

TREAT THE CHILD IN CLINIC

GIVE THESE TREATMENTS ONLY IN THE CLINIC

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the child's weight (or age).
- Use a sterile needle and sterile syringe when giving an injection.
- Measure the dose accurately.
- Give the drug in an intramuscular injection.
- If child cannot be referred, follow the instructions provided.

Give Intramuscular Antibiotics

GIVE TO CHILDREN BEING REFERRED URGENTLY

- Give Ampicillin (50 mg / kg) and Gentamicin (7.5 mg / kg)

AMPICILLIN

- Dilute 500 mg vial with 2.1 ml of sterile water (500 mg / 2.5ml)
- IF REFERRAL IS NOT POSSIBLE OR DELAYED, repeat the ampicillin injection every 6 hours.
- Where there is a strong suspicion of meningitis, the dose of ampicillin can be increased 4 times.

GENTAMICIN

- 7.5 mg / kg once daily

AGE OR WEIGHT	AMPICILLIN (500 mg vial)	GENTAMICIN (2 ml / 40 mg / ml vial)
2 months up to 4 months (4— < 5 kg)	1ml	0.5—1.0 ml
4 up to 12 months (6— < 10 kg)	2ml	1.1—1.8 ml
12 months up to 3 years (10— < 14kg)	3ml	1.9—2.7 ml
3 years up to 5 years (14—19 kg)	5ml	2.8—3.5 ml

Give Diazepam to Stop Convulsions

- Turn the child to his / her side and clear the airway. Avoid putting things in the mouth.
- Give 0.5 mg / kg diazepam injection solution per rectum using a small syringe without the needle (like a tuberculin syringe) or using a catheter.
- Check for low blood sugar, then treat or prevent.
- Give oxygen and REFER
- If convulsions have not stopped after 10 minutes, repeat diazepam dose

AGE OR WEIGHT	DIAZEPAM 10 mg / 2 mls
2 months up to 6 months (5—7 kg)	0.5 ml
6 months up to 12 months (7— <10 kg)	1.0 ml
12 months up to 3 years (10— < 14 kg)	1.5 ml
3 years up to 5 years (14—19 kg)	2.0 ml

Give Artesunate Suppositories/Intramuscular or Quinine for Severe Malaria

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Check which pre-referral treatment is available in your clinic (rectal artesunate suppositories, artesunae IM injection, or quinine)
- Artesunate suppository: Insert first dose of suppository and refer child urgently
- Intramuscular artesunate or quinine: Give first dose and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:

For artesunate injection:

- Give first dose of artesunate intramuscular injection
- Repeat dose after 12 hours and daily until the can take orally
- Give full dose of oral antimalarial as soon as the child is able to take orally

For artesunate suppository:

AGE or WEIGHT	RECTAL ARTESUNATE SUPPOSITORY		INTRAMUSCULAR ARTESUNATE	INTRAMUSCULAR QUININE	
	50 mg suppositories Dosage 10 mh /	200 mg suppositories Dosage 10 mg /	60 mg vial (20 mg / ml) 2.4 mg / kg	150 mg / ml (in 2 ml ampoules)	300 mg / ml (in 2 ml ampoules)
2 months up to 4 months (4— < 6 kg)	1		1/2 ml	0.4 ml	0.2 ml
4 months up to 12 months (6— < 10 kg)	2		1 ml	0.6 ml	0.3 ml
12 months up to 2 years (10— < 12 kg)	2		1.5 ml	0.8 ml	0.4 ml
2 years up to 3 years (12— < 14 kg)	3	1	1.5 ml	1.0 ml	0.5 ml
3 years up to 5 years (14—19 kg)	3	1	2 ml	1.2 ml	0.6 ml

*quinine salt

Give Inhaled Salbutamol for Wheezing

USE OF A SPACER*

A spacer is a way of delivering the bronchodilator drugs effectively into the lungs. No child under 5 years should be given an inhaler without a spacer. A spacer works as well as a nebuliser if correctly used.

- From a salbutamol metred dose inhaler (100µg/ puff) give 2 puffs.
- Repeat up to 3 times every 15 minutes before classifying pneumonia.

Spacers can be made in the following way:

- Use a 500 ml drink bottle or similar
- Cut a hole in the bottle base in the same shape as the mouthpiece of the inhaler. This can be done with a sharp knife
- Cut the bottle between the upper quarter and the lower 3/4 and disregard the upper quarter of the bottle.
- Cut a small V in the border of the large open part of the bottle to fit to the child's nose and be used as a mask.
- Flame the edge of the cut bottle with a candle or a lighter to soften it.
- In a small baby, a mask can be made by making a similar hole in a plastic (not a polystyrene) cup .
- Alternatively, commercial spacers can be used if available.

