

**CARING FOR NEWBORNS AND  
CHILDREN IN THE COMMUNITY**

**A TRAINING COURSE FOR  
COMMUNITY HEALTH WORKERS**

# **Caring for the sick child in the community**



**CHART BOOKLET**



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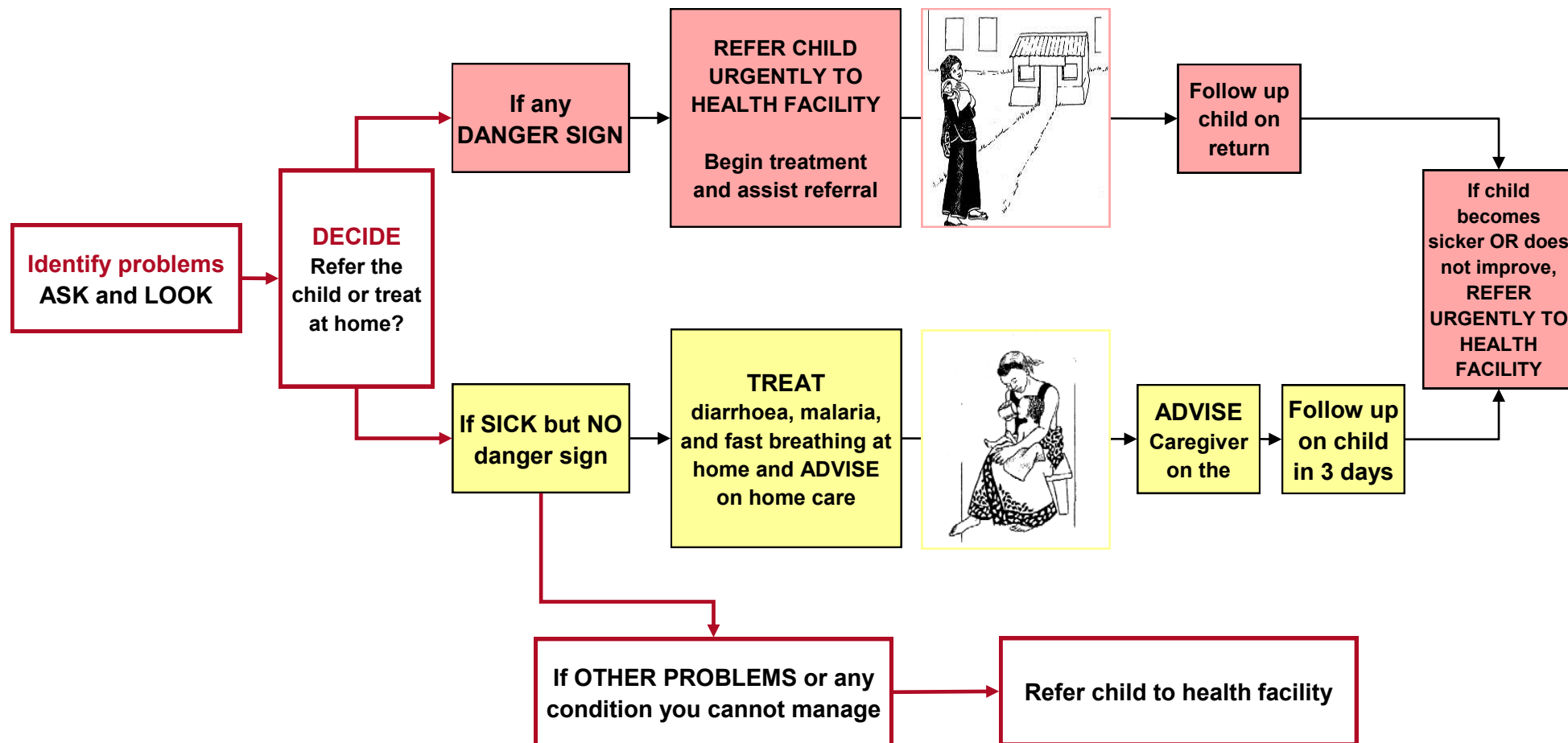
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*Cover photo J. Lucas*

