Caring for the sick child in the community

Adaptation for high HIV or TB settings
OVERVIEW: CARING FOR THE SICK CHILD IN THE COMMUNITY
(child age 2 months up to 5 years)

1. Identify problems:
   - ASK and LOOK

2. If any DANGER SIGN
   - REFER CHILD WITH DANGER SIGN URGENTLY TO HEALTH FACILITY
   - Begin treatment and Assist referral
   - Follow up child on return

3. SICK but NO Danger Sign
   - TREAT diarrhoea, malaria, and fast breathing at home and ADVISE caregiver
   - Check the vaccines the child received
   - Follow up child in 3 days

4. If OTHER PROBLEMS or any condition you cannot manage
   - Refer child to health facility

   If child becomes sicker or does not improve, REFER URGENTLY TO HEALTH FACILITY
IDENTIFY PROBLEMS: ASK AND LOOK

ASK the caregiver: What are the child’s problems?

LOOK at the child.

D Cough? If yes, for how long? _ days
D Diarrhoea (3 or more loose stools in last 24 hours)? If yes, for how long? _ days.
D If diarrhoea, blood in stool?
D Fever (reported or now)? If yes, started _ days ago.
D Convulsions?
D Difficulty drinking or feeding? If yes, not able to drink or feed anything?
D Vomiting? If yes, vomits everything?
D Has HIV?
D At risk of HIV because
   D One or both parents have HIV and child has not tested for HIV? or
   D Parents’ current HIV status is unknown?
D Lives in household with someone on TB treatment?
D Any other problem?

D Chest indrawing?
D If cough, count breaths in 1 minute: _ breaths per minute (bpm).
D Unusually sleepy or unconscious?
D For child age 6 months up to 5 years,
   MUAC strap colour: _
D Swelling of both feet?
Any DANGER SIGN?

- Cough for 14 days or more
- Diarrhoea for 14 days or more
- Blood in stool
- Fever for last 7 days or more
- Convulsions
- Not able to drink or feed anything
- Vomits everything
- Has HIV and any other illness

- Chest indrawing
- Unusually sleepy or unconscious
- For child age 6 months up to 5 years,
  - Red on MUAC strap, or
  - Yellow on MUAC strap and has HIV
- Swelling of both feet

If ANY danger sign

REFER URGENTLY TO HEALTH FACILITY
Begin treatment and Assist referral

To begin treatment and assist referral
Go to next page

If NO Danger Sign
Go to page 8
IF ANY DANGER SIGN, REFER CHILD URGENTLY TO HEALTH FACILITY

D Cough for 14 days or more
D Diarrhoea for 14 days or more
D Blood in stool
D Fever for last 7 days or more
D Convulsions
D Not able to drink or feed anything
D Vomits everything
D Has HIV and any other illness
D Chest indrawing
D Unusually sleepy or unconscious
D For child age 6 months up to 5 years
   D Red on MUAC strap, or
   D Yellow on MUAC strap and has HIV
D Swelling of both feet

+ Assist referral to health facility:

+ Explain why child needs to go to the health facility.

+ GIVE FIRST DOSE OF TREATMENT:

+ If diarrhoea, and if child can drink, begin giving ORS solution right away.

+ If fever AND: convulsions; or unusually sleepy/unconscious; or not able to drink or feed; or vomits everything, give rectal artemesunate suppository (100 mg):
   Age 2 months up to 3 years—1 suppository
   Age 3 years up to 5 years—2 suppositories

+ If fever AND danger sign other than the 3 above, give first dose of oral antimalarial AL:
   Age 2 months up to 3 years—1 tablet
   Age 3 years up to 5 years—2 tablets

+ If fast breathing or chest indrawing, give first dose of oral antibiotic (amoxycillin tablet—250 mg):
   Age 2 months up to 12 months—1 tablet
   Age 12 months up to 5 years—2 tablets

For any sick child who can drink, advise to give fluids and continue feeding.

Advise to keep child warm, if child is NOT hot with fever.

Write a referral note.

Arrange transportation, and help solve other difficulties in referral.

FOLLOW UP child on return at least once a week until child is well.

To give ORS solution, see page 9.
To give first dose oral medication, see page 10
- SICK but NO DANGER SIGN?

