

# INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESSES (IMNCI)

Abride Course for Physicians

## FACILITATOR GUIDE FOR MODULES

## SICK CHILD AGE 2 MONTHS UP TO 5 YEARS



*Ministry of National Health Services, Regulation  
And Coordination, Government of Pakistan*



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# INTRODUCTION TO THIS FACILITATOR GUIDE

## *How does this course differ from other training courses?*

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

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

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

Each participant works at his own speed.

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

## ***What is a FACILITATOR?***

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

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

## ***What, then, DOES a FACILITATOR do?***

As a facilitator, you do 3 basic things:

### **1. You INSTRUCT:**

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

- Model good clinical skills, including communication skills, during clinical practice sessions.
- Give guidance and feedback as needed during clinical practice sessions.

## **2. You MOTIVATE:**

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

## **3. You MANAGE:**

- Plan ahead and obtain all supplies needed each day, so that they are in the classroom or taken to the clinic when needed.
- Make sure that movements from classroom to clinic and back are efficient. □ Monitor the progress of each participant.

### ***How do you do these things?***

- Show enthusiasm for the topics covered in the course and for the work that the participants are doing.
- Be attentive to each participant's questions and needs. Encourage the participants to come to you at any time with questions or comments. Be available during scheduled times.
- Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- Promote a friendly, cooperative relationship. Respond positively to questions (by saying, for example, "Yes, I see what you mean," or "That is a good question."). Listen to the questions and try to address the participant's concerns, rather than rapidly giving the "correct" answer.
- Always take enough time with each participant to answer his questions completely (that is, so that both you and the participant are satisfied).

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

- During times scheduled for course activities, do not work on other projects or discuss matters not related to the course.
- In discussions with participants, avoid using facial expressions or making comments that could cause participants to feel embarrassed.
- Do not call on participants one by one as in a traditional classroom, with an awkward silence when a participant does not know the answer. Instead, ask questions during individual feedback.
- Do not lecture about the information that participants are about to read. Give only the introductory explanations that are suggested in the *Facilitator Guide*. If you give too much information too early, it may confuse participants. Let them read it for themselves in the modules.
- Do not review text paragraph by paragraph. (This is boring and suggests that participants cannot read for themselves.) As necessary, review the highlights of the text during individual feedback or group discussions.
- Avoid being too much of a showman. Enthusiasm (and keeping the participants awake) is great, but learning is most important. Keep watching to ensure that participants are understanding the materials. Difficult points may require you to slow down and work carefully with individuals.
- Do not be condescending. In other words, do not treat participants as if they are children. They are adults.

- Do not talk too much. Encourage the participants to talk.
- Do not be shy, nervous, or worried about what to say. This *Facilitator Guide* will help you remember what to say. Just use it!

***How can this FACILITATOR GUIDE help you?***

This *Facilitator Guide* will help you teach the course **modules**, including the video segments. There is a separate guide to assist you with clinical practice sessions: The *Facilitator Guide for Clinical Practice*. For each module, this *Facilitator Guide* includes the following:

- a list of the procedures to complete the module, highlighting the type of feedback to be given after each exercise
- guidelines for the procedures. These guidelines describe:
  - how to do demonstrations, role plays, and group discussions,
  - supplies needed for these activities,
  - how to conduct the video exercises,
  - how to conduct oral drills,
  - points to make in group discussions or individual feedback. ○ answer sheets (or possible answers) for most exercises
  - a place to write down points to make in addition to those listed in the guideline

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

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

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

To prepare yourself for each module, you should:

- read the module and ***work the exercises***,
- read in this *Facilitator Guide* all the information provided about the module,
- plan exactly how work on the module will be done and what major points to make,
- collect any necessary supplies for exercises in the module, and prepare for any demonstrations or role plays,
- think about sections that participants might find difficult and questions they may ask,
- plan ways to help with difficult sections and answer possible questions,
- think about the skills taught in the module and how they can be applied in participants' own clinics,
- ask participants questions that will encourage them to think about using the skills in their clinics. Questions are suggested in appropriate places in the *Facilitator Guide*.



## CHECKLIST OF INSTRUCTIONAL MATERIALS NEEDED IN EACH SMALL GROUP

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

# CHECKLIST OF SUPPLIES NEEDED FOR WORK ON MODULES

Supplies needed for each person include:

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

Supplies needed for each group include:

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

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

## FACILITATOR GUIDELINES FOR INTRODUCTION

PROCEDURES	FEEDBACK
1. Introduce yourself and ask participants to introduce themselves.	-----
2. Perform any necessary administrative tasks.	-----
3. Distribute and introduce the Introduction module. Participants read the module.	-----
4. Explain your role as facilitator.	-----
5. Participants tell where they work and tell briefly their responsibility for care of sick children.	-----
6. Summarize the module and answer any questions.	-----

### INTRODUCTION OF YOURSELF AND PARTICIPANTS

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

### ADMINISTRATIVE TASKS

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

### INTRODUCTION OF MODULE

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

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

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

Note: Do not review the Glossary or discuss any questions about definitions in the Glossary now. Participants will learn the terms in logical order as they study the modules.

Tell the participants that if they need help understanding a word when it is used in a module, they should refer to the Glossary. They can also ask a facilitator for explanation if needed.

### **EXPLANATION OF YOUR ROLE AS FACILITATOR**

Explain to participants that, as facilitator (and along with your co-facilitator, if you have one), your role throughout this course will be to:

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

### **BRIEF DESCRIPTION OF PARTICIPANTS' RESPONSIBILITY FOR CARE OF SICK CHILDREN**

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

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

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

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

## SUMMARIZE THE MODULE AND ANSWER ANY QUESTIONS

To summarize the module, review this section closely.

The case management process is described on 7 charts:

(Walk to each of the charts on the wall as you say its title.)

<i>1. ASSESS AND CLASSIFY THE SICK CHILD</i>	These 5 charts are used for sick children age 2 months up to 5 years.
<i>2. TREAT THE CHILD AT HOME</i>	
<i>3. TREAT THE CHILD AT CLINIC</i>	
<i>4. COUNSEL THE MOTHER</i>	
<i>5. FOLLOW UP</i>	
<i>6. ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT</i>	Management of young infants age one week up to two months is somewhat different from older infants and children and is described on these charts.
<i>7. TREAT THE YOUNG INFANT</i>	

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

- i. Age 1 week up to 2 months
- ii. Age 2 months up to 5 years

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

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

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

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

- Modules (Hold up or point to a set of modules.)
- Clinical sessions. You will go to clinics (every day except today) to practice managing sick children using what you have learned.

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

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

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

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

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

To summarize: ***Much of the treatment advice may be helpful for a child aged 5-years or more. However, because of differences in the clinical signs of older and younger children who have these illnesses, this assessment and classification process using these clinical signs is not recommended for older children.***

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

## FACILITATOR GUIDELINES FOR MODULE -1

### ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS - 5 YEARS

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read through section 2.0. Demonstration: Introduce the Recording Form	-----
3. Participants do Exercise A.	Individual
4. Participants read through section 3.1.	-----
5. Participants read through end of section 3.2.	-----
6. Participants do Exercise B.	Individual
7. Participants do a video exercise. They record their answers on the worksheet for Exercise C.	Answers on video
8. Participants read through section 4.1 and do Exercise D, a photograph exercise.	Group Discussion
9. Drill: Checking for general danger signs and assessing cough or difficult breathing.	Drill
10. Participants read through 4.2.1 Classify Dehydration. Demonstration: Classify dehydration.	-----
11. Participants do Exercise E.	Individual
12. Participants read through section 4.2.3 and do Exercise F.	Individual
13. Participants do a video exercise and write their answers on the worksheet for Exercise G.	Answers on Video
14. Participants read through section 5.1 and do Exercise H, a photograph exercise.	Group Discussion
15. Participants read "Look for mouth ulcers" and do Exercise I, a photograph exercise.	Group Discussion
16. Participants read through "Look for pus draining from the eye" and "Look for clouding of the cornea." They do Exercise J, a photograph exercise.	Group Discussion
17. Drill: Determine fast breathing in children 2 months up to 5 years.	Drill

PROCEDURES	FEEDBACK
19. Participants do a video exercise and write their answers on the worksheet for Exercise L.	Answers on Video
20. Participants read through section 6.2 and do Exercise M.	Individual
21. Participants read through "Look for palmar pallor" and do Exercise N, a photograph exercise. Participants read through "Look and feel for oedema.	Group Discussion
22. Participants read through "Look and feel for oedema of both feet" and do Exercise O, a photograph exercise.	Group Discussion
23. Participants read through section 7.2 and do Exercise P.	Individual
24. Participants read through section 8.0 and do Exercise Q.	Individual
25. Drill: Determine weight for age.	Drill
26. Participants read section 9.0 and do Exercise R.	Individual
27. Participants do a video exercise and write their answers on the worksheet for Exercise S.	Answers on Video
28. As time allows, participants do a video summary exercise and write their answers on the worksheet for Exercise T.	Answers on Video
29. Summarize the module.	-----



## PREPARE TO FACILITATE THE MODULE

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

**Day 1** through Exercise M

**Day 2** through the end of the module

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

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

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

**For demonstrations:** There are at least 5 demonstrations scheduled for this module. The guidelines for the demonstrations suggest using enlargements of some parts of the *ASSESS & CLASSIFY* chart and the Recording Form to conduct the demonstrations. The enlargements focus participants' attention on points you introduce and want to emphasize such as how to use a classification table to classify a child's illness.

To conduct the demonstrations as described in these guidelines, use the following enlargements which are provided as Facilitator Aids:

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

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

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

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

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

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

## INTRODUCE THE MODULE

Distribute the module. Explain that in this module, participants will learn how to assess and classify children according to the process described on the chart, *ASSESS AND CLASSIFY SICK CHILDREN AGE 2 MONTHS UP TO 5 YEARS*.

Tell them that by learning how to use the process shown on the chart, participants will be able to identify signs of serious disease such as pneumonia, diarrhoea, malaria, measles, meningitis, malnutrition and anaemia.

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

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

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

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

Tell participants that this chart has three main sections. They are indicated by three headings: ***Assess, Classify and Identify Treatment***.

Point to each heading and column.

Explain that this module will teach participants how to assess and classify. Later, they will learn how to identify treatment.

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

1. Ask the mother about the child's problem.
2. Check for general danger signs.
3. Ask the mother about the five main symptoms:
  - i. Cough or difficult breathing
  - ii. Diarrhoea
  - iii. Ear problem
  - iv. Fever
4. When a main symptom is present:
  - i. assess the child further for signs related to the main symptom
  - ii. classify the illness according to the signs which are present or absent.
5. Check for signs of malnutrition and anaemia and classify the child's nutritional status.

6. Check the child's immunization status and decide if the child needs any immunizations today.
7. Check the Child's vitamin-A and Deworming status
8. Assess any other problems.

Introduce the first two sections of the module:

1. "Ask the mother what the child's problems are" and
2. "Check for general danger signs."

Show participants where these steps are located on the large wall chart<sup>1</sup>. For example:

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

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

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

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

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

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

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<sup>1</sup> If you are using other visual aids to help introduce the case management charts, refer to the modified guidelines your course director has prepared for you.

## DEMONSTRATION: Introduce the Recording Form

**Materials needed to do this demonstration:** Enlarged Blank Recording Form

### **To conduct the demonstration:**

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

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

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

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

- *the child's name, age, weight and temperature.*
- *the mother's answer about the child's problems.*
- *whether this is an initial visit or follow-up visit. Look at how the Recording Form is arranged. Notice that:*

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

Point to the relevant columns on the wall chart and then on the Recording Form to show their correspondence.

*Look at the Assess column on the wall chart. It shows the assessment steps for assessing the child's signs and symptoms.*

*Here is the Assess column on the Recording Form where you record any signs and symptoms that you find are present.*

*Here on the form is where you will record information about (point as you say the name) general danger signs -- the four main symptoms including signs of cough or difficult breathing -- diarrhoea -- fever -- ear problem -- and malnutrition and anaemia. You can see that the assessment steps under the main symptom questions on the chart are the same as on this form.*

*There is also a section for recording information about the child's immunization status --- and to record the answers when you assess the child's feeding later in the child's visit.*

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

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

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

- *ticking Yes if a general danger sign is present and No if it is not present here in the Classify column for the general danger signs section.*  
*(The special reminder in the Classify column for general danger signs says, "Remember to use danger sign when selecting classifications." This is to remind you to consider the general danger sign when you classify the child's main symptoms. You will learn more about classifying illness soon.)*
- *ticking Yes if a main symptom is present or No if it is not present.*  
*(point to the Yes \_\_\_ No \_\_\_ blanks after each main symptom assessment question on the enlargement.)*
- *writing specific information in spaces such as the one for recording the number of breaths per minute (point to where this number is written) or the number of days a sign or symptom has been present (point to the "for how long?" question in the cough section.*
- *writing the classification of the main symptom.*
- *As you work through the exercises in this module, you will only see the part of the form for the main symptom and signs you have learned. Look now in your module at Exercise A. You will see the top part of the Recording Form and the section "Check for General Danger Signs."*
- *At the end of the demonstration, ask if there are any questions. When there are no additional questions, ask the participants to turn to Exercise A and begin the exercise. Explain that they should tell a facilitator when they have completed their work on the exercise, and that the facilitator will discuss their answers with them individually.*

## **EXERCISE A: Individual Work Followed by Individual Feedback -- Identifying Danger Signs**

- Compare the participant's answers to the answer sheet and discuss any differences between them.
- This is the first time that participants use the Recording Form. Make sure participants learn to use the form correctly. As you discuss each case with the participant:
- Make sure he has written the child's name, age, weight and temperature in the appropriate places.
- Make sure he has written the child's problems in the space provided and ticked whether this is an initial or follow-up visit.
- If the child has any general danger sign, see if the participant has circled the signs which are present.
- If the child has a general danger sign, be sure the participant ticked "Yes" in the Classify column. If no general danger sign is present, the participant should tick "No" in the Classify column.
- Sentences follow each case to help guide the participant in the completion of the Recording Form. Talk through these sentences to review with the participant the steps for filling in the Recording Form and recording information about general danger signs.
- Praise the participant for what he does well. Answer his questions and provide guidance as needed. Give the participant a copy of the answer sheet. □ Ask the participant to read section 3.0 Assess and Classify Cough or Difficult Breathing and section 3.1 Assess Cough or Difficult Breathing.
- At the end of 3.1, there will be a short demonstration to introduce classification tables. Explain that participants do not need to read section 3.2 until after the demonstration.

# ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

## Answers to Exercise A

### Case 1: Salma

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name <u>Salma</u>	Age: <u>15</u> Months	Weight: <u>8.5</u> Kg Temperature: <u>38.5</u> C <u>    </u> F
ASK: What are the Child's problems? <u>Cough for 4 days, not eating</u> Initial Visit? <input checked="" type="checkbox"/> Follow-up Visit? <u>    </u>		
ASSESS (Circle all signs present)	<u>well</u>	CLASSIFY TREAT
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS	• LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT Yes <input checked="" type="checkbox"/> No <u>    </u>	Very Severe Disease

- Write Salma's name, age, weight and temperature in the spaces provided on the top line of the form.
- Write Salma's problem on the line after the question "Ask -- What are the child's problems?"
- Tick (✓) whether this is the initial or follow-up visit for this problem.
- Does Salma have a general danger sign? If yes, circle her general danger sign in the box with the question, "Check for general danger signs."

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

### Case 2: Jama

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
ID- No <u>    </u>	Name <u>Jamal</u>	Age: <u>4 years</u> Months Weight: <u>10</u> Kg Temperature: <u>38</u> °C <u>    </u> °F
ASK: What are the Child's problems? <u>Cough and Ear Pain</u> Initial Visit? <input checked="" type="checkbox"/> Follow-up Visit? <u>    </u>		
ASSESS (Circle all signs present)		CLASSIFY TREAT
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS	• LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT Yes <u>    </u> No <input checked="" type="checkbox"/>	

- Write Jamal's name, age, weight and temperature in the spaces provided on the top line of the form.
- Write Jamal's problem on the line after the question, "Ask -- What are the child's problems?"
- Tick (✓) whether this is the initial or follow-up visit.
- Does Jamal have a general danger sign? If yes, circle the sign on the Recording Form after the word "General danger sign" and write the classification.
- Write the classification.

**DEMONSTRATION: Introduce the classification tables and demonstrate how to classify cough or difficult breathing**

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

**Materials needed:** Enlargement of Classification Table -- Cough or Difficult Breathing

**To conduct the demonstration:**

- Ask if there are any questions about recognizing signs for assessing a child with cough or difficult breathing such as: count the number of breaths in one minute, look for chest indrawing, and listen for stridor.
- When there are no further questions, tell participants that the purpose of the demonstration is to introduce the classification tables and how to use them to classify illness in sick children. Details about individual classifications will be described later.
- Point to the wall chart and show participants where the classification tables are located on the chart. Mention points such as:

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

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

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

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

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

**A classification in a *green* row is not given a specific medical treatment such as antibiotics or other treatments. The health worker teaches the mother how to care for her child at home. For example, you might advise her on feeding her sick child.**



- Now display the enlargement of the classification table for cough or difficult breathing. Point out the Signs column and the Classify As column. As you talk through the steps for classifying cough or difficult breathing listed in the module (section 3.2 "Classify cough or difficult breathing"), point to each row as you describe it. For example:

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

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

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

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

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

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

**DEMONSTRATION: Review classification of cough or difficult breathing. Introduce the chart booklet.**

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

**Materials needed:**

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

**To conduct the demonstration:**

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

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

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

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

2 months up to 12 months	=	2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 months, but <b>not</b> 12 months
--------------------------------	---	---

12 months up to 5 years	=	12 months, 24 months, 3 years, 4 years, but <b>not</b> 5 years
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**So that participants can practice using this information, talk through the following questions. When a participant gives the correct answer, ask him to explain how he made the decision.**

- Is a 5½-year-old included in "12 months up to 5 years"? (No)
- Is a 37-month-old included in "12 months up to 5 years"? (Yes)
- Is a 4½-year-old included in "12 months up to 5 years"? (Yes)
- Is a 5-year-old included in "12 months up to 5 years"? (No)
- Is a 12-month-old included in "12 months up to 5 years"? (Yes)
- Is a 12-month-old included in "2 months up to 12 months"? (No)

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

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

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

What is fast breathing in a child who is:

- |   |            |
|---|------------|
| <input type="checkbox"/> 9 months old?  | 50 or more |
| <input type="checkbox"/> 10 months old? | 50 or more |
| <input type="checkbox"/> 3 years old?   | 40 or more |
| <input type="checkbox"/> 24 months old? | 40 or more |
| <input type="checkbox"/> 8 months old?  | 50 or more |
| <input type="checkbox"/> 12 months old? | 40 or more |
| <input type="checkbox"/> 11 months old? | 50 or more |
| <input type="checkbox"/> 13 months old? | 40 or more |
| <input type="checkbox"/> 4 years old?   | 40 or more |
| <input type="checkbox"/> 4 months old?  | 50 or more |
- 5 years old? *not included in the range "up to"*

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

Display the enlargement of the blank Recording Form. Use it to record information about Aziz, the example case study at the end of section 3.2.

**Review Aziz's case information with participants. Call on different participants one at a time and ask questions to obtain the case information. As participants report information to you, write it (or ask a participant to write it) on the Recording Form enlargement. For example:**

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

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

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

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

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

### 3. Introduce the chart booklet

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

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

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

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

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

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

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

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<sup>2</sup> If the classification tables in the chart booklets do not have coloured rows, participants can use markers to color them pink, yellow and green. Before they begin this activity, explain clearly to them what color each row should be.

## **EXERCISE B: Individual work followed by individual feedback -- Classifying children with cough or difficult breathing.**

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

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

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

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

- *How did you decide that Gul does not have a general danger sign?*
- *How did you decide that the child has fast breathing?*
- *Where on the chart did you look to decide if fast breathing is present?*
- *Where on the chart did you look when selecting a classification for cough or difficult breathing?*
- *How did you finally select this child's classification?*

**For Case 2:** Compare the participant's answers to the answer sheets. Discuss any differences. Talk each case through with the participant as you did for Case 1. Ask the participant to use the classification table and describe how he selected the classification for each case.

Praise the participant for what he has done well. Give additional guidance as needed. Give the participant a copy of the answer sheet.

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

# ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

## Answers to Exercise B

### Case 1: Gul

a)

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name <u>Gul</u> Age: <u>6</u> Months Weight: <u>5.5</u> Kg Temperature: <u>38</u> °C °F		
ASK: What are the Child's problems? <u>Cough for 2 days</u> Initial Visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>		
ASSESS (Circle all signs present)	CLASSIFY	TREAT
<b>CHECK FOR GENERAL DANGER SIGNS</b> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • For how long? <u>2</u> Days • Count the breaths in one minute. (Child must be calm) <u>58</u> breaths per minute. <u>Fast breathing?</u> • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheez.	<u>Pneumonia</u>	

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

- Decide: Does Gul have a general danger sign? Yes  No
- Does he have chest indrawing or stridor when calm? Yes  No
- Does he have the severe classification VERY SEVERE DISEASE? Yes  No

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

- Does Gul have fast breathing? Yes  No

d) How would you classify Gul's illness? Write the classification on the Recording

Form. The classification PNEUMONIA should be written on the Recording Form.

### Case 2: Basima

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name <u>Basima</u> Age: <u>8</u> Months Weight: <u>6</u> Kg Temperature: <u>39</u> °C °F		
ASK: What are the Child's problems? <u>Cough, Breathing trouble</u> Initial Visit? <input checked="" type="checkbox"/> Follow-up Visit? <input type="checkbox"/>		
ASSESS (Circle all signs present)	CLASSIFY	TREAT
<b>CHECK FOR GENERAL DANGER SIGNS</b> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Very Severe Disease</u>	
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • For how long? <u>3</u> Days • Count the breaths in one minute. (Child must be calm) <u>55</u> breaths per minute. <u>Fast breathing?</u> • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze.	<u>Very Severe Disease</u>	

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

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

### **To conduct this video exercise:**

Introduce participants to the procedure for video exercises in this course. Explain that during video exercises they will:

- see videotaped demonstrations and exercises
- do exercises and record their answers on worksheets in the module
- check their own answers to exercises and case studies with those on the video.

Tell participants that in the first part of the video for Exercise C they will see examples of general danger signs. They will see:

- a child who is not able to drink or breastfeed,
- a child who is vomiting,
- a mother who is being asked about her child's convulsions, and □ a child who is lethargic or unconscious.

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

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

At the end of the exercise, stop the machine. Ask if any participant had problems identifying the sign "lethargic or unconscious". Rewind the tape to replay any exercise item or demonstration that you think participants should see again. Emphasize points such as:

**Notice that a child who is lethargic may have his eyes open but is not alert or paying attention to what is happening around him.**

**Some normal young children sleep very soundly and need considerable shaking or a loud noise to wake them. When they are awake, however, they are alert.**



Tell the participants they will now:

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

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

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

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

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

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

\* \*

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

- Counting breathing requires close attention to one spot on the chest or abdomen.
- Chest indrawing and stridor require knowing when the child is breathing in and out. Practice this when you see children in the clinic tomorrow.

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

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

ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

## Answers to Exercise C

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

	Is the child lethargic or unconscious?	
	YES	NO
Child 1		✓
Child 2	✓	
Child 3		✓
Child 4	✓	

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

			Does the child have fast breathing?	
	Age	Breaths per minute	YES	NO
Mano	4 years	65	✓	
Waleed	6 months	66	✓	

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

	Does the child have chest indrawing?	
	YES	NO
Maryum		✓
Jennat	✓	
Hooria	✓	
Annam		✓
Laila		✓

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

	Does the child have stridor?		Does the child have wheeze?	
	YES	NO	YES	NO
Paro	✓			
Haleema	✓			
Sumbal		✓		
Hassan		✓	✓	

### Video Case Study

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name <u>Ben</u>	Age: <u>7</u> Months	Weight: <u>6</u> Kg Temperature: <u>38.5</u> ° C <u>    </u> ° F
ASK: What are the Child's problems? <u>cough for 2 weeks</u>		Initial Visit? <input checked="" type="checkbox"/> Follow-up Visit? <u>    </u>
ASSESS (Circle all signs present)	CLASSIFY	TREAT
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • CONVULSIONS • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT Yes <u>    </u> No <input checked="" type="checkbox"/>		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No <u>    </u> • For how long? <u>14</u> Days • Count the breaths in one minute. (Child must be calm) <u>55</u> breaths per minute. (Fast breathing?) • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze.	<b>PNEUMONIA</b>	

## **EXERCISE D: Photograph exercise – Group work with group feedback – Practice identifying signs of dehydration in children with diarrhea.**

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

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

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

### **Photographs 1 and 2:**

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

- Photograph 1: This child's eyes are sunken.
- Photograph 2: This child has a very slow skin pinch.

### **Photographs 3 through 6:**

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

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

**Now look at Photograph 4. Does this child have sunken eyes? Write your answer on the worksheet.** (Wait a few minutes while participants write their answers). *Then ask: Junaid, how did you answer the question for photograph 4? Does the child have sunken eyes?* (Junaid answers.)

Provide guidance as needed for any of the photographs participants have difficulty identifying.

Give each participant a copy of the answer sheet.

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

## **Answers to Exercise D**

### **Part 1:**

Photograph 1: This child's eyes are sunken.

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

### **Part 2:**

Photograph 3: This child has sunken eyes.

Photograph 4: The child has sunken eyes.

Photograph 5: The child does not have sunken eyes.

Photograph 6: The child has sunken eyes.

Photograph 7: The child's skin pinch goes back very slowly.

**DRILL: Check for general danger signs. Assess cough or difficult breathing**

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

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

Explain the procedures for doing the drill. Tell participants:

**This is not a test. The drill is an opportunity for participants to practice recalling information a health worker needs to use when assessing and classifying sick children.**

**You will call on individual participants one at a time to answer the questions. You will usually call on them in order, going around the table. If a participant cannot answer, go to the next person and ask the question again.**

Participants should wait to be called on and should be prepared to answer as quickly as they can. This will help keep the drill lively.

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

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

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

Start the drill by asking the first question. Call on a particular participant to provide the answer. He should answer as quickly as he can. Then ask the next question and call on another participant to answer. If a participant gives an incorrect answer, ask the next participant if he can answer.