# OVERVIEW: CARING FOR THE SICK CHILD IN THE COMMUNITY



## IDENTIFY PROBLEMS: ASK AND LOOK

**Ask the caregiver:**  
**What are the child's problems?**

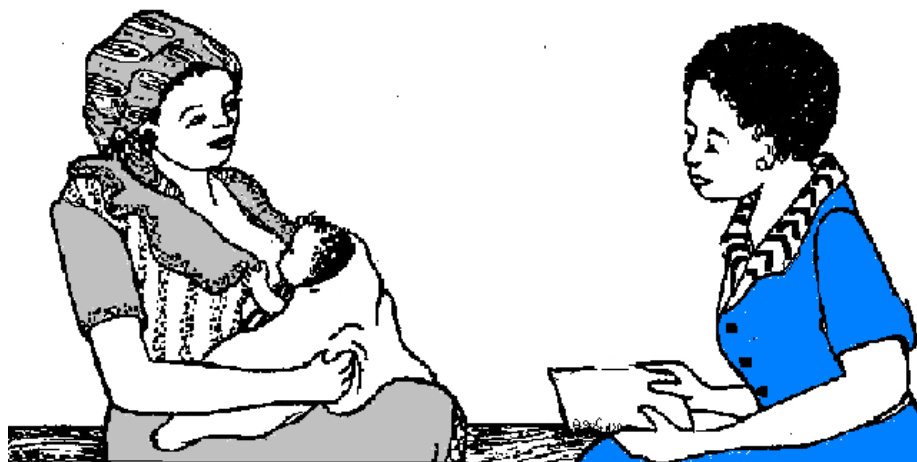
- ☐ Cough? IF YES, for how long? \_\_\_\_ days
- ☐ Diarrhoea (3 or more loose stools in last 24 hours)? IF YES, for how long? \_\_\_\_ days.
- ☐ If DIARRHOEA, blood in stool?
- ☐ Fever (reported or now)? IF YES, started \_\_\_\_ days ago.
- ☐ Convulsions?
- ☐ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?
- ☐ Vomiting? IF YES, ☐ vomits everything?
- ☐ Any other problem?

**LOOK at the child**

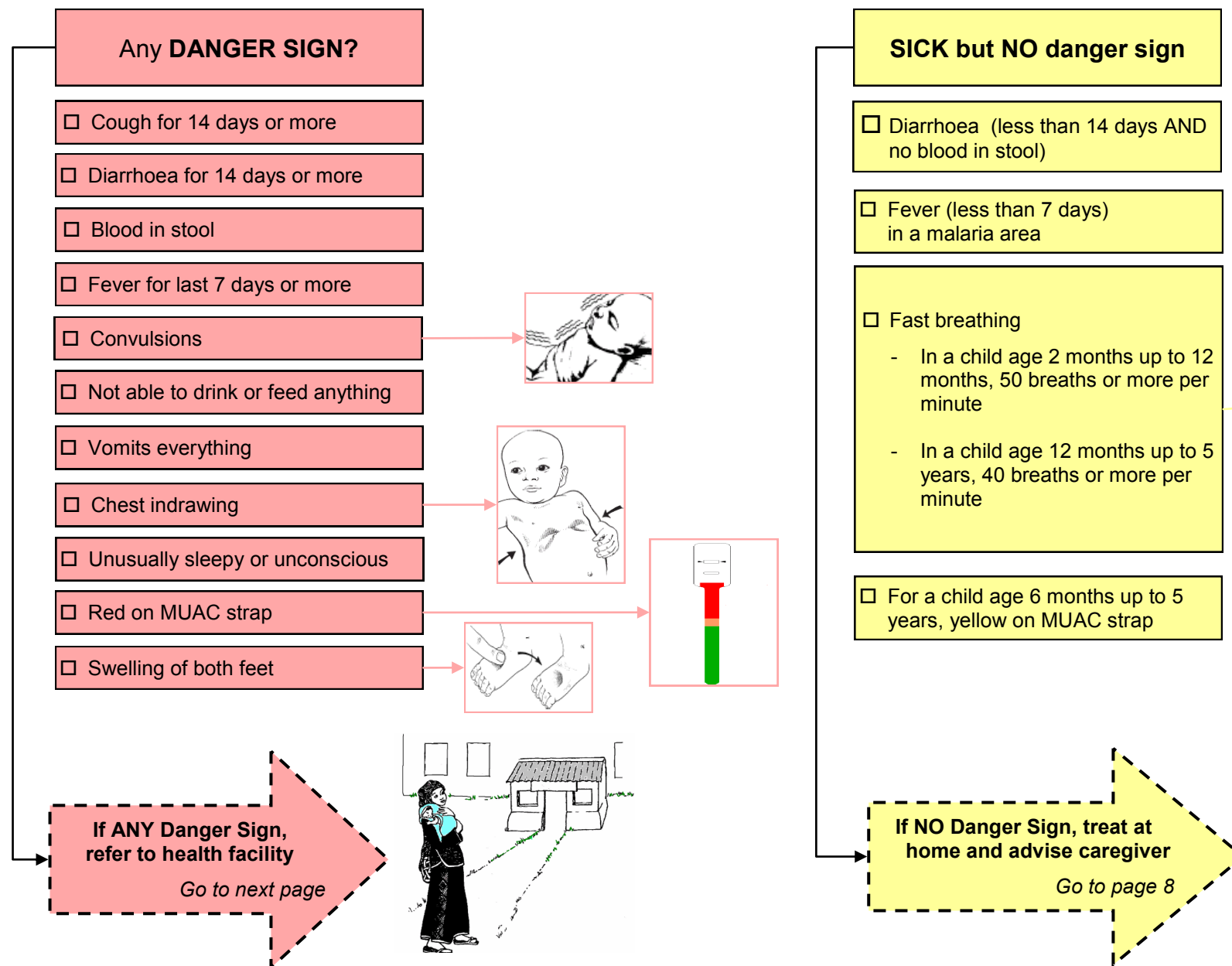
- ☐ Chest indrawing?
- ☐ IF COUGH, count breaths in 1 minute:  
☐ \_\_\_\_ breaths per minute (bpm).
- ☐ Unusually sleepy or unconscious?
- ☐ For child age 6 months up to 5 years, MUAC strap colour: \_\_\_\_\_
- ☐ Swelling of both feet?

