to describe the signs of good and poor positioning in each photograph.

Ask participants to work individually and study each remaining photograph to identify the signs of good or poor positioning. They should record whether each of the signs of good positioning is present and write any comments about the infant's attachment.

Give feedback in a group discussion:

Display the enlargement of "Teach Correct Positioning and Attachment for Breastfeeding."

For each photograph, ask a participant to explain the signs of good or poor position (such as baby's body is twisted away from mother). After the photograph has been assessed, ask a participant what he would advise this woman to do differently to improve her baby's position (for example, hold the baby closer to her body, with the baby's head and body straight.) During this discussion, have the participants continually refer to the enlargement (or to the box on the YOUNG INFANT chart, "Teach Correct Positioning and Attachment for Breastfeeding") so that they repeat and learn all the correct steps.

Tell participants that when teaching a mother to position and attach her infant for breastfeeding, the health worker can place her hand on the mother's arm or hand to guide it into the appropriate position.

Pass out the answer sheets for Exercise G.

Ask the participants to read section 3.7 and work individually on Exercise H.
<table>
<thead>
<tr>
<th>Photo</th>
<th>Signs of Good Positioning</th>
<th>Comments on Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infant's Head and Body Straight</td>
<td>Head and Body Facing Breast</td>
</tr>
<tr>
<td>77</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>78</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>79</td>
<td>no -- neck turned, so not straight with body</td>
<td>no</td>
</tr>
<tr>
<td>80</td>
<td>no</td>
<td>no -- body turned away</td>
</tr>
<tr>
<td>81</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>82</td>
<td>no -- head and neck twisted and bent forward, not straight with body</td>
<td>no -- body turned away</td>
</tr>
</tbody>
</table>
15. EXERCISE H: Individual work followed by individual feedback —
Describing treatment for young infants, including treatment for local
infection, home care, and fluids for treating or preventing dehydration

Compare the participant’s answers to the answer sheet. If there are
differences, refer to the chart and have the participant locate the correct
instructions.
Case 2: Sashie

1. Steps that her mother should take to treat the skin pustules at home:
   * Wash hands
   * Gently wash off pus and crusts with soap and water
   * Dry the area
   * Paint with gentian violet
   * Wash hands

2. How often should her mother treat the skin pustules? Twice each day

3. The 3 main points to advise the mother about home care are:
   * Food/Fluids: Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health
   * When to return
   * Make sure the young infant stays warm at all times

4. What would you tell Sashie's mother about when to return?

   Return in 2 days for follow-up (to be sure the skin pustules are improving).
   Return immediately if Sashie is breastfeeding poorly, becomes sicker, develops a fever, breathing becomes fast or difficult, or if there is blood in her stool.

Case 4: Jenna

1. During the first 4 hours, Jenna should be given approximately 200 ml of ORS. Her mother should continue breastfeeding her during the 4-hour period.

2. The health worker should tell the mother: After each loose stool, offer a breastfeed. Then offer about 50 ml ORS (show her how much fluid this is). Give frequent small sips from a cup. If she vomits, wait 10 minutes. Then continue, but more slowly. Continue giving extra fluid until the diarrhoea stops.

3. Because Jenna is given breastmilk substitute, the health worker should counsel this mother to increase the frequency of breastfeeding. Breastfeed as often and for as long as Jenna wants, day and night. Reduce the amount and frequency of breastmilk substitute, but be sure that Jenna feeds 8 times every 24 hours. Use a cup instead of a bottle to give the breastmilk substitute.
16. **DRILL**: Review of points of advice for mothers of young infants

Conduct this drill at a convenient time after this point in the module. If possible, do the drill before the participants go to the last clinical session which should include counseling for mothers of young infants.

Tell the participants that in this drill, they will review important points of advice for mothers of infants, including
- improving positioning and attachment for breastfeeding
- home care.

They may look at the *YOUNG INFANT* chart if needed, but should try to learn these points so they can recall them from memory.

Ask the question in the left column. Participants should answer in turn. When a question has several points in the answer, you may ask each participant to give one point of the answer. This will move along smoothly and quickly if participants are setting in a circle or semi-circle and they reply in order.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>When advising a mother about Home Care for a young infant, what are the</td>
<td>Food / Fluids</td>
</tr>
<tr>
<td>three <strong>major</strong> points of advice?</td>
<td>When to return</td>
</tr>
<tr>
<td></td>
<td>Make sure the young infant stays warm</td>
</tr>
<tr>
<td>What is the advice to give about food and fluids?</td>
<td>- Breastfeed frequently, as often and for as long as the infant wants,</td>
</tr>
<tr>
<td></td>
<td>day and night, during sickness and health.</td>
</tr>
<tr>
<td></td>
<td>- Exclusive breastfeeding is best.</td>
</tr>
<tr>
<td></td>
<td>- Do not use a bottle.</td>
</tr>
<tr>
<td>What are the signs to teach a mother to return immediately with the young</td>
<td>Return immediately with the infant if:</td>
</tr>
<tr>
<td>infant?</td>
<td>- Breastfeeding or drinking poorly</td>
</tr>
<tr>
<td></td>
<td>- Becomes sicker</td>
</tr>
<tr>
<td></td>
<td>- Develops a fever</td>
</tr>
<tr>
<td></td>
<td>- Fast breathing</td>
</tr>
<tr>
<td></td>
<td>- Difficult breathing</td>
</tr>
<tr>
<td></td>
<td>- Blood in stool</td>
</tr>
<tr>
<td>What is another reason that a mother may return with the young infant?</td>
<td>Return for a follow-up visit as scheduled.</td>
</tr>
<tr>
<td></td>
<td>Return for immunization.</td>
</tr>
</tbody>
</table>

