



ASSESS AND CLASSIFY THE SICK YOUNG INFANT AGE UPTO 2 MONTHS



ASSESS

CLASSIFY

IDENTIFY TREATMENT

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
- if follow-up visit, use the follow-up instructions on the bottom of this chart.

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS

A child with a pink classification needs URGENT attention, complete the assessment and pre-referral treatment immediately so referral is not delayed

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE

ASK:

- Has the infant had convulsions?

LOOK, LISTEN, FEEL:

- Count the breaths in one minute.
- Repeat the count if elevated.
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- Look and feel for bulging fontanelle.
- Look for pus draining from the ear.
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules. Are there 10 or more skin pustules or a big boil?
- Measure axillary temperature (if not possible, feel for fever or low body temperature).
- See if the young infant is lethargic or unconscious.
- Look at the young infant's movements. Are they less than normal?
- Look for jaundice? Are the palms and soles yellow?

YOUNG INFANT MUST BE CALM

Classify ALL YOUNG INFANTS

And if the infant has jaundice

And if the temp. is between 35.5- 36.4° C

If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.

THEN ASK: Does the young infant have diarrhoea?*

IF YES, ASK:

- For how long?
- Is there blood in the stool?

LOOK AND FEEL:

- Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?

Classify DIARRHOEA

for DEHYDRATION

and if diarrhoea 14 days or more

and if blood in stool

* What is diarrhoea in a young infant? If the stools have changed from usual pattern and are many and watery (more water than fecal matter). The normally frequent or loose stools of a breastfed body are not diarrhoea.

If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.

THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION:

ASK:

- Is there any difficulty feeding?
- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- What do you use to feed the infant?

LOOK, FEEL:

- Determine weight for age.

Classify FEEDING

IF AN INFANT: **Has any difficulty feeding, or Is breastfeeding less than 8 times in 24 hours, or Is taking any other foods or drinks, or Is low weight for age,**

AND **Has no indications to refer urgently to hospital:**

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour? If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes. (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? *no attachment at all* *not well attached* *good attachment*

TO CHECK ATTACHMENT, LOOK FOR:

- Chin touching breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth

(All of these signs should be present if the attachment is good)

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? *not suckling at all* *not suckling effectively* *suckling effectively*
- Look for ulcers or white patches in the mouth (thrush). Clear a blocked nose if it interferes with breastfeeding.

• Does the mother have pain while breastfeeding?

- Flat or inverted nipples, or sore nipples
- Engorged breasts or breast abscess

If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.

ASSESS OTHER PROBLEMS

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
<ul style="list-style-type: none"> • Convulsions or • Fast breathing (60 breaths per minute or more) or • Severe chest indrawing or • Nasal flaring or • Grunting or • Bulging fontanelle or • 10 or more skin pustules or a big boil or • If axillary temperature 37.5°C or above (or feels hot to touch) or temperature less than 35.5°C (or feels cold to touch) or • Lethargic or unconscious or • Less than normal movements. 	POSSIBLE SERIOUS BACTERIAL INFECTION	<ul style="list-style-type: none"> ➤ Give first dose of intramuscular ampicillin and gentamicin. ➤ Treat to prevent low blood sugar. ➤ Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral. ➤ Advise mother how to keep the young infant warm on the way to the hospital. ➤ Refer URGENTLY to hospital*
<ul style="list-style-type: none"> • Umbilicus red or draining pus or • Pus discharge from ear or • < 10 skin pustules. 	LOCAL BACTERIAL INFECTION	<ul style="list-style-type: none"> ➤ Give oral co-trimoxazole or amoxicillin for 5 days. ➤ Teach mother to treat local infections at home ➤ Follow up in 2 days.
<ul style="list-style-type: none"> • Palms and soles yellow or • Age < 24 hours or • Age 14 days or more 	SEVERE JAUNDICE	<ul style="list-style-type: none"> ➤ Treat to prevent low blood sugar. ➤ Warm the young infant by Skin to Skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral. ➤ Advise mother how to keep the young infant warm on the way to the hospital. ➤ Refer URGENTLY to hospital
<ul style="list-style-type: none"> • Palms and soles not yellow 	JAUNDICE	<ul style="list-style-type: none"> ➤ Advise mother to give home care for the young infant. ➤ Advise mother when to return immediately. ➤ Follow up in 2 days.
<ul style="list-style-type: none"> • Temperature between 35.5 - 36.4°C 	LOW BODY TEMPERATURE	<ul style="list-style-type: none"> ➤ Warm the young infant using Skin to Skin contact for one hour and REASSESS. ➤ Treat to prevent low blood sugar.

<ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Skin pinch goes back very slowly. 	SEVERE DEHYDRATION	<ul style="list-style-type: none"> ➤ Give first dose of intramuscular ampicillin and gentamicin ➤ If infant also has low weight or another severe classification: <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. - Advise mother to continue breastfeeding. - Advise mother how to keep the young infant warm on the way to the hospital. OR ➤ If infant does not have low weight or any other severe classification: <ul style="list-style-type: none"> - Give fluid for severe dehydration (Plan C) and then refer to hospital after rehydration
<ul style="list-style-type: none"> • Restless, irritable. • Sunken eyes. • Skin pinch goes back slowly. 	SOME DEHYDRATION	<ul style="list-style-type: none"> ➤ If infant also has low weight or another severe classification: <ul style="list-style-type: none"> - Give first dose of intramuscular ampicillin and gentamicin - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. - Advise mother to continue breastfeeding. - Advise mother how to keep the young infant warm on the way to the hospital. ➤ If infant does not have low weight or another severe classification: <ul style="list-style-type: none"> - Give fluids for some dehydration (Plan B). - Advise mother when to return immediately. - Follow up in 2 days
<ul style="list-style-type: none"> • Not enough signs to classify as some or severe dehydration. 	NO DEHYDRATION	<ul style="list-style-type: none"> ➤ Give fluids to treat diarrhoea at home (Plan A). ➤ Advise mother when to return immediately. ➤ Follow up in 5 days if not improving.
<ul style="list-style-type: none"> • Diarrhoea lasting 14 days or more. 	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ➤ Give first dose of intramuscular ampicillin and gentamicin if the young infant has low weight, dehydration or another severe classification. ➤ Treat to prevent low blood sugar. ➤ Advise how to keep infant warm on the way to the hospital. ➤ Refer to hospital.*
<ul style="list-style-type: none"> • Blood in the stool. 	SEVERE DYSENTERY	<ul style="list-style-type: none"> ➤ Give first dose of intramuscular ampicillin and gentamicin if the Young infant has low weight, dehydration or another severe classification. ➤ Treat to prevent low blood sugar. ➤ Advise how to keep infant warm on the way to the hospital. ➤ Refer to hospital*.

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

IMMUNIZATION SCHEDULE* :	AGE	VACCINE
	Birth	BCG
	6 weeks	DPT 1
		OPV 0
		OPV 1
		HEP-B 1

• Hepatitis B to be given wherever included in the immunization schedule