**DECIDE: REFER THE CHILD  
OR TREAT AT HOME?**

**GO TO NEXT PAGE**



# DECIDE: REFER THE CHILD OR TREAT AT HOME



# IF ANY DANGER SIGN, REFER URGENTLY TO HEALTH FACILITY

## 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
- ☐ Chest indrawing
- ☐ Unusually sleepy or unconscious
- ☐ For child age 6 months up to 5 years, red on MUAC strap
- ☐ Swelling of both feet



## ASSIST REFERRAL TO HEALTH FACILITY

- ☐ Explain why child needs to go to health facility.
- ☐ Give **FIRST DOSE OF TREATMENT**
  - if child has chest indrawing, or
  - has diarrhoea, fever, or fast breathing in addition to any danger sign
- ☐ 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.



Give first dose of (pre-referral)

### ☐ If **Diarrhoea**

- ☐ If child can drink, begin giving ORS solution right away, as much as the child can take until departure. Give caregiver extra ORS solution to continue giving on the way.

- ☐ If **Fever AND**
  - ☐ Convulsions or
  - ☐ Unusually sleepy or unconscious or
  - ☐ Not able to drink or feed anything or
  - ☐ Vomits everything

- ☐ **Give rectal artesunate 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 4 above

- ☐ **Give first dose of oral antimalarial AL**
  - ☐ Age 2 months up to 3 years - 1 tab
  - ☐ Age 3 years up to 5 years - 2 tabs

- ☐ If **Chest Indrawing**, or

- ☐ **Fast Breathing**

- ☐ If child can drink, give first dose of oral antibiotic (amoxicillin tablet - 250mg)
  - ☐ Age 2 months up to 12 months 1 tablet
  - ☐ Age 12 months up to 5 years 2 tablets

# IF ANY DANGER SIGN, REFER URGENTLY TO HEALTH FACILITY

If no danger sign, TREAT at home and ADVISE on home care:

☐ If **Diarrhoea**  
(less than 14 days  
AND no  
blood in  
stool)

☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty.

☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but at least ½ cup ORS solution after each loose stool

☐ Give zinc supplement. Give 1 dose daily for 10 days:

☐ Age 2 months up to 6 months - ½ tablet (total 5 tablets)

☐ Age 6 months up to 5 years - 1 tablet (total 10 tablets)

**Help caregiver to give first dose now.**

To give ORS  
Solution  
Go to page 9



☐ If **Fever**  
(less than 7  
days) in a  
malaria area

☐ **Do a rapid diagnostic test (RDT) for malaria**

\_\_\_ Positive \_\_\_ Negative

☐ If RDT is positive, give oral antimalarial AL  
(Artemether-Lumefantrine)

**Give twice daily for 3 days**

☐ Age 2 months up to 3 years - 1 tablet (total 6 tablets)

☐ Age 3 years up to 5 years - 2 tablet (total 12 tablets)

**Help caregiver to give first dose now.** Advise to give 2<sup>nd</sup> dose after 8 hours and to give dose twice daily for 2 more days.