G-37
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a young infant has a feeding problem, when should the mother bring him back for follow-up?</td>
<td>In 2 days</td>
</tr>
<tr>
<td>What advice would you give about keeping the infant warm?</td>
<td>In cool weather, cover the infant's head and feet and dress the infant with extra clothing.</td>
</tr>
<tr>
<td>What are the four signs of good attachment?</td>
<td>Chin touching breast</td>
</tr>
<tr>
<td></td>
<td>Mouth wide open</td>
</tr>
<tr>
<td></td>
<td>Lower lip turned outward</td>
</tr>
<tr>
<td></td>
<td>More areola visible above than below the mouth</td>
</tr>
<tr>
<td>Describe effective suckling.</td>
<td>The infant takes slow, deep sucks, sometimes pausing.</td>
</tr>
<tr>
<td>When you help a mother hold and position her infant for breastfeeding, what are 4 points to show her?</td>
<td>Show her how to hold the infant with the infant's head and body straight</td>
</tr>
<tr>
<td></td>
<td>- facing her breast, with infant's nose opposite her nipple</td>
</tr>
<tr>
<td></td>
<td>- with infant's body close to her body</td>
</tr>
<tr>
<td></td>
<td>- supporting infant's whole body, not just neck and shoulders</td>
</tr>
<tr>
<td>To show a mother how to help her infant attach, what are 3 points to show her?</td>
<td>She should</td>
</tr>
<tr>
<td></td>
<td>- touch her infant's lips with her nipple</td>
</tr>
<tr>
<td></td>
<td>- wait until her infant's mouth is opening wide</td>
</tr>
<tr>
<td></td>
<td>- move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple</td>
</tr>
<tr>
<td>When the infant has attached, what should you do?</td>
<td>Look for the signs of good attachment and effective suckling.</td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>ANSWERS</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Again, what are the signs of good attachment?</td>
<td>Chin touching breast</td>
</tr>
<tr>
<td></td>
<td>Mouth wide open</td>
</tr>
<tr>
<td></td>
<td>Lower lip turned outward</td>
</tr>
<tr>
<td></td>
<td>More areola visible above the mouth than below</td>
</tr>
<tr>
<td>If attachment or suckling is not good, what should you do?</td>
<td>Ask the mother to take the infant off the breast.</td>
</tr>
<tr>
<td></td>
<td>Help the mother position and attach the infant again.</td>
</tr>
</tbody>
</table>
17. SUMMARY OF MODULE

Review with participants the main skills covered in this module. These are listed in the learning objectives in the beginning of the module. Also review any points that you may have noted below:
FACILITATOR GUIDELINES FOR

FOLLOW-UP
### FACILITATOR GUIDELINES

#### FOLLOW-UP

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute and introduce the module.</td>
<td>--------</td>
</tr>
<tr>
<td>2. Participants read section 1.0 and do Exercise A.</td>
<td>Individual</td>
</tr>
<tr>
<td>3. Participants read sections 2.0 and 3.0 and do Exercise B.</td>
<td>Individual</td>
</tr>
<tr>
<td>4. Participants read sections 4.0 and 5.0 and do Exercise C.</td>
<td>Individual</td>
</tr>
<tr>
<td>5. Participants read sections 6.0 through 10.0 and do Exercise D.</td>
<td>Individual</td>
</tr>
<tr>
<td>6. Participants read section 11.0 and do Exercise E.</td>
<td>Individual</td>
</tr>
<tr>
<td>7. Summarize the module.</td>
<td>--------</td>
</tr>
</tbody>
</table>

**NOTE ABOUT TEACHING THIS MODULE:**

Because this module is presented at the end of the course, it is possible that some activities took longer than scheduled and a short amount of time remains for completing this module. If this is the situation, you may need to make some special arrangements to be sure that all participants can complete the module and fully understand it.

If time is short, you may give out the module the night before. Ask all the participants (or ask the slower participants) to read ahead in the module and do some exercises at night. This will let them get ahead in the module. You can begin giving individual feedback on exercises early in the classroom session. This will allow you to give more time to each participant, rather than having a period of waiting while participants read and work on the first exercises.

