



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



ASSESS

ASK THE MOTHER WHAT THE CHILD'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 **TREAT THE CHILD** chart.
- If initial visit, assess the child as follows:

CHECK FOR GENERAL DANGER SIGNS

- ASK:**
- Is the child able to drink or breastfeed?
 - Does the child vomit everything?
 - Has the child had convulsions?
- LOOK:**
- See if the child is lethargic or unconscious.

A child with any general danger sign needs **URGENT** attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed.

CLASSIFY

IDENTIFY TREATMENT

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

IF YES, ASK:

- For how long?

LOOK, LISTEN:

- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.

CHILD MUST BE CALM

Classify COUGH or DIFFICULT BREATHING

- If the child is:
- 2 months up to 12 months: **Fast breathing is: 50 breaths per minute or more**
 - 12 months up to 5 years: **40 breaths per minute or more**

Does the child have diarrhoea?

IF YES, ASK:

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

LOOK AND FEEL:

- Look at the child's general condition. Is the child:
- Lethargic or unconscious? Restless and irritable?
 - Look for sunken eyes.
 - Offer the child fluid. Is the child:
 - Not able to drink or drinking poorly?
 - Drinking eagerly, thirsty?
 - 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

Does the child have fever?

(by history or feels hot or temperature 37.5°C* or above)

IF YES:

Decide Malaria Risk: High Low

THEN ASK:

- Fever for how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

LOOK AND FEEL:

- Look or feel for stiff neck.
- Look and feel for bulging fontanelle.
- Look for runny nose.
- Look for signs of MEASLES
 - Generalized rash and
 - One of these: cough, runny nose, or red eyes.
- Look for mouth ulcers. Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

Classify FEVER

High Malaria Risk

Low Malaria Risk

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

* This cutoff is for axillary temperatures; rectal temperature cutoff is approximately 0.5°C higher.
** Other causes of fever include cough or cold, pneumonia, diarrhoea, dysentery and skin infections.
* Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.

If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child**.

Does the child have an ear problem?

IF YES, ASK:

- Is there ear pain?
- Is there ear discharge? If yes, for how long?

LOOK AND FEEL:

- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

Classify EAR PROBLEM

If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child**.

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

- Look for visible severe wasting.
- Look for oedema of both feet.
- Determine weight for age.

Classify NUTRITIONAL STATUS

THEN CHECK FOR ANAEMIA

LOOK:

- Look for palmar pallor. Is it: Severe palmar pallor? Some palmar pallor?

Classify ANAEMIA

THEN CHECK THE CHILD'S IMMUNIZATION *, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID SUPPLEMENTATION STATUS

IMMUNIZATION SCHEDULE:	AGE	VACCINE
	Birth	BCG + OPV-0
	6 weeks	DPT-1+ OPV-1(+ HepB-1**)
	10 weeks	DPT-2+ OPV-2(+ HepB-2**)
	14 weeks	DPT-3+ OPV-3(+ HepB-3**)
	9 months	Measles + Vitamin A
	16-18 months	DPT Booster + OPV + Vitamin A
	60 months	DT

PROPHYLACTIC VITAMIN A
Give a single dose of vitamin A:
100,000 IU at 9 months with measles immunization
200,000 IU at 16-18 months with DPT Booster
200,000 IU at 24 months
200,000 IU at 30 months
200,000 IU at 36 months

PROPHYLACTIC IFA
Give 20 mg elemental iron + 100 mcg folic acid (one tablet of Pediatric IFA or 5 ml of IFA syrup or 1 ml of IFA drops) for a total of 100 days in a year after the child has recovered from acute illness. If:
> The child 6 months of age or older, and
> Has not received Pediatric IFA Tablet/syrup/drops for 100 days in last one year.

* A child who needs to be immunized should be advised to go for immunization the day vaccines are available at AW/SC/PHC
** Hepatitis B to be given wherever included in the immunization schedule

ASSESS OTHER PROBLEMS

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED after first dose of an appropriate antibiotic and other urgent treatments.
Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.

If referral is not possible, see the section **Where Referral Is Not Possible** in the module **Treat the Child**.