Keep the drill moving at a rapid pace. Repeat the list of questions or make up additional questions if you think participants need extra practice.

The drill ends when all the participants have had an opportunity to answer and when you feel the participants are answering with confidence.

**DRILL: Review Checking for General Danger Signs and Assessing Cough or Difficult Breathing**

QUESTIONS	ANSWERS
<p>A child is age 2 months up to 5 years. What are the 5 steps for checking for general danger signs?</p>	<ul style="list-style-type: none"> <li>• Ask if the child is able to drink or breastfeed</li> <li>• Ask if the child vomits everything</li> <li>• Ask if the child has had convulsions</li> <li>• Look to see if the child is lethargic or unconscious</li> <li>• Look to see if the child is convulsing now</li> </ul>
<p>How do you decide if the child? --Is not able to drink or breastfeed?</p>	<p>The child is not able to drink at all. The child may be too weak to drink when offered fluids or not able to suck or swallow when offered a drink or breastmilk.</p>
<p>--Vomits everything?</p>	<p>The child is not able to keep anything down at all. What goes down comes back up.</p>
<p>--Has had convulsions?</p>	<p>The mother reports that the child has had "fits" or "spasms." She may use another word for convulsions or say that the child had uncontrolled jerky movements with loss of consciousness.</p>
<p>--Is lethargic?</p>	<p>The lethargic child is sleepy when he should be awake. The child may stare blankly and appear not to see what is going on around him.</p>
<p>--Is unconscious?</p>	<p>The unconscious child does not waken at all. He does not respond to touch or to loud noises.</p>
<p>--Is convulsing now at the clinic?</p>	<p>During a convulsing the child's arms and legs stiffen because the muscles are contracting. The child loses consciousness</p>

**(Drill questions continue on the next page.)**

QUESTIONS	ANSWERS
What are the 5 steps for assessing a child with cough or difficult breathing?	<ul style="list-style-type: none"> <li>* Ask how long the child has been coughing.</li> <li>* Count the breaths in one minute and decide if the child has fast breathing.</li> <li>* Look for chest indrawing.</li> <li>* Look and listen for stridor</li> <li>* Look and listen for wheeze</li> </ul>
What is the cut-off for deciding if fast breathing is present in a child who is:	
2 months old	50 or more breaths per minute
6 months old	50 or more breaths per minute
11 months old	50 or more breaths per minute
12 months old	40 or more breaths per minute
18 months old	40 or more breaths per minute
25 months old	40 or more breaths per minute
8 months old	50 or more breaths per minute
4 ½ years old	40 or more breaths per minute
9 months old	50 or more breaths per minute
How do you recognize chest indrawing?	The lower chest wall goes in when the child breathes IN. This should happen all the time for chest indrawing to be present.
What should you do if you are not sure that chest indrawing is present?	If there is any question, ask the mother to change the child's position. If the lower chest wall does not go in when the child breathes in, the child does not have chest indrawing.
How do you recognize stridor?	The child should be calm and not crying. Put your ear close to the child's mouth. Listen for a harsh noise when the child breathes IN.
How do you recognize wheeze?	The child should be calm and not crying The noise should not be blocked. Put your ear close to the child's mouth. Listen for a soft, musical noise when the child breathe out.

## **DEMONSTRATION: Classify Dehydration**

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

### **Materials needed:**

- Enlarged Blank Recording Form
- Enlarged Classification Table - Dehydration

### **To conduct this demonstration:**

1. Briefly review with participants the steps for classifying cough or difficult breathing as described in the module section 3.2.
2. Introduce the enlarged classification table for diarrhoea. Explain that classifying diarrhoea is slightly different than classifying cough or difficult breathing. For example:
  - All children with diarrhoea are classified for dehydration. To select a classification for dehydration, the child must have two or more of the signs in either the pink or yellow row. One sign is not enough to select a pink or yellow classification. If the child has only one sign in a row, look at the next row.
  - Only classify persistent diarrhoea if the child has had diarrhoea lasting 14 days or more.
  - Only classify dysentery if the child has blood in the stool.
3. Ask participants to turn to Exercise E in their modules. Talk through Case 1 for Exercise E to review how to classify a child for dehydration.

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

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

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

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

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

When there are no additional questions, ask participants to do Exercise E.
--



## **EXERCISE E: Individual work with individual feedback -- Practice classifying children up through diarrhoea.**

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

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

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

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

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

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

Tell the participant that when the rest of the group is ready, you will show the next video exercise. While the participant is waiting for the video to begin, he/she should begin reading the next section.

## ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### Answers to Exercise E

#### Case 1: Rana

<p>DOES THE CHILD HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> <li>• For how long? <u>5</u> Days</li> <li>• Is there blood in the stools?</li> </ul>	<p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Look at the child's general condition is the child: Lethargic or unconscious? <u>Restless or irritable?</u></li> <li>• Look for <u>sunken eyes.</u></li> <li>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? <u>Drinking eagerly, thirsty?</u></li> </ul> <p>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? <u>Slowly?</u></p>	<p>SOME DEHYDRATION</p>	
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#### Case 2: Adeela

<p>DOES THE CHILD HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> <li>• For how long? <u>3</u> Days</li> <li>• Is there blood in the stools?</li> </ul>	<p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Look at the child's general condition is the child: Lethargic or unconscious? Restless or irritable?</li> <li>• Look for <u>sunken eyes.</u></li> <li>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</li> </ul> <p>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</p>	<p>NO Dehydration</p>	
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#### Case 3: Heera

<p>DOES THE CHILD HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> <li>• For how long? <u>2</u> Days</li> <li>• Is there blood in the stools?</li> </ul>	<p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Look at the child's general condition is the child: Lethargic or unconscious? <u>Restless or irritable?</u></li> <li>• Look for <u>sunken eyes.</u></li> <li>• Offer the child fluid. Is the child: <u>Not able to drink or drinking poorly?</u> Drinking eagerly, thirsty?</li> </ul> <p>Pinch the skin of the abdomen. Does it go back: <u>Very slowly (longer than 2 seconds)?</u> Slowly?</p>	<p>SEVERE DEHYDRATION</p>	
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#### Case 4: Zahid

<p>DOES THE CHILD HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> <li>• For how long? <u>5</u> Days</li> <li>• Is there blood in the stools?</li> </ul>	<p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Look at the child's general condition is the child: Lethargic or unconscious? Restless or irritable?</li> <li>• Look for sunken eyes.</li> <li>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? <u>Drinking eagerly, thirsty?</u></li> </ul> <p>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</p>	<p>NO DEHYDRATION</p>	
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## **EXERCISE F: Video exercise and case study -- "Does the child have diarrhoea?"**

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

- See examples of children with diarrhoea who have the following signs of dehydration.
- Watch a demonstration of a diarrhoea assessment and how to classify dehydration.
- Do an exercise to practice recognizing sunken eyes and slow or very slow skin pinch.

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

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

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

- If you can see the tented skin even briefly after you release the skin, this is a slow skin pinch. A skin pinch which returns immediately is so quick that you cannot see the tented skin at all after releasing it.
- Repeat the skin pinch if you are not sure. Make sure you are doing it in the right position.
- Sometimes children who are sick or tired hold very still in clinic, but they respond to touch or voice. Josh is an example of this. They should not be considered lethargic. It can be hard to tell this on the video because you only see a few minutes of the child. If you initially think a child is lethargic but then he awakens and becomes alert later in the exam, do not consider this child to have the general danger sign "lethargic or unconscious".

Give each participant a copy of the answer sheet. Ask participants to read through section 5.1 Assess Sore throat and to tell you when they are ready to do Exercise G as a group exercise.

## ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

### Exercise F

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

	Does the child have sunken eyes?	
	YES	NO
Child 1	✓	
Child 2		✓
Child 3	✓	
Child 4		✓
Child 5	✓	
Child 6		✓

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

	Does the skin pinch go back:		
	very slowly?	slowly?	immediately?
Child 1			✓
Child 2			✓
Child 3	✓		
Child 4		✓	
Child 5	✓		

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

**Video Case Study:**

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name <u>Josh</u> Age: <u>6</u> Months Weight: <u>6</u> Kg Temperature: <u>38</u> ° C <u></u> ° F		
ASK: What are the Child's problems? <u>Diarrhoea, Cough</u> Initial Visit? <input checked="" type="checkbox"/> Follow-up Visit? <u></u>		
ASSESS (Circle all signs present)	CLASSIFY	TREAT
<p>CHECK FOR GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> <li>• NOT ABLE TO DRINK OR BREASTFEED</li> <li>• VOMITS EVERYTHING</li> <li>• CONVULSIONS</li> </ul> <ul style="list-style-type: none"> <li>• LETHARGIC OR UNCONSCIOUS</li> <li>• CONVULSING NOW</li> </ul> <p>ANY DANGER SIGN PRESENT Yes <u></u> No <u></u></p>		
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No <u></u></p> <ul style="list-style-type: none"> <li>• For how long? <u>3</u> Days</li> </ul>	<p>Count the breaths in one minute. (Child must be calm) <u>56</u> breaths per minute. <u>Fast breathing?</u></p> <p>look for chest indrawing. look and listen for stridor. look and listen for wheeze.</p>	<u>Pneumonia</u>
<p>DOES THE CHILD HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> <li>• For how long? <u>5</u> Days</li> <li>• Is there blood in the stools?</li> </ul>	<p>Yes <input checked="" type="checkbox"/> No <u></u></p> <ul style="list-style-type: none"> <li>• Look at the child's general condition is the child: Lethargic or unconscious? Restless or irritable?</li> <li>• Look for <u>sunken eyes</u>.</li> <li>• Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</li> </ul> <p>Pinch the skin of the abdomen. Does it go back: <u>Very slowly</u> (longer than 2 seconds)? Slowly?</p>	<u>Severe dehydration</u>

## **EXERCISE G: Group work with group feedback -- Practice identifying generalized rash of measles in children with fever**

When the participants have completed reading section 7.1 and before you conduct this exercise, lead a short group discussion.

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

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

Review briefly with participants the step, "Decide malaria risk." Point out that to select the correct classification table, you need to know the malaria risk. Talk through with participants whether the malaria risk in their clinic's area is high or low. Is the malaria risk high all year long? Or is the malaria risk high only during certain seasons? Helping participants to clarify the risk of malaria in their clinic's area will guide them in whether they should read or skip the information later in this section about classifying fever when the risk of malaria is low. If the area is low malaria risk, explain the importance of asking about travel outside the area. If the area is no malaria risk explain the importance of asking about travel outside the area.

Explain that participants can circle on the recording form how they decided to assess the child for fever. They can circle the appropriate phrase -- by

history/feels hot/temperature 37.5°C or above -- that follows the question, "Does the child have fever?"

### ***Photographs 8 through 11:***

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

- **Photograph 8:** This child has the generalized rash of measles and red eyes. You can see that the rash has spread to the child's face and chest. The measles rash does not have vesicles or pustules.
- **Photograph 9:** This child has a heat rash. Heat rash can be generalized with small bumps and vesicles which itch. The child's rash is not red.
- **Photograph 10:** This child has scabies. This is not a generalized rash. There are vesicles present and open "runny" sores.
- **Photograph 11:** This child's rash is due to chicken pox. It is not a generalized rash of measles.

### ***Photographs 12 through 21:***

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

- ***Now look at Photograph 12. Does the child have the generalized rash of measles? Write your answer on the worksheet in your module.*** (Wait a few minutes while participants write answers in their modules. Then ask:) ***Azra, does the child have a measles rash? (Azra answers.) How did you decide that the child had a measles rash?***
- ***Now look at Photograph 13. Does this child have a measles rash? Write your answer on the worksheet.*** (Wait a few minutes while participants write their answers. Then ask:) ***Rehman, how did you answer the question for photograph 13? Does the child have a measles rash? (Rehman answers.)***

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

Give each participant a copy of the answer sheet. Ask the participant to read through the description of mouth signs on the next page of the module and be ready to do Exercise I.

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

## Answers to Exercise G

### Part 1:

<b>Photograph 8:</b>	This child has the generalized rash of measles and red eyes.
<b>Photograph 9:</b>	This example shows a child with heat rash. It is not the generalized rash of measles.
<b>Photograph 10:</b>	This is an example of scabies. It is not the generalized rash of measles.
<b>Photograph 11:</b>	This is an example of a rash due to chicken pox. It is not a measles rash

### Part 2:

Is the generalized rash of measles present?			
	YES	NO	
<b>Photograph 12</b>	✓		
<b>Photograph 13</b>		✓	<i>This child has scabies.</i>
<b>Photograph 14</b>	✓		
<b>Photograph 15</b>		✓	<i>This child has scabies.</i>
<b>Photograph 16</b>		✓	<i>This child has tinea versicolour</i>
<b>Photograph 17</b>		✓	<i>This child has chicken pox.</i>
<b>Photograph 18</b>		✓	<i>This child is malnourished and has normal skin.</i>
<b>Photograph 19</b>		✓	<i>This child has heat rash.</i>
<b>Photograph 20</b>	✓		
<b>Photograph 21</b>		✓	<i>This child has normal skin.</i>

## EXERCISE H: Photograph exercise -- Group work with group feedback -- Practice identifying mouth ulcers.

### *Photographs 22 through 24:*

Talk through the example photographs. Explain points such as:

#### **Part 1:**

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

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

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

Ask participants to identify photographs 25 through 27.

### *Photographs 25 through 27:*

Allow the participants time to answer the three exercise items.

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

Give the participant a copy of the answer sheet.

Ask participants to read the next section describing eye signs and be ready to do Exercise I.

## Answers to Exercise H

#### **Part 2:**

	Does the child have mouth ulcers?	
	YES	NO
<b>Photograph 25</b>	✓	
<b>Photograph 26</b>	✓	
<b>Photograph 27</b>		✓



## EXERCISE I: Photograph exercise -- Group work followed by group feedback Pus draining from the eye and clouding of the cornea in children with measles.

### Photographs 28 through 30:

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

- **Photograph 28:** This is a normal eye showing the iris, pupil, conjunctiva and cornea. (Make sure participants understand the terms iris, pupil, conjunctiva and cornea.) There is no pus. There are tears. The child has been crying. There is no pus draining from the eye.
- **Photograph 29:** This child has pus draining from the eye.
- **Photograph 30:** This child has clouding of the cornea.

### Photographs 31 through 37:

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

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

Give each participant a copy of the answer sheet.

## Answers to Exercise I

### Part 1:

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

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

**Photograph 30:** This child has clouding of the cornea.

### Part 2:

	Does the child have:	
	Pus draining from the eye?	Clouding of the cornea?
<b>Photograph 31</b>	Yes	Not able to tell
<b>Photograph 32</b>	No	No
<b>Photograph 33</b>	Yes	Not able to tell
<b>Photograph 34</b>	No	Yes
<b>Photograph 35</b>	No	Yes
<b>Photograph 36</b>	Yes	Not able to tell
<b>Photograph 37</b>	No	No

**DRILL: Determining fast breathing in children 2 months up to 5 years**

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

***To conduct the drill:***

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

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

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

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

<b>QUESTION</b>	<b>ANSWER</b>
<b>ASK: What is fast breathing in a child who is:</b>	
4 months old	50 breaths per minute or more
18 months old	40 breaths per minute or more
36 months old	40 breaths per minute or more
6 months old	50 breaths per minute or more
11 months old	50 breaths per minute or more
12 months old	40 breaths per minute or more
2 months old	50 breaths per minute or more

**DRILL: Part 2:**

<b>QUESTION</b>		<b>ANSWER</b>
<i>ASK: Does the child have fast breathing if:</i>		
<i>The child is:</i>	<i>and number of breaths in a minute is:</i>	
<b>3 months old</b>	52	<b>YES</b>
<b>2 years old</b>	38	<b>NO</b>
<b>6 months old</b>	48	<b>NO</b>
<b>12 months old</b>	38	<b>NO</b>
<b>12 months old</b>	42	<b>YES</b>
<b>3 years old</b>	37	<b>NO</b>
<b>8 months old</b>	54	<b>YES</b>
<b>18 months old</b>	45	<b>YES</b>
<b>15 months old</b>	42	<b>YES</b>
<b>4 months old</b>	45	<b>NO</b>
<b>14 months old</b>	45	<b>YES</b>
<b>4 years old</b>	43	<b>YES</b>
<b>20 months old</b>	48	<b>YES</b>
<b>7 months old</b>	48	<b>NO</b>
<b>10 months old</b>	38	<b>NO</b>
<b>11 months old</b>	45	<b>NO</b>
<b>12 months old</b>	45	<b>YES</b>

## **EXERCISE J: Individual work followed by individual feedback -- Practice classifying sick children up through fever.**

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

### **Materials needed:**

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

### **To conduct the group discussion:**

When all the participants have read through 7.3, lead a brief discussion about the example case study for Exercise M and review how to classify fever.

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

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

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

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

\* \*

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

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

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

Give the participant a copy of the answer sheet.

Tell the participant that when the rest of the group is ready, you will show the next video exercise. While the participant is waiting for the video exercise to begin, he should read through 8.1 Assess for malnutrition and anaemia

# Answers to Exercise J

## Case 1: Kareem

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		CLASSIFY
ID No. <u>009</u>		
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>    </u> °F		
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <u>    </u> ✓ <u>    </u> Follow up visit? <u>    </u>		
<b>ASSESS (Circle all signs present)</b>		
<b>CHECK FOR GENERAL DANGER SIGNS</b>		
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS	CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES ___ NO ___ ✓ ___ (remember to use when selecting classification)</b>	
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO ___ ✓ ___</b>		
For how long? <u>    </u> Days Look and listen for stridor Look and listen for wheeze	Count the breaths in one minute. (child must be calm) <u>    </u> breaths per minute. Fast breathing? YES ___ NO ___	
<b>DOES THE CHILD HAVE DIARRHOEA? YES ___ ✓ ___ NO ___</b>		
For how long? <u>3</u> Days Is there blood in the stools? YES ___ ✓ ___ NO ___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly	Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?	
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES ___ ✓ ___ NO ___</b>		
For how long? <u>3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High ___ Low ___ No ___ Malaria transmission in the area YES ___ NO ___ Transmission season = YES ___ NO ___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES ___ NO ___	Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlax      NEGATIVE?	
If the child has measles now or within the last 3 months:	Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea	

# Answers to Exercise J

## Case 2: Aamir

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		CLASSIFY
ID No. <u>009</u>		
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>    </u> °F		
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <u>    </u> <input checked="" type="checkbox"/> <u>    </u> Follow up visit? <u>    </u>		
ASSESS (Circle all signs present)		
<b>CHECK FOR GENERAL DANGER SIGNS</b>		
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS	CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓__ (remember to use when selecting classification)</b>	
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES___ NO__✓__</b>		
For how long? <u>    </u> Days Look and listen for stridor Look and listen for wheeze	Count the breaths in one minute. (child must be calm) <u>    </u> breaths per minute. Fast breathing? YES___ NO__	
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b>		
For how long? <u>3</u> Days Is there blood in the stools? YES__✓__ NO___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly	Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?	
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b>		
For how long? <u>3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High___ Low___ No___ Malaria transmission in the area YES___ NO___ Transmission season = YES___ NO___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES___ NO___	Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvox      NEGATIVE?	
If the child has measles now or within the last 3 months:	Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea	

# Answers to Exercise J

## Case 3: Surita

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		CLASSIFY
ID No. <u>009</u>		
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>    </u> °F		
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <u>    </u> <input checked="" type="checkbox"/> Follow up visit? <u>    </u>		
ASSESS (Circle all signs present)		
<b>CHECK FOR GENERAL DANGER SIGNS</b>		
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS	CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓__ (remember to use when selecting classification)</b>	
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES___ NO__✓__</b>		
For how long? <u>    </u> Days Look and listen for stridor Look and listen for wheeze	Count the breaths in one minute. (child must be calm) <u>    </u> breaths per minute. Fast breathing? YES___ NO__	
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b>		
For how long? <u>3</u> Days Is there blood in the stools? YES__✓__ NO___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly	Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?	
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b>		
For how long? <u>3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High___ Low___ No___ Malaria transmission in the area YES___ NO___ Transmission season = YES___ NO___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES___ NO___	Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvox      NEGATIVE?	
If the child has measles now or within the last 3 months:	Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea	

## EXERCISE K: (Exercise L of Video) -- "Does the child have fever?"

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

### **To conduct the video exercise:**

Tell participants that during the video for Exercise L they will see examples of how to assess a child with fever for:

- stiff neck
- generalized rash of measles

They will also see how to assess children with measles for:

- mouth ulcers
- pus draining from the eye
- clouding of the cornea

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

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

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

Important points to emphasize in this video are:

- The video shows examples of measles rash at different stages: the early red rash and the older rash which is peeling as you saw in Pu's case.
- Assessing for stiff neck varies depending on the state of the child. You may not need to even touch the child. If the child is alert and calm, you may be able to attract his attention and cause him to look down. If you need to try to move the child's neck, you saw in the video a position which supports the child while gently bending the neck. It is hard to tell from a video whether the child's neck is stiff. When you do this step with a real child, you will feel the stiffness when you try to bend the neck. You also saw the child cry from pain as the health worker tried to bend the neck.

Give the participants a copy of the answer sheet.

### **Answers to Exercise K**

For each of the children shown, answer the question:

	Does the child have a stiff neck?	
	YES	NO
<b>Child 1</b>		✓
<b>Child 2</b>	✓	
<b>Child 3</b>		✓
<b>Child 4</b>	✓	



**ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS Answers to Exercise K(continued) Video Case Study:**

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b>		
ID No. <u>009</u> Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>    </u> °F ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <u>    </u> <input checked="" type="checkbox"/> <u>    </u> Follow up visit? <u>    </u>		
<b>ASSESS (Circle all signs present)</b> <b>CHECK FOR GENERAL DANGER SIGNS</b>		<b>CLASSIFY</b>
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS	CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓_ (remember to use when selecting classification)</b>	
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO__✓_</b>		
For how long? <u>    </u> Days Look and listen for stridor Look and listen for wheeze	Count the breaths in one minute. (child must be calm) <u>    </u> breaths per minute. Fast breathing? YES ___ NO__	
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b> For how long? <u>3</u> Days Is there blood in the stools? YES__✓__ NO___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly		Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b> For how long? <u>3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High ___ Low ___ No ___ Malaria transmission in the area YES ___ NO ___ Transmission season = YES ___ NO ___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES ___ NO ___		Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvax      NEGATIVE?
If the child has measles now or within the last 3 months:		Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea

**EXERCISE L: Individual work followed by individual feedback—Assess and classify a sick child up through ear problem.**

Compare the participants answers to those on the answer sheet.

Give the participant a copy of the answer sheet

Ask the participant to read through section 7.1 assess fever and to be ready to do exercise J, as a group exercise

**Case 1: Hira**

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

**Case 2: Dana**

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

**EXERCISE M: Group work followed by group feedback -- Look for visible severe wasting. Look for oedema of both feet.**

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

***Photographs 47 through 50:***

Talk through the example photographs. Mention these points:

- **Photograph 47:** This is an example of visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child's face.
- **Photograph 48:** This is the same child as in photograph 47 showing loss of buttock fat.
- **Photograph 49:** This is the same child as in photograph 47 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.
- **Photograph 50:** This child has oedema. *Notice that the child has oedema of both feet. In this child, the oedema extends up to the child's legs.*

***Photographs 51 through 59:***

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

Give participants a copy of the answer sheet.

Ask participants to read through section 8.2 —Classify Anaemia and do exercise N.

## ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### Answers to Exercise M

#### Part 1:

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

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

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

**Photograph 50:** This child has oedema.

#### Part 2: For each photograph, answer the question:

	Does the child have visible severe wasting?	
	YES	NO
Photograph 51		✓
Photograph 52	✓	
Photograph 53		✓
Photograph 54	✓	
Photograph 55	✓	
Photograph 56	✓	
Photograph 57		✓
Photograph 58	✓	
	Does the child have oedema?	
	Yes	No
Photograph 59	✓	

## **EXERCISE N: Photograph exercise -- Group work followed by group feedback -- Look for palmar pallor**

### ***Photographs 38 through 40b:***

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

- **Photograph 38:** This child's skin is normal. There is no palmar pallor on the child's palms.
- **Photograph 39a:** The hands in this photograph are from two different children. The child on the left has some palmar pallor. *The skin is pale but not white.*
- **Photograph 39b:** The child on the right has no palmar pallor.
- **Photograph 40a:** The hands in this photograph are from two different children. The child on the left has no palmar pallor.
- **Photograph 40b:** The child on the right has severe palmar pallor.

### ***Photograph 41 through 46:***

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

Give the participant a copy of the answer sheet.

Ask the participant to read through 8.2 classify Nutritional Status and do exercise Q. in exercise Q, the cases are long because the participants has now learned almost all of the *ASSESS AND CLASSIFY chart*. Encourage participants to take their time and work through the exercise carefully

## ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### Answers for Exercise N

#### Part 1:

- **Photograph 38:** This child's skin is normal. There is no palmar pallor.
- **Photograph 39a:** The hands in this photograph are from two different children. The child on the left has some palmar pallor.
- **Photograph 39b:** The child on the right has no palmar pallor.
- **Photograph 40a:** The hands in this photograph are from two different children. The child on the left has no palmar pallor.
- **Photograph 40b:** The child on the right has severe palmar pallor.

#### Part 2:

	Does the child have signs of:		
	Severe pallor	Some pallor	No pallor
Photograph 41		✓	
Photograph 42			✓
Photograph 43a	✓		
Photograph 43b			✓
Photograph 44	✓		
Photograph 45		✓	
Photograph 46	✓		

**EXERCISE O: Individual work followed by individual feedback -- Assess and classify sick children up through checking for malnutrition and anemia.**

This is the first time that participants use the Weight for Age chart.

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

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

Give the participant a copy of the answer sheet.

Ask the participant to read through 9.0 Check the Child's Immunization and Vitamin A supplementation and Deworming Status and do Exercise R.

# ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

## Answers to Exercise O - Case 1: Nadia

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS							
ID No. <u>009</u>							
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>    </u> °F							
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <input checked="" type="checkbox"/> Follow up visit? <input type="checkbox"/>							
<b>ASSESS (Circle all signs present)</b>						<b>CLASSIFY</b>	
<b>CHECK FOR GENERAL DANGER SIGNS</b>							
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓_ (remember to use when selecting classification)</b>				
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES___ NO__✓_</b>							
For how long? <u>    </u> Days		Count the breaths in one minute. (child must be calm) <u>    </u> breaths per minute.					
Look and listen for stridor		Fast breathing? YES___ NO__					
Look and listen for wheeze							
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b>							
For how long? <u>3</u> Days			Look at the child's general condition. Is the child:				
Is there blood in the stools? YES__✓__ NO___			Lethargic or unconscious				
Pinch the skin of the abdomen. Does it go back:			Restless or irritable				
Very slowly (longer than 2 seconds)			Offer the child fluid. Is the child:				
Slowly			Not able to drink or drinking poorly?				
			Drinking eagerly, thirsty?				
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b>							
For how long? <u>3</u> Days		Look or feel for stiff neck.					
If more than 7 days, has fever been present every day?		Look for runny nose					
Has child had measles within the last 3 months		Look for signs of MEASLES					
Decide malaria risk High___ Low___ No___		Generalized rash <b>AND</b>					
Malaria transmission in the area		One of these: cough, runny nose, or red eyes					
YES___ NO___		Look for any other causes of fever					
Transmission season = YES___ NO___		<i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>					
In non or low endemic areas		Do a malaria test, if No general danger sign in all cases in					
travel history within the last 15-days to an area		High malaria risk or No obvious causes of fever in low					
where malaria transmission occurs		Malaria risk:					
YES___ NO___		Test POSITIVE? P. falciporium P. vlvax   NEGATIVE?					
If the child has measles now or within the last 3 months:							
			Look for mouth ulcers If YES are they deep and extensive?				
			Look for pus draining from the eye				
			Look for clouding of cornea				
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES__✓__ NO___</b>							
Is <u>here</u> severe ear pain?			Look for pus draining from the ear.				
Is there ear discharge? If Yes, for how long? <u>    </u> Days			Feel for tender swelling behind the ear.				
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>							
			Look for oedema of both feet				
			Determine WFH/L z-score:				
			Less than -3   Between -3 and -2   -2 or more				
			Child 6 months or older measure MUAC <u>    </u> mm				
			Look for palmar pallor:				
			Severe palmar pallor   Some palmar pallor   No palmar pallor				
If child has MUAC less than 115 mm or WFH/L less than -3 z-score							
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?							
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>							
BCG	OPV-I *Pentavalent-I Pneumococcal - I Rota 1	OPV-II *Pentavalent-II Pneumococcal - II Rota 2	OPV-III *Pentavalent-III Pneumococcal - III IPV	Measles I	Measles-II**	Vitamin A  Mebendazole	<b>Return for next immunization on:</b>
*Pentavalent: DPT+HepB+Hib   ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						<b>(DATE)</b>	
<b>ASSESS THE CHILD'S FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b>							
Do you breastfeed your child? YES___ NO___ If YES how many times in 24 hours? <u>    </u> times. Do you breastfeed during the night?							
Does the child take any other foods or fluids? YES___ NO___							
If YES what foods or fluids?							
How many times per day? <u>    </u> times What do you use to feed the child?							
If MODERATE ACUTE MALNUTRITION: How large are the servings?							
Does the child receive his own serving? YES___ NO___ Who feeds the child and how?							
During this illness, has the child's feeding changed? YES___ NO___							
If YES, how?							
<b>ASSESS OTHER PROBLEMS:</b>			<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>			<b>FOLLOW UP:</b>	



# ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

## Answers to Exercise O(continued) - Case 2: Khali

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS						
ID No. <u>009</u>						
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>  </u> °F						
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <input checked="" type="checkbox"/> Follow up visit? <input type="checkbox"/>						
<b>ASSESS (Circle all signs present)</b>						<b>CLASSIFY</b>
<b>CHECK FOR GENERAL DANGER SIGNS</b>						
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓_ (remember to use when selecting classification)</b>			
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES___ NO__✓_</b>						
For how long? <u>  </u> Days Look and listen for stridor Look and listen for wheeze		Count the breaths in one minute. (child must be calm) <u>  </u> breaths per minute. Fast breathing? YES___ NO__				
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b>						
For how long? <u>  3</u> Days Is there blood in the stools? YES__✓__ NO___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly		Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?				
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b>						
For how long? <u>  3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High___ Low___ No___ Malaria transmission in the area YES___ NO___ Transmission season = YES___ NO___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES___ NO___		Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvax   NEGATIVE?				
If the child has measles now or within the last 3 months:		Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea				
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES__✓__ NO___</b>						
Is <u>here</u> severe ear pain? Is there ear discharge? If Yes, for how long? <u>  </u> Days		Look for pus draining from the ear. Feel for tender swelling behind the ear.				
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>						
If child has MUAC less than 115 mm or WFH/L less than -3 z-score		Look for oedema of both feet Determine WFH/L z-score: Less than -3   Between -3 and -2   -2 or more Child 6 months or older measure MUAC___ mm Look for palmar pallor: Severe palmar pallor   Some palmar pallor   No palmar pallor				
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?						
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>						
BCG	OPV-I *Pentavalent-I Pneumococcal - I Rota 1	OPV-II *Pentavalent-II Pneumococcal - II Rota 2	OPV-III *Pentavalent-III Pneumococcal - III IPV	Measles I	Measles-II**	Vitamin A  Mebendazole
*Pentavalent: DPT+HepB+Hib   ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						<b>Return for next immunization on:</b>  <b>(DATE)</b>
<b>ASSESS THE CHILD'S FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b>						
Do you breastfeed your child? YES___ NO___ If YES how many times in 24 hours? <u>  </u> times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES___ NO___ If YES what foods or fluids? How many times per day? <u>  </u> times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES___ NO___ Who feeds the child and how? During this illness, has the child's feeding changed? YES___ NO___ If YES, how?						
<b>ASSESS OTHER PROBLEMS:</b>				<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>

## ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

### Answers to Exercise O(continued) - Case 3:Alam

IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS						
ID No. <u>009</u>						
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>  </u> °F						
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <input checked="" type="checkbox"/> Follow up visit? <input type="checkbox"/>						
<b>ASSESS (Circle all signs present)</b>						<b>CLASSIFY</b>
<b>CHECK FOR GENERAL DANGER SIGNS</b>						
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓_ (remember to use when selecting classification)</b>			
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES___ NO__✓_</b>						
For how long? <u>  </u> Days Look and listen for stridor Look and listen for wheeze		Count the breaths in one minute. (child must be calm) <u>  </u> breaths per minute. Fast breathing? YES___ NO__				
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b>						
For how long? <u>  3</u> Days Is there blood in the stools? YES__✓__ NO___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly			Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?			
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b>						
For how long? <u>  3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High___ Low___ No___ Malaria transmission in the area YES___ NO___ Transmission season = YES___ NO___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES___ NO___		Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)</i>  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvax   NEGATIVE?				
If the child has measles now or within the last 3 months:		Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea				
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES__✓__ NO___</b>						
Is <u>here</u> severe ear pain? Is there ear discharge? If Yes, for how long? <u>  </u> Days		Look for pus draining from the ear. Feel for tender swelling behind the ear.				
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>						
Look for oedema of both feet Determine WFH/L z-score: Less than -3   Between -3 and -2   -2 or more Child 6 months or older measure MUAC <u>  </u> mm Look for palmar pallor: Severe palmar pallor   Some palmar pallor   No palmar pallor			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?			
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>						
BCG	OPV-I *Pentavalent-I Pneumococcal - I Rota 1	OPV-II *Pentavalent-II Pneumococcal - II Rota 2	OPV-III *Pentavalent-III Pneumococcal - III IPV	Measles I	Measles-II**	Vitamin A  Mebendazole
*Pentavalent: DPT+HepB+Hib   ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						<b>Return for next immunization on:</b>  <b>(DATE)</b>
<b>ASSESS THE CHILD'S FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b>						
Do you breastfeed your child? YES___ NO___ If YES how many times in 24 hours? <u>  </u> times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES___ NO___ If YES what foods or fluids? How many times per day? <u>  </u> times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES___ NO___ Who feeds the child and how? During this illness, has the child's feeding changed? YES___ NO___ If YES, how?						<b>FEEDING PROBLEMS</b>
<b>ASSESS OTHER PROBLEMS:</b>				<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>

## ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

**Answers to Exercise O(continued) - Case 4: Anwar**

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b>							
ID No. <u>009</u>							
Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u> °C <u>    </u> °F							
ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <u>    </u> ✓ <u>    </u> Follow up visit? <u>    </u>							
<b>ASSESS (Circle all signs present)</b>						<b>CLASSIFY</b>	
<b>CHECK FOR GENERAL DANGER SIGNS</b>							
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES___ NO__✓_ (remember to use when selecting classification)</b>				
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO __✓_</b>							
For how long? ___ Days		Count the breaths in one minute. (child must be calm) ___ breaths per minute.					
Look and listen for stridor		Fast breathing? YES___ NO___					
Look and listen for wheeze							
<b>DOES THE CHILD HAVE DIARRHOEA? YES__✓__ NO___</b>							
For how long? <u>3</u> Days		Look at the child's general condition. Is the child:					
Is there blood in the stools? YES__✓__ NO___		Lethargic or unconscious					
Pinch the skin of the abdomen. Does it go back:		Restless or irritable					
Very slowly (longer than 2 seconds)		Offer the child fluid. Is the child:					
Slowly		Not able to drink or drinking poorly?					
		Drinking eagerly, thirsty?					
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES__✓__ NO___</b>							
For how long? <u>3</u> Days		Look or feel for stiff neck.					
If more than 7 days, has fever been present every day?		Look for runny nose					
Has child had measles within the last 3 months		Look for signs of MEASLES					
Decide malaria risk High___ Low___ No___		Generalized rash <b>AND</b>					
Malaria transmission in the area		One of these: cough, runny nose, or red eyes					
YES___ NO___		Look for any other causes of fever					
Transmission season = YES___ NO___		Look for signs and symptoms of <b>DENGUE FEVER</b> ; if suspected do tourniquet test (if yes, use the relevant treatment instructions)					
In non or low endemic areas		Do a malaria test, if no general danger sign in all cases in					
travel history within the last 15-days to an area where malaria transmission occurs		High malaria risk or No obvious causes of fever in low					
YES___ NO___		Malaria risk:					
		Test POSITIVE? P. falciporium P. vlvox <b>NEGATIVE?</b>					
If the child has measles now or within the last 3 months:		Look for mouth ulcers If YES are they deep and extensive?					
		Look for pus draining from the eye					
		Look for clouding of cornea					
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES__✓__ NO___</b>							
Is there severe ear pain?		Look for pus draining from the ear.					
Is there ear discharge? If Yes, for how long? ___ Days		Feel for tender swelling behind the ear.					
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>							
		Look for oedema of both feet					
		Determine WFH/L z-score:					
		Less than -3 Between -3 and -2 -2 or more					
		Child 6 months or older measure MUAC___ mm					
		Look for palmar pallor:					
		Severe palmar pallor Some palmar pallor No palmar pallor					
If child has MUAC less than 115 mm or WFH/L less than -3 z-score							
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?							
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>							
BCG	OPV-I *Pentavalent-I Pneumococcal - I Rota 1	OPV-II *Pentavalent-II Pneumococcal - II Rota 2	OPV-III *Pentavalent-III Pneumococcal - III IPV	Measles I	Measles-II**	Vitamin A  Mebendazole	<b>Return for next immunization on:</b>
*Pentavalent: DPT+HepB+Hib ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						(DATE)	
<b>ASSESS THE CHILD'S FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b>							
Do you breastfeed your child? YES___ NO___ If YES how many times in 24 hours? ___times. Do you breastfeed during the night?							
Does the child take any other foods or fluids? YES___ NO___							
If YES what foods or fluids?							
How many times per day? ___times What do you use to feed the child?							
If MODERATE ACUTE MALNUTRITION: How large are the servings?							
Does the child receive his own serving? YES___ NO___ Who feeds the child and how?							
During this illness, has the child's feeding changed? YES___ NO___							
If YES, how?							
<b>ASSESS OTHER PROBLEMS:</b>				<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>	

## **EXERCISE P: Individual work followed by individual feedback -- Check the child's immunization Vitamin A supplementation and Deworming status.**

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

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

- *How did you decide that this child needed an immunization today?*
- *What would you say to the mother first to find out this child's immunization history?*
- *If she says, "Yes, I brought an immunization card today," what should you do next?*
- *If she did not bring the card today, what would you do?*
- *how did you decide whether this child needs a Vitamin A Supplementation to day?*
- *how did you decide whether this child needs Deworming today?*

Give the participant a copy of the answer sheet.

Ask the participant to read through 10.0 Assess Other Problems and to do Exercise S. Remind participants to work carefully through the cases in Exercise S. They are long cases because the participant has now learned all of the steps for assessing and classifying children according to the *ASSESS & CLASSIFY* chart.

**ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS**

**Answers to Exercise P**

**Part 1:**

<b>If the child:</b>	<b>Immunize this child today</b>	<b>Do not immunize today</b>
will be treated at home with antibiotics	✓	
has a local skin infection	✓	
Had convulsion immediately after Pentavalent 1 and needs Pentavalent 2 today	✓ give OPV 2, PCV-2, RT-1	
	but----->	do <u>not</u> give Pentavalent
has a chronic heart problem	✓	
is being referred for severe classification		✓
is exclusively breastfed	✓	
older brother had convulsion last year	✓	
was jaundiced at birth	✓	
Has UNCOMPLICATED SEVERE ACUTE MALNUTRITION	✓	
is known to have AIDS and has not received any immunizations at all	✓ give OPV, PCV, RT-1 Pentavalent and measles but ----->	do <u>not</u> give BCG
has NO PNEUMONIA: COUGH OR COLD	✓	

## ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS Answers to

### Exercise P (continued)

#### Part 2:

##### Salim -- 6 months:

- Is Salim up-to-date with his immunizations? *No.*
- What immunizations, if any, does Salim need today? *He needs Pentavalent 3, PCV 3, RT-2 and OPV 3.*
- When should he return for his next immunization? *He should return at 9 months of age for measles immunization.*
- Should he be given Vitamin A today? *Yes* Since he is six months old, he should be given Vitamin A supplementation
- Should he be given Mebendazole today? *No* *He is only 6 month old.*

##### Shaheen -- 3 months:

- Is Shaheen up-to-date with her immunizations? *No.*
- What immunizations, if any, does Shaheen need today? *She needs OPV 2 and Pentavalent 2, PCV-2. Do not record OPV 2.*
- Shaheen has diarrhoea. What immunizations will she receive at her next visit? *Give her Pentavalent 3 and repeat OPV 2.*
- When should she return for her next immunization? *In 4 weeks.*
- Should she be given Vitamin A today? *No*, she is too young
- Should be given Mebendazole today? *No*, she is only 3 months old.

##### Ali-- 9 months:

- Is Ali up-to-date with his immunizations? *No.*
- What immunizations, if any, does Marco need today? *He needs Pentavalent 3, PCV-3 OPV 3 and Measles.*
- When should he return for his next immunization? *At the age of 15 months for Measles 2 vaccination*
- Should he be given Vitamin A today? *No*, because he received Vitamin A only 3 months ago Should be given Mebendazole today? *No*, He is 9 months old and national guidelines recommend routine deworming from age 1 year and above.

### **DRILL: Determine Weight for Age**

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

#### **To conduct the drill:**

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

Tell the participants that you will state some ages and weights of children. You will then call on individual participants to answer whether the child is UNCOMPLICATED SEVERE ACUTE MALNUTRITION for age and height/length or NO ACUTE MALNUTRITION for age and height/length. Reassure participants that this is a practice activity and not a test. Ask participants to wait to be called on and to be prepared to answer as quickly as they can.

Start the drill by saying aloud the weight and age of the first child. Allow participants time to look at a weight for age chart and determine the answer. Then ask a participant to give the child's weight-for-age status. Continue calling on different participants, making sure each understands how to use the weight for age chart correctly.

### **DRILL: DETERMINING WEIGHT FOR AGE**

<b>SEX</b>	<b>ASK: If the child is:</b>	<b>and weighs:</b>	<b>Ht/length</b>	<b>Does the child have SEVERE ACUTE MALNUTRITION</b>
G	7 months	7.0 kg	65 cm	No
B	36 months	13 kg	90 cm	No
G	12 months	5.5 kg	70 cm	Yes
B	18 months	9 kg	73cm	No
G	3 months	3 kg	55 cm	Yes
B	2 years	7.0 kg	85 cm	Yes
G	6 months	7.0 kg	60 cm	No

**DRILL: DETERMINING WEIGHT FOR AGE (CONT.)**

<b>SEX</b>	<b>ASK: If the child is:</b>	<b>and weighs:</b>	<b>Ht/length</b>	<b>Does the child have SEVERE ACUTE MALNUTRITION</b>
G	36 months	9 kg	95 cm	Yes
B	8 months	6 kg	60cm	No
G	15 months	6 kg	75cm	Yes
B	4 months	6 kg	59 cm	No
G	14 months	7.5 kg	60 cm	No
B	48 months	14 kg	102 cm	No
G	20 months	7.5 kg	80 cm	Yes
B	7 months	7.5 kg	68 cm	No
G	10 months	7.5 kg	70 cm	No
B	11 months	7.0 kg	64 cm	No
G	12 months	6.0 kg	72 cm	Yes



## **EXERCISE Q: Individual work followed by individual feedback -- Assess and classify the sick child**

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

\* \*

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

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

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

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

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

Give the participant a copy of the answer sheet.

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

**ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**

**Answers to Exercise Q - Case 1: Daniyal**

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b>						
ID No. _____						
Name _____ Age _____ Months Weight _____ Kg Temperature °C _____ °F						
ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____						
<b>ASSESS (Circle all signs present)</b>						<b>CLASSIFY</b>
<b>CHECK FOR GENERAL DANGER SIGNS</b>						
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES ___ NO ___</b> <b>(remember to use when selecting classification)</b>			
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO ___</b>						
For how long? ___ Days Look and listen for stridor Look and listen for wheeze			Count the breaths in one minute. (child must be calm) ___ breaths per minute. Fast breathing? YES ___ NO ___			
<b>DOES THE CHILD HAVE DIARRHOEA? YES ___ NO ___</b>						
For how long? ___ Days Is there blood in the stools? YES ___ NO ___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly			Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?			
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES ___ NO ___</b>						
For how long? ___ Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High ___ Low ___ No ___ Malaria transmission in the area = YES ___ NO ___ Transmission season = YES ___ NO ___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = YES ___ NO ___			Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test</i> (if yes, use the relevant treatment instructions)  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test <b>POSITIVE?</b> P. falciparum P. vivax <b>NEGATIVE?</b>			
If the child has measles now or within the last 3 months:						
			Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea			
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES ___ NO ___</b>						
Is there severe ear pain? Is there ear discharge? If Yes, for how long? ___ Days			Look for pus draining from the ear. Feel for tender swelling behind the ear.			
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>						
			Look for oedema of both feet Determine WFH/L z-score: Less than -3    Between -3 and -2    -2 or more Child 6 months or older measure MUAC ___ mm Look for palmar pallor: Severe palmar pallor    Some palmar pallor    No palmar pallor			
If child has MUAC less than 115 mm or WFH/L less than -3 z-score			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?			
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>						
BCG OPV0	OPV-I *Pentavalent-I Pneumococcal - I Rota 1	OPV-II *Pentavalent-II Pneumococcal - II Rota 2	OPV-III *Pentavalent-III Pneumococcal - III IPV	Measles-I	Measles-II**	Vitamin A  Mebendazole
*Pentavalent: DPT+HepB+Hib    ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						<b>Return for next immunization on:</b>  _____ <b>(DATE)</b>
<b>ASSESS FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b>						
Do you breastfeed your child? YES ___ NO ___    If YES how many times in 24 hours? ___ times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES ___ NO ___ If YES what foods or fluids? How many times per day? ___ times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES ___ NO ___    Who feeds the child and how? During this illness, has the child's feeding changed? YES ___ NO ___ If YES, how?						
<b>ASSESS OTHER PROBLEMS:</b>				<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>

**ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS Answers to Exercise Q**  
**- Case 2: Misha**

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b>							
ID No. _____							
Name _____ Age _____ Months Weight _____ Kg Temperature °C _____ °F							
ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____							
<b>ASSESS (Circle all signs present)</b>							<b>CLASSIFY</b>
<b>CHECK FOR GENERAL DANGER SIGNS</b>							
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS				CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES ___ NO ___</b> (remember to use when selecting classification)			
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO ___</b>							
For how long? ___ Days Count the breaths in one minute. (child must be calm) ___ breaths per minute. Look and listen for stridor Fast breathing? YES ___ NO ___ Look and listen for wheeze							
<b>DOES THE CHILD HAVE DIARRHOEA? YES ___ NO ___</b>							
For how long? ___ Days Is there blood in the stools? YES ___ NO ___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly				Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?			
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES ___ NO ___</b>							
For how long? ___ Days Look or feel for stiff neck. If more than 7 days, has fever been present every day? Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Decide malaria risk High ___ Low ___ No ___ Malaria transmission in the area = YES ___ NO ___ Transmission season = YES ___ NO ___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = YES ___ NO ___ Look for any other causes of fever <i>Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test</i> (if yes, use the relevant treatment instructions) Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciparum P. vivax NEGATIVE?							
If the child has measles now or within the last 3 months: Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea							
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES ___ NO ___</b>							
Is there severe ear pain? Look for pus draining from the ear. Is there ear discharge? Feel for tender swelling behind the ear. If Yes, for how long? ___ Days							
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>							
Look for oedema of both feet Determine WFH/L z-score: Less than -3 Between -3 and -2 -2 or more Child 6 months or older measure MUAC ___ mm Look for palmar pallor: Severe palmar pallor Some palmar pallor No palmar pallor							
If child has MUAC less than 115 mm or WFH/L less than -3 z-score 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?							
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>							
BCG	OPV-I	OPV-II	OPV-III	Measles-I	Measles-II**	Vitamin A	<b>Return for next immunization on:</b>
OPV0	*Pentavalent-I Pneumococcal - I Rota 1	*Pentavalent-II Pneumococcal - II Rota 2	*Pentavalent-III Pneumococcal - III IPV			Mebendazole	
*Pentavalent: DPT+HepB+Hib ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given							<b>(DATE)</b>
<b>ASSESS FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b> Do you breastfeed your child? YES ___ NO ___ If YES how many times in 24 hours? ___ times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES ___ NO ___ If YES what foods or fluids? How many times per day? ___ times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES ___ NO ___ Who feeds the child and how? During this illness, has the child's feeding changed? YES ___ NO ___ If YES, how?							
<b>ASSESS OTHER PROBLEMS:</b>				<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>			<b>FOLLOW UP:</b>



# ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

## Answers to Exercise Q - Video Case 4: Talat

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b>							
ID No. _____ Name _____ Age _____ Months Weight _____ Kg Temperature <sup>o</sup> C _____ <sup>o</sup> F ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____ <b>ASSESS (Circle all signs present)</b>							
<b>CHECK FOR GENERAL DANGER SIGNS</b>						<b>CLASSIFY</b>	
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES ___ NO ___</b> (remember to use when selecting classification)				
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO ___</b>							
For how long? ___ Days      Count the breaths in one minute. (child must be calm) ___ breaths per minute. Look and listen for stridor      Fast breathing? YES ___ NO ___ Look and listen for wheeze							
<b>DOES THE CHILD HAVE DIARRHOEA? YES ___ NO ___</b>							
For how long? ___ Days Is there blood in the stools? YES ___ NO ___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly			Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?				
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES ___ NO ___</b>							
For how long? ___ Days      Look or feel for stiff neck. If more than 7 days, has fever been present every day?      Look for runny nose Has child had measles within the last 3 months      Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Decide malaria risk High ___ Low ___ No ___ Look for any other causes of fever Malaria transmission in the area = YES ___ NO ___ Look for signs and symptoms of DENGUE FEVER; if suspected do Transmission season = YES ___ NO ___ tourniquet test In non or low endemic areas      (if yes, use the relevant treatment instructions) travel history within the last 15-days to an area where malaria transmission occurs = YES ___ NO ___      Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvax NEGATIVE?							
If the child has measles now or within the last 3 months:      Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea							
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES ___ NO ___</b>							
Is there severe ear pain?      Look for pus draining from the ear. Is there ear discharge?      Feel for tender swelling behind the ear. If Yes, for how long? ___ Days							
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>							
Look for oedema of both feet Determine WFH/L z-score: Less than -3    Between -3 and -2    -2 or more Child 6 months or older measure MUAC ___ mm Look for palmar pallor: Severe palmar pallor    Some palmar pallor    No palmar pallor							
If child has MUAC less than 115 mm or WFH/L less than -3 z-score      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?							
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>							
BCG	OPV-I	OPV-II	OPV-III	Measles-I	Measles-II**	Vitamin A	<b>Return for next immunization on:</b>
OPV0	*Pentavalent-I Pneumococcal - I Rota 1	*Pentavalent-II Pneumococcal - II Rota 2	*Pentavalent-III Pneumococcal - III IPV			Mebendazole	
*Pentavalent: DPT+HepB+Hib ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given							
<b>ASSESS FEEDING</b> if the child is less than 2 years old, has MODERATE ACUTE MALNUTRITION, ANAEMIA. Do you breastfeed your child? YES ___ NO ___ If YES how many times in 24 hours? ___ times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES ___ NO ___ If YES what foods or fluids? How many times per day? ___ times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES ___ NO ___ Who feeds the child and how? During this illness, has the child's feeding changed? YES ___ NO ___ If YES, how?							<b>FEEDING PROBLEMS</b>
<b>ASSESS OTHER PROBLEMS:</b>				<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>	

## **EXERCISE R: (Exercise S in Video) Video Exercise— Does the child have an ear problem?**

Then check for malnutrition and Anaemia —

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

In this video exercise, participants will:

- see examples of signs of ear problem and
- practice identifying signs of malnutrition and anaemia.