Though participants may be weary at the end of the course and may want to rush through this module, it is an important module. Follow-up visits are an important opportunity to identify and help children who are getting worse and give or refer them for the additional care that they need, thereby preventing deaths. There is no
clinical session to practice conducting follow-up visits. Therefore the participants must learn about follow-up visits from just reading the module and completing the exercises. When they conduct a follow-up visit in their own clinics, they will need to refer to the charts. As you work with each participant on this module, be sure that each participant learns:

* Where to find instructions for a follow-up visit on the TREAT and YOUNG INFANT charts.
* How to assess a child who comes for follow-up.
* How to select treatment based on results of the follow-up assessment.
* To refer to hospital any child who has multiple problems and is getting worse. Also refer any child who needs a second-line drug which is not available, and any child you are worried about or do not know how to treat.
1. INTRODUCE THE MODULE

Before you begin the introduction, locate the enlargement of the Follow-up box for Pneumonia. Be ready to display it.

Distribute the module and introduce it by stating that follow-up is very important. It is the health worker’s chance to see whether a child is improving and to see that the child gets any additional care that he needs. It is especially important to identify any children who are not improving. Children who are getting worse can be referred for additional care.

The steps for conducting a follow-up visit are different from the ones used when a child or young infant comes for an initial visit. When conducting a follow-up visit for a child or young infant, the health worker uses the instructions in the relevant follow-up box.

Tell the participants that in this module they will read about the steps for follow-up to a child’s initial treatment. The module does not discuss care of children who have returned immediately because their condition has worsened. This module focuses on steps for conducting a "scheduled" follow-up visit.

In your remarks, remind participants that part of the treatment for many classifications is for sick children and infants to return to the health worker for follow-up care. Review the "Treatment" column of the ASSESS & CLASSIFY chart and the YOUNG INFANT chart and the "When to Return" box on the COUNSEL chart to highlight with participants when follow-up visits are indicated.

Ask participants to look at the TREAT wall chart. Point to the bottom of the chart and the boxes that provide instructions for conducting the follow-up visit. Then show them the follow-up boxes on the YOUNG INFANT chart.

Ask the participants to open to page 1 of the module. Review with them the learning objectives of this module. Briefly mention that the information on the following two pages provides an overview of how to reassess and select treatment for a child who comes for follow-up care.

Ask participants to look at the Follow-Up box for Pneumonia. (Point to the relevant instructions on the enlargement, or ask participants to look at a pneumonia box in their chart booklet or module.) Explain that in each follow-up box there are two types of instructions:
* how to assess the child's problem which is being followed-up
* how to treat the child

When you assess the child as the box suggests, you will have the information needed to select the treatment that is appropriate.

Ask the participants to read these introductory pages and section 1.0. Then do Exercise A.
2. **EXERCISE A**: Individual work followed by individual feedback -- Conducting follow-up for pneumonia

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who came for follow-up of PNEUMONIA.

Compare the participant's answers to those on the answer sheet and discuss any differences between them. As you discuss the answers with the participant, ask the participant to show you where he looked on the chart for information about conducting this follow-up visit: Follow-up box for PNEUMONIA on the *TREAT* chart, the *ASSESS & CLASSIFY* chart for how to assess danger signs and cough and difficult breathing, and the antibiotic box on the *TREAT* chart.

Give the participant a copy of the answer sheet for this exercise.

Ask the participant if mothers who come to his clinic will bring a child back for follow-up. If he says that mothers usually will not, discuss how he could make follow-up visits more convenient for them. Also discuss how he could explain to them the importance of follow-up.

Ask the participant to read sections 2.0 and 3.0 and do Exercise B.
FOLLOW-UP
Answers to Exercise A

1. a) How would you reassess Pandit today? List all the signs you would look at and write the questions you would ask his mother.

_Is he able to drink or breastfeed?_
_Does he vomit everything?_
_Has he had convulsions?_
_See if he is lethargic or unconscious._
_Is he still coughing? How long has he been coughing?_
_Count the breaths in one minute._
_Look for chest indrawing._
_Look and listen for stridor._
_Is he breathing slower?_
_Is there less fever?_
_Is he eating better?_

b) Based on Pandit’s signs today, how should he be treated?

_Tell his mother that he is improving nicely. She should continue giving him the pills as she has been until they are all gone._

2. a) How would you reassess Ahmed today? List the signs you would look at and the questions you would ask his mother.

_Is he able to drink?_
_Does he vomit everything?_
_Has he had convulsions?_
_See if he is lethargic or unconscious._
_Is he still coughing? How long has he been coughing?_
_Count the breaths in one minute._
_Look for chest indrawing._
_Look and listen for stridor._
_Is he breathing slower?_
_Is there fever? Is it less?_
_Is he eating better?_
FOLLOW-UP
Answers to Exercise A (continued)

b) Is Ahmed getting worse, the same, or better?

_He is worse. He has chest indrawing._

c) How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

_Refer urgently. Before departure give him a dose of amoxycillin (the second-line antibiotic), one 250 mg tablet._

3. a) Is Flora getting worse, the same, or better?

_She is the same -- she still has fast breathing and no other significant signs of improvement._

b) What treatment would you give Flora now? If you will give a drug, specify the dose and schedule.

_Change to the second-line antibiotic, amoxycillin. Give one tablet 3 times daily for 5 days. Ask the mother to return in 2 days._

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EXERCISE B: Individual work followed by individual feedback -- Conducting follow-up for dysentery or persistent diarrhoea

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who returns for follow-up for DYSENTERY or PERSISTENT DIARRHOEA.

