DISTANCE LEARNING COURSE

Logbook

World Health Organization
Integrated Management of Childhood Illness: distance learning course.

15 booklets


## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>4</td>
</tr>
<tr>
<td>Instructions</td>
<td>5</td>
</tr>
<tr>
<td><strong>Checklist of signs</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Module exercises</strong></td>
<td>9</td>
</tr>
<tr>
<td>MODULE 1 – General danger signs</td>
<td>10</td>
</tr>
<tr>
<td>MODULE 2 – IMCI for the sick young infant</td>
<td>16</td>
</tr>
<tr>
<td>MODULE 3 – Cough &amp; difficult breathing</td>
<td>26</td>
</tr>
<tr>
<td>MODULE 4 – Diarrhoea</td>
<td>29</td>
</tr>
<tr>
<td>MODULE 5 – Fever</td>
<td>32</td>
</tr>
<tr>
<td>MODULE 6 – Malnutrition &amp; anaemia</td>
<td>34</td>
</tr>
<tr>
<td>MODULE 7 – Ear problems</td>
<td>37</td>
</tr>
<tr>
<td>MODULE 8 – HIV/AIDS</td>
<td>39</td>
</tr>
<tr>
<td>MODULE 9 – Well child care</td>
<td>43</td>
</tr>
</tbody>
</table>
Acknowledgements

The WHO Department of Maternal, Newborn, Child and Adolescent Health initiated the development of these distance learning materials on the Integrated Management of Childhood illness (IMCI), in an effort to increase access to essential health services and meet demands of countries for materials to train primary health workers in IMCI at scale. These materials are intended to serve as an additional tool to increase coverage of trained health workers in countries to support the provision of basic health services for children. The technical content of the modules are based on new WHO guidelines in the areas of pneumonia, diarrhoea, febrile conditions, HIV/AIDS, malnutrition, newborn sections, infant feeding, immunizations, as well as care for development.

Lulu Muhe of the WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA) led the development of the materials with contributions to the content from WHO staff: Rajiv Bahl, Wilson Were, Samira Aboubaker, Mike Zangenber, José Martines, Olivier Fontaine, Shamim Qazi, Nigel Rollins, Cathy Wolfheim, Bernadette Daelmans, Elizabeth Mason, Sandy Gove, from WHO/Geneva as well as Teshome Desta, Sirak Hailu, Iriya Nemes and Theopista John from the African Region of WHO.

A particular debt of gratitude is owed to the principal developer, Ms Megan Towle. Megan helped in the design and content of the materials based on the field-test experiences of the materials in South Africa. A special word of thanks is also due to Gerry Boon, Elizabeth Masetti and Lesley Bamford from South Africa and Mariam Bakari, Mkasha Hija, Georgina Msemo, Mary Azayo, Winnie Ndembeka and Felix Bundala, Edward Kija, Janeth Casian, Raymond Urassa from the United Republic of Tanzania.

WHO is grateful for the contribution of all external experts to develop the distance learning approaches for IMCI including professor Kevin Forsyth, Professor David Woods, Prof S. Neirmeyer. WHO is also grateful to Lesley-Anne Long of the Open University (UK), Aisha Yousafzai who reviewed the care for development section of the well child care module, Amha Mekasha from Addis Ababa University and Eva Kudlova, who have contributed to different sections of the distance learning modules.

We acknowledge the help from Ms Sue Hobbs in the design of the materials.

Financial and other support to finish this work was obtained from both the MCA and HIV departments of WHO.
INSTRUCTIONS

WHAT IS THE LOGBOOK?
This logbook is an important tool for your distance learning. It helps you practice what you have learned in the modules. Your facilitators will also use this logbook to give you a mark for the course.

There are three parts to the logbook:
assessment exercises, recording forms, and checklists of signs

HOW DO I COMPLETE THE LOGBOOK?
There are two instructions for this logbook.

1. Complete assessment exercises for each module
There are about 20 multiple-choice and true-false questions for each module. You should answer all of these questions once you have finished studying a module.

   You should do these exercises on your own. You can use your Chart Booklet when answering questions. You should not use your study materials.

3. Complete recording forms for each module
During this course, you should be practicing IMCI in your clinic and using IMCI recording forms as you practice. Recording forms for Modules 1 and 2 are located after the Module Exercises. The remaining recording forms for the sick child are in the back of the logbook.

   You should record at least 2 clinical cases for each module. Your facilitator will tell you the exact number of recording forms expected during each study period. However, the more forms you complete, the better, because you will discuss these cases with your facilitators during face-to-face meetings, study groups, and mentors. Their feedback on the cases will improve your learning and practice.

3. Keep notes on the checklist of signs
On the following two pages you will find a checklist of signs for the sick child and the sick young infant. As you practice in your clinic, check signs that you see. You can also record notes about the case, like which recording form was used. This checklist is helpful for two reasons: (a) it allows you to track what signs you have seen, and which are still required, and (b) it gives your facilitator a sense of what clinical exposure you have.

REMEMBER TO BRING YOUR LOGBOOK TO EACH FACE-TO-FACE MEETING
Checklist of signs
## CHECKLIST OF CLINICAL SIGNS
### SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

<table>
<thead>
<tr>
<th>SIGN</th>
<th>CHECK WHEN SEEN (include notes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not able to drink or breastfeed</td>
<td></td>
</tr>
<tr>
<td>☐ Vomits everything</td>
<td></td>
</tr>
<tr>
<td>☐ History of convulsions (with this illness)</td>
<td></td>
</tr>
<tr>
<td>☐ Convulsions now</td>
<td></td>
</tr>
<tr>
<td>☐ Lethargic or unconscious</td>
<td></td>
</tr>
<tr>
<td>☐ Fast breathing</td>
<td></td>
</tr>
<tr>
<td>☐ Chest indrawing</td>
<td></td>
</tr>
<tr>
<td>☐ Stridor in calm child</td>
<td></td>
</tr>
<tr>
<td>☐ Wheezing</td>
<td></td>
</tr>
<tr>
<td>☐ Restless and irritable</td>
<td></td>
</tr>
<tr>
<td>☐ Sunken eyes</td>
<td></td>
</tr>
<tr>
<td>☐ Drinking poorly</td>
<td></td>
</tr>
<tr>
<td>☐ Drinking eagerly thirsty</td>
<td></td>
</tr>
<tr>
<td>☐ Very slow skin pinch</td>
<td></td>
</tr>
<tr>
<td>☐ Slow skin pinch</td>
<td></td>
</tr>
<tr>
<td>☐ Stiff neck</td>
<td></td>
</tr>
<tr>
<td>☐ Runny nose</td>
<td></td>
</tr>
<tr>
<td>☐ Generalized rash of measles</td>
<td></td>
</tr>
<tr>
<td>☐ Red eyes</td>
<td></td>
</tr>
<tr>
<td>☐ Mouth ulcers</td>
<td></td>
</tr>
<tr>
<td>☐ Deep and extensive mouth ulcers</td>
<td></td>
</tr>
<tr>
<td>☐ Pus draining from eye</td>
<td></td>
</tr>
<tr>
<td>☐ Clouding of the cornea</td>
<td></td>
</tr>
<tr>
<td>☐ Pus draining from ear</td>
<td></td>
</tr>
<tr>
<td>☐ Tender swelling behind the ear</td>
<td></td>
</tr>
<tr>
<td>☐ Oedema of both feet</td>
<td></td>
</tr>
<tr>
<td>☐ Severe palmar pallor</td>
<td></td>
</tr>
<tr>
<td>☐ Some palmar pallor</td>
<td></td>
</tr>
<tr>
<td>☐ MUAC?</td>
<td></td>
</tr>
<tr>
<td>☐ WFH/L?</td>
<td></td>
</tr>
</tbody>
</table>
# CHECKLIST OF CLINICAL SIGNS