☐ If **Fast Breathing**

☐ **Give oral antibiotic** (amoxicillin tablet - 250mg)

**Give twice daily for 5 days**

☐ Age 2 months up to 12 months - 1 tablet (total 10 tablets)

☐ Age 12 months up to 5 years - 2 tablet (total 20 tablets)

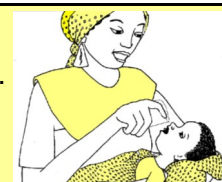
**Help caregiver to give first dose now.**

☐ If **Yellow on MUAC strap**

☐ **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 caregiver to give more fluids and continue feeding.**



☐ **Advise on when to return. Go to nearest health facility immediately**, or if not possible, return to CHW if child:

☐ Cannot drink or feed

☐ Becomes sicker

☐ Has blood in the stool

☐ **Advise caregiver on sleeping under a bednet (ITN)**

☐ **Follow up child in 3 days**

If child becomes sicker, or does not improve,  
**REFER CHILD URGENTLY TO HEALTH FACILITY**

If none of the above problems found, ADVISE on home care



## → GIVE ORS

- **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 caregiver 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 ORS packets to take home. Advise the caregiver to continue to give 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.





## GIVE ORS

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.

<b>Zinc:</b>	Give one dose now, then one dose daily for 10 days
<b>AL:</b>	Give one dose now, one dose after 8 hours, then give twice daily for 2 more days
<b>Amoxicillin:</b>	Give one dose now, then twice daily for 5 days

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 THE VACCINES THE CHILD RECEIVED

Check vaccines received (see child's health card)

Age	Vaccine				Date given
Birth	<input type="checkbox"/> <input checked="" type="checkbox"/> BCG + Hep Birth	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV0			
6 weeks	<input type="checkbox"/> <input checked="" type="checkbox"/> DTP-Hib1 + Hep B1	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV1	<input type="checkbox"/> <input checked="" type="checkbox"/> RTV1	<input type="checkbox"/> <input checked="" type="checkbox"/> PCV1	
10 weeks	<input type="checkbox"/> <input checked="" type="checkbox"/> DTP-Hib2 + Hep B2	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV2	<input type="checkbox"/> <input checked="" type="checkbox"/> RTV2	<input type="checkbox"/> <input checked="" type="checkbox"/> PCV2	
14 weeks	<input type="checkbox"/> <input checked="" type="checkbox"/> DTP-Hib3 + Hep B3	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV3	<input type="checkbox"/> <input checked="" type="checkbox"/> RTV3	<input type="checkbox"/> <input checked="" type="checkbox"/> PCV3	
9 months	<input type="checkbox"/> <input checked="" type="checkbox"/> MCV1				
18 months	<input type="checkbox"/> <input checked="" type="checkbox"/> DTP + MCV 2				

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



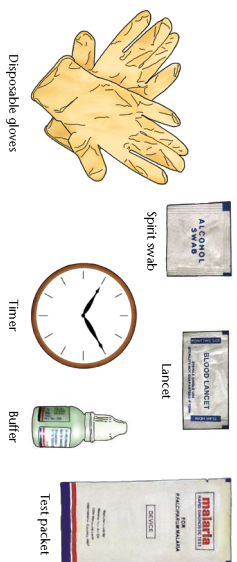
**If any OTHER PROBLEM or condition you cannot manage, refer child to health facility, write a referral note, and follow up child on return.**

# How To Do the Rapid Test for Malaria



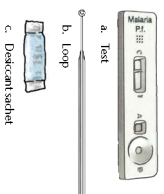
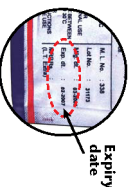
Collect:

- NEW unopened** test packet
- NEW unopened** spirit swab
- NEW unopened** lancet
- NEW** pair of disposable gloves
- Buffer
- Timer



## READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

- Check the expiry date on the test packet.
- Put on the gloves. Use new gloves for each patient.
- Open the packet and remove:
  - Test
  - Loop
  - Dedecant sachet
- Write the patient's name on the test.