Compare the participant's answers with those on the answer sheet. As with the previous exercise, ask the participant to show you on the TREAT chart where to find the instructions for conducting a follow-up visit for both persistent diarrhoea and for dysentery. Also ask the participant to show you where he found the information about what care the child needs. For example:

* for Persistent Diarrhoea, ask the participant what chart he would use to do a full assessment of a child whose diarrhoea had not stopped (Answer: ASSESS & CLASSIFY chart). Ask him where he would look to find the feeding recommendations appropriate for a child whose diarrhoea had stopped (Answer: COUNSEL chart, Feeding Recommendations box).

* for Dysentery, be sure the participant understands he must assess diarrhoea as on the ASSESS & CLASSIFY chart, plus ask the additional questions listed in the Follow-up box. Ask the participant: If you need to give a second-line antibiotic, where will you look to find the recommended antibiotic? (Answer: the antibiotic box for Dysentery on the TREAT chart.)

Give the participant a copy of the answer sheet.

Ask the participant to read sections 4.0 and 5.0 and do Exercise C.
FOLLOW-UP
Answers to Exercise B

1. a) What is your first step for reassessing Evaristo?

*Ask:* Has Evaristo's diarrhoea stopped?
*How many loose stools is he having per day?*

b) Evaristo's mother tells you that his diarrhoea has not stopped. What would you do next?

*Reassess Evaristo completely as described on the ASSESS & CLASSIFY chart. Treat any problems that require immediate attention. Then refer him to hospital.*

c) Is Evaristo dehydrated?

*No*

d) How will you treat Evaristo?

*Refer him to a hospital. He does not need any treatments before he leaves.*

e) If your reassessment found that Evaristo had some dehydration, what would you have done before referral?

*Rehydrate him according to Plan B before referral.*

2. a) How will you assess Mary?

*Assess Mary for diarrhoea as on the ASSESS & CLASSIFY chart.*

*Ask:
- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?*

b) Is Mary dehydrated? If so, what will you do?

*Yes, she has SOME DEHYDRATION.*
FOLLOW-UP
Answers to Exercise B (continued)

Use Plan B. Give 400 - 700 ml of ORS in first 4 hours and reassess dehydration.

c) What else will you do to treat Mary? If you will give a drug, specify the dose and schedule.

Mary's dysentery is the same, and she is dehydrated. Because she is less than 12 months old, refer her to hospital. Treat her dehydration according to Plan B before departure.

3. a) How would you assess Fazal?

* Because Fazal has a new problem - cough, do a full assessment of Fazal. Classify the cough and any other new problems as at an initial visit using the ASSESS & CLASSIFY chart.

* Assess the child for diarrhoea as on the ASSESS & CLASSIFY chart.

* Also ask:
  - Are there fewer stools?
  - Is there less blood in the stool?
  - Is there less fever?
  - Is there less abdominal pain?
  - Is the child eating better?

b) What would you do for Fazal's diarrhoea?

Tell his mother to complete the 5 days of the antibiotic. Review the schedule and the importance of using all the pills.

Review Plan A with his mother.

c) How would you classify his cough?

Classify as NO PNEUMONIA: COUGH OR COLD.
FOLLOW-UP
Answers to Exercise B (continued)

d) List the treatments for Fazal’s cough and cold.

*Advise his mother to soothe the throat and relieve the cough with a safe remedy. Advise his mother when to return immediately. Ask her to bring him for follow-up in 5 days if not improving.*

4. a) Do you need to assess Masud further? If so, describe what you would assess.

*No. His diarrhoea has stopped.*

b) What instructions will you give the mother about feeding Masud?

*Feed him according to the feeding recommendations for his age. That is, feed him 5 meals per day of family foods or an energy-rich food such as rice or a thick cereal with added oil; meat, fish, eggs or pulses; fruits and vegetables.*
EXERCISE C: Individual work followed by individual feedback -- Conducting follow-up for malaria or fever

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who has come for follow-up for MALARIA or FEVER-MALARIA UNLIKELY.

Compare the participant's answers with the answer sheet and discuss any differences. Ask the participant to show you where he looked on the chart to decide how to assess and treat each of the children in these cases. Clarify with the participant whether he will be giving follow-up for children where or when there is low malaria risk and the box to refer to.

Give the participant a copy of the answer sheet.

Ask the participant to read sections 6.0 through 10.0 and do Exercise D.
1. a) How would you assess Lin?

*Completely assess Lin as on the ASSESS & CLASSIFY chart. Also, assess for other possible causes of the fever.*

b) How would you treat Lin? If you would give a drug, specify the dose and schedule.

- *Treat with the second-line oral antimalarial, sulfadoxine-pyrimethamine. Give one tablet in clinic.*

- *Advise the mother to return again in 2 days if the fever persists.*

2. a) How would you treat Sala? If you would give drugs, specify the dose and schedule.

*Since Sala has a general danger sign, treat her as for VERY SEVERE FEBRILE DISEASE. Refer her urgently to hospital, but before referral give:*

- *quinine -- 0.8 ml (150 mg/ml)*
- *chloramphenicol (2.5 ml = 450 mg) (since she cannot drink to take an oral drug)*
- *breastmilk, milk, or sugar water by NG tube if possible (since she cannot drink).*
- *(no paracetamol, since she cannot drink)*

--------------------------------------------------------------------------------------

**FOR LOW MALARIA RISK ONLY:**

3. a) How should the health worker assess Mohammed?