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

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

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

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

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

# IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ID No. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Months Weight \_\_\_\_\_ Kg Temperature <sup>o</sup>C \_\_\_\_\_ <sup>o</sup>F

ASK What are the child's problems? \_\_\_\_\_ Initial visit? \_\_\_\_\_ Follow up visit? \_\_\_\_\_

**ASSESS (Circle all signs present)**

**CLASSIFY**

**CHECK FOR GENERAL DANGER SIGNS**

LETHARGIC OR UNCONSCIOUS  
NOT ABLE TO DRINK OR BREASTFEED  
CONVULSIONS

CONVULSING NOW  
VOMITS EVERYTHING

**ANY GENERAL DANGER SIGN PRESENT YES \_\_\_ NO \_\_\_**  
(remember to use when selecting classification)

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES \_\_\_ NO \_\_\_**

For how long? \_\_\_ Days

Count the breaths in one minute. (child must be calm) \_\_\_ breaths per minute.

Look and listen for stridor

Fast breathing? YES \_\_\_ NO \_\_\_

Look and listen for wheeze

**DOES THE CHILD HAVE DIARRHOEA? YES \_\_\_ NO \_\_\_**

For how long? \_\_\_ Days

Is there blood in the stools? YES \_\_\_ NO \_\_\_

Pinch the skin of the abdomen. Does it go back:

Very slowly (longer than 2 seconds)

Slowly

Look at the child's general condition. Is the child:

Lethargic or unconscious

Restless or irritable

Offer the child fluid. Is the child:

Not able to drink or drinking poorly?

Drinking eagerly, thirsty?

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

Decide malaria risk High \_\_\_ Low \_\_\_ No \_\_\_

Malaria transmission in the area = YES \_\_\_ NO \_\_\_

Transmission season = YES \_\_\_ NO \_\_\_

In non or low endemic areas

travel history within the last 15-days to an area

where malaria transmission occurs = YES \_\_\_ NO \_\_\_

Look or feel for stiff neck.

Look for runny nose

Look for signs of MEASLES

Generalized rash **AND**

One of these: cough, runny nose, or red eyes

Look for any other causes of fever

*Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test*

(if yes, use the relevant treatment instructions)

Do a malaria test, if No general danger sign in all cases in

High malaria risk or No obvious causes of fever in low

Malaria risk:

Test POSITIVE? P. falciporium P. vlvax NEGATIVE?

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

Look for mouth ulcers If YES are they deep and extensive?

Look for pus draining from the eye

Look for clouding of cornea

**DOES THE CHILD HAVE AN EAR PROBLEM? YES \_\_\_ NO \_\_\_**

Is there severe ear pain?

Is there ear discharge?

If Yes, for how long? \_\_\_ Days

Look for pus draining from the ear.

Feel for tender swelling behind the ear.

**THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA**

Look for oedema of both feet

Determine WFH/L z-score:

Less than -3 Between -3 and -2 -2 or more

Child 6 months or older measure MUAC \_\_\_ mm

Look for palmar pallor:

Severe palmar pallor Some palmar pallor No palmar pallor

If child has MUAC less than 115 mm or WFH/L less than -3 z-score

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 THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS**

BCG	OPV-I	OPV-II	OPV-III	Measles-I	Measles-II**	Vitamin A	<b>Return for next immunization on:</b>
OPV0	*Pentavalent-I Pneumococcal - I Rota 1	*Pentavalent-II Pneumococcal - II Rota 2	*Pentavalent-III Pneumococcal - III IPV			Mebendazole	
*Pentavalent: DPT+HepB+Hib ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given							<b>(DATE)</b>

**ASSESS FEEDING** if the child is less than 2 years old, has **MODERATE ACUTE MALNUTRITION, ANAEMIA.**

Do you breastfeed your child? YES \_\_\_ NO \_\_\_ If YES how many times in 24 hours? \_\_\_ times. Do you breastfeed during the night?

Does the child take any other foods or fluids? YES \_\_\_ NO \_\_\_

If YES what foods or fluids?

How many times per day? \_\_\_ times What do you use to feed the child?

If MODERATE ACUTE MALNUTRITION: How large are the servings?

Does the child receive his own serving? YES \_\_\_ NO \_\_\_ Who feeds the child and how?

During this illness, has the child's feeding changed? YES \_\_\_ NO \_\_\_

If YES, how?

**FEEDING PROBLEMS**

**ASSESS OTHER PROBLEMS:**

**ASK ABOUT MOTHER'S OWN HEALTH?**

**FOLLOW UP:**

## **Exercise S: (optional) Video and Group Discussion -- Reviewing the *ASSESS & CLASSIFY* process**

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

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

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

Give each participant a copy of the answer sheet.

When there are no additional questions, summarize the module.

### **Review Exercise:     Chest Indrawing**

Show this exercise now or at any convenient time after this point. For example, arrange to show the review exercise during the first module session of Week 2. Participants are returning from a day off and may appreciate an opportunity to refresh their skill with identifying chest indrawing.



## Answers to EXERCISE S

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b>						
ID No. _____						
Name _____ Age _____ Months Weight _____ Kg Temperature <sup>o</sup> C _____ <sup>o</sup> F						
ASK What are the child's problems? _____ Initial visit? _____ Follow up visit? _____						
<b>ASSESS (Circle all signs present)</b>						<b>CLASSIFY</b>
<b>CHECK FOR GENERAL DANGER SIGNS</b>						
LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS			CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES ___ NO ___</b> <b>(remember to use when selecting classification)</b>			
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES ___ NO ___</b>						
For how long? ___ Days Count the breaths in one minute. (child must be calm) ___ breaths per minute. Look and listen for stridor Fast breathing? YES ___ NO ___ Look and listen for wheeze						
<b>DOES THE CHILD HAVE DIARRHOEA? YES ___ NO ___</b>						
For how long? ___ Days Is there blood in the stools? YES ___ NO ___ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly			Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?			
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES ___ NO ___</b>						
For how long? ___ Days Look or feel for stiff neck. If more than 7 days, has fever been present every day? Look for runny nose Has child had measles within the last 3 months Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Decide malaria risk High ___ Low ___ No ___ Malaria transmission in the area = YES ___ NO ___ Transmission season = YES ___ NO ___ In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs = YES ___ NO ___ Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciporium P. vlvox NEGATIVE?						
If the child has measles now or within the last 3 months: Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea						
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES ___ NO ___</b>						
Is there severe ear pain? Look for pus draining from the ear. Is there ear discharge? Feel for tender swelling behind the ear. If Yes, for how long? ___ Days						
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>						
Look for oedema of both feet Determine WFH/L z-score: Less than -3 Between -3 and -2 -2 or more Child 6 months or older measure MUAC ___ mm Look for palmar pallor: Severe palmar pallor Some palmar pallor No palmar pallor						
If child has MUAC less than 115 mm or WFH/L less than -3 z-score 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?						
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>						
BCG	OPV-I	OPV-II	OPV-III	Measles-I	Measles-II**	Vitamin A
OPV0	*Pentavalent-I Pneumococcal - I Rota 1	*Pentavalent-II Pneumococcal - II Rota 2	*Pentavalent-III Pneumococcal - III IPV			Mebendazole
*Pentavalent: DPT+HepB+Hib ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						<b>Return for next immunization on:</b>
						<b>(DATE)</b>
<b>ASSESS FEEDING</b> if the child is less than 2 years old, has <b>MODERATE ACUTE MALNUTRITION, ANAEMIA.</b>						
Do you breastfeed your child? YES ___ NO ___ If YES how many times in 24 hours? ___ times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES ___ NO ___ If YES what foods or fluids? How many times per day? ___ times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES ___ NO ___ Who feeds the child and how? During this illness, has the child's feeding changed? YES ___ NO ___ If YES, how?						
<b>ASSESS OTHER PROBLEMS:</b>			<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>	

## **SUMMARY OF MODULE -- Group Discussion**

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

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

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

Review any points that you noted below and answer any questions that participants still have.

A large, empty rectangular box with a black border, intended for participants to take notes or discuss points during the group discussion.

## FACILITATOR GUIDELINES MODULE -2. IDENTIFY TREATMENT AND TREAT THE CHILD

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read Introduction section 1.0 up to the Chart. Explain the Chart and the rest of section 1.0.	-----
3. Participants finish reading section 1.0 and do Exercise A1 & A2	Individual
4. Demonstrate how to use the back of the Sick Child Recording Form and discuss example forms in section 2.0. Participants read section 2.0.	-----
5. Participants do Exercise B.	Individual
6. Participants read the section on When to Return Immediately and do Exercise C.	Individual
7. Lead drill on when to return immediately.	Drill
8. Participants read section 3.0 and do Exercise D & E.	Individual
9. Participants read sections 4.0 and 5.0.	Group Discussion
10. Participants read through 4.2.1 Classify Dehydration. Demonstration: Classify dehydration.	Group Discussion
11. Participants do Exercise F&G.	Individual
12. Summarize the module.	-----

# INTRODUCTION OF MODULE

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

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

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

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

Explain that this module explains the identification and describing the treatments which are needed.

Ask the participants to read Section 1.0 which focuses on Communication when a Sick Child is brought in which is valuable in determining if the child has danger signs to look out for.

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

When the participants are done reading clear any confusion the participants may have and move on to Exercise A.

**EXERCISE A -1: Individual work followed by individual feedback—Deciding whether or not the following signs are danger signs.**

Compare the participants answers to the answer sheet and discuss any differences.

Be sure the participants understand danger signs well.

The answers to the first activity

**EXERCISE A -1. SELF-ASSESSMENT (GENERAL DANGER SIGNS)**

Is this a general danger sign?

The child is vomiting frequently. When you give milk, he holds it down.		No
The child will not take the mother's breast.	Yes	
The child lies in his caregiver's arms. When you clap he follows you.		No
The child had convulsions last night and today. The child has been ill for 4 days.	yes	
The child's eyes are open, but he is limp and will not respond to you	Yes	
The child will not move, but after efforts to wake him, he walks around.		no

In the next practice exercise of Sakina make the participants practice filling the Recording Form, clear any confusion and explain the chart.

Ask the participants to continue reading until they reach the pre-referral treatment examples, explain how they will determine pre-referral treatment for each disease listed. Read through the pre-referral treatment chart and explain accordingly.

Read Section 1.1 and explain the 4 steps to the participants for URGENT REFERRAL. Support each step with practical examples, making sure there is adequate practice of referral note writing as mentioned in the module.

Discuss the reasons due to which a sick child cannot be urgently referred. Explain that the best solution in such scenarios is the Pre-referral treatment. At this point introduce them to the ANNEX booklet which contains all necessary pre-referral treatments if referral isn't possible.

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

<p><b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</b></p>	
<p>ID No. <u>009</u></p> <p>Name: <u>Faheem</u> Age: <u>10</u> Months Weight <u>8</u> Kg Temperature <u>38.5</u>°C <u>    </u>°F</p> <p>ASK What are the child's problems? <u>Diarrhea sine 3 days, blood in stool</u> Initial visit? <u>  </u> <input checked="" type="checkbox"/> <u>    </u> Follow up visit? <u>    </u></p> <p>ASSESS (Circle all signs present)</p> <p>CLASSIFY</p>	
<p><b>CHECK FOR GENERAL DANGER SIGNS</b></p> <p>LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS</p>	<p>CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES <u>    </u></b> <b>NO <u>  </u> <input checked="" type="checkbox"/> <u>    </u> (remember to use when selecting classification)</b></p>

## **EXERCISE A-2: Individual work followed by individual feedback -- Deciding whether or not urgent referral is needed**

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

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

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

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

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

Give the participant a copy of the answer sheet.

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

Give the participant a copy of the answer sheet.

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

Explain that, when everyone has received feedback, you will begin section 2.0 as a group.

### **Answers to Exercise A -2.**

1. No. Sara has no general danger signs and no severe classifications.
2. No. Neema has no general danger signs and no severe classifications.
3. Yes. Daood has a severe classification: MASTOIDITIS.
4. Yes. Mohammad has a general danger sign: convulsions.
5. No. Habib has a general danger sign which may be related to dehydration. His only

After this discussion move to Section 2.0 which covers everything about PNEUMONIA. Guide the participants by pointing on the wall charts and chart booklets to identify the treatment of Pneumonia and Wheeze in the treatment section then name the first-line antibiotic used in your area for pneumonia. Then tell participants that you will show them how to use the box to determine how much antibiotic should be given to a child classified as having PNEUMONIA.

Find the antibiotic in the antibiotic box. Point first to the antibiotic, then to the column that specifies the different formulations of the antibiotic (e.g., adult tablet, paediatric tablet, or syrup). Ask participants which formulation is used in their clinics. Point to the formulation that is mentioned.

Point to the row where ages are listed. Explain the ages and weights in each row. Then find the row for a 6-month-old child. Explain it is better to use the child's weight, not age.

Determine the dose for a 6-month-old child who has PNEUMONIA. If Amoxicillin is the first-line antibiotic used in your area, point to the correct Amoxicillin column and row to show that a 6-month-old child should receive:

Syrup 125mg /5ml= 5ml 2 times daily for 5 days  
times daily for 5 days.

Syrup 250mg /5ml= 2.5ml 2

**EXAMPLE: Demonstration role play -- Teaching a mother to give oral drugs at home using good communication skills**

**Purpose:** To demonstrate good communication skills and show the steps of teaching a mother to give oral drugs to a sick child.

**Highlights of the case:**

A health worker has decided that a young girl named Zohra needs the antibiotic Amoxicillin. The health worker must now teach Zohra mother how to give the drug to the child.

Gather the following supplies. Put them on a table in front of the participants.

*TREAT* chart or chart booklet opened to the box titled, "Give an

Appropriate Oral Antibiotic"

Doll or other "baby"

Bottle of Amoxicillin syrup

Drug envelope with label

Pen

Cup and spoon

Small amount of milk

The role play script is on the following pages.

Read the role of the health worker. Ask a co-facilitator or a participant to read the role of the mother. You will need an extra copy of the script for the person who plays the mother ( you may use the one in your co-facilitator's guide).

Practice the demonstration at least once before performing in front of the group.

Introduce the role play by telling the participants that you are going to demonstrate teaching a mother to give an oral drug at home. Ask participants to observe the demonstration and to look for:

- the steps to follow when giving oral drugs to the mother of a sick child, and
- whether good communication skills were used while teaching the mother to give the drugs at home.

After the demonstration, lead a group discussion. Point out that these steps were followed in the demonstration.

- giving information,
- showing the mother an **example** (by demonstrating how to measure a dose),
- letting the mother **practice**, and
- **checking the mother's understanding**.
- A health worker should ask good checking questions and then praise the mother when she answers a checking question correctly.

## SCRIPT FOR DEMONSTRATION ROLE PLAY

- Health Worker: Now I am going to teach you how to give this drug to Zohra.
- This is Amoxicillin which is an antibiotic. She needs to take this drug to treat her pneumonia. Are you the person who will give the drug to Zohra
- Mother: Yes, I am.
- Health Worker: Good. I will show you how much to give her. Since Zohra is a baby, 9 months old, she needs to take just one-half of one of these tablets at a time.
- (Holds up one Amoxicillin Syrup.)*
- You will have to break the tablet in half, like this *(breaks tablet in fingers)* or you can cut it in half with a knife. *(Holds up half tablet.)*
- This half is one dose. Now you try it. *(Hands a tablet to the mother.)*
- Mother: Yes, I will try. *(Mother struggles a bit but breaks the tablet in half.)*
- Health Worker: Good, you did it. Now, how much is one dose for Zohra?
- Mother: *(Mother holds up the half tablet.)* This much.
- Health Worker: That's correct. Now you are going to give the tablet to Zohra. Have you ever given tablets to Zohra before?
- Mother: No. I have only given her liquid medicines.
- Health Worker: Ah. Liquid medicines are easier to give to a baby. To give a



tablet, you will have to make it so the baby can swallow it. You should crush it or grind it until it is in very small pieces, and then mix it with a little milk or food. Here is a cup and spoon for you to use. *(Hands mother a cup and spoon)* Put the dose into the cup and.....

Mother: Do that now?

Health Worker: Yes, now. I would like you to prepare a dose and give it to Zohra's now. *(Mother nods.)* Put the half tablet into the cup and crush it with the spoon.  
*(Mother begins crushing the tablet. Health worker watches her and looks into the cup to see when it is crushed.)*  
That's correct. Now add a **little** of this milk and mix it in. At home, you could use a little bit of Zohra's cereal, or some mashed banana, instead of milk.

Mother: *(Mother mixes milk into the crushed tablet.)* Zohra likes banana.

Health Worker: Good, then you might want to try that. OK, that looks ready.  
Now, with the spoon, try to put the medicine into Zohra's mouth.

Mother: I'll try. *(She spoons it into the baby's mouth.)* She doesn't like it. What should I do?

Health Worker: You are doing fine. See, she is swallowing it now. At home, try mixing it with banana.

Mother: I will.

Health Worker: You need to give a dose to Zohra two times each day, once in

the morning, such as at breakfast, and again at dinner. I am giving you enough tablets for 5 days.

*(Health worker writes the instructions on the envelope and then puts 5 tablets into the envelope. He closes the envelope and the jar of Amoxicillin. He hands the envelope to the mother so that she can see the instructions.)*

Mother: Thank you.

Health Worker: I have written the instructions on the envelope to remind you when to give the medicine. Would you read me the instructions? on the envelope?

Mother: *(Looking at envelope)* What is this picture?

Health Worker: That is a picture of the sun rising. The round sun represents midday, the next picture is sunset....

Mother: Yes, of course. I see now. *(Mother tries unsuccessfully to read the instructions on the envelope.)*

Health Worker: *(Reads the instructions on the envelope to the mother.)* Who can help you read the envelope?

Mother: My sister can read. She lives with us.

Health Worker: Good. I want to tell you another important thing -- continue giving Zohra the medicine in this envelope until it is all gone. Even if she seems to be better, she needs to take **all** the tablets to be sure that she will get well and stay well.

Mother: I can do that.

Health Worker: Good. And how much will you give Zohra each time?

Mother: I will give her one-half tablet.

Health Worker: Correct. And how will you prepare it?

Mother: I will crush it with a little milk or banana.

Health Worker: Good. Can you tell me how many times each day you will give Zohra a dose of the medicine?

Mother: I will give the medicine at sunrise and at sunset.

Health Worker: That's correct. Twice each day. I want you to bring Zohra back to see me in 2 days, so that I can be sure she is getting better.

Mother: When is that?

Health Worker: The day after tomorrow, \_\_\_\_\_. Will you, or someone else in your family, be able to bring Zohra back?

Mother: Yes, I can bring Zohra back on \_\_\_\_\_.

Health Worker: Good, I will expect you then.

Mother: *(Gathering up her things and Zohra and leaving)* Thank you.

Health Worker: Good bye.

After the demonstration, ask the participants to read about inhaler use for wheezing. Do a demonstration about the use of Spacer and Inhaler and guide about the dosage by asking them to follow the Chart Booklet. This is further covered in the Annex Booklet. Ask the Participants to complete Exercise B on Maryam and discuss the answers.

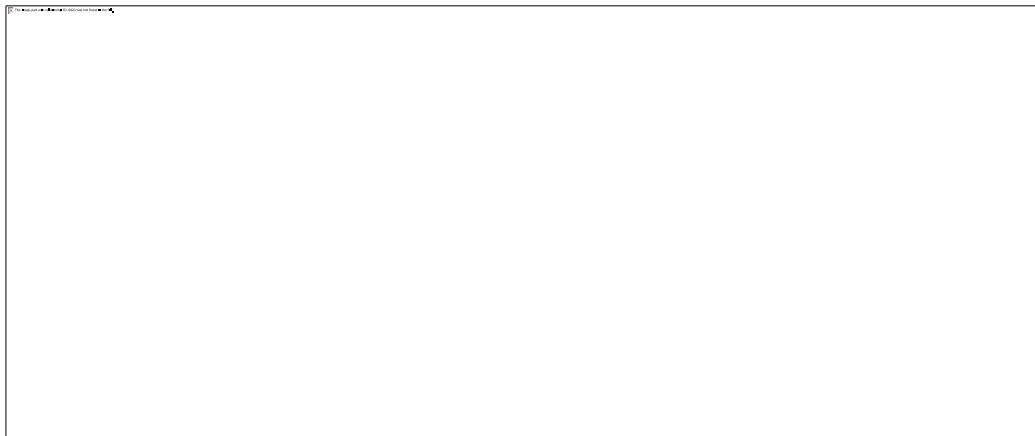
Determine the appropriate antibiotic, dose and schedule for Maryam. Write it in the space below.

*Give the first-line antibiotic for PNEUMONIA. If Amoxicillin, give dose 2 times daily for 3 days. Dose = 5.0 ml of syrup*

Write the major steps of how to teach Maryam's mother to give the oral antibiotic to her child in the space that follows.

*Your answer should include the following steps:*

- \* Explain the reason for giving the antibiotic to the child.*
- \* Demonstrate how to measure a dose.*
- \* Ask the mother to practice measuring a dose by herself. Observe the mother as she practices.*
- \* Ask the mother to give the first dose to her child. If in tablet form, the antibiotic should be mixed with clean water, expressed breastmilk or food.*
- \* Explain how many times per day to give the dose, when to give it, and for how many days. Record this information on a drug label, then put the drug in a labelled container and give it to the mother.*
- \* Explain that all drug tablets or syrup must be used to finish the course of treatment, even if the child seems better.*
- \* Ask checking questions to make sure the mother understands the treatment instructions.*



## **EXERCISE: Individual work followed by individual feedback -- Using fluid**

### **Plan A: Treat Diarrhoea at Home**

Compare the participant's answers to the answer sheet. If there are differences, ask the participant to locate the correct instructions in Plan A or the module text.

The important point about question 7 is that each participant has a clear understanding of how to carry out Plan A at his own clinic. He should know the specific fluids to recommend and when to give ORS solution to a child on Plan A.

Give the participant a copy of the answer sheet.

Ask the participant to read - Plan B: Treat Some Dehydration with ORS and to do Exercise D

#### **1. SAMI**

- a) What are the four rules of home treatment of diarrhoea?

*Give extra fluid  
Give Zinc  
Continue feeding  
When to return*

- b) What fluids should the health worker tell his mother to give?

*ORS solution, food-based fluids (such as soup, rice water and yoghurt drinks), and clean water*

#### **2. KAMRAN**

- a) What should the health worker tell his mother about giving him extra fluids?

*The health worker should tell Kamran's mother to breastfeed him more frequently than usual. The health worker should also tell the mother that after breastfeeding, she should give Kamran ORS solution or clean water.*

3. For which children with NO DEHYDRATION is it especially important to give ORS at home?

*Children who have been treated with Plan B or Plan C during the visit. – Children who cannot return to a clinic if the diarrhoea gets worse.*

**EXERCISE C: Individual work followed by individual feedback --  
Using fluid Plan B: Treat Some Dehydration with ORS**

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan B or the module text and have the participant locate the correct instructions. Give the participant a copy of the answer sheet.

While the group is finishing Exercise C, ask the participant to read the instructions for Exercise D, a role play. Ask one participant to play the health worker and another to play the mother. Instruct those participants to begin preparing themselves for the role play.

Answers to Exercise C

1. List the appropriate range of amounts of ORS solution each child is likely to need in the first 4 hours of treatment.

No	Name	Age/Weight	Range of Amounts ORS Solution
a.	Ali	3 years	900-1400 ml
b.	Gul	10 kg	750 ml or 700-900 ml
c.	Umar	7.5 kg	562.5 ml or 400 - 700 ml
d.	Sami	11 months	400 - 700 ml

2. NOSHI

- a. Noshi should be given 400 - 700 ml of ORS solution during the first 4 hours of treatment. She should also be given 100 - 200 ml of clean water during this period.
- b. What should the grandmother do if Noshi vomits during the treatment?  
*She should wait 10 minutes before giving more ORS solution. Then she should give Noshi the ORS solution more slowly.*
- c. When should the health worker reassess Noshi?  
*After Noshi is given ORS solution for 4 hours on Plan B*
- d. When Noshi is reassessed, she has NO DEHYDRATION. What treatment plan should Noshi be put on?  
*Because Noshi has been reassessed as NO DEHYDRATION, she should be put on Plan A.*
- e. How many one-liter packets of ORS should the health worker give the grandmother?  
*2 one-liter packets*
- f. To continue treatment at home, the grandmother should give Noshi 50 - 100 ml of ORS solution after each loose stool.

### 3. YASMIN

a. Approximately how much ORS should Yasmin's mother give her during the first 4 hours? *400 - 700 ml of ORS solution*

b. During the first 4 hours of treatment, should Yasmin eat or drink anything in addition to the ORS solution? If so, what?

*Yes, Yasmin should breastfeed whenever and as much as she wants.*

c. What is the appropriate plan to continue her treatment?

*Because Yasmin is still classified as SOME DEHYDRATION, she should continue on Plan*

#### *B.*

d. Describe the treatment to give Yasmin now.

*Tell the mother to begin feeding Yasmin. Offer the mother food, milk or juice to give the child.*

*After the child has had some food, repeat the 4- hour Plan B treatment. Offer food, milk or juice every 3 - 4 hours.*

*Remind the mother to continue to breastfeed Yasmin frequently.*

### 4. What should the health worker do before the mother leaves?

a. Show her how to prepare ORS solution at home.

*Show the mother how much ORS solution to give to finish the 4-hour treatment at home.*

*Give her enough packets to complete rehydration. Also give her 2 one-litre packets as recommended in Plan A.*

b. Explain the 4 Rules of Home Treatment:

#### *1. GIVE EXTRA FLUID*

*Explain what extra fluids to give. Since the child is being treated with Plan B during this visit, the mother should give ORS at home. Explain how much ORS solution to give after each loose stool.*

#### *2. GIVE ZINC*

#### *3. CONTINUE FEEDING*

*Instruct her how to continue feeding during and after diarrhoea.*

#### *4. WHEN TO RETURN*

*Teach her the signs to bring a child back immediately*

## **DRILL: Determine amounts of ORS solution for children on Plan B**

Tell participants that this drill will provide additional practice determining the approximate amount of ORS solution to give a child who has diarrhoea and some dehydration.

### ***Materials needed for this drill:***

*TREAT* chart or chart booklet opened to the instructions for giving Plan B      Pencil      and paper to do calculations

### ***To conduct the drill:***

Ask the participants to look at the instructions for giving Plan B on the *TREAT* chart. Review the fluid amounts. Tell the participants they can refer to the charts during the drill.

