

# FOLLOW-UP

## GIVE FOLLOW-UP CARE FOR ACUTE CONDITIONS

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart

<b>PNEUMONIA</b>	
<b>After 3 days:</b> Check the child for general danger signs. Assess the child for cough or difficult breathing. Ask:	
<ul style="list-style-type: none"> <li>• Is the child breathing slower?</li> <li>• Is there a chest indrawing?</li> <li>• Is there less fever?</li> <li>• Is the child eating better?</li> </ul>	See ASSESS & CLASSIFY chart
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• If any general danger sign or stridor, refer URGENTLY to hospital.</li> <li>• If chest indrawing and/or breathing rate, fever and eating are the same or worse, refer URGENTLY to hospital.</li> <li>• If breathing slower, no chest indrawing, less fever, and eating better, complete the 5 days of antibiotic</li> </ul>	

<b>FEVER</b>	
<b>MALARIA</b>	
<b>If fever persists after 3 days:</b> Do a full reassessment of the child -> See ASSESS & CLASSIFY chart. DO NOT REPEAT the Rapid Diagnostic Test if it was positive on the initial visit	
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• If the child has <b>any general danger sign or stiff neck</b>, treat as VERY SEVERE FEBRILE DISEASE</li> <li>• If the child has no <b>other cause of fever other than malaria</b>, provide appropriate treatment</li> <li>• If there is <b>no other apparent cause of fever:</b> <ul style="list-style-type: none"> <li>* If fever has been present for 7 days, refer for assessment</li> <li>* Do microscopy to look for malaria parasites. If parasites are present and the child has finished a full course of the first-line antimalarial, give the second-line antimalarial if available or refer the child to a hospital</li> <li>* If there is no other apparent cause of fever and you do not have a microscope to check for parasites, refer the child to a hospital.</li> </ul> </li> </ul>	

<b>FEVER: NO MALARIA</b>	
<b>If fever persists after 3 days:</b> Do a full reassessment of the child -> See ASSESS & CLASSIFY chart Repeat the malaria test.	
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• If the child has <b>any general danger sign or stiff neck</b>, treat as VERY SEVERE FEBRILE DISEASE</li> <li>• If the child has <b>positive malaria test</b>, give first-line oral antimalarial. Advise the mother return in 3 days if fever persists.</li> <li>• If the child has no <b>other cause of fever other than malaria</b>, provide appropriate treatment</li> <li>• If there is <b>no other apparent cause of fever:</b> <ul style="list-style-type: none"> <li>* If fever has been present for 7 days, refer for assessment</li> </ul> </li> </ul>	

<b>MEASLES WITH EYE OR MOUTH COMPLICATIONS, GUM OR MOUTH ULCERS, OR THRUSH</b>	
<b>After 3 days:</b> Look for red eyes and pus draining from the eyes. Look for mouth ulcers or white patches in the mouth (thrush). Smell the mouth	
<b>Treatment for eye infection:</b>	
<ul style="list-style-type: none"> <li>• If <b>pus is draining from the eye</b> ask the mother to describe how she has treated the eye infection. If the treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.</li> <li>• If <b>pus is gone but redness remains</b>, continue the treatment.</li> <li>• If <b>no pus or redness</b>, stop the treatment</li> </ul>	
<b>Treatment for mouth ulcers:</b>	
<ul style="list-style-type: none"> <li>• If <b>mouth ulcers are worse, or there is a very foul smell from the mouth</b>, refer to hospital</li> <li>• If <b>mouth ulcers are the same or better</b>, continue using half-strength gentian violet for a total of 5 days</li> </ul>	
<b>Treatment for thrush:</b>	
<ul style="list-style-type: none"> <li>• If <b>thrush is worse</b> check that treatment is being given correctly</li> <li>• If the child has <b>problems with swallowing</b>, refer to hospital</li> <li>• If <b>thrush is the same or better</b>, and the child is feeding well, continue nystatin for a total of 7 days.</li> </ul>	

<b>EAR INFECTION</b>	
<b>After 5 days:</b> Reassess for ear problem. -> See ASSESS & CLASSIFY chart. Measure the child's temperature.	
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• If there is high-grade fever with any general danger sign, refer URGENTLY to hospital.</li> <li>• <b>Acute ear infection:</b> <ul style="list-style-type: none"> <li>* If ear pain or discharge persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.</li> <li>* If no ear pain or discharge, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.</li> </ul> </li> <li>• <b>Chronic ear infection:</b> <ul style="list-style-type: none"> <li>* Check that mother is wicking the ear correctly and giving quinolone drops 3 times a day. Encourage her to continue.</li> </ul> </li> </ul>	

<b>PERDSISTENT DIARRHOEA</b>	
<b>After 5 Days:</b> Ask:	
<ul style="list-style-type: none"> <li>• Has the diarrhoea stopped?</li> <li>• How many loose stools is the child having per day?</li> </ul>	
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• <b>If the diarrhoea has not stopped</b> (child is still having 3 or more loose stools per day), do a full reassessment of the child. Treat for dehydration if present. Then refer to hospital</li> </ul>	