*Do a full reassessment as on the ASSESS & CLASSIFY chart.*

b) What should the health worker do next?

*Assess the ear: ask the mother about the pus and if she knows how long it has been there. Ask about ear pain, perhaps asking if his*
irritability might be because his ear hurt. Feel for tender swelling behind the ears.

c) How should the health worker classify the ear problem?

*Ear infection, probably acute.*

d) How should the health worker treat Mohammed? If he should give a drug, specify the dose and schedule.

The health worker should treat the apparent cause of the fever, the ear infection:

*Give cotrimoxazole -- 2 paediatric tablets (or one-half adult tablet) twice daily for 5 days.*

*Give paracetamol for pain (One 100 mg tablet every 6 hours when in pain.)*

*Teach the mother to dry the ear by wicking.*

*Ask the mother to return in 5 days for follow-up.*
5. **EXERCISE D:** Individual work followed by individual feedback -- Conducting follow-up for feeding problem, pallor, or VERY LOW WEIGHT

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who returned for follow-up for a feeding problem, pallor or VERY LOW WEIGHT.

Compare the participant's answers with the answer sheet and discuss any differences. As needed, ask the participant to show you on the chart where he looked for information about reassessing and providing treatment for each case. Also ask the participant to show you where he looked for information about the relevant feeding recommendations.

Give the participant a copy of the answer sheet.

Ask the participant to read section 11.0 and do Exercise E. Remind participants that instructions for follow-up care for young infants are located on the *YOUNG INFANT* chart. Make sure that participants turn to the appropriate page in their chart booklets or use the appropriate chart when they do this exercise.
1. a) Tick the items appropriate to do during this visit:

✔ Ask about any new problems. If yes, assess, classify and treat as at an initial visit.

✔ Ask the questions in the top box of the COUNSEL chart. Identify any new feeding problems.

✔ Ask the mother if she has been able to give Juan extra meals each day. Ask what she fed him and the number of meals.

Since Juan has not gained weight, immediately refer him to hospital.

Advise the mother to resume breastfeeding.

Give vitamin A.

✔ Since Juan has had no weight gain, repeat the advice given to the mother before. Behaviour change takes a long time.

✔ Ask the mother questions to identify additional feeding problems.

✔ Make recommendations for any feeding problems that you find.

✔ Ask if Juan is still having diarrhoea.

b) What advice would you give Juan’s mother now?

Talk to her about active feeding, such as: It is very good that you are giving him the tortillas with mashed beans as extra food. When you give him the tortilla, sit with him for a few minutes and encourage him to eat it. At family meals, give Juan his own plate of food, especially when you serve eggs or milk or avocado. It is very good that you are planning to get some eggs and milk when you can afford to. They are very nutritious.
c) Should you ask the mother to bring Juan back to see you? If so, when should she come back? Why?

Yes. Since Juan is very low weight for age, you want to be sure that he is gaining weight. Since you are asking his mother to give different foods, to feed him more often and to sit with Juan to encourage him to eat, you need to find out if she is able to feed Juan this way. You would give her encouragement and reinforce some of the advice. She should come back in 30 days after the initial visit, that is, in about 3 weeks.

2. a) Write below 3 questions that you could ask Claudia’s mother to find out whether Claudia’s feeding has improved.

* Describe for me how you are feeding Claudia now. What do you give her for lunch and for dinner?

* Does she eat the amount you serve her?

* When are you breastfeeding her?

* Have you been able to give her a mid-morning feed? What food do you give then?

b) What would you advise the mother today? Also write something to praise.

Soup is thin and does not give as much nutrition as the rice. It is better to give the mash of vegetable-rice and oil first, and then give her some soup if she is still hungry. Serve her the vegetable-rice first at both lunch and dinner.

It is very good that you are breastfeeding Claudia in the morning now. It is also very good that she is getting the mid-morning oat-gruel. This food will help her grow.
6. **EXERCISE E: Individual work followed by individual feedback -- Managing a sick young infant who returns for follow-up**

The purpose of this exercise is for the participant to practice how to assess and select treatment for a young infant who has come for follow-up care.

Compare the participant’s answers with those on the answer sheet. Ask the participant to show you on the *YOUNG INFANT* chart where he looked to find instructions about reassessing and treating young infants.

Give the participant a copy of the answer sheet. When all the participants are ready, summarize the module.
1. a) How would you reassess Narayan?

Reassess him for diarrhoea according to the diarrhoea assessment box on the YOUNG INFANT chart. Also ask if there fewer stools, less blood in the stool, less abdominal pain, if he is eating better, and if he has developed a fever.

b) Is Narayan’s dysentery improving? Is Narayan dehydrated?

Yes, his dysentery is improving. He is not dehydrated.

c) What treatment does Narayan need?

Explain to the mother that the infant should complete the 5 days of antibiotic. Also treat him according to Plan A. Review with the mother the steps for Plan A including how much ORS she should give after each loose stool. Advise her to offer a breastfeed and then give ORS.