Tell the participants that you will state the ages and/or weights of children with signs of dehydration. You will then call on individual participants to state how much ORS solution should be given. Tell participants that this drill is practice for them to quickly determine the approximate amounts of ORS to give to dehydrated children. To keep the drill lively, encourage participants to wait to be called on and be prepared to answer as quickly as they can.

Tell participants that they may use a pencil and paper to do quick calculations for this drill. Ask if there are any questions. Answer all questions thoroughly.

Begin the drill. State the weight for the first child. Call on a participant to tell you the **range** or the calculated **amount (the child's weight in kg multiplied by 75 ml)** of ORS solution to give to that child. Encourage participants to answer quickly. Then state the next weight and age, and call on the next participant.

Praise a participant for a correct answer. If a participant gives an incorrect answer, ask the next participant to answer. If you feel that one or more participants do not understand, pause to explain. Then resume the drill.

Keep the drill moving at a quick pace. Repeat the list of questions or make up additional weights if you believe participants need more practice. The drill ends when you believe that all participants are skilled and comfortable determining amounts of fluid needed.



**DRILL: Amount of ORS solution to give a child on PLAN B**

AGE AND / OR WEIGHT OF SICK CHILD	AMOUNT OF ORS SOLUTION	
	RANGE	CALCULATED AMOUNT
12 kg	900 - 1400 ml	900 ml
4 months old, 4 kg	200 - 400 ml	300 ml
5 months old	400 - 700 ml	
10 months old, 8 kg	400 - 700 ml	600 ml
10 kg	700 - 900 ml	750 ml
4 years old, 13 kg	900 - 1400 ml	975 ml
15 months old	700 - 900 ml	
1 year old, 8 kg	400 - 700 ml	600 ml
3 kg	200 - 400 ml	225 ml
8.5 kg	400 - 700 ml	640 ml
8 months old, 6 kg	400 - 700 ml	450 ml
18 months old, 10 kg	700 - 900 ml	750 ml
4½ years old	900 - 1400 ml	
5.5 kg	200 - 400 ml	410 ml

NOTE: Tell participants that the above amounts are guides. If a child wants more or less ORS solution, give him what he wants.

## EXERCISE D: Role play -- Teaching a mother to care for a dehydrated child

**Purpose:** To practice talking with mothers about treatment of diarrhoea.

### **Highlights of the case:**

**Part 1** - A health worker has decided that a baby named Lura has diarrhoea with SOME DEHYDRATION and should be treated with ORS solution on Plan B. In the role play, the health worker will instruct the mother how to give the ORS to the child.

**Part 2** - Laila's dehydration has improved and she is ready for Plan A. In the role play, the health worker will teach the mother Plan A.

### **Preparations:**

Gather the following supplies:

The *TREAT* chart or chart booklet opened to diarrhoea treatment Plans A and B  
Doll or other "baby"  
ORS solution already mixed (for Part 1) Cup and spoon

Write the highlights of the case on a flipchart.

Select two participants to play the roles of a mother and a health worker in Part 1. Select two other participants to play these roles in Part 2. This will give more participants a chance to practice. Explain the roles and give the participants time to prepare.

Take the participants aside who will be the mothers. Encourage them to act like normal, concerned mothers. Suggest that the mother could ask for some medicine to stop the diarrhoea. Or, she could become alarmed when Lura vomits some of the solution.

### **To conduct Part 1:**

Tell the participants that a health worker will practice talking with a mother about treatment of diarrhoea. Have observers read "The Situation" in the module. Remind the group that the role play will not include assessing or classifying Laila, which has already been done. Remind the observers to refer to the appropriate diarrhoea treatment plan and to note how the health worker communicates with the mother.

Introduce the mother and the health worker. Then ask the players to begin Part 1 of the role play.

When Part 1 is finished, and the mother is successfully giving ORS solution, thank the players. Then stop the role play and lead a discussion. Ask the observers to comment on the following: What did the health worker do well

Did the health worker leave out anything important? Be sure to comment on:

- if the health worker told the mother the amount of ORS to give in the next 4 hours,
- if the health worker said to give the ORS slowly, and
- if he showed her how to give the fluid with a spoon.

***To conduct Part 2:***

After the discussion, tell participants that 4 hours has passed. The mother has already been taught how to mix ORS. In this part of the role play, the health worker will teach the mother Plan A, but does not need to mix ORS. Remind observers to refer to Plan A and to note the communication skills that the health worker uses. Then ask participants to read "The Situation 4 Hours Later" in the module.

Introduce the other two players Laila 's mother and the health worker. Ask them to begin Part 2 of the role play.

When Part 2 is finished, thank the players. Lead a discussion of the role play. Ask the observers to comment on the following:

What did the health worker do well?

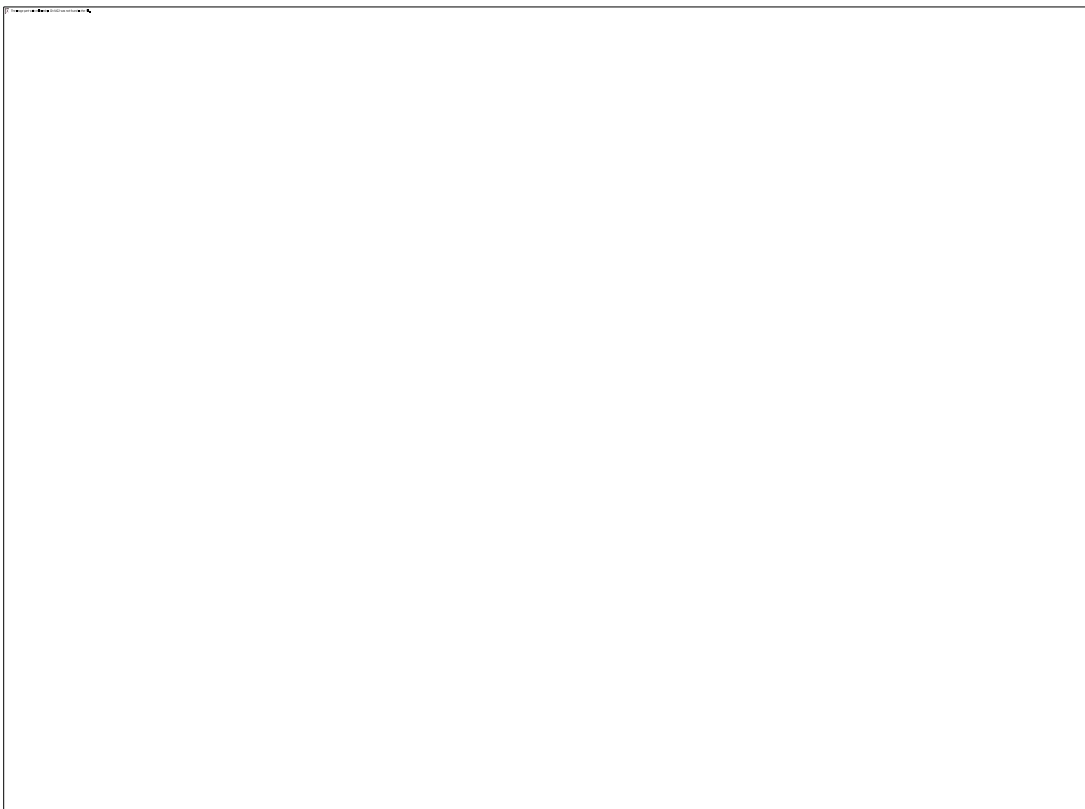
Did the health worker leave out anything important? Be sure to comment on:

- if the health worker told the mother the amount of fluid to give and when to give it,
  - if the health worker said to continue giving normal fluids,
  - if he told her to give extra fluid until the diarrhoea stops,
  - if he discussed continued feeding, and
- if he discussed when to return immediately.

How were the 3 basic teaching steps (information, example, practice) demonstrated?

How did the health worker check the mother's understanding?

After the exercise move on to the Dysentery and Persistent Diarrhoea Section and guide the participants on using the chart booklet to determine the right antibiotic and right dose.



Ask the participants to now read Section 4.0 which covers all treatments to be first given in the clinic in case of SEVERE FEBRILE DISEASE. Ask the participants to read. At this point also teach them to refer to the ANNEX BOOKLET that has all these treatments covered in detail.

## EXERCISE E - Individual work followed by individual feedback --

### Determine correct doses

Compare the participant's answers (PART 1) to the answer sheet. If there are differences, refer to the boxes on the chart that describe treatments to be given in clinic only. Give the participant a copy of the answer sheet to PART 1. Then discuss the answers with the group.

After the participants have finished discussing PART 1, invite them to come up to the table where you have assembled an assortment of drugs. Tell them that they will now have the opportunity to practice handling and measuring drugs.

### Answers to Exercise E -

#### PART 1:

1. What dose would you give the following children?

#### Child's weight if Quinine is Diluent weight needed (300mg/ml)

5 kg	0.2 ml	0.8 ml
7 kg	0.3 ml	1.2 ml
13 kg	0.5 ml	2.0 ml
18 kg	0.6 ml	2.4 ml

2. What are the possible side effects of a quinine injection?

*Sudden drop in blood pressure*

*Dizziness*

*Ringings of the ears*

*Sterile abscess*

3. WASEEM

Specify the dose of each treatment.

Chloramphenicol: 2.5 ml or 450 mg

Quinine: 0.8 ml if concentration is 150 mg/ml, **or** 0.4 ml if concentration is 300 mg/ml + 1.6 ml diluent = 2.0 total diluted solution

Sugar water by NG tube: 50 ml

## DRILL: Practice asking checking questions

Conduct this drill at any time after the participants have read half of the module. You may wish to do it when participants need a break from reading, or after a lunch or tea break as a review

Tell participants that this drill will review how to ask checking questions.

### ***To conduct the drill:***

Refer to the table on the following page. Read aloud each question in the first column. Ask participants to rephrase the question as a good checking question. Make sure that each participant is given the opportunity to answer.

A participant's checking question may be worded somewhat differently than the examples given. The question is acceptable if it asks a mother to describe how she will treat her child. If the question can be answered with a "yes" or "no", it is not acceptable.

<b>Rephrase the following questions as good checking questions:</b>	<b>Examples of possible CHECKING QUESTIONS</b>
Will you give your child the tablets as we discussed?	<ul style="list-style-type: none"> <li>• When will you give your child the tablets?</li> <li>• How many tablets will you give as one dose?</li> </ul>
You should breastfeed your child when he has Diarrhoea correct?	<ul style="list-style-type: none"> <li>• How will you feed your child when he has diarrhoea?</li> <li>• When should you breastfeed him?</li> </ul>
Do you know how to give your child half of a vitamin A capsule?	<ul style="list-style-type: none"> <li>• Show me how you will give half of this vitamin <input type="checkbox"/> A capsule to your child.</li> <li>• When will you give the vitamin A capsule?</li> </ul>
Do you know what to do if your child cannot swallow this tablet?	<ul style="list-style-type: none"> <li><input type="checkbox"/> How will you prepare this tablet so that your child can swallow it?</li> </ul>
Do you know how to give the syrup?	<ul style="list-style-type: none"> <li>• How will you give the syrup?</li> <li>• How you will measure a dose of the syrup? Show me.</li> </ul>
Will you give your child the iron syrup for the next 2 weeks?	<ul style="list-style-type: none"> <li>• For how many days will you give the iron syrup to your child?</li> <li>• How much syrup will you give each day?</li> </ul>
Can you take your child to the hospital?	<ul style="list-style-type: none"> <li>• Who will take your child to the hospital?</li> <li>• How will you travel with your child to the hospital?</li> </ul>
Will you return for a follow-up visit? Do you know when to return?	<ul style="list-style-type: none"> <li><input type="checkbox"/> When will you return for a follow-up visit?</li> </ul>

**TREAT THE CHILD**  
**DRILL/ DISCUSSION QUESTIONS**

a. What would you tell a mother about why it is important to treat an eye infection?

*Treating an eye infection will prevent damage to the eye.*

What major step of how to teach a mother to treat an eye infection is missing from the list below?

***Practice is missing.***

- Wash hands
- Explain how and why to treat the eye.
- Demonstrate how to clean the eye and apply tetracycline eye ointment.
- Tell her how often and for how many days to treat the eye and tell her to not put anything else in the child's eye.
- ***Ask the mother to practice cleaning the eye and putting the ointment in her child's eye. Observe her as she practices and provide feedback.***
- Give her one tube of eye ointment.
- Ask checking questions to make sure she understands the instructions.

1. Do you know how to treat your child's eye?

*How will you treat your child's eye?*

- Can you hold your child still while you apply the ointment?

*How will you hold your child still so that you can put the ointment in his eye?*

a. What would you tell a mother about why it is important to treat mouth ulcers?

*It is important to treat mouth ulcers to control infection. Treating the child's mouth will help the child eat normally sooner and get better faster.*

**TREAT THE CHILD**  
**DRILL/ DISCUSSION QUESTIONS**

b. What are the major steps you would follow when teaching a mother to treat mouth ulcers at home?

*Explain the treatment for mouth ulcers. Explain why the treatment should be given.*

*Describe the steps of the treatment (demonstrate if possible):*

*Wash hands.*

*Wrap a clean cloth around a finger. Dip it in salt water.*

*Clean the mouth with the cloth.*

*Paint the mouth ulcers with half-strength gentian violet. Use a clean cloth or cotton-tipped stick.*

*Wash the hands again.*

*Ask the mother to practice cleaning her child's mouth and painting it with gentian violet. Observe her while she practices.*

*Tell the mother how often to give the treatment at home. Tell her to apply the gentian violet for 5 days and then stop.*

*Give the mother the bottle of half-strength gentian violet. For example, if 0.5% gentian violet is available in clinic, dilute this with an equal amount of water.*

*Ask checking questions to make sure the mother understands how to treat mouth ulcers.*

□ List 3 checking questions you could ask to make sure the mother understands how to treat mouth ulcers at home.

*-- How will you treat the mouth ulcers?*

*-- What will you use when you treat the child's mouth ulcers? -- Why should you wash your hands?*

*-- When will you wash your hands?*

*-- How often will you treat the child's mouth ulcers?*



## **DRILL: Reviewing information on the *ASSESS & CLASSIFY* chart**

Conduct this drill Monday morning when participants return from the weekend break and before the clinic sessions begin. Doing the following drills will help participants recall and focus on the information they learned last week about assessing and classifying sick children.

### ***Materials needed:***

From the Facilitator Guidelines for *ASSESS & CLASSIFY*:

- Item 5: Instructions for review of classifying signs of illness
- Enlargement of Classification Table: Cough or Difficult Breathing
- Enlargement of Blank Recording Form
- Item 17: Instructions for conducting drill to review cut-offs for determining fast breathing

### ***To conduct the drill:***

Tell participants the purpose of the drill is to review information on the *ASSESS & CLASSIFY* chart that they may have forgotten over the weekend break. Allow participants a few minutes to review the assess and classify steps on the chart before the drill begins. Tell them they may refer to the chart during the drill, but they should try to answer the questions without looking at or reading from the chart.

When all the participants are ready, begin the drill. Ask the first question.

### **Part 1: Review the *ASSESS & CLASSIFY* chart**

What are the two age groups for determining the cut-off for fast breathing?

***2 months up to 12 months and 12 months up to 5 years***

Does "12 months up to 5 years" include a 5-year old child?

***No***

Does "12 months up to 5 years" include a 12-month old child?

***Yes***

Each mother is asked about four main symptoms. What are they?

***Cough or difficult breathing, diarrhoea, fever and ear problem***

Besides checking for general danger signs and assessing for four main symptoms, what else do you check all sick children for?

***Check for malnutrition and anaemia. Then check the child's immunization status, Vitamin A status, deworming status and any other problem which the mother mentions.***

Please come up to the chart and show the group where the steps for assessing sick children are located.

***(Participant points to boxes in Assess column.)***

*(Ask another participant to come to the chart.)* Where do you look first when you classify the child's illness?

***(Participant points to Signs column in Classification Table.)***

*(Ask another participant to come to the chart.)* Where are the classifications located?

***(Participant points to Classify As column.)***

## **Part 2: Review how to classify illness**

As described in Item 5 of the *ASSESS & CLASSIFY* Facilitator Guidelines, display both the enlargement of Classification Table: Cough or Difficult Breathing and the enlargement of Blank Recording Form.

Review how to classify cough or difficult breathing according to the instructions for Item 5, step 2.

Answer any questions participants may have about classifying illness in sick children. Then continue with the drill as described below.

## **Part 3: Review the cut-offs for determining fast breathing**

Conduct the drill included in Item 17 in the *ASSESS & CLASSIFY* Facilitator Guidelines to review the cut-offs for determining fast breathing. Continue the drill until you feel that participants can recall the cut-offs confidently.

## **Part 4: Review classifying signs of illness**

Tell the participants they will now practice classifying signs of illness. You will describe a child's signs and symptoms. Then call on a participant to select the appropriate classification. If you think a participant needs additional practice, ask him to describe how he classified the child's signs according to the classification table.

When all the participants are ready, begin the drill by asking the first question below.

**DRILL: Classification of illness in children age 2 months up to 5 years**

<b>QUESTION:</b>		<b>ANSWER</b>
<b>How would you classify a 9-month old child who has?</b>		
cough AND	A general danger sign with chest indrawing and stridor in a calm child	<b>VERY SEVERE DISEASE</b>
cough AND	51 breaths per minute and no sign of the severe classification	<b>PNEUMONIA</b>
cough AND	40 breaths per minute and no sign of the severe classification	<b>COUGH OR COLD</b>
fever with high malaria risk AND	A general danger sign and a stiff neck	<b>VERY SEVERE FEBRILE DISEASE</b>
fever with high malaria risk AND	A temperature of 37.5 C in clinic and no signs for severe classification	<b>MALARIA</b>
diarrhoea for 3 days AND	blood in stool. Child is restless and irritable; no sunken eyes; drinking eagerly, thirsty; skin pinch goes back immediately	<b>SOME DEHYDRATION and DYSENTERY</b>
diarrhoea for 3 days AND	blood in stool. Child does not have signs of SEVERE or SOME DEHYDRATION.	<b>NO DEHYDRATION and DYSENTERY</b>

<b>QUESTION:</b> <b>How would you classify a 9-month old child who has?</b>		<b>ANSWER</b>
Diarrhoea for 14 days AND	no blood in stool. Child is restless, irritable; no sunken eyes; drinking eagerly, thirsty; skin pinch goes back slowly.	<b>SOME DEHYDRATION and SEVERE PERSISTENT DIARRHOEA</b>
Diarrhoea for 2 days AND	no blood in stool. Child is not lethargic or unconscious; not restless and irritable. No sunken eyes and is able to drink but is not thirsty. Skin pinch goes back immediately.	<b>NO DEHYDRATION</b>
Signs suggesting MEASLES AND	clouding of the cornea	<b>SEVERE COMPLICATED MEASLES</b>
Signs suggesting MEASLES AND	a general danger sign	<b>SEVERE COMPLICATED MEASLES</b>
Signs suggesting MEASLES AND	pus draining from the eye and no signs for the severe classification	<b>MEASLES WITH EYE OR MOUTH COMPLICATIONS</b>
An ear problem AND	tender swelling behind the ear	<b>MASTOIDITIS</b>
An ear problem AND	pus is seen draining from the ear and discharge is reported for 7 days	<b>ACUTE EAR INFECTION</b>
An ear problem AND	pus is seen draining from the ear and discharge is reported for 3 weeks	<b>CHRONIC EAR INFECTION</b>
visible severe wasting		<b>COMPLICATED SEVERE ACUTE MALNUTRITION</b>
Oedema of both feet		<b>COMPLICATED SEVERE ACUTE MALNUTRITION</b>
Very low weight for age and height / length		<b>UNCOMPLICATED SEVERE ACUTE MALNUTRITION</b>
Some palmar pallor		<b>ANAEMIA</b>
Severe palmar pallor		<b>SEVERE ANAEMIA</b>

<b>FOR LOW MALARIA RISK ONLY:</b>		
fever with low malaria risk AND	no runny nose, no measles and no other cause of fever. (No signs of the severe classification.)	<b>FEVER- NO MALARIA</b>
fever with low malaria risk AND	measles present and there are no signs of severe classification.	<b>FEVER- NO MALARIA</b>
fever with low malaria risk AND	a runny nose and there are no signs of severe classification	<b>FEVER- NO MALARIA</b>
* It is also correct to give the classification in bold print only.		
<b>FOR NO MALARIA RISK ONLY:</b>		
Fever with no malaria risk AND	Has travelled to high risk area. (No signs of the severe classification.)	<b>MALARIA</b>
Fever with no malaria risk AND no travel AND	A runny nose and no other severe classification.	<b>FEVER- NO MALARIA</b>

Remind participants that it is important when they give drugs to mothers to take home to always label the drug envelope (or another appropriate container) carefully and clearly. If a mother is given more than one drug to take home, the person dispensing the drugs should put each drug in a separate drug envelope so that the mother does not confuse the different drugs.

Ask each participant to tear off or cut the nipple or pierce the vitamin A capsule (100 000 units). Drip the liquid into a cup as if it were the mouth of an infant.

Observe participants as they do it. If a participant is not able to give the vitamin A correctly, ask him to reread section 1.4 - Vitamin A in the module again. Then help the participant do it correctly.

Observe participants as they prepare the chloramphenicol and quinine injections. Correct any problems in dilution or measuring the dose. Point out that when 5.0 ml sterile water is added to the chloramphenicol, more than that is drawn out of the chloramphenicol vial. The increase in volume is due to the drug.

Tell the participants to place the actual dose that they measure in the box provided in the module.

Compare the participant's doses to the answer sheet. Check the fluid and fluid level in each participant's syringe.

ASK participants to refer to the treat the child module to review the guidelines for administering diazepam. Tell participants that first you will demonstrate administering diazepam and then you will ask the participants to practice. Since you will not demonstrate on a child, simulate it in this way:

- Draw up the appropriate dose of diazepam for a 12 kg child into a small syringe. Add 2-3 ml water then.
- Remove the needle from the syringe. Attaché a piece of nasogastric tube to the syringe if available.
- Ask a participant or another facilitator to hold out one hand with fingers straight and together. Place the hand over a cup.
- Insert 4 to 5cm of the nasogastric tube or the tip of the syringe between two fingers, pretending that you are inserting the syringe into a child's rectum.
- Inject the diazepam dose into the cup (rectum).
- Then remove the syringe and say that you would then hold the buttocks together for a few minutes.

After your demonstration, ask participants to work in pairs. First one participants will place a hand over a cup while the other practices giving diazepam. Then the switch roles. Watch as the participants practices and give guidance as needed.

5. Clean up at the end of the exercise. Be sure that participants put all needles in a sharps container and dispose of all drugs safely.

As you are cleaning up, ask participants again if they dispense oral drugs and give injections at their clinics. If participants do not, discuss how they should supervise those who do to make sure the drug dispensing is done correctly.

After the exercise, tell the participants that the next section of the module will cover how to give extra fluid to treat a child with diarrhoea. A child with diarrhoea also needs to be fed a good normal diet, which will be described in the module *Counsel the Mother*.

## **EXERCISE F: Individual work followed by group discussion -- Determining whether to immunize**

Lead a group discussion to quickly review the answers to the exercise. Call on a participant or ask for a volunteer to answer each question. Then give participants a copy of the answer sheet.

### **Possible Answers to Exercise G**

1. Should Mala be given the immunizations today?

*Yes, Mala should be immunized today. PNEUMONIA and MALARIA are not contraindications to immunizations.*

2. Should Parveen immunize children with ANAEMIA OR UNCOMPLICATED ACUTE MALNUTRITION

*Yes. ANAEMIA OR UNCOMPLICATED SEVERE ACUTE MALNUTRITION is not a contraindication to immunizations.*

3. Should Alam give the infant OPV 0 today?

*No. OPV 0 is not given to an infant who is more than 14 days old.*

4. .

- a. Should the health worker give Joli OPV 3 and PENTAVALENT 3 today?

*Yes. DYSENTERY is not a contraindication to immunizations.*

- b. What should the health worker tell the mother about possible side effects of OPV and PENTAVALENT vaccines?

*The health worker should tell the mother that there are no side effects of the OPV vaccine, but sometimes there are side effects from PENTAVALENT. Fever, irritability and soreness are possible, but not serious. Fever means that the PENTAVALENT is working. Tell the mother to give paracetamol to Joli if she feels very hot or is in pain.*

- c. How should the health worker record the immunizations?

*The health worker should record the date that the PENTAVALENT is given on the immunization card and in the clinic's register. The OPV 3 should not be recorded because the child has diarrhoea today. Tell the mother to return in 4 weeks for another dose of OPV 3. When she returns, the health worker should then record the date of the second dose.*

5. Describe what you would say to a child's mother to try to convince her to have her child immunized for measles today.

*Your child is at an age when he is very likely to get measles. Immunizing your child for measles will not make him sicker. It will prevent him from getting measles. If he is not immunized today, he may get measles before he comes back to the clinic. Measles can make your child very sick.*

## **EXERCISE ANNEX C-1: Individual work followed by individual feedback -- If You Can Give Intravenous (IV) Treatment, according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly**

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-1 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

### **TREAT THE CHILD** Answers to Exercise Annex C-1

#### **1. BADAR**

- a. How should the health worker treat Badar's dehydration?

*The health worker should begin IV fluid immediately.*

- b. What amount of fluid should Badar be given?

*Badar should be given 450 ml (30 ml 15 kg) of IV fluid in the first 30 minutes, then 1050 ml (70 ml 15 kg) of IV fluid over the next 2½ hours. Total = 1500 ml (100 ml 15 kg).*

- c. What should be done now?

*The health worker should begin giving Badar ORS solution by mouth. He should give Badar 75 ml (5 ml 15 kg) of ORS solution per hour. He should also continue giving IV fluid at the same rate.*

- d. After Badar has completed 3 hours of IV treatment, what should the health worker do?

*The health worker should reassess Badar and classify the dehydration. Then the health worker should choose the appropriate Plan (A, B or C) and continue treatment.*

#### **2. AMARU**

Should Amaru be urgently referred to a hospital? Why or why not?

*Yes, Amaru should be urgently referred because he has SEVERE DEHYDRATION and VERY SEVERE FEBRILE DISEASE.*

#### **3. DANO**

- a. How much IV fluid should be given to Dano in the first hour? and How much over the next 5 hours?