## YOUNG INFANTS UP TO 2 MONTHS

<table>
<thead>
<tr>
<th>SIGN</th>
<th>CHECK WHEN SEEN (include notes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Mild chest indrawing in young infant (normal)</td>
<td></td>
</tr>
<tr>
<td>□ Severe chest indrawing in young infant</td>
<td></td>
</tr>
<tr>
<td>□ Fast breathing in young infant</td>
<td></td>
</tr>
<tr>
<td>□ Low body temperature</td>
<td></td>
</tr>
<tr>
<td>□ Fever</td>
<td></td>
</tr>
<tr>
<td>□ Convulsions</td>
<td></td>
</tr>
<tr>
<td>□ Movement only when stimulated</td>
<td></td>
</tr>
<tr>
<td>□ No movement even when stimulated</td>
<td></td>
</tr>
<tr>
<td>□ Restless and irritable</td>
<td></td>
</tr>
<tr>
<td>□ Red umbilicus</td>
<td></td>
</tr>
<tr>
<td>□ Umbilicus draining pus</td>
<td></td>
</tr>
<tr>
<td>□ Skin pustules</td>
<td></td>
</tr>
<tr>
<td>□ Yellow palms and soles</td>
<td></td>
</tr>
<tr>
<td>□ Jaundice at any age</td>
<td></td>
</tr>
<tr>
<td>□ Sunken eyes</td>
<td></td>
</tr>
<tr>
<td>□ Skin pinch – very slow</td>
<td></td>
</tr>
<tr>
<td>□ Skin pinch – slow</td>
<td></td>
</tr>
<tr>
<td>□ Skin pinch – normal</td>
<td></td>
</tr>
<tr>
<td>□ Thrush</td>
<td></td>
</tr>
<tr>
<td>□ No attachment at all</td>
<td></td>
</tr>
<tr>
<td>□ Not well attached to breast</td>
<td></td>
</tr>
<tr>
<td>□ Good attachment</td>
<td></td>
</tr>
<tr>
<td>□ Not sucking at all</td>
<td></td>
</tr>
<tr>
<td>□ Not suckling effectively</td>
<td></td>
</tr>
<tr>
<td>□ Suckling effectively</td>
<td></td>
</tr>
<tr>
<td>□ Positive virological test</td>
<td></td>
</tr>
<tr>
<td>□ Positive serological test</td>
<td></td>
</tr>
<tr>
<td>□ Very low birth weight</td>
<td></td>
</tr>
<tr>
<td>□ Low birth weight</td>
<td></td>
</tr>
</tbody>
</table>
Module exercises
MODULE 1 – GENERAL DANGER SIGNS

ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. According to IMCI charts, a sick child is:
   a. Under two months of age
   b. Under 5 years of age
   c. 2 months up to 5 years of age

2. What is the first thing you do when a caregiver and child enter your clinic room?
   a. Take the child and examine him
   b. Greet the caregiver to make her feel welcome
   c. Give the child treatment

3. Sami is 2 months old. Sami is a:
   a. A sick young infant
   b. A sick child
   c. Neither

4. What important information do you need about the child before you begin your assessment?
   a. If the child has general danger signs
   b. Age, weight, temperature, child’s problem according to caregiver, and if the visit is initial or follow-up
   c. Why the caregiver came to the clinic

5. What is a general danger sign?
   a. A sign that a sick young infant is ill
   b. A sign that the child is beginning to get sick, so the mother should watch him more carefully at home
   c. A sign of very serious illness in a sick child, which requires urgent referral

6. Which of the following is a general danger sign in sick children?
   a. Vomiting frequently
   b. Fast breathing
   c. Unable to breastfeed, eat, or drink

7. How do you check if a child is unable to breastfeed or drink?
   a. You can tell by looking because the child will be small
   b. Ask the caregiver to give a drink or clean water or breast milk. See if the child will take the liquid into his mouth and swallow it.
   c. Look at the child’s lips to see if they are dry
8. How would you explain “convulsions” to a caregiver?
   a. The child’s arms and legs stiffen, and he might lose consciousness.
   b. The child will fall on the floor and his body will shake violently.
   c. The child’s face muscles will twitch.

9. How will you determine if a child is vomiting everything?
   a. Ask if the child has been vomiting frequently.
   b. Ask the caregiver if the child has vomited everything that they swallowed or drank. If they are unsure, give the child something to drink and see if they vomit.
   c. Ask if the child has vomited at least 5 times in the past 24 hours, because the frequency of vomiting determines this sign.

10. If a child is lethargic, how does he look and act?
    a. He is drowsy and is not alert or awake. He will not show interest in what is happening around him, he only stares ahead.
    b. His eyes are closed, and he appears unconscious.
    c. He will respond once you speak or clap.

11. If a child is unconscious, how does he look and act?
    a. His eyes follow your hand if you wave in front of his face.
    b. He acts very sleepy.
    c. He will not wake, even when someone shakes him. His eyes could be closed or open. If they are open, they do not follow any objects.

12. If a child has a general danger sign, what are the steps taken?
    a. Stop everything and send the child to the hospital.
    b. Complete the IMCI assessment without delay so that you can determine if the child has any other critical health issues. Identify and give pre-referral treatments, and prepare a referral note.
    c. Counsel the mother on home treatment and feeding.

13. If a child has a severe (RED) classification and needs to be urgently referred, how do you determine the pre-referral treatment?
    a. Use your best guess to decide on a treatment for whatever is causing the severe illness.
    b. No pre-referral treatment needed, send the child immediately to the hospital to not delay.
    c. Pre-referral treatments are listed in bold type in the classification tables. Give all pre-referral treatments for all classifications.

14. Important pre-referral treatments include:
    a. Treating low blood sugar
    b. Breastfeeding assessments and counselling for feeding problems
    c. Oral rehydration therapy in the clinic
Are the statements about this module true or false? Circle your answer.

15. Every child is checked for general danger signs.
   TRUE   FALSE

16. Only children who are unconscious require urgent referral.
   TRUE   FALSE

17. A child whose nose is blocked may have trouble breastfeeding. You must clear the nose to check if the child is able to drink.
   TRUE   FALSE

18. If a child has a general danger sign, stop the assessment immediately and send them to the hospital.
   TRUE   FALSE

19. If referral is not possible, there is not much you can do, so you should send the child home.
   TRUE   FALSE

20. IMCI for the sick child and young infant are exactly the same.
   TRUE   FALSE
**RECORDING FORMS: MODULE 1 ONLY**

Complete these recording forms as you practice IMCI in your clinic. As MODULE 1 deals with general danger signs, only the top portion of the recording form is enclosed here. If you want to record more cases as you check children in your clinic for general danger signs, use additional forms.

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

Name:  
Age:  
Weight (kg):  
Temperature (°C):  
Initial Visit?  
Follow-up Visit?  

**CHECK FOR GENERAL DANGER SIGNS**

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

**CLASSIFY**

General danger sign present?  
Yes ___  No ___  

Remember to use Danger sign when selecting classifications

**NOTES ON CASE**

Use this space to record questions, interesting points, or things that were difficult or confusing.

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

Name:  
Age:  
Weight (kg):  
Temperature (°C):  
Initial Visit?  
Follow-up Visit?  

**CHECK FOR GENERAL DANGER SIGNS**

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

**CLASSIFY**

General danger sign present?  
Yes ___  No ___  

Remember to use Danger sign when selecting classifications

**NOTES ON CASE**

Use this space to record questions, interesting points, or things that were difficult or confusing.
## MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### ASSESS

Ask: What are the child’s problems? Initial Visit? Follow-up Visit?

Name: Age: Weight (kg): Temperature (°C): 

<table>
<thead>
<tr>
<th>Initial Visit?</th>
<th>Follow-up Visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHECK FOR GENERAL DANGER SIGNS

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

- LETHARGIC OR UNCONSCIOUS
- CONVULSING NOW

**CLASSIFY**

General danger sign present? Yes ___ No ___

Remember to use Danger sign when selecting classifications

### NOTES ON CASE

Use this space to record questions, interesting points, or things that were difficult or confusing.

---

## MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### ASSESS

Ask: What are the child’s problems? Initial Visit? Follow-up Visit?