2. a) How would you reassess Sashie?

Look at the skin pustules. Decide if there are many or severe pustules. See if the redness and pus of the pustules is improved.

b) What treatment does Sashie need now?

Tell the mother that Sashie’s infection is improving, but that she must complete the 5 days of antibiotic. She should also continue cleaning the skin and applying gentian violet on those days.
3. a) How would you reassess this infant?

Reassess feeding as in the box "Then Check for Feeding Problem or Low Weight". Ask about the feeding problems found at the initial visit. Look for ulcers or white patches in the mouth.

b) How will you treat this infant?

Praise the mother and encourage her to continue breastfeeding Afiya as she is now doing. Tell her that the thrush is improving. She should continue cleaning the mouth and painting it with half-strength gentian violet for a total of 5 days.
7. SUMMARY OF MODULE

Lead a brief discussion to review with the participants the main skills covered in this module. They are listed in the learning objectives on the first page of the module. The introduction to this module asks participants to consider special arrangements that may be needed at their clinic to help make follow-up visits convenient for mothers. Possible arrangements include not charging for follow-up visits or reducing the waiting time spent in the queue. If time allows, discuss with participants what changes would be needed in their clinics to encourage mothers to bring their sick children and infants for follow-up care.

Also review any points you may have noted below and answer any questions that participants may still have.
GUIDELINES FOR ALL MODULES
GUIDELINES FOR ALL MODULES

FACILITATOR TECHNIQUES

A. Techniques for Motivating Participants

Encourage Interaction

1. During the first day, you will talk individually with each participant several times (for example, during individual feedback). If you are friendly and helpful during these first interactions, it is likely that the participants (a) will overcome their shyness; (b) will realize that you want to talk with them; and (c) will interact with you more openly and productively throughout the course.

2. Look carefully at each participant’s work (including answers to short-answer exercises). Check to see if participants are having any problems, even if they do not ask for help. If you show interest and give each participant undivided attention, the participants will feel more compelled to do the work. Also, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need it.

3. Be available to the participants at all times.

Keep Participants Involved in Discussions

4. Frequently ask questions of participants to check their understanding and to keep them actively thinking and participating. Questions that begin with "what," "why," or "how" require more than just a few words to answer. Avoid questions that can be answered with a simple "yes" or "no."

After asking a question, PAUSE. Give participants time to think and volunteer a response. A common mistake is to ask a question and then answer it yourself. If no one answers your question, rephrasing it can help to break the tension of silence. But do not do this repeatedly. Some silence is productive.

5. Acknowledge all participants’ responses with a comment, a "thank you" or a definite nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for clarification, or ask if another participant has a
suggestion. If a participant feels his comment is ridiculed or ignored, he may withdraw from the discussion entirely or not speak voluntarily again.

6. Answer participants' questions willingly, and encourage participants to ask questions when they have them rather than to hold the questions until a later time.

7. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to respond. You may need to discuss the question with the Course Director or another facilitator before answering. Be prepared to say "I don't know but I'll try to find out."

8. Use names when you call on participants to speak, and when you give them credit or thanks. Use the speaker's name when you refer back to a previous comment.

9. Always maintain eye contact with the participants so everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

**Keep the Session Focused and Lively**

10. Keep your presentations lively:

* Present information conversationally rather than read it.

* Speak clearly. Vary the pitch and speed of your voice.

* Use examples from your own experience, and ask participants for examples from their experience.

11. Write key ideas on a flipchart as they are offered. (This is a good way to acknowledge responses. The speaker will know his suggestion has been heard and will appreciate having it recorded for the entire group to see.)

When recording ideas on a flipchart, use the participant's own words if possible. If you must be more brief, paraphrase the idea and check it with the participant before writing it. You want to be sure the participant feels you understood and recorded his idea accurately.

I-4
Do not turn your back to the group for long periods as you write.

12. At the beginning of a discussion, write the main question on the flipchart. This will help participants stay on the subject. When needed, walk to the flipchart and point to the question.

Paraphrase and summarize frequently to keep participants focused. Ask participants for clarification of statements as needed. Also, encourage other participants to ask a speaker to repeat or clarify his statement.

Restate the original question to the group to get them focused on the main issue again. If you feel someone will resist getting back on track, first pause to get the group’s attention, tell them they have gone astray, and then restate the original question.

Do not let several participants talk at once. When this occurs, stop the talkers and assign an order for speaking. (For example, say "Let’s hear Dr. Samua’s comment first, then Dr. Salvador’s, then Dr. Lateau’s.") People usually will not interrupt if they know they will have a turn to talk.

Thank participants whose comments are brief and to the point.

13. Try to encourage quieter participants to talk. Ask to hear from a participant in the group who has not spoken before, or walk toward someone to focus attention on him and make him feel he is being asked to talk.

Manage any Problems

14. Some participants may talk too much. Here are some suggestions on how to handle an overly talkative participant:

* Do not call on this person first after asking a question.