*180ml (30 ml 6 kg) of IV fluid*

*420 ml (70 ml 6 kg) of IV fluid*



**TREAT THE CHILD**

**Answers to Exercise Annex C-1 (continued)**

b. Should the health worker give Dano ORS solution? If so, how much?

*Yes, the health worker should encourage Dano to sip ORS solution, while the drip is being set up and while Dano is receiving IV fluid. The health worker should give about 30 ml (5 ml / 6 kg) of ORS solution per hour.*

c. Calculate the amounts of IV fluid that Dano received and record them on the form.

Time (hr)	Volume (ml) Set-up*		Estimated Volume (ml) Remaining	Volume received
<u>1:00 pm</u>	<u>1000 ml</u>			
<u>2:00 pm</u>	_____		<u>820 ml</u>	<u>180 ml</u>
<u>3:00 pm</u>	_____		<u>730 ml</u>	<u>270 ml</u>
<u>4:00 pm</u>	_____		<u>640 ml</u>	<u>360 ml</u>
<u>5:00 pm</u>	_____		<u>550 ml</u>	<u>450 ml</u>
<u>6:00 pm</u>	_____		<u>470 ml</u>	<u>530 ml</u>
<u>7:00 pm</u>	_____		<u>400 ml</u>	<u>600 ml</u>

\* For each new bottle/pack, initial or added

d. How should the health worker classify Dano's dehydration?

*NO DEHYDRATION*

What plan should be followed to continue treating Dano?

*Plan A*

Is Dano ready to go home? Why or why not?

*No, Dano should remain at the clinic for 6 more hours or until closing while he is given ORS solution on Plan A. During that time, the health worker should observe Dano to check whether the signs of dehydration return. If Dano and his mother cannot stay at the clinic, Dano should continue Plan A treatment at home.*

## **DRILL (Annex C-1): Determine amounts of IV fluid to give a child on Plan C**

Conduct this drill with those participants who have studied Annex C-1. Tell them that this drill will provide additional practice determining the amount of IV fluid to give a child who has diarrhoea with severe dehydration.

### ***Materials needed for this drill:***

*TREAT* chart or chart booklet opened to the instructions for giving Plan C  
Pencil and paper to do calculations

### ***To conduct the drill:***

Ask the participants to look at the instructions for giving Plan C on the *TREAT* chart. Review the fluid amounts. Tell the participants they can refer to Plan C during the drill.

Tell the participants that you will state the ages and weights of children with severe dehydration. You will then call on individual participants to state how much IV fluid should be given. Tell them that this drill is practice for them to quickly calculate the amount of IV fluids to give. To keep the drill lively, encourage participants to be prepared to answer as quickly as they can.

Ask if there are any questions. Tell participants that they may use pencil and paper to do quick calculations for this drill.

Begin the drill. State the weight and age for the first child. Call on a participant and ask how much IV fluid should be given to that child. Then ask how much fluid should be given in the first 30 minutes or one hour of IV treatment. Finally ask how much to give during the remainder of the rehydration period. Then state the next weight and age, and call on the next participant.

Praise the participant for a correct answer. If a participant gives an incorrect answer, ask the next participant to answer. If you feel one or more participants do not understand, pause to explain. Then resume the drill.

Keep the drill moving at a quick pace. Repeat the list of questions or make up additional weights if you believe participants need more practice. The drill ends when you believe that all participants are skilled and comfortable determining amounts of fluid needed.

**DRILL: Amounts of IV fluid to give a child on PLAN C**

CHILD'S AGE & WEIGHT	TOTAL AMOUNT	TOTAL TIME	FIRST GIVE		THEN GIVE	
			AMOUNT	FOR	AMOUNT	FOR
14 months, 9 kg	900 ml	3 hrs	270 ml	30 mins	630 ml	2½ hrs
8 months, 7 kg	700 ml	6 hrs	210 ml	1 hour	490 ml	5 hrs
3 years, 13 kg	1300 ml	3 hrs	390 ml	30 mins	910 ml	2½ hrs
3 months, 5 kg	500 ml	6 hrs	150 ml	1 hour	350 ml	5 hrs
2 years, 12 kg	1200 ml	3 hrs	360 ml	30 mins	840 ml	2½ hrs
15 months, 10 kg	1000 ml	3 hrs	300 ml	30 mins	700 ml	2½ hrs
4 years, 15 kg	1500 ml	3 hrs	450 ml	30 mins	1050 ml	2½ hrs
23 months, 11.5 kg	1150 ml	3 hrs	345 ml	30 mins	805 ml	2½ hrs
6 months, 6 kg	600 ml	6 hrs	180 ml	1 hour	420 ml	5 hrs
12 months, 8 kg	800 ml	3 hrs	240 ml	30 mins	560 ml	2½ hrs
11½ months, 8 kg	800 ml	6 hrs	240 ml	1 hour	560 ml	5 hrs
5 months, 5 kg	500 ml	6 hrs	150 ml	1 hour	350 ml	5 hrs
10 months, 7 kg	700 ml	6 hrs	210 ml	1 hour	490 ml	5 hrs

## **EXERCISE ANNEX C-2: Individual work followed by individual feedback -- If IV Treatment Is Available Nearby, according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly**

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-2 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.

### **Answers to Exercise Annex C-2**

#### **1. KARIM**

- a. How should the health worker treat Karim?

*The health worker should refer Karim urgently to the hospital for IV treatment.*

- b. What advice should the health worker give to his mother?

*The health worker should give Karim 's mother directions to the hospital (if she does not already know the way), and some ORS solution. He should instruct her to give Karim frequent sips of ORS on the way to and while waiting at the hospital.*

#### **2. JAMAL**

How should Jesse be treated?

*Jamal should be referred urgently to the hospital because he has 2 severe classifications, VERY SEVERE DISEASE and SEVERE DEHYDRATION.*

He should be given intramuscular chloramphenicol and breast milk, breast milk substitute or sugar water to prevent low blood sugar. Because Jamal is not able to drink, the milk or sugar water should be given by NG tube.

## **EXERCISE ANNEX C-3: Individual work followed by individual feedback -- If You Are Trained to Use A Nasogastric (NG) Tube, according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly**

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-3 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.

### **TREAT THE CHILD**

#### **Answers to Exercise Annex C-3**

##### **1. RAHEEL**

- a. How should Raheel be rehydrated?  
*by nasogastric tube*
- b. How much ORS solution should Raheel be given per hour?  
*160 ml (20 ml/kg) of ORS solution per hour*
- c. What should the health worker do?  
*The health worker should give Raheel the NG fluid more slowly.*
- d. After 3 hours, Raheel's signs of dehydration have not improved. Now what should the health worker do?  
*The health worker should send Raheel to the hospital for IV treatment.*

##### **2. SHARIFA**

- a. How much NG fluid per hour should the health worker give Sharifa?  
*140 ml (20 ml/kg) of ORS solution per hour*
- b. For how long should the health worker give Sharifa NG therapy?  
*The health worker should give Sharifa NG therapy for 6 hours.*
- c. Fill out the sample form below as if you were setting up the NG fluid for Sharifa.  
*See next page.*

**TREAT THE CHILD** - Answers to Exercise Annex C-3 (continued)

- d. At 10:00, the health worker checks the fluid pack. There is 860 ml of fluid remaining. Record it on the form and calculate the volume received.

Time (hr)	Volume (ml) Set-up*	Estimated Volume (ml) Remaining	Volume Received
	<u>1000 ml</u>		
9:00 am	_____		
_____	_____	860 ml	140 ml
<u>10:00 am</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each new bottle/pack, initial or added

- e. Every 1-2 hours the health worker monitors Sharifa. What should the health worker look for?

*The health worker should look for signs of dehydration, a distended abdomen, and repeated vomiting.*

- f. How should Sharifa be classified now?

*NO DEHYDRATION*

- g. What should the health worker do next?

*The health worker should treat Sharifa according to Plan A. If possible, the health worker should keep the child at the clinic until closing to be sure the mother can maintain hydration.*

**3. JAMAL**

How should Jamal be treated?

*Jamal should be referred urgently to the hospital because he has 2 severe classifications, VERY SEVERE DISEASE and SEVERE DEHYDRATION.*

*He should be given intramuscular chloramphenicol and breast milk, breast milk substitute or sugar water to prevent low blood sugar. Because Jamal is not able to drink, the milk or sugar water should be given by NG tube.*

## **EXERCISE ANNEX C-4: Individual work followed by individual feedback -- If You Can Only Give Plan C Treatment by Mouth according to diarrhoea treatment Plan C: Treat Severe Dehydration Quickly**

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan C or the Annex C-4 text. Help the participant locate the correct instructions.

Give the participant a copy of the answer sheet. If the participant has any questions, answer them thoroughly.

Ask the participant to read section 6.4 - Treat Persistent Diarrhoea through section 7.0 - Immunize Every Sick Child, As Needed, and then do Exercise K.

### **Answers to Exercise Annex C-4**

#### **1. JALIB**

- a. Should you refer Josef urgently or try to rehydrate him by mouth?

*Since Jalib can drink some ORS solution, you should try to rehydrate him by mouth.*

- b. How much ORS solution should you give?

*240 ml (20 ml 12 kg) of ORS solution*

- c. Jalib vomits frequently. What should you do?

*Give the fluid more slowly*

- d. What should you do now?

*Refer for IV treatment*

#### **2. BANTI**

- a. How much ORS should the father encourage Banti to drink during the next hour?

*300 ml (20 ml 15 kg) of ORS solution during the next hour*

- b. What should the health worker do now?

*The health worker should put Banti on Plan B treatment. During the next 4 hours, Bo should receive 900 - 1400 ml of ORS solution by mouth.*

**TREAT THE CHILD**

**Answers to Exercise Annex C-4 (continued)**

- c. For how long should the health worker encourage Banti and his father to remain at the clinic? Why?

*The health worker should encourage Banti and his father to remain at the clinic for 4 hours on Plan B and until closing time on Plan A. It is important that Banti and his father remain for at least the Plan B treatment, to be sure Banti is rehydrated successfully. If possible, they should stay 6 more hours to be sure that the signs of dehydration do not return.*

3. JAMAL

How should Jamal be treated?

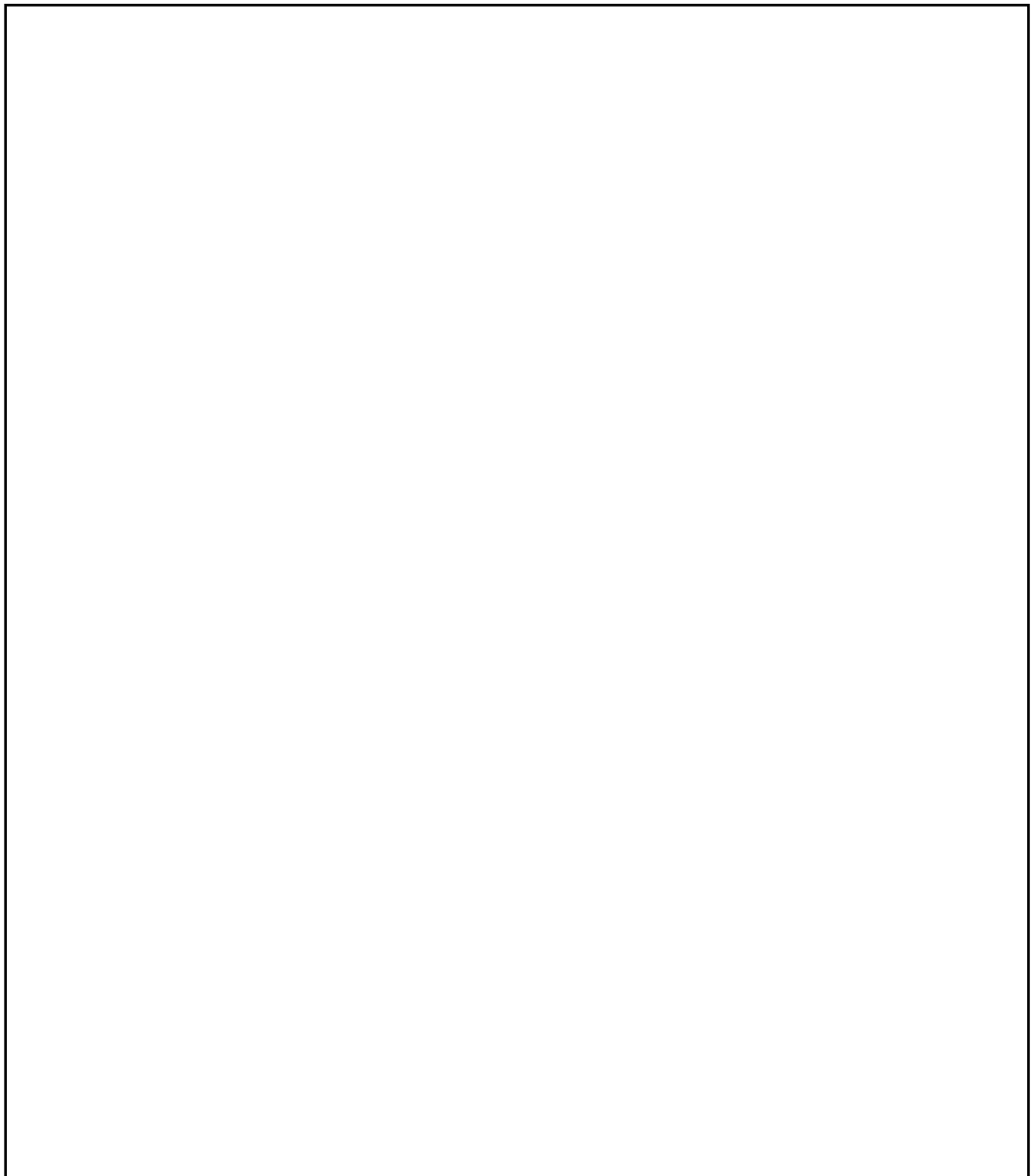
*Jamal should be referred urgently to the hospital because he has 2 severe classifications, VERY SEVERE DISEASE and SEVERE DEHYDRATION.*

*He should be given intramuscular chloramphenicol and breast milk, breast milk substitute or sugar water to prevent low blood sugar. Because Jamal is not able to drink and the health worker not able to use an NG tube, the milk or sugar water cannot be given.*



## **SUMMARY OF MODULE**

Review with participants the main skills covered in this module. They are listed in the learning objectives in the beginning of the module. Also review any points that you may have noted below:

A large, empty rectangular box with a thin black border, intended for participants to take notes during the module summary.

## FACILITATOR GUIDELINES FOR Module 3-COUNSEL THE MOTHER

PROCEDURES	FEEDBACK
1. Distribute and introduce the module	-----
2. Participants read "Introduction" and "Feeding Recommendations" and do written Exercise A.	Individual
3. Lead drill on feeding recommendations.	Drill
4. Participants read section 1.0 and do Short Answer	Self-checked
5. Participants read section 2.0 Conduct role play Exercise B	Group Discussion
6. Participants read section 3.1 and do written Exercise C	Individual
7. Participants read section 3.2 and do Short Answer	Self-checked
8. Participants read 3.3 and the Mother's Card. Do example roleplay.	Group Discussion
9. Conduct roleplay Exercise D.	Group Discussion
10. Participants read section 4.0 and 5.0 and do Short Answer Exercise.	Self-checked
11. Continue the example roleplay from point 8 of this list.	Group Discussion
12. Conduct roleplay Exercise E.	Group Discussion
13. Participants read section 6.0. Lead discussion of Exercise F.	Group Discussion
14. Summarize the module.	-----

## INTRODUCTION OF MODULE

Explain that this module describes how to use the *COUNSEL* chart. Point to the relevant sections of the *COUNSEL* chart while outlining the tasks to be taught:

- Assess the child's feeding.
- By comparing the child's feeding to recommendations on the chart, identify feeding problems.
- Advise the mother to increase fluids during illness.
- Advise the mother when to return to the health worker:
  - for follow-up visits immediately if certain signs appear
  - for immunizations.

Explain that it is also important to counsel the mother about her own health, as noted at the bottom of the chart.

Point to the nutritional status section of the *ASSESS & CLASSIFY* chart, and remind participants that they may have identified the need to "Assess the child's feeding and counsel the mother on feeding." This module will teach them how to assess feeding and counsel the mother on feeding.

This module emphasizes good communication skills such as asking the mother questions and listening carefully to her. There will be a number of role plays in which to practice good communication.

Ask participants to read the "Introduction" to the module and the section titled "Feeding Recommendations." Explain that the recommendations have been adapted to include local foods. Ask participants to do Exercise A when they come to it.

## **EXERCISE A: Individual work followed by individual feedback -- Content of feeding recommendations**

Compare the participant's answers to the answer sheet (on the next page) and discuss any differences. For answer 3, the participant should have listed two good local complementary foods. If the participant has listed foods that are not familiar to you, ask about the contents and preparation of the food. It should be nutrient-rich, energy-rich, and thick.

Give the participant a copy of the answer sheet.

If you plan to do the drill next, tell the participant to prepare for the drill by reviewing the feeding recommendations. If you will do the drill at some later time, ask the participant to continue reading the module through section 1.0 and to do the Short Answer Exercise.

### **Answers to Exercise A**

1..

- a. False. Children should be fed the recommended foods for their age, as often as recommended, during both sickness and health.
  - b. True
  - c. False. Complementary foods should be thick and energy-rich. Cereal gruels should be made thick and mixed with oil and mashed, nutritious foods.
  - d. True
  - e. True
2. Complementary foods should be started between 4 and 6 months of age. They should only be started if the child:

- shows interest in semisolid foods,
- the child appears hungry after breastfeeding, - the child is not gaining weight adequately,

By 6 months of age, all children should have started complementary foods.

3. Khichri, Kheer, dalya, Pakora
4. 3 times per day, since she is still breastfed

The mother can judge an adequate serving by how much food Sunny leaves. If Sunny leaves a spoonful uneaten, she has given enough food.

5. ..

- a. Replace the cow's milk with a fermented milk product such as yoghurt OR give half the usual amount of cow's milk and replace the rest with other nutritious foods. Continue giving family foods 5 times per day as usual.
- b. Ramzan should return for follow-up in 5 days.

### **DRILL: Review of feeding recommendations**

Conduct this drill at any convenient time after this point in the module. You may wish to do it when participants need a review, or when they need a break from reading and writing.

- Tell participants that this drill will review the feeding recommendations on the *COUNSEL* chart. They should look at the *COUNSEL* chart or chart booklet as needed. Ask them to find the Feeding Recommendations in the chart booklet now.
- Ask the questions in the left column. Participants should answer in turn.

### DRILL: Review of Feeding Recommendations

QUESTIONS	ANSWERS
<p><b>A child is 3 months old.</b> Which column of the feeding recommendations applies? How often should this child breastfeed? Should other food or fluid be given?</p>	<p>The first (left-most) column As often as the child wants, day and night, at least 8 times in 24 h No.</p>
<p><b>A child is 5 months old.</b> Which column of the feeding recommendations applies? How often should the child breastfeed? What is an example of a good complementary food? How many times per day should these foods be given?</p>	<p>The second column As often as the child wants, at least 8 times in 24 hours. No complementary feed. Not to be given</p>
<p><b>A child is 6 months old and breastfed.</b> Which column of the feeding recommendations applies? How often should the child breastfeed? How often should complementary foods be given?</p>	<p>The second column. As often as the child wants. 3 times per day, since the child is breastfed.</p>
<p><b>A child is 15 months old.</b> Which column of the feeding recommendations applies? How often should the child breastfeed? How often should complementary foods or family foods be given?</p>	<p>The third column As often as the child wants 5 times per day</p>
<p><b>A child is 10 months old and is not breastfed.</b> Which column of the feeding recommendations applies? What kinds of food should this child be given? How many times per day?</p>	<p>The second column Several participants may answer with local complementary foods. 5 times per day, since the child is not breastfed</p>
<p><b>A child is 2 years old.</b></p>	
<p>Which column of the feeding recommendations applies? How often should family foods be given? How often should food be given between meals?</p>	<p>The last (right-most) column At 3 meals per day Twice daily</p>
<p><b>A child is 1 month old. She is breastfed about 6 times in 24 hours and receives no other milk.</b></p>	
<p>Is this child breastfed often enough?</p>	<p>No, the child should be breastfed at least 8 times in 24 hours</p>
<p><b>A child is 5 months old and is exclusively breastfed (8 times in 24 hours). She sometimes reaches for her mother's food and seems hungry.</b></p>	
<p>Which column of the feeding recommendations applies?</p>	<p>The First column</p>
<p>Should this child be given complementary foods?</p>	<p>No, since he is 5 months old.</p>

QUESTIONS	ANSWERS
<p><b>A child is 3 years old. She eats 3 meals each day with her family.</b></p> <p>Which column of the feeding recommendations applies?</p> <p>How often should this child be given nutritious food between meals?</p> <p>What are some examples of foods to give between meals?</p>	<p>The fourth (right-most) column</p> <p>Twice daily</p> <p>Several participants may mention local foods listed on the chart.</p>
<p><b>A child is 1 month old and is exclusively breastfed. The weather is extremely hot and dry.</b></p> <p>The mother asks if she should give her child clean water as well as breastmilk, since it is so hot. Should she?</p>	<p>No. Breastmilk contains all the water that the child needs.</p>
<p><b>A 6-month-old child has persistent diarrhoea.</b> Where on the chart are the feeding recommendations for persistent diarrhoea?</p> <p><b>This 6-month-old usually breastfeeds 4 times per day and takes cow's milk 3 times per day.</b></p> <p>What is the first recommendation for this child with persistent diarrhoea?</p> <p>What are the mother's choices to replace the cow's milk?</p> <p>Should this child be taking complementary foods? How often?</p>	<p>In the box below the feeding recommendations by age group</p> <p>Give more frequent, longer breastfeeds, day and night</p> <p>Three participants may answer:</p> <ul style="list-style-type: none"> <li>- Replace with increased breastfeeding,</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- Replace with fermented milk products, such as yoghurt, OR</li> <li>- Replace half the milk with nutrient- rich semisolid food.</li> </ul> <p>Yes, since the child is 6 months old</p> <p>3 times per day (since the child is breastfed)</p>

## **READING AND SHORT ANSWER EXERCISE -- Assessing Feeding**

Participants read section 1.0 and do the Short Answer Exercise. Encourage participants to ask you questions as needed. Tell participants to read on to Exercise B after doing the Short Answer Exercise.

As participants work on this and other Short Answer Exercises, look at their work to make sure they are completing the exercises. Ask occasionally if there are any questions.

### **EXERCISE B: Individual work followed by individual feedback -- Identifying feeding problems and relevant advice**

Compare the participant's answers to the answer sheet and discuss any differences. Be sure that the participant has mentioned good local complementary foods where appropriate.

The main point of this exercise is to identify **relevant** feeding advice and limit advice to that. Be sure that the participant understands that it is not necessary to give all the feeding advice to every mother. If certain recommendations are not being followed, advice should be limited to those recommendations. This helps the mother focus on what is important in her situation.

If the child is being fed correctly for his age group, then the mother may not need any feeding advice now. (If the child is about to enter a new age group with different feeding recommendations, however, explain these new recommendations to her.) Remember to praise the mother for feeding practices that are correct.



## COUNSEL THE MOTHER

### Answers to Exercise B

*Relevant Advice:*

Feed the child 5 times each day.

Try to add some oil, vegetables, meat, fish, or other foods to the rice. Give a thick food rather than thin soup. Give other nutritious foods such as (*local foods .....*) Save out an individual serving for the child and feed it to him, or help him get enough from the shared plate. Feed him until he does not want any more.

*Note: This child will need to be seen again in 5 days for feeding problems.*

*Feeding Problem(s):*

The child is being fed according to the recommendations for his age. However, the persistent diarrhoea suggests that he is having trouble digesting cow's milk.

*Relevant Advice:*

Replace the cow's milk with yoghurt OR replace half the cow's milk with nutritious foods such as (*local foods.....*).

*Give one dose of multivitamin / mineral mixture for 2 weeks*

*Note: This child will need to be seen again in 5 days for follow-up for persistent diarrhoea.*

*Feeding Problem(s) -- Recorded on the front of the Sick Child Recording Form:*

Complementary foods are not given often enough and are not thick and nutritious.

Mother has stopped cereal during illness.

*On the back of the form, the participant should have written advice such as:* At this age the child needs more complementary foods. Make cereal gruel thicker and add oil and mashed vegetables or fruit. Start now to give this 3 times daily, even during illness. Also try combinations such as rice with vegetables, meat, or fish. Keep breastfeeding as often as the child wants.

## **READING AND SHORT ANSWER EXERCISE -- Good communication skills**

Ask the participant to read section 3.2 and do the Short Answer Exercise.

As participants work on the Short Answer Exercise, look at their work to make sure they are completing the exercises. Ask occasionally if there are any questions.

When a participant has completed the Short Answer Exercise, tell the participant to read section 3.3 and to look at the Mother's Card (either the adapted card or the Mother's Card in the Annex).

When participants have studied the Mother's Card, explain any plans for use of the adapted Mother's Card in their clinics. If no plans have yet been made, explain that there are many ways that Mother's Cards could be designed. Some countries give a new Mother's Card at every visit. Some countries use a multi-visit card that should be brought back to the clinic at every visit. Other countries use a card which is kept at the clinic and used for education but is not taken home by mothers.

## **READING AND SHORT ANSWER EXERCISE -- When to return**

After the role plays, tell participants to read sections 4.0 and 5.0 and do the short answer exercise about when to return. Stress the importance of teaching the mother about when to return, especially the importance of teaching her the signs to return immediately.

As participants do the short answer exercise, encourage them to ask questions as needed.

**EXAMPLE: Demonstration role play -- Giving advice on fluid and when to return using good communication skills**

*The earlier demonstration about Akber covered the steps of assessing feeding, identifying feeding problems, and counselling the mother about feeding. This demonstration completes the interaction by covering advising the mother about fluid and when to return. In other words, this role play covers the remaining parts of the COUNSEL chart.*

***Highlights of the case:*** Health worker uses the Mother's Card to teach the signs to return immediately, including the very important signs -- **fast breathing** and **difficult breathing**.

Continue the scripted role play about Akber beginning on the next page. Have the same people play the roles of the health worker and mother. Use the Mother's Card. A baby doll will be helpful. Practice the demonstration at least once before doing it in front of the group.