Name: Age: Weight (kg): Temperature (°C): 

<table>
<thead>
<tr>
<th>Initial Visit?</th>
<th>Follow-up Visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHECK FOR GENERAL DANGER SIGNS

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

- LETHARGIC OR UNCONSCIOUS
- CONVULSING NOW

**CLASSIFY**

General danger sign present? Yes ___ No ___

Remember to use Danger sign when selecting classifications

### NOTES ON CASE

Use this space to record questions, interesting points, or things that were difficult or confusing.
**MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS**

Name: 
Ask: What are the child's problems? 
**ASSESS** (Circle all signs present) 

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

Temperature (°C): 

**NOTES ON CASE**

Use this space to record questions, interesting points, or things that were difficult or confusing.

---

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

Name: 
Ask: What are the child's problems? 
**ASSESS** (Circle all signs present) 

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

Temperature (°C): 

**NOTES ON CASE**

Use this space to record questions, interesting points, or things that were difficult or confusing.
MODULE 2 – IMCI FOR THE SICK YOUNG INFANT

ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. In IMCI, the sick young infant refers to:
   a. First month after birth
   b. Aged up to 2 months
   c. First 7 days after birth

2. Which of the following signs are signs of VERY SEVERE DISEASE in a young infant?
   a. Chest indrawing, either mild or severe
   b. Red umbilicus
   c. Fast breathing, counted twice

3. Which of the following signs are signs of local BACTERIAL infection in a young infant?
   a. Fever
   b. 3 skin pustules on the infant’s shoulder
   c. No movement

4. A 2 week old has fast breathing if he is breathing:
   a. 50 breaths per minute or more, counted twice
   b. 60 breaths or more per minute, and the same in a second count
   c. 66 breaths per minute, counted once

5. A 7 week old classified as VERY SEVERE DISEASE:
   a. Should be assessed for correct position and attachment for breast feeding
   b. Can improve at the clinic level and does not need urgent referral
   c. Needs to be given first dose of IM antibiotic before urgent referral

6. A 1 month old with diarrhoea for 2 days or more can be classified as having SEVERE DEHYDRATION if:
   a. Child had very low weight for age
   b. Child was lethargic even though no other sign of dehydration
   c. Child had at least two signs of dehydration

7. Thato is 14 days old. His palms appear yellow in colour. How do you classify, and what actions will you take?
   a. SEVERE JAUNDICE, treat Thato in the clinic
   b. JAUNDICE, and refer if Thato returns to the clinic after 1 week with jaundice
   c. SEVERE JAUNDICE, refer urgently
8. An infant has good attachment if:
   a. His lower lip is turned in and more areola is visible below than above the mouth
   b. The chin is touching the breast and his lower lip is turned outward
   c. More areola is showing above the infant’s mouth and his mouth is narrow

9. An infant may not suckle effectively if:
   a. Her mouth is wide open when she is attached
   b. She is taking slow, deep sucks
   c. There is blocked nose or she is classified as VERY SEVERE DISEASE

10. If an infant has a feeding problem, this could mean he is:
    a. Not well attached, having less than 8 breastfeeds in 24 hours, or is receiving other foods or drinks
    b. Receiving only breastmilk from the mother, and feeding on demand
    c. Receiving expressed breastmilk from a cup

**Is the statement true or false? Circle your answer.**

11. An infant that is 2 months old infant is a young infant.
    TRUE  FALSE

12. A young infant who was brought to clinic because of difficulty feeding can be treated by the clinic nurse.
    TRUE  FALSE

13. A young infant with cough or difficult breathing and presenting with severe chest indrawing is classified as having SEVERE PNEUMONIA.
    TRUE  FALSE

14. If a young infant was brought to your clinic while convulsing, you need to rush the baby to the hospital and not spend time giving treatments.
    TRUE  FALSE

15. A young infant age 6 weeks with jaundice may have a serious problem, and needs to be referred to a hospital.
    TRUE  FALSE

16. A young infant presenting with severe chest indrawing can be classified as having VERY SEVERE DISEASE
    TRUE  FALSE

17. Umbilicus care and good hygiene are very important to keeping a young infant healthy.
    TRUE  FALSE

18. Correct positioning and attachment for breastfeeding is very important. One important sign of good attachment is if the infant’s mouth is wide open.
    TRUE  FALSE

19. You need to give the young infant water frequently to prevent dehydration.
    TRUE  FALSE

20. Skin-to-skin contact keeps an infant warm.
    TRUE  FALSE
RECORDING FORMS: MODULE 2 ONLY

Complete these recording forms for the sick young infant as you practice IMCI in your clinic. If you want to record more cases as you practice in your clinic, you can use additional, loose forms. You facilitator will tell you how many recording forms you are expected to bring to the second face-to-face meeting.

PRACTICE CASE 1

MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

Name: 
Age: 
Weight (kg): 
Temperature (°C):
Initial Visit? 
Follow-up Visit?

CHECK FOR SEVERE DISEASE AND LOCAL BACTERIAL INFECTION

- Is the infant having difficulty in feeding?
- Has the infant had convulsions?
- Count the breaths in one minute. ___ breaths per minute
- Repeat if elevated: Fast breathing?
- Look for sever chest indrawing.
- Look and listen for grunting.
- Look at the umbiculus. Is it red or draining pus?
- Fever (temperature 38°C or above feels hot) or low body temperature (below 35.5°C or feels cool)?
- Look for skin pustules. Are there many or severe pustules?
- Movement only when stimulated or no movement even when stimulated?

ASSESS (Circle all signs present)

CLASSIFY

THEN CHECK FOR JAUNDICE

- When did the jaundice appear first?
- Look for jaundice (yellow eyes or skin)
- Look at the young infant's palms and soles. Are they yellow?

DOES THE YOUNG INFANT HAVE DIARRHOEA?

- Look at the young infant's general condition. Does the infant:
  o move only when stimulated?
  o not move even when stimulated?
  o Is the infant restless and irritable?
  o Look for sunken eyes.
  o Pinch the skin of the abdomen. Does it go back:
    o Very slowly?
    o Slowly?

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

If the infant has no indication to refer urgently to hospital

- 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?

- Is the infant having difficulty in feeding?
- Has the infant had convulsions?
- Count the breaths in one minute. ___ breaths per minute
- Repeat if elevated: Fast breathing?
- Look for sever chest indrawing.
- Look and listen for grunting.
- Look at the umbiculus. Is it red or draining pus?
- Fever (temperature 38°C or above feels hot) or low body temperature (below 35.5°C or feels cool)?
- Look for skin pustules. Are there many or severe pustules?
- Movement only when stimulated or no movement even when stimulated?

- When did the jaundice appear first?
- Look for jaundice (yellow eyes or skin)
- Look at the young infant's palms and soles. Are they yellow?

- Look at the young infant's general condition. Does the infant:
  o move only when stimulated?
  o not move even when stimulated?
  o Is the infant restless and irritable?
  o Look for sunken eyes.
  o Pinch the skin of the abdomen. Does it go back:
    o Very slowly?
    o Slowly?

- Determine weight for age. Low ___ Not low ___
- Look for ulcers or white patches in the mouth (thrush).

- Note mother's and/or child's HIV status:
  o Mother's HIV test: NEGATIVE POSITIVE NOT DONE/KNOWN
  o Child's virological test: NEGATIVE POSITIVE NOT DONE
  o Child's serological test: NEGATIVE POSITIVE NOT DONE

- If mother is HIV positive and and NO positive virological test in young infant:
  o Was the infant breastfeeding now?
  o If breastfeeding: Is the mother and infant on ARV prophylaxis?