* After a participant has gone on for some time say, "You have had an opportunity to express your views. Let’s hear what some of the other participants have to say on this point." Then rephrase the question and invite other participants to respond, or call on someone else immediately by saying, "Dr. Samua, you had your hand up a few minutes ago."
When the participant pauses, break in quickly and ask to hear from another member of the group or ask a question of the group, such as, "What do the rest of you think about this point?"

Record the participant's main idea on the flipchart. As he continues to talk about the idea, point to it on the flipchart and say, "Thank you, we have already covered your suggestion." Then ask the group for another idea.

Do not ask the talkative participant any more questions. If he answers all the questions directed to the group, ask for an answer from another individual specifically or from a specific subgroup. (For example, ask, "Does anyone on this side of the table have an idea?")

15. Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so you can be more easily understood and encourage the participant in his efforts to communicate.

Discuss with the Course Director any language problems which seriously impair the ability of a participant to understand the written material or the discussions. It may be possible to arrange help for the participant.

Discuss disruptive participants with your co-facilitator or with the Course Director. (The Course Director may be able to discuss matters privately with the disruptive individual.)

Reinforce Participants' Efforts

16. As a facilitator, you will have your own style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:

- avoiding use of facial expressions or comments that could cause participants to feel embarrassed,
- sitting or bending down to be on the same level as the participant when talking to him,
- answering questions thoughtfully, rather than hurriedly,
* encouraging participants to speak to you by allowing them time,
* appearing interested, saying "That's a good question/suggestion."

17. Reinforce participants who:
* try hard
* ask for an explanation of a confusing point
* do a good job on an exercise
* participate in group discussions
* help other participants (without distracting them by talking at length about irrelevant matters).

B. *Techniques for Relating Modules to Participants' Jobs*

1. Discuss the use of these case management procedures in participants' own clinics. The guidelines for giving feedback on certain exercises suggest specific questions to ask. (For example, in *Identify Treatment*, ask where the participant can refer children with severe classifications; in *Treat the Child*, ask what fluids will be recommended for Plan A, and ask whether he dispensed drugs to mothers; in *Follow-up*, ask whether mothers will bring a child back for follow-up.) Be sure to ask these questions and listen to the participant's answers. This will help participants begin to think about how to apply what they are learning.

2. Reinforce participants who discuss or ask questions about using these case management procedures by acknowledging and responding to their concerns.
C. **Techniques for Assisting Co-facilitators**

1. Spend some time with the co-facilitator when assignments are first made. Exchange information about prior teaching experiences and individual strengths, weaknesses and preferences. Agree on roles and responsibilities and how you can work together as a team.

2. Assist one another in providing individual feedback and conducting group discussions. For example, one facilitator may lead a group discussion, and the other may record the important ideas on the flipchart. The second facilitator could also check the *Facilitator Guide* and add any points that have been omitted.

3. Each day, review the teaching activities that will occur the next day (such as role plays, demonstrations, and drills), and agree who will prepare the demonstration, lead the drill, play each role, collect the supplies, etc.

4. Work *together* on each module rather than taking turns having sole responsibility for a module.
R ALL MODULES
	dy to help.

rk, and offer individual help if you see a
g into space, not writing answers, or not at the participant may need help.

questions whenever they would like some

rise when you are talking with an discuss later with the entire group.

all you cannot answer adequately, obtain m another facilitator or the Course

or Guide so you will be prepared to participants.
OR ALL MODULES

lback:

: k, refer to the appropriate notes in this major points to make.

ers to the answer sheet provided. If the le Answers," the participant’s answers do should be reasonable. If exact answers are t’s answers match.

ey exercise is incorrect or is unreasonable, determine why the error was made. There correct answer. For example, a participant 1, may not understand certain terms used in procedures at his clinic, may have bout a case, or may not understand a basic

ason(s) for the incorrect answer to the rrect the problem. For example, you may ons. On the other hand, if the participant process itself, you might try using a tep-by-step how the case management charts participant understands the process that he exercise or part of the exercise again.

nt to summarize, what was done in the hat it is most important to learn and rated by the exercise. Give the participant ne is provided.

: for good work by (for example):

rstanding,

ideas for application of the skill in his

it you enjoy discussing exercises with him,

ow that his hard work is appreciated.

I-11
DR ALL MODULES

ion:

ision at a time when you are sure that all
the preceding work. Wait to announce
are ready, so that others will not hurry.

refer to the appropriate notes in this guide
of the discussion and the major points to

on by telling the participants the purpose of

answer that needs to be agreed on in a
clusions of the group are reasonable and
ow the conclusions were reached.

embers involved in the discussion. Record
are offered. Keep your participation to a
keep the discussion active and on track.

ticipant to summarize, what was discussed
ks a copy of the answer sheet, if one is

eir good work by (for example):

they compiled,

erstanding of the exercise,

ative or useful suggestions for using the

ility to work together as a group.

I-13
OR ALL MODULES

appropriate notes in this guide to remind
of role play, roles to be assigned, background
make in the group discussion afterwards.

instructions before the role play,

dlect individuals who are outgoing rather
for volunteers. If necessary, a
el for the group by acting in an early role

as any props needed, for example, a baby

as any background information needed.
formation for the "mother" which can be
rom this guide.)

nticipants speak loudly.

role play participants.

e seating/placement of individuals involved.
worker" stand or sit apart from the rest of
see them.

in their roles and stating the purpose or
y need to describe the age of the child,
tment already given.

g tremendous difficulty or have strayed

thank the players. Ensure that feedback
is supportive. First discuss things done
ould be improved.

olved in discussion after the role play. In
given in the module to help structure the

what they learned from the role play.