To use an inhaler with a spacer:

- Remove the inhaler cap. Shake the inhaler well.
- Insert the mouthpiece of the inhaler through the hole in the bottle or plastic cup.
- The child should put the opening of the bottle into his mouth and breathe in and out through the mouth.
- A carer then presses down the inhaler and sprays into the bottle while the child continues to breathe normally.
- Wait for three to four breaths and then repeat.
- For younger children place the cup over the child's mouth and use as a spacer in the same way.

*If a spacer is being used for the first time, it should be primed by 4-5 extra puffs from the inhaler.

Give Pyrantel Pamoate

TREATMENT OF ANEMIA AND STOOL POSITIVE FOR WORMS

⇒ If the child is 2 years of age or older, and has not had a dose in the previous 6 months OR

⇒ If the child is 4 months of age or older and has evidence of worm infestation

GIVE PYRANTEL PAMOATE AS A SINGLE DOSE IN CLINIC

AGE or WEIGHT	TABLET (125 mg)	TABLET (220 mg)
4 months up to 9 months (6 - <8 kg)	½	¼
9 months up to 1 year (8 - <10 kg)	¾	½
1 year up to 3 years (10 - <14 kg)	1	½
3 years up to 5 years (14 – 19 kg)	1 ½	¾

Give Vitamin A Supplementation and Treatment

VITAMIN A SUPPLEMENTATION:

- Give first dose anytime after 6 months of age to ALL CHILDREN.
- Thereafter Vitamin A every six months to ALL CHILDREN.

VITAMIN A TREATMENT

- Give an extra dose of Vitamin A (same dose as for supplementation) for treatment if the child has MEASLES or PERSISTENT DIARRHOEA. If the child has had a dose of Vitamin A in the last month or is on RUTF for treatment of SEVERE ACUTE MALNUTRITION, DO NOT GIVE VITAMIN A.
- Always record the dose of Vitamin A given, on the child's card.

AGE	VITAMIN A DOSE
6 up to 12 months	100 000 IU
One year and older	200 000 IU

Treat the Child to Prevent Low Blood Sugar

- If the child is able to breastfeed:
 - * Ask the mother to breastfeed the child
- If the child is not able to breastfeed but is able to swallow:
 - * Give expressed breast milk or a breast milk-substitute
 - * If neither of these is available, give sugar water*
 - * Give 30—50 ml of milk or sugar water* before departure
- If the child is not able to swallow:
 - * Give 50 ml of sugar water by nasogastric tube
 - * If no nasogastric tube is available, give 1 teaspoon of sugar moistened with 1—2 drops of water sublingually and repeat doses every 20 minutes to prevent relapse.
 - * *To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200 ml cup of clean water.

PLAN B: TREAT SOME DEHYDRATION WITH low osmolarity ORS

In the clinic, give recommended amount of low osmolarity ORS over a 4-hour period

• DETERMINE AMOUNT OF low osmolarity ORS TO FIVE DURING FIRST 4 HOURS

WEIGHT	< 6 kg	6—< 10 kg	10—< 12kg	12— <19 kg
AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
In ml	200—450	450—800	88—960	960—1600

*Use the child's age only when you do not know the weight. The approximate amount of low osmolarity ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.

- ◊ If the child wants more ORS than shown, give more.
- ◊ For infants under 6 months who are not breastfed, also give 100—200 ml clean water during this period if you use standard ORS. This is not needed if you use low osmolarity ORS.
- AFTER 4 HOURS
 - ◊ Reassess the child and classify the child for dehydration
 - ◊ Select the appropriate plan to continue treatment
 - ◊ Begin feeding the child in clinic
- IF THE MOTHER MUST LEAVE BEFORE COMPLETING THE TREATMENT
 - ◊ Show her how to prepare ORS solution at home
 - ◊ Show her how much ORS to give to finish 4-hour treatment at home.
 - ◊ Give her enough low osmolarity ORS packets to complete rehydration. Also give her 2 packets as recommended in PLAN A.
 - ◊ Explain the 4 Rules of Home Treatment:
 1. GIVE EXTRA FLUID
 2. GIVE ZINC (age 2 months up to 5 years)
 3. CONTINUE FEEDING (exclusive breastfeeding if age less than 6 months)

PLAN C: TREAT SEVERE DEHYDRATION QUICKLY

FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.