- Has the infant breastfed in the previous hour? If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
  o Chin touching breast: Yes ___ No ___
  o Mouth wide open: Yes ___ No ___
  o Lower lip turned outward: Yes ___ No ___
  o More areola above than below the mouth: Yes ___ No ___
  o Not well attached good attachment
  o Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?
  o not sucking sucking effectively effectively

- Assess breastfeeding:

- Check the child's immunization status (Circle immunizations needed today)
- BCG 
- OPV-0
- DPT+HIB-1
- OPV-1
- DPT+HIB-2
- OPV-2
- Hep B 1
- Hep B 2
- 200,000 IU vitamin A to mother

- Ask about mother's own health

18
TREAT THE SICK YOUNG INFANT

Return for follow-up in: ____________________________
Give any immunization today: _________________________
**PRACTICE CASE 2**

### MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

**Name:**
**Age:**
**Weight (kg):**
**Temperature (°C):**
- Initial Visit?
- Follow-up Visit?

#### ASSESS (Circle all signs present)

#### CHECK FOR SEVERE DISEASE AND LOCAL BACTERIAL INFECTION
- Is the infant having difficulty in feeding?
- Has the infant had convulsions?
- Count the breaths in one minute. ___ breaths per minute
  Repeat if elevated: ___ Fast breathing?
- Look for fever.
- Look for skin pustules. Are there many or severe pustules?
- Movement only when stimulated or no movement even when stimulated?

#### THEN CHECK FOR JAUNDICE
- When did the jaundice appear first?
- Look for jaundice (yellow eyes or skin)
- Look at the young infant's palms and soles. Are they yellow?

#### DOES THE YOUNG INFANT HAVE DIARRHOEA?
- Look at the young infant's general condition. Does the infant:
  - move only when stimulated?
  - not move even when stimulated?
  - Is the infant restless and irritable?
  - Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly?
  - 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? ___ 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?

#### CHECK FOR HIV INFECTION
- Note mother's and/or child's HIV status:
  - Mother's HIV test: NEGATIVE POSITIVE NOT DONE/KNOWN
  - Child's virological test: NEGATIVE POSITIVE NOT DONE
  - Child's serological test: NEGATIVE POSITIVE NOT DONE
- If mother is HIV positive and and NO positive virological test in young infant:
  - Was the infant breastfeeding at the time of test or 6 weeks before it?
  - If breastfeeding: Is the mother and infant on ARV prophylaxis?

#### ASSESS BREASTFEEDING
- Has the infant breastfed in the previous hour? If the 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 ___
  - Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?
    - not sucking
    - sucking effectively
      - effectively

#### CHECK THE CHILD'S IMMUNIZATION STATUS (Circle immunizations needed today)
- BCG
- DPT+HIB-1
- DPT+HIB-2
- Hep B 1
- Hep B 2
- 200,000 I.U vitamin A to mother
- OPV-0
- OPV-1
- OPV-2

#### ASSESS OTHER PROBLEMS:
Ask about mother's own health

---

**Page 20**
TREAT THE SICK YOUNG INFANT

Return for follow-up in: ________________________________
Give any immunization today: ________________________________
### PRACTICE CASE 3

**MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS**

**Name:**

**Age:**

**Weight (kg):**

**Temperature (°C):**

**Initial Visit?**

**Follow-up Visit?**

#### ASSESS

- **Circle all signs present**

#### CHECK FOR SEVERE DISEASE AND LOCAL BACTERIAL INFECTION

- Is the infant having difficulty in feeding?
- Has the infant had convulsions?
- Count the breaths in one minute. ___ breaths per minute
- Repeat if elevated: ___ Fast breathing?
- Look for fever, rash, or other signs of infection.
- Look for severe chest indrawing.
- Look and listen for grunting.
- Look at the umbilicus. Is it red or draining pus?
- Fever (temperature 38°C or above feels hot) or low body temperature (below 35.5°C or feels cool)
- Look for skin pustules. Are there many or severe pustules?
- Movement only when stimulated or no movement even when stimulated?

#### THEN CHECK FOR JAUNDICE

- When did the jaundice appear first?
- Look for jaundice (yellow eyes or skin)
- Look at the young infant’s palms and soles. Are they yellow?

#### DOES THE YOUNG INFANT HAVE DIARRHOEA?

- Look at the young infant’s general condition. Does the infant:
  - move only when stimulated?
  - not move even when stimulated?
  - Is the infant restless and irritable?
  - Look for sunken eyes.
  - Pinch the skin of the abdomen. Does it go back:
    - Very slowly?
    - Slowly?

#### THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

- If the infant has no indication to refer urgently to hospital
  - Is there any difficulty feeding? 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?
- Determine weight for age. Low ___ Not low ___
- Look for ulcers or white patches in the mouth (thrush).

#### CHECK FOR HIV INFECTION

- Note mother’s and/or child’s HIV status:
  - Mother’s HIV test: NEGATIVE POSITIVE NOT DONE/KNOWN
  - Child’s virological test: NEGATIVE POSITIVE NOT DONE
  - Child’s serological test: NEGATIVE POSITIVE NOT DONE
- If mother is HIV positive and and NO positive virological test in young infant:
  - Is the infant breastfeeding now?
  - Was the infant breastfeeding at the time of test or 6 weeks before it?
  - If breastfeeding: Is the mother and infant on ARV prophylaxis?

#### ASSESS BREASTFEEDING

- Has the infant breastfed in the previous hour? If the 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 ___
    - Not well attached good attachment
  - Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?
    - not sucking sucking effectively

#### CHECK THE CHILD’S IMMUNIZATION STATUS (Circle immunizations needed today)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td></td>
</tr>
<tr>
<td>DPT+HIB-1</td>
<td></td>
</tr>
<tr>
<td>DPT+HIB-2</td>
<td></td>
</tr>
<tr>
<td>OPV-0</td>
<td></td>
</tr>
<tr>
<td>OPV-1</td>
<td></td>
</tr>
<tr>
<td>OPV-2</td>
<td></td>
</tr>
<tr>
<td>Hep B 1</td>
<td>200,000 I.U vitamin A to mother</td>
</tr>
<tr>
<td>Hep B 2</td>
<td></td>
</tr>
</tbody>
</table>

#### ASSESS OTHER PROBLEMS:

Ask about mother’s own health

---

**Notes:**

IMCI DISTANCE LEARNING COURSE | LOGBOOK

---

**Page 71 of 75**
TREAT THE SICK YOUNG INFANT

Return for follow-up in: ________________________________

Give any immunization today: ________________________________
### PRACTICE CASE 4

**MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS**

**Name:**  
**Age:**  
**Weight (kg):**  
**Temperature (°C):**  
**Initial Visit?**  
**Follow-up Visit?**

#### ASSESS (Circle all signs present)

**CHECK FOR SEVERE DISEASE AND LOCAL BACTERIAL INFECTION**
- Is the infant having difficulty in feeding?  
- Has the infant had convulsions?  
- Count the breaths in one minute, ___ breaths per minute.  
- Repeat if elevated: ___ Fast breathing?  
- Look for fever and sweating.  
- Look and listen for grunting.  
- Look at the umbilicus. Is it red or draining pus?  
- Fever (temperature 38°C or above feels hot) or low body temperature (below 35.5°C or feels cool)  
- Look for skin pustules. Are there many or severe pustules?  
- Movement only when stimulated or no movement even when stimulated?

**THEN CHECK FOR JAUNDICE**
- When did the jaundice appear first?  
- Look for jaundice (yellow eyes or skin)  
- Look at the young infant's palms and soles. Are they yellow?

**DOES THE YOUNG INFANT HAVE DIARRHOEA?**
- Look at the young infant's general condition. Does the infant:  
  - move only when stimulated?  
  - not move even when stimulated?  
  - Is the infant restless and irritable?  
  - Look for sunken eyes.  
- Pinch the skin of the abdomen. Does it go back:  
  - Very slowly?  
  - Slowly?  

**THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT**
- If the infant has no indication to refer urgently to hospital  
- 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?

**CHECK FOR HIV INFECTION**
- Note mother's and/or child's HIV status:  
  - Mother's HIV test: NEGATIVE POSITIVE NOT DONE/KNOWN  
  - Child's virological test: NEGATIVE POSITIVE NOT DONE  
  - Child's serological test: NEGATIVE POSITIVE NOT DONE  
- If mother is HIV positive and no positive virological test in young infant:  
  - Was the infant breastfeeding at the time of test or 6 weeks before it?  
  - If breastfeeding: Is the mother and infant on ARV prophylaxis?