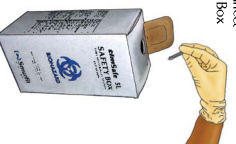
- Open the alcohol swab. Grasp the 4<sup>th</sup> finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.



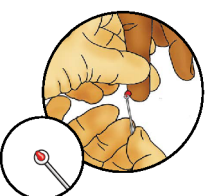
- Open the lancet. Prick patient's finger to get a drop of blood.



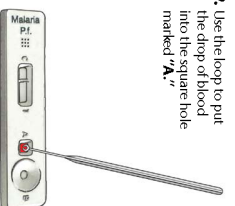
- Discard the lancet in the Sharps Box immediately after pricking finger. **Do not set the lancet down before discarding it.**



- Use the loop to collect the drop of blood.



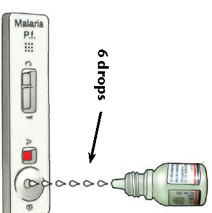
- Use the loop to put the drop of blood into the square hole marked "A."



- Discard the loop in the Sharps Box.



- Put six (6) drops of buffer into the round hole marked "B."



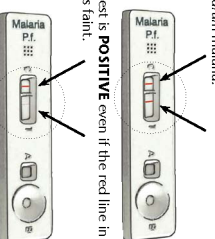
- Read test results. **(NOTE: Do Not read the test sooner than 15 minutes after adding the buffer. You may get FALSE results.)**



## 14. How to read the test results:

### POSITIVE

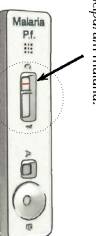
One red line in window "C" **AND** one red line in window "T" means the patient **DOES** have *falciparum* malaria.



The test is **POSITIVE** even if the red line in window "T" is faint.

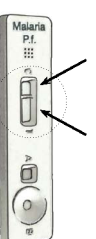
### NEGATIVE

One red line in window "C" and **NO LINE** in window "T" means the patient **DOES NOT** have *falciparum* malaria.



### INVALID RESULT

**NO LINE** in window "C" means the test is damaged.

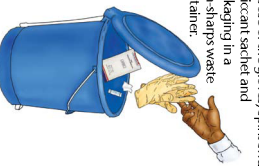


A line in window "T" and **NO LINE** in window "C" also means the test is damaged. Results are **INVALID**.

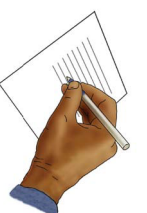


If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

- Dispose of the gloves, spirit swab, dedecant sachet and packaging in a non-sharps waste container.



- Record the test results in your CHW register. Dispose of cassette in non-sharps waste container.



**NOTE:** Each test can be used **ONLY ONE TIME**. Do not try to use the test more than once.



## SICK CHILD RECORDING FORM

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
(Day / Month / Year)

CHW : \_\_\_\_\_

Child's name: First: \_\_\_\_\_ Family: \_\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months Boy / Girl

Caregiver's name: \_\_\_\_\_ Relationship: Mother / Father / Other \_\_\_\_\_

Address, Community: \_\_\_\_\_

## 1. Identify Problems

ASK and LOOK	Any DANGER SIGN	SICK but NO danger sign
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure <b>YES, sign present → Tick <input type="checkbox"/> No sign → Circle <input type="radio"/></b>		
<input type="checkbox"/> <b>Cough?</b> If YES, for how long? ____ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> <b>Diarrhoea</b> (3 or more loose stools in 24 hours)? If YES, for how long? ____ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> <b>If DIARRHOEA</b> , blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> <b>Fever</b> (reported or now) If YES, started ____ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malania area
<input type="checkbox"/> <b>Convulsions?</b>	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> <b>Difficulty drinking or feeding?</b> If YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> <b>Vomiting?</b> If YES, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> <b>Chest indrawing?</b> (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
If COUGH, count breaths in 1 minute: ____ breaths per minute (bpm).		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> <b>Fast breathing:</b> Age 2 months up to 12 months: 50bpm or more Age 12 months up to 5 years: 40bpm or more		
<input type="checkbox"/> <b>Unusually sleepy or unconscious?</b>	<input type="checkbox"/> Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: Red ____ Yellow ____ Green ____	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> <b>Swelling of both feet?</b>	<input type="checkbox"/> Swelling of both feet	

## 2. DECIDE: Refer or treat child

(Tick ☐ decision)