<b>DYSENTERY</b>	
<b>After 3 days:</b> <b>Assess the child for diarrhoea -&gt; see ASSESS AND CLASSIFY chart.</b>	
<b>Ask:</b>	
<ul style="list-style-type: none"> <li>• Are there fewer stools?</li> <li>• Is there less blood in the stool?</li> <li>• Is there less fever?</li> <li>• Is there less abdominal pain?</li> <li>• Is the child eating better?</li> </ul>	
<b>Treatment:</b>	
<p>If the child is <b>dehydrated</b>, treat DEHYDRATION.</p> <ul style="list-style-type: none"> <li>• If number of stools, amount of blood in stool, fever, abdominal pain, and eating are worse or the same: <ul style="list-style-type: none"> <li>* Change to second-line oral antibiotic, recommended for dysentery in your area. Give it for 5 days. Ask the mother to return in 3 days. If you do not have the second-line antibiotic, REFER to hospital.</li> </ul> </li> </ul> <p><b>Exceptions – if the child is:</b></p> <ul style="list-style-type: none"> <li>• Less than 12 months old, or</li> <li>• Was dehydrated on the first visit, or</li> <li>• If he had measles within the last 8 months</li> </ul> <p>REFER to hospital</p> <ul style="list-style-type: none"> <li>• <b>If fewer stools, less blood in the stool, less fever, less abdominal pain, and eating better:</b> continue giving ciprofloxacin until finished.</li> </ul> <p><b>Ensure that mother understands the oral rehydration method fully, and that she also understands the need for an extra meal each day for a week.</b></p>	

<b>FEEDING PROBLEM</b>	
<b>After 7 days:</b> Reassess feeding. ->See Questions in the COUNSEL THE MOTHER chart Ask about any feeding problems found on the initial visit.	
<ul style="list-style-type: none"> <li>• Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.</li> <li>• If the child is classified as MODERATE ACUTE MALNUTRITION, ask the mother to return 30 days after the initial visit to measure the child's WFH / L, MUAC.</li> </ul>	

<b>ANAEMIA</b>	
<b>After 14 days:</b>	
<ul style="list-style-type: none"> <li>• Give iron. Advise mother to return in 14 days for more iron.</li> <li>• Continue giving iron every 14 days for 2 months.</li> <li>• If the child has palmar pallor after 2 months, refer for assessment.</li> </ul>	

<b>UNCOMPLICATED SEVERE ACUTE MALNUTRITION</b>	
<b>After 14 days or during regular follow-up:</b> Do a full reassessment of the child. -> See ASSESS & CLASSIFY chart Assess child with the same measurements (WFH / L, MUAC) as on the initial visit. Check for oedema of both feet Check the child's appetite by offering ready-to-eat therapeutic food if the child is 6 months or older.	
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• If the child has <b>COMPLICATED SEVERE ACUTE MALNUTRITION</b> (WFH / L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet AND has developed a complication or oedema, or fails the appetite test), refer URGENTLY to hospital.</li> <li>• If the child has <b>UNCOMPLICATED SEVERE ACUTE MALNUTRITION</b> (WFH / L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet but NO medical complication or oedema, and passes the appetite test), counsel the mother and encourage her to continue with appropriate RUTF feeding. Ask mother to return again in 14 days.</li> <li>• If the child has <b>MODERATE ACUTE MALNUTRITION</b> (WFH / L between -3 and -2 z-scores or MUAC between 115 and 125 mm) advise the mother to continue RUTF. Counsel her to start other foods according to the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart). Tell her to return again in 14 days. Continue to see the child every 14 days.</li> <li>• If the child has <b>NO ACUTE MALNUTRITION</b> (WFH / L is -2 z-scores or MUAC is 125 mm or more), praise the mother, STOP RUTF, and counsel her about the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart)</li> </ul>	

<b>MODERATE ACUTE MALNUTRITION</b>	
<b>After 30 days:</b> Assess the child using the same measurements (WFH / L, MUAC) as on the initial visit.	
<ul style="list-style-type: none"> <li>• If WFH / L, weigh the child, measure height or length and determine if WFH / L</li> <li>• If MUAC, measure using MUAC tape.</li> <li>• Check the child for oedema of both feet</li> </ul> <p>Reassess feeding. See questions in the COUNSEL THE MOTHER chart.</p>	
<b>Treatment:</b>	
<ul style="list-style-type: none"> <li>• If the child is no longer classified as <b>MODERATE ACUTE MALNUTRITION</b>, praise the mother and encourage her to continue.</li> <li>• If the child is classified as <b>MODERATE ACUTE MALNUTRITION</b>, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or his / her WFH / L is -2 z-scores or more or MUAC is 125 mm or more.</li> </ul>	
<b>Exception:</b> If you do not think that feeding will improve, or if the child has lost weight or his / her MUAC has diminished, refer the child.	