**ASSESS BREASTFEEDING**
- If the 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 ___  
  - Not well attached good attachment  
- Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?  
  - Not sucking sucking effectively effectively

**CHECK THE CHILD'S IMMUNIZATION STATUS** (Circle immunizations needed today)
- BCG  
- DPT+Hib-1  
- DPT+Hib-2  
- Hep B 1  
- Hep B 2  
- 200,000 I.U. vitamin A to mother

**ASSESS OTHER PROBLEMS:**
- Ask about mother's own health

---

**IMCI DISTANCE LEARNING COURSE | LOGBOOK**

---

**Page 71 of 75**
TREAT THE SICK YOUNG INFANT

Return for follow-up in: ____________________________
Give any immunization today: ____________________________
ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. When using IMCI, what clinical signs help identify pneumonia?
   
a. Wheeze and wet cough  
b. Fast breathing and chest indrawing  
c. Chest indrawing and blood when coughing

2. A child is classified with SEVERE PNEUMONIA OR VERY SEVERE DISEASE when which of the following signs are present:
   
a. Wheeze  
b. Fast breathing  
c. Stridor when the child is calm

3. Raj is 7 months old. He has fast breathing if:
   
a. 40 or more breaths per minute  
b. 50 or more breaths per minute  
c. 60 or more breaths per minute

4. Chest indrawing is when:
   
a. The lower ribs move in when the child breathes out.  
b. The lower ribs move in when the child breathes in.  
c. The lower ribs are always pushed in, no matter when the child is breathing in or out.

5. Poorvaja is 3 years old. She has fast breathing if:
   
a. 60 or more breaths per minute  
b. 40 or more breaths per minute  
c. 50 or more breaths per minute

6. What is stridor?
   
a. A wheezing noise when the child breathes out  
b. A wet noise when the child is sitting still and breathing  
c. A harsh noise, caused by swelling, heard when the child breathes in

7. Ntebo is 12 months old. He has fast breathing if:
   
a. 40 or more breaths per minute  
b. 50 or more breaths per minute  
c. 60 or more breaths per minute
8. Roma is 3 months old. You count 57 breaths in one minute. You do not hear stridor. When Roma breathes in, his lower ribs move in. How would you classify Roma’s cough?
   a. SEVERE PNEUMONIA
   b. PNEUMONIA
   c. COUGH OR COLD

9. Which of the following are good teaching steps when explaining home treatment for a cough?
   a. Give the caregiver some printed information and send the treatment home
   b. Ask questions like “Will you give this medicine correctly?”
   c. Explain how to give treatment, demonstrate giving treatment, and ask caregiver to practice while you give feedback

10. If the child has had a cough for more than 3 weeks, what steps should be taken?
    a. Refer for TB or asthma assessment
    b. Send the child home with a soothing remedy
    c. Check for stridor

Is the statement true or false? Circle your answer.

11. When giving antibiotics using IMCI, it is important to consider all four of these issues: schedule, dosage, combining treatment if more than one illness can be treated with a single antibiotic, and only using the second line medicines if first line is not available to the child did not respond to first line.
    TRUE  FALSE

12. You will only assess a child for a cough or difficult breathing if the caregiver specifically says that cough is the reason they came to the clinic.
    TRUE  FALSE

13. A child with a cough but no signs of pneumonia can be treated at home.
    TRUE  FALSE

14. Oral antibiotics are given to children with pneumonia.
    TRUE  FALSE

15. It is best to count breaths for fast breathing when the child is active and moving around.
    TRUE  FALSE

16. If a child has fast breathing and no other signs, they are classified PNEUMONIA.
    TRUE  FALSE

17. A child with chest indrawing can be treated in the clinic.
    TRUE  FALSE

18. A child with PNEUMONIA should return to the clinic in 2 days.
    TRUE  FALSE
19. If a child with pneumonia returns for follow-up and has not improved, and they have been receiving the first line antibiotic correctly, start second-line antibiotic if it is available.
TRUE  FALSE

20. Pneumonia and other acute respiratory infections are major killers of children worldwide.
TRUE  FALSE

REMEMBER TO PRACTICE IN YOUR CLINIC!
YOU ARE EXPECTED TO COMPLETE AT LEAST 2 RECORDING FORMS FOR THIS MODULE.
MODULE 4 – DIARRHOEA

ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. Diarrhoea is an important childhood disease because:
   a. It is a major killer of children worldwide
   b. It is a nuisance because the child has to go to the toilet frequently
   c. Its treatment is very complicated

2. Dehydration can be treated by replacement of water and salt using:
   a. Zinc
   b. Low osmolarity ORS or IV fluids
   c. Antibiotics

3. Why is dehydration a cause for serious concern?
   a. It can cause shock to vital organs, and possibly death
   b. It gives the child a headache
   c. Dehydration is not a very serious health issue

4. What is in ORS?
   a. Copper and zinc
   b. Antibiotics
   c. Sodium (salts) and glucose (sugars)

5. What signs do you assess for dehydration?
   a. Blood in the stool or diarrhoea that persists for 14 days
   b. Sunken eyes, loose skin (turgor), and lethargy
   c. Swollen abdomen and sunken eyes

6. Persistent diarrhoea can be classified as SEVERE PERSISTENT DIARRHOEA if the child:
   a. Has diarrhoea for 10 days or more
   b. Is dehydrated
   c. Has blood in the stool

7. What are the 4 rules of home treatment in Plan A?
   a. Give extra fluid, give oral antibiotics, give zinc, counsel for when to return
   b. Give extra fluid, reduce feeding, keep the child warm, counsel for when to return
   c. Give extra fluid, continue feeding, give zinc, and counsel for when to return
8. An infant is 11 months of age and weighs 9.6 kg. She is classified as having SOME DEHYDRATION. How much ORS should she receive in the next 4 hours?
   a. At least 450 ml, up to 800 ml
   b. At least 200 ml, up to 960 ml
   c. At least 800 ml, up to 960 ml

9. Lily is restless, but drinks quickly when you give her water. How would you classify her dehydration?
   a. SEVERE DEHYDRATION
   b. SOME DEHYDRATION
   c. NO DEHYDRATION

10. Why is zinc important in the treatment of diarrhoea?
    a. It reduces stool volume
    b. It replaces sodium, potassium, and other electrolytes
    c. It is useful only in those infants shown to be zinc-deficient

11. What antibiotic should be given for dysentery?
    a. Ciprofloxacin
    b. Cotrimoxazole
    c. Amoxicillin

**Is the statement true or false? Circle your answer.**

12. Diarrhoea is when there is more water than normal in the stool and may occur at least 3 times per day.
    TRUE   FALSE

13. Dehydration can be recognized by making a rapid stool examination.
    TRUE   FALSE

14. Dysentery is when there is blood in the stool.
    TRUE   FALSE

15. Diarrhoea causes death because of dehydration i.e. the loss of water and salt.
    TRUE   FALSE

16. You need at least two signs to classify an infant with diarrhoea as having SOME DEHYDRATION.
    TRUE   FALSE

17. You can classify a 3 month old infant with diarrhoea as having SEVERE DEHYDRATION if she has sunken eyes and lethargy.
    TRUE   FALSE

18. Persistent diarrhoea is when diarrhoea occurs for 3 months continuously.
    TRUE   FALSE
19. *Shigella* bacteria is the most common cause of blood in stool in children.
   TRUE  FALSE

20. You do not need to give antibiotics for a child with watery diarrhoea.
   TRUE  FALSE

REMEMBER TO PRACTICE IN YOUR CLINIC!
YOU ARE EXPECTED TO COMPLETE AT LEAST 2 RECORDING FORMS FOR THIS MODULE.
**MODULE 5 – FEVER**

**ASSESSMENT QUESTIONS**

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. Which of the following signs is used in IMCI to determine if a child has a fever?
   a. She is sweating
   b. She has a rectal temperature of 37.5 °C or above
   c. She has a history of fever

2. One of the possible causes of a fever include:
   a. Pneumonia
   b. Urinary tract infections
   c. Dehydration

3. In high risk malaria areas, a malaria test should be done:
   a. When a child has a fever and a stiff neck
   b. Never, you can presume the fever is due to malaria
   c. In all cases when the child has a fever and no general danger signs or a stiff neck

4. When should you do a malaria test in an area of low malaria risk?
   a. When the child has a fever with no other clear causes
   b. Never, the odds of malaria are too low
   c. When the child has a fever with a stiff neck

5. How does measles contribute to malnutrition?
   a. Measles is not related to malnutrition.
   b. Measles causes diarrhoea, high fever, and mouth ulcers. These problems interfere with feeding.
   c. Measles causes a rash on the skin so the child is not interested in eating.