<input type="checkbox"/> If ANY Danger Sign, refer to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver
---	--

GO TO PAGE 2



## SICK CHILD RECORDING FORM

# SICK CHILD RECORDING FORM

Child's name: \_\_\_\_\_

Age \_\_\_\_\_

## 3. Refer or treat child

(Tick treatments given and other actions)

☐ If any danger sign, REFER URGENTLY to health facility

☐ If NO danger sign, treat at home and advise caregiver

### If any danger sign, REFER URGENTLY to health facility:

ASSIST REFERRAL to health facility:  
☐ Explain why child needs to go to health facility.  
**GIVE FIRST DOSE OF TREATMENT:**

☐ If **Diarrhoea**

☐ If child can drink, begin giving ORS solution right away, as much as the child can take until departure. Give caregiver extra ORS solution to continue giving on the way.

☐ If **Fever AND**  
☐ Convulsions or  
☐ Unusually sleepy or unconscious or  
☐ Not able to drink or feed anything or  
☐ Vomits everything

☐ Give rectal artesunate 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 4 above

☐ Give first dose of oral antimalarial AL  
☐ Age 2 months up to 3 years - 1 tab  
☐ Age 3 years up to 5 years - 2 tabs

☐ If **Chest indrawing**, or  
☐ **Fast Breathing**

☐ If child can drink, give first dose of oral antibiotic (amoxicillin tablet - 250mg)  
☐ 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.

### If no danger sign, TREAT at home and ADVISE on home care:

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)

☐ Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty.  
☐ Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least ½ cup ORS solution after each loose stool  
☐ Give zinc supplement. Give 1 dose daily for 10 days:  
☐ Age 2 months up to 6 months - ½ tablet (total 5 tablets)  
☐ Age 6 months up to 5 years - 1 tablet (total 10 tablets)  
Help caregiver to give first dose now.

☐ If **Fever** (less than 7 days) in a malaria area

☐ Do a rapid diagnostic test (RDT) for malaria  
Positive Negative  
☐ If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine)  
Give twice daily for 3 days  
☐ Age 2 months up to 3 years - 1 tablet (total 6 tablets)  
☐ Age 3 years up to 5 years - 2 tablets (total 12 tablets)  
Help caregiver to give first dose now. Advise to give 2nd dose after 8 hours and to give dose twice daily for 2 more days.

☐ If **Fast Breathing**

☐ Give oral antibiotic (amoxicillin tablet - 250mg)  
Give twice daily for 5 days  
☐ Age 2 months up to 12 months - 1 tablet (total 10 tablets)  
☐ Age 12 months up to 5 years - 2 tablets (total 20 tablets)  
Help caregiver to give first dose now.

☐ If **Yellow on MUC strap**

☐ 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 caregiver to give more fluids and continue feeding.  
☐ Advise on when to return. Go to nearest health facility immediately, or if not possible, return to CHW if child:  
☐ Cannot drink or feed  
☐ Becomes sicker  
☐ Has blood in the stool  
☐ Advise caregiver on sleeping under a bednet (ITN)  
☐ Follow up child in 3 days (schedule appointment in item 6 below)

## 4. CHECK VACCINES RECEIVED

(Tick ☒ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

Age	Vaccine					Date given
Birth	<input type="checkbox"/> BCG + Hep Birth	<input type="checkbox"/> OPV0				
6 weeks	<input type="checkbox"/> DTP-Hib1 + Hep B1	<input type="checkbox"/> OPV1	<input type="checkbox"/> RTV1	<input type="checkbox"/> PCV1		
10 weeks	<input type="checkbox"/> DTP-Hib2 + Hep B2	<input type="checkbox"/> OPV2	<input type="checkbox"/> RTV2	<input type="checkbox"/> PCV2		
14 weeks	<input type="checkbox"/> DTP-Hib3 + Hep B3	<input type="checkbox"/> OPV3	<input type="checkbox"/> RTV3	<input type="checkbox"/> PCV3		
9 months	<input type="checkbox"/> MCV1					
18 months	<input type="checkbox"/> DTP + MCV 2					

## 5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: \_\_\_\_\_

6. When to return for FOLLOW UP: (Circle one) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up: ☐ Child is better - continue to treat at home. Day of next follow up: \_\_\_\_\_

**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: [mncah@who.int](mailto:mncah@who.int)**  
**Website: [http://www.who.int/maternal child adolescent](http://www.who.int/maternal_child_adolescent)**



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