Before the role play, remind participants that Akber is 8 months old and has no general danger signs. He has: NO PNEUMONIA: COUGH OR COLD, MALARIA, NO ANAEMIA AND NOT VERY LOW WEIGHT.

In the previous demonstration, the health worker assessed feeding and found three feeding problems: Akber was not feeding well during illness; he needed more varied complementary foods; and he needed one more serving each day. The health worker counselled the mother to keep feeding during illness even though Akber had lost his appetite. The health worker also gave advice on good complementary foods for Akber and advised the mother to feed him 3 times per day. Now, the health worker will give advice on fluid and when to return. (Point to the parts of the *COUNSEL* chart to be used.)

To the left of the script, notice that the communication skills are again listed in italics. You previously wrote these on the flipchart or blackboard:

*Ask, listen Praise*

*Advise*

*Check understanding*

As in the previous demonstration about Akber, you or your co-facilitator should point to each skill as you use it in the script.

## SCRIPT FOR DEMONSTRATION ROLE PLAY, CONTINUED

Health Worker: We've already talked about how important breastfeeding is.

*Ask, listen* Does Akber take any other fluids regularly?

Mother: Sometimes I give him orange juice.

Health worker: That's good. During illness children may lose fluids due to  
*Praise* fever, and it is important to give extra fluids to replace those.

*Advise* You can do that by breastfeeding frequently and by giving  
*Ask, listen* fluids like orange juice or soups as well. How do you give him  
his orange juice now?

Mother: In a cup. I hold it while he sips.

Health worker: That's very good. That is the best way to give him extra  
*Praise* fluid.

*Advise* Now we need to talk about when you should bring Akber back  
to see me. If his fever continues for 2 more days, bring him  
back. Otherwise, come back in 5 days so we can find out how  
he is feeding.

Mother: In 5 days?

Health Worker: Yes, that will be Monday. If you can come in the afternoon  
*Ask, listen* at 3:00, there will be a nutrition class that would be helpful for  
you. Can you come then?

Mother: I think so.

Health Worker: I also want you to bring Akber back **immediately** if he  
*Advise* **is not able to drink** or if he **becomes sicker**. This is very  
important. I'm going to show you these pictures on the

*Mother's Card to help you remember. (Points to Mother's  
Card and describes the pictures for these signs)*

Mother: I understand.

Health worker: Good. Now I am going to tell you two more signs to look  
*Advise* for so you will know if Akber needs to come back. The signs  
are **fast breathing** and **difficult breathing**. If you notice  
Akber breathing fast, or having difficulty breathing, bring him  
back **immediately**. These signs mean he may have developed  
pneumonia and may need some special medicine. I do not  
expect this will happen, but I want you to know what to look  
for. Here is another picture to help you remember to look at  
Akber 's chest for fast breathing. (*Points to Mother's Card.*) If  
Akber is breathing faster than usual, or he seems to have  
trouble breathing, bring him back.

Mother: All right.

Health worker: I also want to see Akber again in one month for his measles  
immunization. I know this is a lot to remember, but don't  
worry, I'm going to write it down for you.

*Check* Can you remember the important signs to bring Akber back  
*Understanding* immediately?

Mother: Yes, fast breathing and difficult breathing.

Health worker: Good. And how will you recognize fast breathing?

Mother: If it's faster than usual?

Health worker: Good. That's right. And there were two more signs that I  
*Praise* told you first.

Mother: Oh yes, if he cannot drink and...?

Health worker: If he cannot drink and if he becomes sicker. Let's look again at  
the Mother's Card. You can take it home to help you

*Check* remember everything. (*Health worker points to the relevant*  
*understanding* *pictures again and asks the mother to say the signs.*)

Mother: Not able to drink....sicker....fast or difficult breathing....

Health worker: Excellent. Bring Akber back if any of these signs appear.

*Praise* I'm also writing the day to come back for measles  
immunization here. That is very important to keep Akber from  
getting measles. And remember, if his fever doesn't stop in 3 days, you also  
need to come back. Do you have any questions?

Mother: No, I think I understand.

Health worker: You were right to bring Akber today. I will see you again

*Praise* on Monday. I hope his cough is better soon.

**SUMMARY OF MODULE**

Review with participants the main skills covered in this module. These are listed in the learning objectives on the first page of the module. Also review any points that you may have noted below:

## FACILITATOR GUIDELINES FOR Module 3 - FOLLOW-UP

PROCEDURES	FEEDBACK
1. Distribute and introduce the module	-----
2. Participants read section 1.0, 2.0 and do Exercise A	Individual
3. Participants read sections 3.0 and 4.0 and do Exercise B.	Individual
4. Participants read sections 5.0, 6.0 and 7.0 and do Exercise C.	Individual
5. Participants read sections 8.0 through 12.0 and do Exercise D.	Individual
6. Participants read section 13.0 and do Exercise E.	Individual
7. Summarize the module.	-----



## INTRODUCE THE FOLLOW UP SECTION OF THE MODULE

Before you begin the introduction, locate the enlargement of the Follow-up box for Pneumonia. Be ready to display it.

Distribute the module and introduce it by stating that follow-up is very important. It is the health worker's chance to see whether a child is improving and to see that the child gets any additional care that he needs. It is especially important to identify any children who are not improving. Children who are getting worse can be referred for additional care.

The steps for conducting a follow-up visit are different from the ones used when a child or young infant comes for an initial visit. When conducting a follow-up visit for a child or young infant, the health worker uses the instructions in the relevant follow-up box.

Tell the participants that in this module they will read about the steps for follow-up to a child's initial treatment. The module does not discuss care of children who have returned immediately because their condition has worsened. This module focuses on steps for conducting a "scheduled" follow-up visit.

In your remarks, remind participants that part of the treatment for many classifications is for sick children and infants to return to the health worker for follow-up care. Review the "Treatment" column of the *ASSESS & CLASSIFY* chart and the *YOUNG INFANT* chart and the "When to Return" box on the *COUNSEL* chart to highlight with participants when follow-up visits are indicated.

Ask participants to look at the *FOLLOW-UP* wall chart. Point to the chart and the boxes that provide instructions for conducting the follow-up visit. Then show them the followup boxes on the *FOLLOW-UP* chart.

Ask the participants to open to page 1 of the module. Review with them the learning objectives of this module. Briefly mention that the information on the following two pages provides an overview of how to reassess and select treatment for a child who comes for follow-up care.

Ask participants to look at the Follow-Up box for Pneumonia. (Point to the relevant instructions on the enlargement or ask participants to look at a pneumonia box in their chart booklet or module.) Explain that in each follow-up box there are two types of instructions:

- how to **assess** the child's problem which is being followed-up
- how to **treat** the child

When you assess the child as the box suggests, you will have the information needed to select the treatment that is appropriate.

Ask the participants to read these introductory pages and section 1.0. and 2.0 Then do Exercise A.

## EXERCISE E: Individual work followed by individual feedback -- Conducting follow-up for pneumonia

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who came for follow-up of PNEUMONIA.

Compare the participant's answers to those on the answer sheet and discuss any differences between them. As you discuss the answers with the participant, ask the participant to show you where he looked on the chart for information about conducting this follow-up visit: Follow-up box for PNEUMONIA on the *TREAT* chart, the *ASSESS & CLASSIFY* chart for how to assess danger signs and cough and difficult breathing, and the antibiotic box on the *TREAT* chart.

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

Ask the participant if mothers who come to his clinic will bring a child back for followup. If he says that mothers usually will not, discuss how he could make follow-up visits more convenient for them. Also discuss how he could explain to them the importance of follow-up.

Ask the participant to read sections 9.0 and 10.0 and do Exercise F.

### Answers to Exercise E

1. HAIDER

a) How would you reassess Haider today? List all the signs you would look at and write the questions you would ask his mother.

*Is he able to drink or breastfeed?*

*Does he vomit everything?*

*Has he had convulsions?*

*See if he is lethargic or unconscious*

*See if he is convulsing now.*

*Is he still coughing? How long has he been coughing?*

*Count the breaths in one minute.*

*Look for chest indrawing.*

*Look and listen for stridor and wheeze.*

*Is he breathing slower?*

*Is there less fever?*

*Is he eating better?*

□ Based on Haider's signs today, how should he be treated?

*Tell his mother that he is improving nicely. She should continue giving him the pills as she has been until they are all gone.*

### 3. AHMED

a) How would you reassess Ahmed today? List the signs you would look at and the questions you would ask his mother.

*Is he able to drink?*

*Does he vomit everything?*

*Has he had convulsions?*

*See if he is lethargic or unconscious.*

*See if he is convulsing now.*

*Is he still coughing? How long has he been coughing?*

*Count the breaths in one minute.*

*Look for chest indrawing.*

*Look and listen for stridor and wheeze.*

*Is he breathing slower?*

*Is there fever? Is it less?*

*Is he eating better?*

Is Ahmed getting worse, the same, or better?

*He is worse. He has chest indrawing.*

How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

*Refer urgently. Before departure give him a dose of intramuscular Ampicillin / Gentamicin. Also give him some milk or sugar to prevent low blood sugar.*

## **EXERCISE F: Individual work followed by individual feedback -- Conducting follow-up for dysentery or persistent diarrhoea**

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who returns for follow-up for DYSENTERY or PERSISTENT DIARRHOEA.

Compare the participant's answers with those on the answer sheet. As with the previous exercise, ask the participant to show you on the *TREAT* chart where to find the instructions for conducting a follow-up visit for both persistent diarrhoea and for dysentery. Also ask the participant to show you where he found the information about what care the child needs. For example:

- for Persistent Diarrhoea, ask the participant what chart he would use to do a full assessment of a child whose diarrhoea had not stopped (Answer: *ASSESS & CLASSIFY* chart). Ask him where he would look to find the feeding recommendations appropriate for a child whose diarrhoea had stopped (Answer: *COUNSEL* chart, Feeding Recommendations box).
- for Dysentery, be sure the participant understands he must assess diarrhoea as on the *ASSESS & CLASSIFY* chart, plus ask the additional questions listed in the Follow-up box. Ask the participant: If you need to give a second-line antibiotic, where will you look to find the recommended antibiotic? (Answer: the antibiotic box for Dysentery on the *TREAT* chart.)

Give the participant a copy of the answer sheet.

Ask the participant to read sections 11.0, 12.0 and 13.0 and do Exercise G.

## FOLLOW-UP

### Answers to Exercise F

#### 1. ZAHEER

a) What is your first step for reassessing Zaheer?

*Ask: Has Zaheer's diarrhoea stopped?  
How many loose stools is he having per day?*

- Zaheer's mother tells you that his diarrhoea has not stopped. What would you do next?

*Reassess Zaheer completely as described on the ASSESS & CLASSIFY chart. Treat any problems that require immediate attention. Then refer him to hospital.*

- Is Zaheer dehydrated?

*No*

- How will you treat Zaheer?

*Refer him to a hospital. He does not need any treatments before he leaves.*

- If your reassessment found that Zaheer had some dehydration, what would you have done before referral?

*Rehydrate him according to Plan B before referral.*

#### 2. MARYAM

a) How will you assess Maryam?

*Assess Maryam for diarrhoea as on the ASSESS & CLASSIFY chart.*

*Ask: Are there fewer stools?  
Is there less blood in the stool?  
Is there less fever?  
Is there less abdominal pain?  
Is the child eating better?*

b).Is Maryam dehydrated? If so, what will you do?

*Yes, she has SOME DEHYDRATION.  
Use Plan B. Give 400 - 700 ml of ORS in first 4 hours and reassess dehydration.*

c) What else will you do to treat Maryam? If you will give a drug, specify the dose and schedule.

*Maryam's dysentery is the same, and she is dehydrated. Because she is less than 12 months old, refer her to hospital. Treat her dehydration according to Plan B before departure.*

## **EXERCISE G: Individual work followed by individual feedback -- Conducting follow-up for malaria or fever**

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who has come for follow-up for MALARIA or FEVER- NO MALARIA

Compare the participant's answers with the answer sheet and discuss any differences. Ask the participant to show you where he looked on the chart to decide how to assess and treat each of the children in these cases. Clarify with the participant whether he will be giving follow-up for children where or when there is low malaria risk and the box to refer to.

Give the participant a copy of the answer sheet.

Ask the participant to read sections 8.0 through 11.0 and do Exercise H.

## FOLLOW-UP

### Answers to Exercise G

- a) How would you assess Mumtaz?

*Completely assess Mumtaz as on the ASSESS & CLASSIFY chart. Also, assess for other possible causes of the fever.*

- How would you treat Mumtaz? If you would give a drug, specify the dose and schedule.

*Treat with the second-line oral antimalarial, Artesunate+ sulfadoxine-pyrimethamine. Give one tablet in clinic.*

*Advise the mother to return again in 2 days if the fever persists.*

- a) How would you treat Zeenat? If you would give drugs, specify the dose and schedule.

*Since Zeenat has a general danger sign, treat her as for VERY SEVERE FEBRILE DISEASE. Refer her urgently to hospital, but before referral give:*

- *Quinine -- 0.4ml (300 mg/ml) plus 1.6 ml diluent = 2ml of total Diluted solution or 0.8 ml (150 mg/ml), give rectally or if possible by intramuscular chloramphenicol (2.5 ml = 450 mg), intramuscular breastmilk, milk, or sugar water by NG tube if possible (since she cannot drink).*  
*(no paracetamol, since she cannot drink)*

---

### **FOR NO MALARIA RISK ONLY:**

- a) How should the health worker assess Ahmed?

*Do a full reassessment as on the **ASSESS & CLASSIFY** chart.*

What should the health worker do next?

*There is no apparent cause of the fever other than a viral infection, give paracetamol.*

*Advise the mother to come back in two days if fever persists.*

## **EXERCISE H: Individual work followed by individual feedback -- Conducting follow-up for feeding problem, pallor, or UNCOMPLICATED SEVERE ACUTE MALNUTRITION**

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who returned for follow-up for a feeding problem, pallor or UNCOMPLICATED SEVERE ACUTE MALNUTRITION.

Compare the participant's answers with the answer sheet and discuss any differences. As needed, ask the participant to show you on the chart where he looked for information about reassessing and providing treatment for each case. Also ask the participant to show you where he looked for information about the relevant feeding recommendations.

Give the participant a copy of the answer sheet.

Ask the participant to read section 13.0 and do Exercise E. Remind participants that instructions for follow-up care for young infants are located on the *YOUNG INFANT* chart. Make sure that participants turn to the appropriate page in their chart booklets or use the appropriate chart when they do this exercise.

### **Answers to Exercise H**

a) Tick the items appropriate to do during this visit:

- ✓ Ask about any new problems. If there is a new problem, assess, classify and treat as at an initial visit.
- ✓ Ask the questions in the top box of the COUNSEL chart. Identify any new feeding problems.
- ✓ Ask the mother if she has been able to give extra meals each day. Ask what she fed Jamil and the number of meals.

\_\_\_\_\_ Since Jamil has not gained weight, immediately refer him to hospital.

\_\_\_\_\_ Advise the mother to resume breastfeeding.

\_\_\_\_\_ Give vitamin A.

- ✓ Since Jamil has had no weight gain, repeat the advice given to the mother before. Behaviour change takes a long time.

\_\_\_\_\_ Ask the mother questions to identify additional feeding problems.

- ✓ Make recommendations for any feeding problems that you find.

- ✓ Ask if Jamil is still having diarrhoea.



## FOLLOW-UP

### Answers to Exercise H (continued)

b. What advice would you give Jamil's mother now?

*Talk to her about active feeding, such as: It is very good that you are giving him the chappati with dal /curry or khichri with vegetables or minced meat as extra food. When you give him the food, sit with him for a few minutes and encourage him to eat it. At family meals, give Jamil his own plate of food, especially when you serve eggs or milk. It is very good that you are planning to get some eggs and milk when you can afford to. They are very nutritious.*

c. Should you ask the mother to bring Jamil back to see you? If so, when should she come back? Why?

*Yes. Since Jamil is UNCOMPLICATED SEVERE ACUTE MALNUTRITION for age, you want to be sure that he is gaining weight. Since you are asking his mother to give different foods, to feed him more often and to sit with Jamil to encourage him to eat, you need to find out if she is able to feed Jamil this way. You would give her encouragement and reinforce some of the advice. She should come back in 30 days after the initial visit, that is, in about 3 weeks.*

# GUIDELINES FOR ALL MODULES

## FACILITATOR TECHNIQUES

### A. *Techniques for Motivation Participants*

#### *Encourage Interaction*

1. During the first day, you will talk individually with each participant several times (for example, during individual feedback). If you are friendly and helpful during these first interactions, it is likely that the participants (a) will overcome their shyness; (b) will realize that you want to talk with them; and (c) will interact with you more openly and productively throughout the course.
2. Look carefully at each participant's work (including answers to short-answer exercises). Check to see if participants are having any problems, even if they do not ask for help. If you show interest and give each participant undivided attention, the participants will feel more compelled to do the work. Also, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need it.
3. Be available to the participants at all times.

#### *Keep Participants Involved in Discussions*

4. Frequently ask questions of participants to check their understanding and to keep them actively thinking and participating. Questions that begin with "what," "why," or "how" require more than just a few words to answer. Avoid questions that can be answered with a simple "yes" or "no."

After asking a question, PAUSE. Give participants time to think and volunteer a response. A common mistake is to ask a question and then answer it yourself. If no one answers your question, rephrasing it can help to break the tension of silence. But do not do this repeatedly. Some silence is productive.

5. Acknowledge all participants' responses with a comment, a "thank you" or a definite nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for clarification, or ask if another participant has a suggestion. If a participant feels his comment is ridiculed or ignored, he may withdraw from the discussion entirely or not speak voluntarily again.

6. Answer participants' questions willingly, and encourage participants to ask questions when they have them rather than to hold the questions until a later time.
7. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to respond. You may need to discuss the question with the Course Director or another facilitator before answering. Be prepared to say "I don't know but I'll try to find out."
8. Use names when you call on participants to speak, and when you give them credit or thanks. Use the speaker's name when you refer back to a previous comment.
9. Always maintain eye contact with the participants so everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

***Keep the Session Focused and Lively***

10. Keep your presentations lively:
  - \* Present information conversationally rather than read it.
  - \* Speak clearly. Vary the pitch and speed of your voice.
  - \* Use examples from your own experience, and ask participants for examples from their experience.
11. Write key ideas on a flipchart as they are offered. (This is a good way to acknowledge responses. The speaker will know his suggestion has been heard and will appreciate having it recorded for the entire group to see.)

When recording ideas on a flipchart, use the participant's own words if possible. If you must be more brief, paraphrase the idea and check it with the participant before writing it. You want to be sure the participant feels you understood and recorded his idea accurately.

Do not turn your back to the group for long periods as you write.
12. At the beginning of a discussion, write the main question on the flipchart. This will help participants stay on the subject. When needed, walk to the flipchart and point to the question.

Paraphrase and summarize frequently to keep participants focused. Ask participants for clarification of statements as needed. Also, encourage other participants to ask a speaker to repeat or clarify his statement.

Restate the original question to the group to get them focused on the main issue again. If you feel someone will resist getting back on track, first pause to get the group's attention, tell them they have gone astray, and then restate the original question.

Do not let several participants talk at once. When this occurs, stop the talkers and assign an order for speaking. (For example, say "Let's hear Dr. Samua's comment first, then Dr. Salvador's, then Dr. Lateau's.") People usually will not interrupt if they know they will have a turn to talk.

Thank participants whose comments are brief and to the point.

13. Try to encourage quieter participants to talk. Ask to hear from a participant in the group who has not spoken before, or walk toward someone to focus attention on him and make him feel he is being asked to talk.

### ***Manage any Problems***

14. Some participants may talk too much. Here are some suggestions on how to handle an overly talkative participant:

- \* Do not call on this person first after asking a question.
- \* After a participant has gone on for some time say, "You have had an opportunity to express your views. Let's hear what some of the other participants have to say on this point." Then rephrase the question and invite other participants to respond, or call on someone else immediately by saying, "Dr. Samua, you had your hand up a few minutes ago."
- \* When the participant pauses, break in quickly and ask to hear from another member of the group or ask a question of the group, such as, "What do the rest of you think about this point?"
- \* Record the participant's main idea on the flipchart. As he continues to talk about the idea, point to it on the flipchart and say, "Thank you, we have already covered your suggestion." Then ask the group for another idea.

- \* Do not ask the talkative participant any more questions. If he answers all the questions directed to the group, ask for an answer from another individual specifically or from a specific subgroup. (For example, ask, "Does anyone on this side of the table have an idea?")

15. Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so you can be more easily understood and encourage the participant in his efforts to communicate.

Discuss with the Course Director any language problems which seriously impair the ability of a participant to understand the written material or the discussions. It may be possible to arrange help for the participant.

Discuss disruptive participants with your co-facilitator or with the Course Director. (The Course Director may be able to discuss matters privately with the disruptive individual.)

### ***Reinforce Participants' Efforts***

As a facilitator, you will have your own style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:

- avoiding use of facial expressions or comments that could cause participants to feel embarrassed,
- sitting or bending down to be on the same level as the participant when talking to him,
- answering questions thoughtfully, rather than hurriedly, encouraging participants to speak to you by allowing them time, appearing interested, saying "That's a good question/suggestion."
- Reinforce participants who:
  - try hard
  - ask for an explanation of a confusing point
  - do a good job on an exercise
  - participate in group discussions
  - help other participants (without distracting them by talking at length about irrelevant matters).

## ***Techniques for Relating Modules to Participants' Jobs***

- Discuss the use of these case management procedures in participants' own clinics. The guidelines for giving feedback on certain exercises suggest specific questions to ask. (For example, in *Identify Treatment*, ask where the participant can refer children with severe classifications; in *Treat the Child*, ask what fluids will be recommended for Plan A, and ask whether he dispensed drugs to mothers; in *Follow-up*, ask whether mothers will bring a child back for follow-up.) Be sure to ask these questions and listen to the participant's answers. This will help participants begin to think about how to apply what they are learning.
- Reinforce participants who discuss or ask questions about using these case management procedures by acknowledging and responding to their concerns.

## ***Techniques for Assisting Co-facilitators***

- Spend some time with the co-facilitator when assignments are first made. Exchange information about prior teaching experiences and individual strengths, weaknesses and preferences. Agree on roles and responsibilities and how you can work together as a team.
- Assist one another in providing individual feedback and conducting group discussions. For example, one facilitator may lead a group discussion, and the other may record the important ideas on the flipchart. The second facilitator could also check the *Facilitator Guide* and add any points that have been omitted.
- Each day, review the teaching activities that will occur the next day (such as role plays, demonstrations, and drills), and agree who will prepare the demonstration, lead the drill, play each role, collect the supplies, etc.
- Work *together* on each module rather than taking turns having sole responsibility for a module.

## **GUIDELINES FOR ALL MODULES When Participants are Working:**

Look available, interested and ready to help.

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

Encourage participants to ask you questions whenever they would like some help.

If important issues or questions arise when you are talking with an individual, make note of them to discuss later with the entire group.

If a question arises which you feel you cannot answer adequately, obtain assistance as soon as possible from another facilitator or the Course Director.

Review the points in this *Facilitator Guide* so you will be prepared to discuss the next exercise with the participants.

## **GUIDELINES FOR ALL MODULES When Providing Individual Feedback:**

Before giving individual feedback, refer to the appropriate notes in this guide to remind yourself of the major points to make.

Compare the participant's answers to the answer sheet provided. If the answer sheet is labelled "Possible Answers," the participant's answers do not need to match exactly, but should be reasonable. If exact answers are provided, be sure the participant's answers match.

If the participant's answer to any exercise is incorrect or is unreasonable, ask the participant questions to determine why the error was made. There may be many reasons for an incorrect answer. For example, a participant may not understand the question, may not understand certain terms used in the exercise, may use different procedures at his clinic, may have overlooked some information about a case, or may not understand a basic process being taught.

Once you have identified the reason(s) for the incorrect answer to the exercise, help the participant correct the problem. For example, you may only need to clarify the instructions. On the other hand, if the participant has difficulty understanding the process itself, you might try using a specific case example to show step-by-step how the case management charts are used for that case. After the participant understands the process that was difficult, ask him to work the exercise or part of the exercise again.

Summarize, or ask the participant to summarize, what was done in the exercise and why. Emphasize that it is most important to learn and remember the process

demonstrated by the exercise. Give the participant a copy of the answer sheet, if one is provided.

Always reinforce the participant for good work by (for example):

- commenting on his understanding,
- showing enthusiasm for ideas for application of the skill in his work,
- telling the participant that you enjoy discussing exercises with him,
- letting the participant know that his hard work is appreciated.

### **GUIDELINES FOR ALL MODULES When Leading a Group Discussion:**

Plan to conduct the group discussion at a time when you are sure that all participants will have completed the preceding work. Wait to announce this time until most participants are ready, so that others will not hurry.

Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.

Always begin the group discussion by telling the participants the purpose of the discussion.

Often there is no single correct answer that needs to be agreed on in a discussion. Just be sure the conclusions of the group are reasonable and that all participants understand how the conclusions were reached.

Try to get most of the group members involved in the discussion. Record key ideas on a flipchart as they are offered. Keep your participation to a minimum, but ask questions to keep the discussion active and on track.

Always summarize, or ask a participant to summarize, what was discussed in the exercise. Give participants a copy of the answer sheet, if one is provided.

Reinforce the participants for their good work by (for example):

- praising them for the list they compiled,
- commenting on their understanding of the exercise,
- commenting on their creative or useful suggestions for using the skills on the job,
- praising them for their ability to work together as a group.



## **GUIDELINES FOR ALL MODULES**

### **When Coordinating a Role Play:**

Before the role play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role play, roles to be assigned, background information, and major points to make in the group discussion afterwards.

As participants come to you for instructions before the role play,

- assign roles. At first, select individuals who are outgoing rather than shy, perhaps by asking for volunteers. If necessary, a facilitator may be a model for the group by acting in an early role play.
- give role play participants any props needed, for example, a baby doll, drugs.
- give role play participants any background information needed. (There is usually some information for the "mother" which can be photocopied or clipped from this guide.)
- suggest that role play participants speak loudly.
- allow preparation time for role play participants.

When everyone is ready, arrange seating/placement of individuals involved. Have the "mother" and "health worker" stand or sit apart from the rest of the group, where everyone can see them.