6. When assessing for measles, you will look for a generalized rash and:
   a. Cough, runny nose, and red eyes
   b. Jaundice and watery eyes
   c. Chills and a runny nose

7. A child with a stiff neck is classified with:
   a. Meningitis
   b. Very severe febrile disease
   c. Malaria

8. A child with measles and pus draining from the eye is classified with:
   a. SEVERE COMPLICATED MEASLES
   b. BACTERIAL INFECTION
   c. MEASLES WITH EYE COMPLICATIONS
9. Signs of measles with complications include:
   a. Clouding of cornea
   b. Skin pustules
   c. Scabies

Is the statement true or false? Circle your answer.

10. Malaria and measles are two causes of fever. They are two major killers of children under 5.
    TRUE  FALSE

11. Malaria is caused by parasites called “plasmodia” that enter the blood. The parasites are transmitted between people by mosquito bite.
    TRUE  FALSE

12. The most dangerous species of malaria parasite is P. vivax.
    TRUE  FALSE

13. Signs of the P. falciparum parasite include fever, sweating, shivering, and vomiting.
    TRUE  FALSE

14. You will mark on your recording form that a malaria test is POSITIVE when there are no malaria parasites seen in the microscopy.
    TRUE  FALSE

15. Measles is caused by a virus that damages the immune system. It leaves the child vulnerable to other infections for weeks after the onset of measles.
    TRUE  FALSE

16. Complications of measles occur in about 30% of all measles cases.
    TRUE  FALSE

17. If you give the first dose of an antimalarial in the clinic, and the child vomits within an hour, give him two doses.
    TRUE  FALSE

18. Vitamin A is an important treatment for measles.
    TRUE  FALSE

19. Malaria risk can change by region in the country, season, and the extent of malaria control in the country.
    TRUE  FALSE

20. Children with fever only need to return for follow-up if the fever persists beyond 2 days.
    TRUE  FALSE

REMEMBER TO PRACTICE IN YOUR CLINIC!
YOU ARE EXPECTED TO COMPLETE AT LEAST 2 RECORDING FORMS FOR THIS MODULE.
MODULE 6 – MALNUTRITION & ANAEMIA

ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. Why do you check every child for malnutrition and anaemia?
   a. Malnutrition is a major underlying cause of death in children, even though many caregivers and children do not have specific complaints that point to malnutrition
   b. It is only necessary to check for malnutrition if you have identified a feeding problem, or they appear too small
   c. All children are malnourished, and most have anaemia

2. What is malnutrition?
   a. When a child is always hungry or thirsty
   b. A condition that may be due to several reasons which include inadequate dietary intake, inefficient utilization of nutrients, and infection
   c. When the child does not want to eat

3. Which of the signs below do you use when assessing for malnutrition?
   a. The child is restless or irritable
   b. Oedema, or swelling, of both feet
   c. Child looks pale

4. What is palmar pallor?
   a. Paleness of the skin of a child’s legs
   b. Cloudiness of a child’s cornea
   c. An unusual paleness of the child’s palms

5. Palmar pallor is a sign of:
   a. HIV
   b. Anaemia
   c. Vitamin A deficiency

6. A child with severe wasting may have the following signs:
   a. A large or round abdomen
   b. The child’s face is very puffy and swollen
   c. The child looks thinner than usual

7. A child with MUAC of 119 and no other signs is classified with:
   a. SEVERE ACUTE MALNUTRITION
   b. MODERATE ACUTE MALNUTRITION
   c. NO ACUTE MALNUTRITION
8. A child with oedema of both feet is classified as:
   a. COMPLICATED SEVERE ACUTE MALNUTRITION
   b. SEVERE ACUTE MALNUTRITION
   c. SEVERE ANAEMIA

9. What treatments are identified for a child with severe ACUTE malnutrition?
   a. Iron supplements
   b. Therapeutic feeding
   c. Vitamin A dose

10. An 18 month old child does not have any signs of acute malnutrition or anaemia. You will:
    a. Examine the child’s nutritional status more closely during his next visit
    b. No action is needed, the child is fine
    c. Assess the child’s feeding and counsel the caregiver on feeding recommendations

11. A child with anaemia needs:
    a. Salt
    b. Iron
    c. Vitamin A

12. How can this question be asked as a checking question after you counsel a caregiver: “Will you give your child more nutritious foods?”
    a. Do you have nutritious foods at home?
    b. What foods will you give your child so that they are receiving more important vitamins for their body?
    c. Do you understand the recommendations I just gave you?

13. Why is mebendazole given to a child with anaemia?
    a. Mebendazole is given to children without anaemia to prevent anaemia
    b. Mebendazole provides important iron supplements
    c. Mebendazole deworms children

**Is the statement true or false? Circle your answer.**

14. Jiva is a 26 month old boy and weighs 9.3 kg. He is 83 cm in height. He is classified MODERATE ACUTE MALNUTRITION.
    TRUE  FALSE

15. Severe anaemia can be treated in the clinic with iron supplementation.
    TRUE  FALSE

16. Maria has a -3 Z-score and did not eat enough RUTF during her appetite test. She is classified SEVERE ACUTE MALNUTRITION.
    TRUE  FALSE

17. Malnutrition is an underlying cause in over 50% of child deaths.
    TRUE  FALSE
18. A child that is low weight for height should stop breastfeeding.
   TRUE   FALSE

19. A young boy is 107 cm tall and weighs 10.2 kg. His Z-score is under -3.
   TRUE   FALSE

20. General feeding recommendations are for infants to breastfeed exclusively until 6 months of age, on demand.
   TRUE   FALSE

REMEmBER TO PRACTICE IN YOUR CLINIC!
YOU ARE EXPECTED TO COMPLETE AT LEAST 2 RECORDING FORMS FOR THIS MODULE.
ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. Why do you check every child for ear problems?
   a. Ear infections can become very serious if it causes the eardrum to burst, or the infection spreads to the bone behind the ear or even to the brain.
   b. Ear infections usually clear up without any treatment.
   c. Ear infections are not serious, so you only check the child for an infection if the caregiver already told you it was a problem.

2. What is an acute ear infection?
   a. If the discharge has been consistent for up to 30 days.
   b. When the child has discharge and pain for less than 2 weeks
   c. If the child has had ear pain and discharge for up to a year

3. What signs will you look for to identify mastoiditis?
   a. Bulging fontanelle
   b. Pus draining from the ear
   c. Tender swelling behind the ear

4. What is a chronic ear infection?
   a. The child has had ear pain and discharge for 1 week
   b. The child’s ear is always in terrible pain
   c. The child has had discharge from the ear and ear pain for longer than 2 weeks

5. If the mother says “no, the child has no ear problem” what will you do?
   a. Continue the assessment on to malnutrition and anaemia
   b. Assess the child for ear problems
   c. Classify the child for ear problems

6. When you ASSESS for ear problems, what step is included?
   a. Check if the child has a fever
   b. Feel for tender swelling behind the ear
   c. Observe the child for irritability

7. A child with pus draining from the ear and ear pain at night is classified with:
   a. MASTOIDITIS
   b. ACUTE EAR INFECTION
   c. CHRONIC EAR INFECTION
8. Thebo has pus draining from the ear. His mother says this has only been happening on and off for 2 months. How will you classify?
   a. CHRONIC EAR INFECTION
   b. ACUTE EAR INFECTION
   c. NO EAR INFECTION

9. Liam has pus draining from the ear. His mother says this has only been happening for 3 days. How will you classify?
   a. MASTOIDITIS
   b. ACUTE EAR INFECTION
   c. CHRONIC EAR INFECTION

10. You feel swelling of the mastoid bone. How will you classify?
    a. MASTOIDITIS
    b. ACUTE EAR INFECTION
    c. NO EAR INFECTION

11. How frequently should a caregiver wick the ear?
    a. Once a day
    b. Only when pus begins draining
    c. 3 times a day

Is the statement true or false? Circle your answer.