I-15
LIST OF PHOTOGRAPHS OF
THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS

Photograph
Number:

DEHYDRATION

1: This child's eyes are sunken.

2: The skin pinch for this child goes back very slowly.

3: This child has sunken eyes.

4: The child has sunken eyes.

5: The child does not have sunken eyes.

6: The child has sunken eyes.

7: The child's skin pinch goes back very slowly.

MEASLES

8: This child has the generalized rash of measles and red eyes.

9: This example shows a child with heat rash. It is not the generalized rash of measles.

10: This is an example of scabies. It is not the generalized rash of measles.

11: This is an example of a rash due to chicken pox. It is not a measles rash.

12: This child has generalized rash of measles.

13: This child has scabies. It is not measles rash.

14: This child has generalized rash of measles.

15: This child has scabies. It is not measles rash.

J-1
16: This child has tinea versicolor. It is not measles rash.
17: This child has chicken pox. It is not measles rash.
18: This child is malnourished and has normal skin.
19: This child has heat rash. It is not measles rash.
20: This child has generalized rash of measles.
21: This child has normal skin.

MOUTH SIGNS IN CHILDREN WITH MEASLES
22: This is an example of a normal mouth. The child does not have mouth ulcers.
23: This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers.
24: This child has measles with mouth ulcers on the lips.
25: This child has a mouth ulcer.
26: This child has a mouth ulcer.
27: This child does not have mouth ulcers.

EYE COMPLICATIONS OF MEASLES
28: This is a normal eye showing the iris, pupil, conjunctiva and cornea. The child has been crying. There is no pus draining from the eye.
29: This child has pus draining from the eye.
30: This child has clouding of the cornea.
31: There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.
32: There is no pus draining from the eye. There is no clouding of the cornea.
33: There is pus draining from the eye. Not able to tell whether there is clounding of the cornea.

34: There is no pus draining from the eye. There is clounding of the cornea.

35: There is no pus draining from the eye. There is clounding of the cornea.

36: There is pus draining from the eye. Not able to tell whether there is clounding of the cornea.

37: There is no pus draining from the eye. There is no clounding of the cornea.

PALMAR PALLOR

38: This child's skin is normal. There is no palmar pallor.

39a: The hands in this photograph are from two different children. The child on the left has some palmar pallor.

39b: The child on the right has no palmar pallor.

40a: The hands in this photograph are from two different children. The child on the left has no palmar pallor.

40b: The child on the right has severe palmar pallor.

41: The child has some palmar pallor.

42: The child has no palmar pallor.

43a: The child has severe palmar pallor.

43b: The child has no palmar pallor.

44: The child has severe palmar pallor.

45: The child has some palmar pallor.

46: The child has severe palmar pallor.
VISIBLE SEVERE WASTING AND OEDEMA

47: This child has visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child’s face.

48: This is the same child as in photograph 47 showing loss of buttock fat.

49: This is the same child as in photograph 47 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.

50: This child has oedema of both feet.

51: This child does not have visible severe wasting.

52: This child has visible severe wasting.

53: This child does not have visible severe wasting.

54: This child has visible severe wasting.

55: This child has visible severe wasting.

56: This child has visible severe wasting.

57: This child does not have visible severe wasting.

58: This child has visible severe wasting.

59: This child has oedema of both feet.
LIST OF PHOTOGRAPHS OF
THE SICK YOUNG INFANT
AGE 1 WEEKS UP TO 2 MONTHS

Photograph
Number:

60: This is a normal umbilicus in a newborn.

61: This is an umbilicus with redness extending to the skin of the abdomen.

62: This infant has many skin pustules.

63: This is an umbilicus with redness extending to the skin of the abdomen.

64: This is a normal umbilicus.

65: This umbilicus is draining pus.
<table>
<thead>
<tr>
<th>Photo</th>
<th>Signs of Good Attachment</th>
<th>Assessment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chin Touching Breast</td>
<td>Mouth Wide Open</td>
<td>Lower Lip Turned Outward</td>
</tr>
<tr>
<td>66</td>
<td>yes (almost)</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>67</td>
<td>no</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>68</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>69</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>70</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>71</td>
<td>no</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>72</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>73</td>
<td>yes (almost)</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>74</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>

Photographs 75 and 76: White patches (thrush) in the mouth of an infant.
<table>
<thead>
<tr>
<th>Photo</th>
<th>Signs of Good Positioning</th>
<th>Comments on Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infant’s Head and Body Straight</td>
<td>Head and Body Facing Breast</td>
</tr>
<tr>
<td>77</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>78</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>79</td>
<td>no -- neck turned, so not straight with body</td>
<td>no</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>no</td>
<td>no -- body turned away</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>no -- head and neck twisted and bent forward, not straight with body</td>
<td>no -- body turned away</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>