- Cough (less than 14 days)
- Diarrhoea (less than 14 days AND no blood in stool)
- Fever (less than 7 days) in a malaria area
- At risk of HIV because
  - One or both parents have HIV and child has not tested for HIV, or
  - Parents’ current HIV status is unknown
- Lives in household with someone on TB treatment
- Fast breathing:
  - In a child age 2 months up to 12 months, 50 breaths or more per minute
  - In a child age 12 months up to 5 years, 40 breaths or more per minute
- Yellow on MUAC strap (does not have HIV)

TREAT at home and ADVISE caregiver

Go to next page
**IF SICK BUT NO DANGER SIGN, TREAT AT HOME AND ADVISE CAREGIVER**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
</table>
| Diarrhoea                                      | † Give ORS. Help caregiver to give child ORS in front of you until child is no longer thirsty.  
   | † Give 2 ORS packets to take home. Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool.  
   | † Give zinc supplement. Give 1 dose daily for 10 days:  
   | † Age 2 months up to 6 months—1 tablet (total 5 tabs)  
   | † Age 6 months up to 5 years—1 tablet (total 10 tabs)  
   | Help caregiver to give first dose now. (Go to page 10)                                                                 |
| Fever (less than 7 days) in a malaria area     | † Do a rapid diagnostic test (RDT). Go to page 12.  
   | † If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).  
   | † Age 2 months up to 3 years—1 tablet (total 6 tabs)  
   | † Age 3 years up to 5 years—2 tablets (total 12 tabs)  
   | Help caregiver give first dose now. (Go to page 10) Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days. |
| Fast Breathing (pneumonia)                     | † Give oral antibiotic (amoxycillin tablet—250 mg).  
   | † Give twice daily for 5 days:  
   | † Age 2 months up to 12 months—1 tablet (total 10 tabs)  
   | † Age 12 months up to 5 years—2 tablets (total 20 tabs)  
   | Help caregiver give first dose now. (Go to page 10.)                                                                 |
| at risk of HIV                                 | † Advise caregiver to take the child for HIV test soon, and if parents’ HIV status is not known, advise the mother and father to test for HIV also. |
| lives in a household with someone on TB treatment | † Advise caregiver to take the child soon for TB screening and TB preventive medicine. |
| Yellow on MUAC strap (no HIV)                  | † Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available. |

**For ALL children treated at home, advise on home care**

† Advise the caregiver to give more fluids and continue feeding.

† Advise on when to return.
   Go to nearest health facility or, if not possible, return immediately if child
   D Cannot drink or feed
   D Becomes sicker
   D Has blood in stool

† Advise caregiver on use of a bednet (ITN)

† Follow up child in 3 days.

If child becomes sicker or does not improve

**REFER CHILD URGENTLY TO HEALTH FACILITY**
Give ORS solution

- Mix 1 package of ORS with 1 litre of clean water to make ORS solution.

- Show the caregiver how to mix the ORS solution and give it to the child. Give frequent, small sips of ORS solution from a cup or spoon.

- For child with diarrhoea being referred:
  - If the child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give the caretaker extra ORS solution to continue giving on the way to the health facility. Also, if the child is breastfed, continue to breastfeed on the way.

- For child with diarrhoea to be treated at home:
  - Help the caregiver to continue to give the child ORS solution in front of you until child is no longer thirsty.

  - Give the caregiver 2 packets of ORS to take home. Advise the caregiver to continue to give the child as much ORS solution as the child wants, but at least 1/2 cup after each loose stool. Do not keep the mixed ORS solution for more than 24 hours.

  - If the child is breastfeeding, advise the mother to breastfeed frequently and for a longer time at each feed. Give ORS solution in addition to breastmilk, even if the child is exclusively breastfed.

  - If the child is exclusively taking a breastmilk substitute, advise the mother to give ORS solution in addition to the breastmilk substitute.
- Teach the caregiver how to give the oral medicines at home

1. Select the correct oral medicine or medicines for the child—zinc, antimalarial AL, antibiotic amoxicillin.
2. Check the expiration date on the package. Do not use expired medicine.
3. Determine the dose for the child's age group. Refer to the box on page 8 or the recording form.
4. Help the caregiver give the first dose now (see box).
5. Write the dose on each package. Tell the caregiver to continue giving the dose until the tablets are finished.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc</td>
<td>Give one dose now, then one dose daily for 10 days</td>
</tr>
<tr>
<td>AL</td>
<td>Give one dose now, one dose after 8 hours, then give twice daily for 2 more days</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>Give one dose now, then twice daily for 5 days</td>
</tr>
</tbody>
</table>

6. Encourage the caregiver to ask questions. Praise the caregiver for being able to give the medicine to her child. Explain how the medicine will help her child.
7. Ask the caregiver to repeat the instructions before leaving with the child. Ask good checking questions to make sure that the caregiver understands how much of the medicine to give, when, and for how long. Emphasize that it is important to give all the medicine, even if the child feels better.
8. Advise the caregiver to keep all medicines out of reach of children.