12. A child with an ear problem classified as MASTOIDITIS needs urgent pre-referral treatment and referral.
    TRUE   FALSE

13. A caregiver should use a stiff piece of newspaper to wick the ear.
    TRUE   FALSE

14. 3 important steps when teaching caregivers about home treatment are: give information, show an example, and ask her to practice.
    TRUE   FALSE

15. A child with an ear problem should follow-up in 14 days.
    TRUE   FALSE

16. Ceftriaxone should only be given in the clinic.
    TRUE   FALSE

REMEMBER TO PRACTICE IN YOUR CLINIC!
YOU ARE EXPECTED TO COMPLETE AT LEAST 2 RECORDING FORMS FOR THIS MODULE.
ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. HIV:
   a. Attacks red blood cells
   b. Attacks white blood cells (CD4)
   c. Attacks the liver

2. What is an opportunistic infection?
   a. An infection that takes advantage of the weakness of the immune system to cause disease
   b. An infection that takes advantage of an open lesion in a person's body to cause disease
   c. A disease for which home care is the only treatment

3. When counselling an HIV-positive woman about preventing mother-to-child transmission of HIV, you educate her on all the modes of transmission, which include:
   a. At the time of delivery and after birth when kissing the child
   b. Pregnancy, at the time of delivery, and after birth when hugging or holding the child
   c. Pregnancy, at the time of delivery, and after birth through breastfeeding

4. If nothing is done to prevent transmission from mother-to-child, the chance of transmission is:
   a. About 50%
   b. About 35%
   c. About 80%

5. If 20 HIV-positive women get pregnant and deliver 20 babies, and they have no interventions to prevent HIV transmission:
   a. About 7 of them will be HIV infected if mother continues to breastfeed
   b. About half of them will be HIV infected if mother does not breast feed at all
   c. About two-thirds of them will be HIV infected if mother stops breastfeeding at 6 months

6. In advising about HIV care, you should tell the caregiver and/or the child:
   a. ART medicines can be taken anytime during the day.
   b. ART medicines must be taken everyday for life at the exact same time.
   c. Drug doses can be doubled if he/she forgets to take it one day.
7. In an infant born to an HIV infected mother, a rapid antibody test can surely confirm infection when done at or after the age of:
   a. 6 months
   b. 9 months
   c. 18 months

8. Sari is 2 months old. You have used a rapid antibody test, and the test is positive. She is breastfeeding. Which of the following steps will you take?
   a. Initiate ART today and provide feeding recommendations
   b. Start co-trimoxazole prophylaxis, do a PCR test (at least 6 weeks after breastfeeding has stopped), and arrange for counselling on feeding
   c. Do a PCR test today, and plan a follow-up visit to give nevirapine

9. Biki is 12 months old. You administered an antibody test, which was positive, and you classified him HIV EXPOSED. Now it is important to ensure that:
   a. Co-trimoxazole prophylaxis is given until HIV is definitely ruled out
   b. Biki is assessed for the WHO paediatric clinical staging
   c. Give Nevirapine prophylaxis once a day

10. Which of the following is an ART severe sign?
    a. Fever
    b. Diarrhoea
    c. Severe skin rash

11. Which of the following medicines cause severe skin reaction that could be fatal:
    a. Co-trimoxazole
    b. ABC
    c. NVP

12. Maria is 4 weeks old, and born to an HIV positive woman. Her mother delivered at home and was not given any interventions to lower the risk of HIV transmission at birth. You have classified Maria as HIV EXPOSED. Maria weighs 3.2 kg. Today you will:
    a. Give 1.5 ml Nevirapine
    b. Give 1.5 ml Nevirapine once daily and 2.5 ml co-trimoxazole once daily
    c. Give 1.0 ml Nevirapine once daily and 2.5 ml co-trimoxazole once daily

13. Maria is later confirmed HIV positive with a virological (PCR) test. You will begin her on the following ARV regimen:
    a. First line medicines: ABC or AZT+3TC+LPV/r
    b. Second line medicines, as she is so young this will prevent development of resistance
    c. Maria is not yet eligible to initiate ART

14. When Maria turns 3 years old, you will take the following steps:
    a. Immediately change her regimen to first line medicines appropriate for her age group
    b. Keep her on the same first line medicines as long as she is stable
    c. Initiate a second-line regimen
15. The principles of good chronic care can be applied using the 5A’s systematically. What are the 5As in the correct order?

1. 

2. 

3. 

4. 

5. 

Are the statements about this module true or false? Circle your answer.

16. Co-trimoxazole prophylaxis has been effective in reducing mortality of HIV infected children.
   TRUE  FALSE

17. All children who are CONFIRMED HIV INFECTION should be initiated on ART. You will use the 6 steps.
   TRUE  FALSE

18. When a child on ART comes for a follow-up visit, you only need to re-assess the child when he is looking unwell, or his mother says there is a problem.
   TRUE  FALSE

19. Tina is 4 weeks old. She was born to an HIV-positive mother, but Tina has not been tested. You will begin Tina on cotrimoxazole today.
   TRUE  FALSE

20. ART will cure HIV after 2 years.
   TRUE  FALSE

21. The WHO recommends that HIV positive mothers breastfeed their child exclusively for 6 months, and then begin complementary feeding.
   TRUE  FALSE

22. The CD4 count is a measure of how much damage HIV has caused to the immune system.
   TRUE  FALSE

23. If an HIV positive caregiver does not understand what HIV is and doesn’t understand the treatment, this could cause a problem with adherence to the long-term treatment.
   TRUE  FALSE

24. Antiretroviral therapy (ART) is a lifelong drug.
   TRUE  FALSE

25. ART is given in combination in order to aggressively fight HIV and reduce the risk of resistance.
   TRUE  FALSE
As you will remember, there are 4 recording forms that are relevant to this module:

1. IMCI recording form for the sick child, as you’ve used previously
2. IMCI recording form for the sick young infant, as you’ve used previously
3. ART initiation form, new to this module
4. ART follow-up form, new to this module

For this module, you are asked to complete the following:

✔ Complete **IMCI recording forms** for the sick child and sick young infant. You will assess and classify for HIV. Your facilitator will specify how many cases you should record and bring to the next face-to-face meeting. Use these in your clinical practice to assess and classify, including HIV status. Record additional cases on additional IMCI recording forms.

✔ Complete **ART initiation forms** for children or young infants who require ART. Your facilitator will specify how many cases you should record and bring to the next face-to-face meeting. Complete these during your clinical practice and send copies with the child when you refer to an ART centre. Bring these forms to your face-to-face meeting.

✔ Complete **ART follow-up forms** as time allows. Your facilitator will specify how many cases you should record and bring to the next face-to-face meeting. Complete these during your clinical practice and send copies with the child when you refer to the initiating centre.
MODULE 9 – WELL CHILD CARE

ASSESSMENT QUESTIONS

Below are questions about the module. You are allowed to use your Chart Booklet as you answer these questions. You should not use your study modules.

Circle the best answer.