Begin by introducing the players in their roles and stating the purpose or situation. For example, you may need to describe the age of the child, assessment results, and any treatment already given.

Interrupt if the players are having tremendous difficulty or have strayed from the purpose of the role play.

When the role play is finished, thank the players. Ensure that feedback offered by the rest of the group is supportive. First discuss things done well. Then discuss things that could be improved.

Try to get all group members involved in discussion after the role play. In many cases, there are questions given in the module to help structure the discussion.

Ask participants to summarize what they learned from the role play.

## LIST OF PHOTOGRAPHS OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

### DEHYDRATION

This child's eyes are sunken.

The skin pinch for this child goes back very slowly.

This child has sunken eyes.

The child has sunken eyes.

The child does not have sunken eyes.

The child has sunken eyes.

The child's skin pinch goes back very slowly.

### MEASLES

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

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

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

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

This child has generalized rash of measles.

This child has scabies. It is not measles rash.

This child has generalized rash of measles.

This child has scabies. It is not measles rash.

This child has tinea versicolor. It is not measles rash.

This child has chicken pox. It is not measles rash.

This child is malnourished and has normal skin.

This child has heat rash. It is not measles rash.

This child has generalized rash of measles.

This child has normal skin.

## **MOUTH SIGNS IN CHILDREN WITH MEASLES**

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

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

This child has measles with mouth ulcers on the lips.

This child has a mouth ulcer.

This child has a mouth ulcer.

This child does not have mouth ulcers.

## **EYE COMPLICATIONS OF MEASLES**

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

This child has pus draining from the eye.

This child has clouding of the cornea.

There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.

There is no pus draining from the eye. There is no clouding of the cornea.

There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.

There is no pus draining from the eye. There is clouding of the cornea.

There is no pus draining from the eye. There is clouding of the cornea.

There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.

There is no pus draining from the eye. There is no clouding of the cornea.

## **PALMAR PALLOR**

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

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

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

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

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

The child has some palmar pallor.

The child has no palmar pallor. 43a: The child has severe palmar pallor. 43b: The child has no palmar pallor.

The child has severe palmar pallor.

The child has some palmar pallor.

The child has severe palmar pallor.

## **VISIBLE SEVERE WASTING AND OEDEMA**

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

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

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

This child has oedema of both feet.

This child does not have visible severe wasting.

This child has visible severe wasting.

This child does not have visible severe wasting.

This child has visible severe wasting.

This child has visible severe wasting.

This child has visible severe wasting.

This child does not have visible severe wasting.

This child has visible severe wasting.

This child has oedema of both feet.

## LIST OF PHOTOGRAPHS OF THE SICK YOUNG INFANT AGE 1 WEEKS UP TO 2 MONTHS

This is a normal umbilicus in a new-born.

This is an umbilicus with redness extending to the skin of the abdomen.

This infant has many skin pustules.

This is an umbilicus with redness extending to the skin of the abdomen.

This is a normal umbilicus.

This umbilicus is draining pus.

Photo	Signs of good attachment				Assessment	Comments
	Chin touching breast	Mouth wide open	Lower lip turned outward	More areola showing above		
66	Yes (almost)	yes	yes	yes	Good attachment	
67	no	no	yes	no (equal above and below)	Not well attached	
68	yes	no	no	yes	Not well attached	lower lip turned in
69	no	no	no	no	Not well attached	cheeks pulled in
70	yes	yes	yes	cannot see	Good attachment	
71	<i>no</i>	<i>no</i>	<i>yes</i>	<i>no (equal</i>	<i>Not well attached</i>	
72	yes	yes	yes	yes	<i>Good attachment</i>	
73	<i>Yes (almost)</i>	yes	yes	yes	<i>Good attachment</i>	
74	yes	no	no	<i>no (more below)</i>	<i>Not well attached</i>	Lower lip turned in

Photographs 75 and 76: White patches (thrush) in the mouth of an infant.

Photo	Signs of good attachment				Assessment	Comments
	Infant's Head and Body Straight	Head and Body Facing Breast	Infant's Body Close to Mother's	Supporting Infant's Whole Body		
77	Yes	yes	yes	yes	Good attachment	
78	Yes	yes	yes	yes	Not well attached	
79	no -- neck turned, so not straight with body	no	no -- turned away from mother's body	no	Not well attached	Not well attached: mouth not wide open, lower lip not turned out, areola equal above and below
80	no	no -- body turned away	no -- body not close	no -- only neck and shoulders supported	Not well attached	Not well attached: mouth not wide open, lower lip not turned out, more areola below than above
81	yes	yes	yes -- very close	Yes	Good attachment	Good attachment: chin touching breast
82	<i>no -- head and neck twisted and bent forward, not straight with body</i>	<i>no -- body turned away</i>	<i>no - not close</i>	<i>no -- only neck and shoulders supported</i>	<i>Not well attached</i>	Not well attached: mouth not wide open

# Annexes



# CHECKLIST FOR MONITORING CLINICAL SESSIONS

This is an example of a monitoring checklist that has been completed after a busy clinic session. The facilitator has used a simple lettering system to annotate the problems.

## Integrated Management of Neonatal and Childhood Illnes (IMNCI)

Checklist for monitoring **CLINICAL Session- Sick Child** age 2 months up to 5 years

Day :	Date :	Name of Facilitateur :	Venue :	Group :
➤ Tick Correct classifications		➤ Circle if any assesment or classification problem		➤ Annote below
Participants Initial				
SICK CHILD (NUMBER MANAGED)				
Sick Child Age (months):				
Danger Sings	VERY SEVERE DISEASE			
Cough or Difficult Breathing	SEVERE PNEUMONIA OR VERY SEVERE DISEASE			
	PNEUMONIA			
	NO PNEUMONIA: COUGHOR COLD			
Diarrhea	SEVERE DEHYDRATION			
	SOME DEHYDRATION			
	NO DEHYDRATION			
	SEVERE PERSISTENT DIARHOEA			
	PERSISTENT DIARHOEA			
	DYSENTERY			
Ear Problem	MASTOIDITIS			
	ACUTE EAR INFECTION			
	CHRONIC EAR INFECTION			
	NO EAR INFECTION			
Fever	VERY SEVERE FEBRILE DISEASE			
	MALARIA			
	FEVER- NOMALARIA			
	FEVER			
	SEVERE COMPLICATED MEASLES			
	MEASLESWITH EYE AND/OR/MOUTH COMPLICATIONS			
	MEASLES			
	SEVERE DENGUE HEMORRHAGIC FEVER			
FEVER ONLY: DENGUE UNLIKELY				
Malnutrition	COMPLECATED SEVERE ACUTE MALNUTRITION			
	UNCOMPLECATED SEVERE ACUTE MALNUTRITION			
	MODERATE ACUTE MALNUTRITION			
	NO ACUTE MALNUTRITION			
Anemia	SEVERE ANAEMIA			
	ANAEMIA			
	NO ANAEMIA			
IDENTIFY TREATMENTS NEEDED				
- Tick treatments or counselling actually given		- Circle if any problem		-Annote below
Refer				
Treat	REFER			
	ORAL DRUGS			
	PLAN A			
	PLAN B			
	LOCAL INFECTION			
Counsel Feeding	ASKS FEEDING QUESTIONS			
	FEEDING PROBLEMS IDENTIFIED			
	GIVES ADVICE ON FEEDING PROBLEMS			
COUNSEL WHEN TO RETURN				
Number of cases with problem				
Number of classifications with problem				
Proportion of cases managed without problem				
Proportion of classifications made without problem				
SIGNS DEMONSTRATED IN ADDITION CHILDREN				

**Integrated Management of Neonatal and Childhood Illnes (IMNCI)**  
**Checklist for monitoring CLINICAL Session- Sick Young Infant Age less than 2 months**

Day :		Date :		Name of Facilitateur :		Venue :		Group :								
➤ Tick Correct classifications		➤ Circle if any assesment or classification problem		➤ Annote below												
Participants Initial																
Sick Young Infant (NUMBER MANAGED)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sick Young Infant age less than 2 months (days):																
Possible Serious Bacterial Infection (PSBI)	PSBI OR VERY SEVERE DISEASE															
	PNEUMONIA															
	LOCAL INFECTION															
	SERIOUS DISEASE OR INFECTION UNLIKELY															
Jaundice	SEVERE JAUNDICE															
	JAUNDICE															
	NO JAUNDICE															
Diarrhea	SEVERE DEHYDRATION															
	SOME DEHYDRATION															
	NO DEHYDRATION															
	VERY LOW WEIGHT															
Feeding Assesment	FEEDING PROBLEM OR LOW WEIGHT FOR AGE															
	NO FEEDING PROBLEM															
OTHERS PROBLEM																
IDENTIFY TREATMENTS NEEDED																

- Tick treatments or counselling actually given

- Circle if any problem

-Annote below

Treat and Counsel	Teach Correct Positioning and attachment															
	Advise on home care															
	Refer															
COUNSEL WHEN TO RETURN																
Number of cases with problem																
Number of classifications with problem																
Proportion of cases managed without problem																
Proportion of classifications made without problem																
SIGNS DEMONSTRATED IN ADDITION CHILDREN																

**Integrated Management of Neonatal and Childhood Illnes (IMNCI)**  
 Checklist for monitoring **CLINICAL Session**- Sick Child age 2 months up to 5 years

Day :	Date :	Name of Facilitateur :	Venue :	Group :
➤ Tick Correct classifications		➤ Circle if any assesment or classification problem		➤ Annote below
Participants Initial				
SICK CHILD (NUMBER MANAGED)				
Sick Child Age (months):				
Danger Sings	VERY SEVERE DISEASE			
Cough or Difficult Breathing	SEVERE PNEUMONIA OR VERY SEVERE DISEASE			
	PNEUMONIA			
	NO PNEUMONIA: COUGHOR COLD			
Diarrhea	SEVERE DEHYDRATION			
	SOME DEHYDRATION			
	NO DEHYDRATION			
	SEVERE PERSISTENT DIARHOEA			
	PERSISTENT DIARHOEA			
Ear Problem	DYSENTERY			
	MASTOIDITIS			
	ACUTE EAR INFECTION			
	CHRONIC EAR INFECTION			
Fever	NO EAR INFECTION			
	VERY SEVERE FEBRILE DISEASE			
	MALARIA			
	FEVER- NOMALARIA			
	FEVER			
	SEVERE COMPLICATED MEASLES			
	MEASLESWITH EYE AND/OR/MOUTH COMPLICATIONS			
	MEASLES			
SEVERE DENGUE HEMORRHAGIC FEVER				
Malnutrition	FEVER ONLY: DENGUE UNLIKELY			
	COMPLECATED SEVERE ACUTE MALNUTRITION			
	UNCOMPLECATED SEVERE ACUTE MALNUTRITION			
	MODERATE ACUTE MALNUTRITION			
Anemia	NO ACUTE MALNUTRITION			
	SEVERE ANAEMIA			
	ANAEMIA			
Anemia	NO ANAEMIA			
	IDENTIFY TREATMENTS NEEDED			

- Tick treatments or counselling actually given      - Circle if any problem      -Annote below

Refer				
Treat	REFER			
	ORAL DRUGS			
	PLAN A			
	PLAN B			
Counsel Feeding	LOCAL INFECTION			
	ASKS FEEDING QUESTIONS			
	FEEDING PROBLEMS IDENTIFIED			
Counsel Feeding	GIVES ADVICE ON FEEDING PROBLEMS			
	COUNSEL WHEN TO RETURN			
Number of cases with problem				
Number of classifications with problem				
Proportion of cases managed without problem				
Proportion of classifications made without problem				
SIGNS DEMONSTRATED IN ADDITION CHILDREN				

**Integrated Management of Neonatal and Childhood Illnes (IMNCI)**  
**Checklist for monitoring CLINICAL Session- Sick Young Infant Age less than 2 months**

Day :		Date :		Name of Facilitateur :		Venue :		Group :													
➤ Tick Correct classifications		➤ Circle if any assesment or classification problem		➤ Annote below																	
Participants Initial																					
Sick Young Infant (NUMBER MANAGED)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sick Young Infant age less than 2 months (days):																					
Possible Serious Bacterial Infection (PSBI)	PSBI OR VERY SEVERE DISEASE																				
	PNEUMONIA																				
	LOCAL INFECTION																				
	SERIOUS DISEASE OR INFECTION UNLIKELY																				
Jaundice	SEVERE JAUNDICE																				
	JAUNDICE																				
	NO JAUNDICE																				
Diarrhea	SEVERE DEHYDRATION																				
	SOME DEHYDRATION																				
	NO DEHYDRATION																				
	VERY LOW WEIGHT																				
Feeding Assesment	FEEDING PROBLEM OR LOW WEIGHT FOR AGE																				
	NO FEEDING PROBLEM																				
OTHERS PROBLEM																					
IDENTIFY TREATMENTS NEEDED																					

- Tick treatments or counselling actually given      - Circle if any problem      -Annote below

Treat and Counsel	Teach Correct Positioning and attachment																				
	Advise on home care																				
	Refer																				
<b>COUNSEL WHEN TO RETURN</b>																					
Number of cases with problem																					
Number of classifications with problem																					
Proportion of cases managed without problem																					
Proportion of classifications made without problem																					
SIGNS DEMONSTRATED IN ADDITION CHILDREN																					

# CASE RECORDING FORMS

<b>IMNCI Case Recording Form: MANAGEMENT OF THE SICK YOUNG INFANT -- BIRTH UP TO AGE 2 MONTHS</b>	
ID No. _____ Name: _____ Age: _____ Sex: _____ Weight: _____ Temperature: _____ °C	
<b>ASK:</b> What are the infant's problems? _____ Initial visit? _____ Follow-up Visit? _____	
ASSESS (Circle all signs present)	CLASSIFY
<b>CHECK FOR POSSIBLE VERY SEVERE DISEASE and LOCAL INFECTION</b> - Is the infant having difficulty feeding? - Has the infant had convulsions?	· Count the breaths in one minute. _____ breaths per minute Repeat if ( $\geq 60$ ) elevated _____ Fast breathing? · Look for severe chest indrawing · Fever (temperature $\geq 38^{\circ}\text{C}$ ) or body temperature below $35.5^{\circ}\text{C}$ · Look at young infant's movements. Does the infant move on his/her own? Does the infant move only when stimulated? Does the infant not move at all? · Look at umbilicus. Is it red or draining pus? · Look for skin pustules.
<b>CHECK FOR JAUNDICE</b> - When did the jaundice appear first?	· Is skin yellow? · Are the palms or soles yellow?
<b>DOES THE YOUNG INFANT HAVE DIARRHOEA?</b> Yes ___ No ___ If yes, ASK: · For how long? _____ Days	· Look at the young infant's general condition. Does the infant move only when stimulated? Does the infant not move at all? Is the infant restless and irritable? Look for sunken eyes. Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?
<b>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE</b> - Is the infant breastfed? Yes ___ No ___ - If Yes, how many times in 24 hrs? _____ times - Does the infant receive any other foods or drinks? Yes ___ No ___ Yes, how often? _____ times - If yes, what do you use to feed the infant?	- Determine weight for age. - Very low weight for age ( $< 1.5$ kg or $< -3$ Z score) ___ Low weight for age ___ NOT low weight for age ___ - Look for ulcers or white patches in the mouth (thrush)
If the infant has <b>any difficulty feeding</b> , is <b>feeding &lt; 8 times in 24 hours</b> , is <b>taking any other food or drinks</b> , or is <b>low weight for age</b> , <b>AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING:</b>	
- Has the infant breastfed in the previous hour? - If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.	- Is the infant able to attach? To check attachment, look for: - More areola seen above than below the mouth Yes ___ No ___ - Mouth wide open Yes ___ No ___ - Lower lip turned outward Yes ___ No ___ - Chin touching breast Yes ___ No ___ Good attachment _____ Poor attachment _____ No attachment at all _____ - Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? Suckling effectively _____ not suckling effectively _____ not suckling at all _____
<b>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:</b> Circle immunizations needed today.	
_____ BCG    _____ Hep B-0    _____ OPV-0    _____ Pentavalent-1    _____ OPV-1    _____ Rotavirus-1    _____ PCV-1	Return for next immunization on:
<b>ASSESS OTHER PROBLEMS:</b>	
<b>COUNSEL THE MOTHER ABOUT HER OWN HEALTH</b>	

## IMNCI Case Recording Form: MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ID No. 009

Name: **Faheem** Age: 10 Months Weight 8 Kg Temperature 38.5°C     °F

ASK What are the child's problems? Diarrhea since 3 days, blood in stool Initial visit?      ✓      Follow up visit?     

ASSESS (Circle all signs present)

CLASSIFY

<b>CHECK FOR GENERAL DANGER SIGNS</b> LETHARGIC OR UNCONSCIOUS NOT ABLE TO DRINK OR BREASTFEED CONVULSIONS		CONVULSING NOW VOMITS EVERYTHING <b>ANY GENERAL DANGER SIGN PRESENT YES <u>    </u> NO <u>✓</u></b> (remember to use when selecting classification)				
<b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? YES <u>    </u> NO <u>✓</u></b> For how long? <u>    </u> Days Look and listen for stridor Look and listen for wheeze		Count the breaths in one minute. (child must be calm) <u>    </u> breaths per minute. Fast breathing? YES <u>    </u> NO <u>    </u>				
<b>DOES THE CHILD HAVE DIARRHOEA? YES <u>✓</u> NO <u>    </u></b> For how long? <u>3</u> Days Is there blood in the stools? YES <u>✓</u> NO <u>    </u> Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) Slowly		Look at the child's general condition. Is the child: Lethargic or unconscious Restless or irritable Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?				
<b>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5C or above) YES <u>✓</u> NO <u>    </u></b> For how long? <u>3</u> Days If more than 7 days, has fever been present every day?  Has child had measles within the last 3 months  Decide malaria risk High <u>    </u> Low <u>    </u> No <u>    </u> Malaria transmission in the area YES <u>    </u> NO <u>    </u> Transmission season = YES <u>    </u> NO <u>    </u> In non or low endemic areas travel history within the last 15-days to an area where malaria transmission occurs YES <u>    </u> NO <u>    </u>		Look or feel for stiff neck. Look for runny nose Look for signs of MEASLES Generalized rash <b>AND</b> One of these: cough, runny nose, or red eyes Look for any other causes of fever Look for signs and symptoms of DENGUE FEVER; if suspected do tourniquet test (if yes, use the relevant treatment instructions)  Do a malaria test, if No general danger sign in all cases in High malaria risk or No obvious causes of fever in low Malaria risk: Test POSITIVE? P. falciparum P. vlvax      NEGATIVE?				
If the child has measles now or within the last 3 months:		Look for mouth ulcers If YES are they deep and extensive? Look for pus draining from the eye Look for clouding of cornea				
<b>DOES THE CHILD HAVE AN EAR PROBLEM? YES <u>✓</u> NO <u>    </u></b> Is there severe ear pain? Is there ear discharge? If Yes, for how long? <u>    </u> Days		Look for pus draining from the ear. Feel for tender swelling behind the ear.				
<b>THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA</b>		Look for oedema of both feet Determine WFH/L z-score: Less than -3    Between -3 and -2    -2 or more Child 6 months or older measure MUAC <u>    </u> mm Look for palmar pallor: Severe palmar pallor    Some palmar pallor    No palmar pallor				
If child has MUAC less than 115 mm or WFH/L less than -3 z-score		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?				
<b>CHECK THE CHILD'S IMMUNIZATION, VITAMIN-A AND DEWORMING STATUS</b>						
	OPV-I *Pentavalent-I Pneumococcal - I Rota 1	OPV-II *Pentavalent-II Pneumococcal - II Rota 2	OPV-III *Pentavalent-III Pneumococcal - III IPV	Measles I Measles-II**	Vitamin A Mebendazole	Return for next immunization on:  _____ (DATE)
*Pentavalent: DPT+HepB+Hib    ^If the child is seen b/w 12-15 months of age, **2nd dose of measles can be given if one month passed since the Measles 1st dose is given						
<b>ASSESS THE CHILD'S FEEDING</b> if the child is less than 2 years old, has MODERATE ACUTE MALNUTRITION, ANAEMIA. Do you breastfeed your child? YES <u>    </u> NO <u>    </u> If YES how many times in 24 hours? <u>    </u> times. Do you breastfeed during the night? Does the child take any other foods or fluids? YES <u>    </u> NO <u>    </u> If YES what foods or fluids? How many times per day? <u>    </u> times What do you use to feed the child? If MODERATE ACUTE MALNUTRITION: How large are the servings? Does the child receive his own serving? YES <u>    </u> NO <u>    </u> Who feeds the child and how? During this illness, has the child's feeding changed? YES <u>    </u> NO <u>    </u> If YES, how?				<b>FEEDING PROBLEMS</b>		
<b>ASSESS OTHER PROBLEMS:</b>		<b>ASK ABOUT MOTHER'S OWN HEALTH?</b>		<b>FOLLOW UP:</b>		

## AGENDA FOR 6-DAYS ABRIGE CLINICAL COURSE FOR PHYSICIANS

<b>Integrated Management of Neonatal Childhood Illness (IMNCI) Training</b>		
<b>DAY /DATE</b>	<b>PROGRAM</b>	<b>TIME</b>
Day 0	Registration + Group Organization <b>Introduction Module</b> <b>FACILITATORS MEETING</b>	EVENING
<b>DAY - 1</b>	Assess and classify Sick Child 2 months - 5 years	08:30 – 10: 30
	<b>Tea Break</b>	10:00 - 10:30
	Assess and classify Sick Child 2 months - 5 years	
	<b>Lunch Break</b>	01:00- 02:00
	Assess and classify Sick Child 2 months - 5 years	02:00-04:30
<b>Day - 2</b>	Check Home Work	08:30 - 09:00
	Assess and classify Sick Child 2 months - 5 years	09:00-10:00
	<b>Tea Break</b>	10:00-10:15
	<b>Clinical session</b>	10:15-12:30
	Assess and classify Sick Child 2 months - 5 years	12:30-01:00
	<b>Lunch Break</b>	01:00-02:00
	Identify Treatment and treat the Child	02:00-04:30
<b>Day - 3</b>	Check Home Work	08:30 - 09:00
	Identify Treatment and treat the Child	09:00-10:00
	<b>Tea Break</b>	10:00-10:15
	<b>Clinical session</b>	10:15-12:30
	Identify Treatment and treat the Child	12:30-01:00
	<b>Lunch Break</b>	01:00-02:00
	Identify Treatment and treat the Child	02:00-04:30

<b>Integrated Management of Neonatal Childhood Illness (IMNCI) Training</b>		
<b>DAY /DATE</b>	<b>PROGRAM</b>	<b>TIME</b>
<b>Day - 4</b>	Check Home Work	08:30 - 09:30
	Identify Treatment and treat the Child	09:30-10:00
	<b>Tea Break</b>	10:00-10:15
	<b>Clinical session</b>	10:15-12:30
	Counsel the Mother	12:30-01:00
	<b>Lunch Break</b>	01:00-02:00
	Counsel the Mother	02:00-04:30
<b>Day - 5</b>	Check Home Work	08:30 - 09:30
	Management of Sick Young Infant	09:30-10:00
	<b>Tea Break</b>	10:00-10:15
	<b>Clinical session</b>	10:15-12:30
	Management of Sick Young Infant	12:30-01:00
	<b>Lunch Break</b>	01:00-02:00
	Management of Sick Young Infant	02:00-04:30
<b>Day - 6</b>	Check Home Work	08:30 - 09:30
	Management of Sick Young Infant	09:30-10:00
	<b>Tea Break</b>	10:00-10:15
	<b>Clinical session</b>	10:15-12:30
	Follow up	12:30-01:00
	<b>Lunch Break</b>	01:00-02:00
	Follow up	02:00-03:00
	CLOSING / CERTIFICATE DISTRIBUTION	03:00 – 04:30



## Course Director Summary

<b><i>Integrated Management of Neonatal and Childhood Illness (IMNCI) Abridged Clinical Course</i></b>			
Location of course:			
Dates of course:			
Course Director:			
Sponsor(s):			
Number of full days:			
Total number of hours worked in course:			
Number of participants:			
Number of facilitators serving at course:			
Ratio of facilitators to participants:			<b>1:</b>
<b>Clinical sessions :</b>	<b>Out patient</b>	<b>In patient</b>	<b>Total</b>
Number of sessions conducted			
Number of hours worked			
Proportion of total course hours			
Average number of patients managed by a participant:			
Average Number of classifications by a participant:			
<b>Modules completed:</b> (Indicate number of participants who completed.)			<b>Number completed</b>
<i>A- Introduction:</i>			
<i>B- Assess/Classify Sick Child Age 2 months up to 5 years:</i>			
<i>C- Identify Treatment and Treat the Child:</i>			
<i>D- Counsel the Mother and Follow-Up</i>			
<i>E-: Management of sick Young Infant</i>			
Did each participant receive a copy of chart booklet to take home?			
<b>Chart booklets:</b>			

***Course Director Comments and Observations (Please comment on administrative issues, staff attitude and drug supply at clinical training sites, problems and how you solved them, constructive suggestions for future courses, etc.)***

<i>Facility Preparedness</i>	
<i>Patient Load</i>	
<i>Indoor Practice</i>	
<i>Participants</i>	
<i>Facilitators</i>	
<i>Logistics</i>	
<i>Meals</i>	
<i>Transport</i>	
<i>Others</i>	

## Case Records

Day	In patient		Out patient		Total	
	Cases	Classifications	Cases	Classifications	Cases	Classifications
2						
3						
4						
5						
6						
<b>Total</b>						

### List of facilitators:

No.	Name	Designation	Place of posting	Responsibility
1				Clinical Instructor
2				Facilitator
3				Facilitator
4				Facilitator
5				Facilitator
6				Facilitator
7				Facilitator
8				
9				

*List of Participants:*

<i>No</i>	<i>Name</i>	<i>PMDC</i>	<i>Health Facility</i>	<i>District</i>
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**Follow up Plan**

**District**

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**Name of district Focal Person MNCH**

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**Name of UN/MNCH Focal Person**

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**Name of District Manager PPH**

<b>Health facility</b>	<b>Number of Physicians trained</b>	<b>Name of Monitoring Facilitators</b>	<b>Date of visit</b>