Help the caregiver give the first dose now

Wash your hands with soap and water. The caregiver should do the same.
If the dose is half of a tablet, help the caregiver cut it with a table knife.
Help the caregiver prepare the first dose:
- If the tablet is dispersible (will melt), ask the caregiver to put the tablet or half tablet into a spoon with breast milk or water. The tablet will dissolve.
- If the tablet will not melt, use a spoon to crush the tablet in a cup or small bowl. Mix it with breast milk, water, or crush it with banana or another favourite food of the child.

Ask the caregiver to give the solution with the melted or crushed tablet to the child with a spoon. Help her give the whole dose.
If the child spits out the dose, use the spoon to gather it up and gently feed it to the child again. If this is not possible and the child has not swallowed the dose, give the child another dose.
CHECK VACCINES THE CHILD RECEIVED

Check vaccines received (see child’s health card)

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>D BCG + HepB Birth D OPV0</td>
</tr>
<tr>
<td>6 weeks</td>
<td>D DTP/Hib1/HepB1 D OPV1 D Rota 1 D PCV 1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>D DTP/Hib2/HepB2 D OPV2 D Rota 2 D PCV 2</td>
</tr>
<tr>
<td>14 weeks</td>
<td>D DTP/Hib3/HepB3 D OPV3 D Rota 3 D PCV 3</td>
</tr>
<tr>
<td>9 months</td>
<td>D MCV 1</td>
</tr>
<tr>
<td>18 months</td>
<td>D DTP + MCV 2</td>
</tr>
</tbody>
</table>

Advise the caregiver on when and where to take the child for the next vaccine, if needed.

-+ If any OTHER PROBLEM or condition you cannot manage, refer child to health facility, write a referral note, and follow up child on return.
How To Do the Rapid Test for Malaria
### Sick Child Recording Form

**1. Identity Problems**
- **Relationship:** Mother / Father / Other:
- **Age:** 
- **Family:** 
- **CW No:** 

**2. Decide: Refer or Treat Child**
- **Referral Decision:**
  - No Danger Sign
  - Any Danger Sign

#### Health Facility
- **Referral Urgently to:**
  - If No Danger Sign
  - If Any Danger Sign

#### Symptoms
- **Swellings of both feet:**
  - Swellings of both feet

- **HIV:**
  - Ate HIV
  - No HIV

- **Yellow on Whisker (does not have):**
  - Yellow on Whisker

- **Unusually Sleepy or Unconscious:**
  - Unusually Sleepy or Unconscious

- **Fever:**
  - Fever

- **Other Infections:**
  - Other Infections

#### Look:
- **Treatment:**
  - Lives in a household with someone who is on TB
  - Parent or Current HIV Treatment

#### Other
- **Sick but No Danger Sign:**
  - ASK and LOOK

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**Go To Page 2**
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. VM</td>
<td>Very Much</td>
</tr>
<tr>
<td>7. OM</td>
<td>Other Medication</td>
</tr>
<tr>
<td>8. VM</td>
<td>Very Much</td>
</tr>
<tr>
<td>9. OM</td>
<td>Other Medication</td>
</tr>
<tr>
<td>10. VM</td>
<td>Very Much</td>
</tr>
</tbody>
</table>

**Check Vaccine Received**

- **Fever**
- **Cough**
- **Runny Nose**
- **Diarrhea**
- **Other**

**Follow-up**

- **Date**
- **Time**
- **Reason for Visit**
- **Provider**
- **Consultant**

**Side Effects**

- **Itchy Skin**
- **Rash**
- **Febrile Seizure**
- **Other**

**Discharge**

- **Date**
- **Time**
- **Reason for Discharge**
- **Provider**
- **Consultant**

**After Care**

- **Medication**
- **Dose**
- **Frequency**
- **Duration**

**Information**

- **Patient Name**
- **DOB**
- **Address**
- **Phone Number**

**Notes**

- **Progress**
- **Plan**
- **Instructions**

**Signature**

- **Date**
- **Time**
- **Provider**
- **Consultant**

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4. Check Vaccine Received

5. Other Problem or Concern

6. VM

7. OM

8. VM

9. OM

10. VM

**Follow-up**

- **Date**
- **Time**
- **Reason for Visit**
- **Provider**
- **Consultant**

**Side Effects**

- **Itchy Skin**
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- **Instructions**

**Signature**

- **Date**
- **Time**
- **Provider**
- **Consultant**

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**Enter your child's name here:**

**Age:**

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3. Refer to treat child (tick treatments given and other actions

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For more information, please contact:
Department of Maternal, Newborn, Child and Adolescent Health
World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland
Telephone +41.22.791.3281
Email: mca@who.int
Website: http://www.who.int/maternal_child_adolescent