1. What is the importance of growth monitoring and promotion?
   a. Research has not shown the importance yet
   b. The growth chart prevents the child from falling sick
   c. It helps health workers identify poor growth, analyze causes, and support the family’s actions to improve child’s growth and health

2. Child development is not improved by:
   a. Interaction
   b. Isolation
   c. Activities

3. How will you monitor the growth of children under 5 years of age?
   a. Length/Height for age
   b. Weight for length/height
   c. Weight for age

4. What is the recommended schedule for growth monitoring for a child under 5 years?
   a. From birth to 2 years, monitoring should be done every 3 months. Weight is measured monthly, while length/height is measured at every appointment.
   b. From 2 to 5 years, monitoring should be done every 3 months. Weight is measured monthly, while length/height is measured every 3 months.
   c. From 2 to 5 years, attendance should be monthly. Monitor weight and length/height on every attendance.

5. Among the following which one is not a tool used to monitor growth:
   a. Weighing Scale
   b. Length board
   c. MUAC strip

6. Which of the following correctly describes a contraindication to vaccine administration?
   a. Do not give OPV to a child who is HIV infected.
   b. Do not give DTP-HepB-Hib2 and DTP-HepB-Hib3 to a child who has had convulsions or shock within 3 days of the last dose of the vaccine.
   c. Do not give DTP-HepB-Hib to a child with persistent diarrhoea
7. The first dose of deworming in under fives, should be given at the age of:
   a. 6 months
   b. 3 months up to 6 months
   c. At the age of 12 months

8. All children aged 12 months or older need to be given Mebendazole or Albendazole
   a. Every 3 months to treat intestinal parasites, especially hookworm and whipworm infections
   b. Every 6 months to treat intestinal parasites, especially hookworm and whipworm infections
   c. Every 12 months to treat intestinal parasites, especially hookworm and whipworm infections

**Is the statement true or false? Circle your answer.**

9. Creating pedestrian sidewalks away from the main traffic helps to prevent road traffic accidents.
   TRUE  FALSE

10. Ensuring all children riding bicycles or on motorcycles wears helmets all the time decreases the severity of injuries.
    TRUE  FALSE

11. In order to prevent accidents in children, child should be under supervision, and discourage child-child caretaking especially for pre-school children.
    TRUE  FALSE

12. All hazardous water bodies in the residential areas (e.g. toilet pits, wells, ponds) should either be removed or covered properly to prevent drowning.
    TRUE  FALSE

13. Raising or enclosing cooking areas increases incidences of burns in children.
    TRUE  FALSE

14. In order to prevent burns in children, never leave candle or traditional kerosene lamp lit while sleeping.
    TRUE  FALSE

15. Keeping all medicines out of reach of children helps to prevent poisoning in children.
    TRUE  FALSE

16. Poisonous agents or petroleum distillates such as kerosene should be kept on soda or mineral water bottles because they are more difficult to open.
    TRUE  FALSE

17. To prevent poisoning in children, ensuring that all medicines and poisons are packaged in child resistant packs/bottles.
    TRUE  FALSE
18. BCG and Polio 0 is given at birth.
   TRUE  FALSE

19. The second and third dose of DPT-Hep-Hib, Pneumococcal, Rota and OPV is given at the interval of 4 weeks from the previous vaccination.
   TRUE  FALSE

20. If you give repeated doses of Vitamin A in less than 6 months, it is not recommended, but it is safe for the child.
   TRUE  FALSE

REMEMBER TO PRACTICE IN YOUR CLINIC!
## MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### ASSESS (Circle all signs present)

#### CHECK FOR GENERAL DANGER SIGN
- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS
- LETHARGIC OR UNCONSCIOUS
- CONVULSING NOW

#### DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?
- For how long? ___ Days
- Count the breaths in one minute: ___ breaths per minute. Fast breathing?

#### 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)
- Decide malaria risk: High ___  Low ___  No___
- For how long? ___ Days
- If more than 7 days, has fever been present every day?
- Has child had measles within the last 3 months?
- Do a malaria test, if NO general danger sign in all cases in high malaria risk or NO obvious cause of fever in low malaria risk:
  - Test POSITIVE? P. falciparum  P. vivax  NEGATIVE?

#### DOES THE CHILD HAVE AN EAR PROBLEM?
- Yes ___  No ___
- Does the child take any other foods or fluids?  Yes ___  No ___
- Can the child receive his own serving? ___  Who feeds the child and how?
- If MODERATE ACUTE MALNUTRITION: How large are servings?
- How many times per day? ___ times. What do you use to feed the child?
- If breastfeeding: Is the mother and child on ARV prophylaxis?
- If yes, how many times in 24 hours? ___ times. Do you breastfeed during the night?  Yes ___  No ___

#### THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA
- Look for chest indrawing
- Look for oedema of both feet.
- Determine WFH/L z-score:
  - Less than -3? Between -3 and -2? -2 or more?
  - For children 6 months or older measure MUAC ___ mm.
- Look for tender swelling behind the ear
- Look for pus draining from the ear
- Look for clouding of the cornea.

#### CHECK THE CHILD’S IMMUNIZATION STATUS (Circle immunizations needed today)

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td></td>
</tr>
<tr>
<td>OPV-0</td>
<td></td>
</tr>
<tr>
<td>OPV-1</td>
<td></td>
</tr>
<tr>
<td>OPV-2</td>
<td></td>
</tr>
<tr>
<td>OPV-3</td>
<td></td>
</tr>
<tr>
<td>Hep B0</td>
<td></td>
</tr>
<tr>
<td>Hep B1</td>
<td></td>
</tr>
<tr>
<td>Hep B2</td>
<td></td>
</tr>
<tr>
<td>Hep B3</td>
<td></td>
</tr>
<tr>
<td>RTV-1</td>
<td></td>
</tr>
<tr>
<td>RTV-2</td>
<td></td>
</tr>
<tr>
<td>RTV-3</td>
<td></td>
</tr>
<tr>
<td>Pneumo-1</td>
<td></td>
</tr>
<tr>
<td>Pneumo-2</td>
<td></td>
</tr>
<tr>
<td>Pneumo-3</td>
<td></td>
</tr>
</tbody>
</table>

#### ASSESS FEEDING
- If the child has MUAC less than 115 mm or WFH/L less than -3 Z scores or oedema of both feet:
  - Is there any medical complication: General danger sign?
  - Any severe classification?
  - Pneumonia with chest indrawing?
  - Child 6 months or older: Offer RUTF to eat. Is the child:
    - Not able to finish?    Able to finish?
    - Child less than 6 months: Is there a breastfeeding problem?

#### CHECK FOR HIV INFECTION
- Note mother's and/or child's HIV status
  - Mother's HIV test: NEGATIVE  POSITIVE  NOT DONE/KNOWN
  - Child's virological test: NEGATIVE  POSITIVE  NOT DONE
  - Child's serological test: NEGATIVE  POSITIVE  NOT DONE
- If mother is HIV-positive and NO positive virological test in child:
  - Is the child breastfeeding now?
  - Was the child breastfeeding at the time of test or 6 weeks before it?
  - If breastfeeding: Is the mother and child on ARV prophylaxis?

#### CHECK THE CHILD'S IMMUNIZATION STATUS

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Return for next immunization on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>(Date)</td>
</tr>
<tr>
<td>OPV-0</td>
<td></td>
</tr>
<tr>
<td>OPV-1</td>
<td></td>
</tr>
<tr>
<td>OPV-2</td>
<td></td>
</tr>
<tr>
<td>OPV-3</td>
<td></td>
</tr>
<tr>
<td>Hep B0</td>
<td></td>
</tr>
<tr>
<td>Hep B1</td>
<td></td>
</tr>
<tr>
<td>Hep B2</td>
<td></td>
</tr>
<tr>
<td>Hep B3</td>
<td></td>
</tr>
<tr>
<td>RTV-1</td>
<td></td>
</tr>
<tr>
<td>RTV-2</td>
<td></td>
</tr>
<tr>
<td>RTV-3</td>
<td></td>
</tr>
<tr>
<td>Pneumo-1</td>
<td></td>
</tr>
<tr>
<td>Pneumo-2</td>
<td></td>
</tr>
<tr>
<td>Pneumo-3</td>
<td></td>
</tr>
</tbody>
</table>

#### ASSESS OTHER PROBLEMS:
- Ask about mother's own health
Enclose recording forms here

Include the appropriate number of forms for practice according to module requirements