

# INTEGRATED MANAGEMENT OF CHILD HEALTH (IMCI)

## SICK CHILD

### AGE 2 MONTHS UP TO 5 YEARS

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# 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:

## CLASSIFY

## IDENTIFY TREATMENT

CHECK FOR GENERAL DANGER SIGNS		SIGNS	CLASSIFY AS	TREATMENT <small>(Urgent pre-referral treatments are in bold print.)</small>
<p><b>ASK:</b></p> <ul style="list-style-type: none"> <li>• Is the child able to drink or breastfeed?</li> <li>• Does the child vomit everything?</li> <li>• Has the child had convulsions?</li> </ul>	<p><b>LOOK:</b></p> <ul style="list-style-type: none"> <li>• See if the child is lethargic or unconscious.</li> <li>• See if the child is convulsing now.</li> </ul>	<ul style="list-style-type: none"> <li>• Any general danger sign.</li> </ul>	<p><b>VERY SEVERE DISEASE</b></p>	<ul style="list-style-type: none"> <li>☐ <b>Treat convulsions if present now.</b></li> <li>☐ <b>Complete assessment immediately.</b></li> <li>☐ <b>Give first dose of an appropriate antibiotic.</b></li> <li>☐ <b>Treat the child to prevent low blood sugar.</b></li> <li>☐ <b>Refer URGENTLY to hospital*.</b></li> </ul>

THEN ASK ABOUT MAIN SYMPTOMS: Does the child have cough or difficult breathing?							
<p><b>IF YES, ASK:</b></p> <ul style="list-style-type: none"> <li>• For how long?</li> </ul>	<p><b>LOOK AND LISTEN:</b></p> <ul style="list-style-type: none"> <li>• Count the breaths in one minute.</li> <li>• Look for chest indrawing.</li> <li>• Look and listen for stridor.</li> <li>• Look and listen for wheeze</li> </ul>	<p>CHILD MUST BE CALM</p>	<p><b>Classify COUGH or DIFFICULT BREATHING</b></p>	<ul style="list-style-type: none"> <li>• Any general danger sign OR</li> <li>• Stridor in calm child OR</li> <li>• Chest indrawing (If chest indrawing and wheeze go directly to "Treat Wheezing" then reassess after treatment ).</li> </ul>	<p><b>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</b></p>	<ul style="list-style-type: none"> <li>☐ <b>Give first dose of an appropriate antibiotic.</b></li> <li>☐ <b>Treat wheezing if present.</b></li> <li>☐ <b>Treat the child to prevent low blood sugar.</b></li> <li>☐ <b>Refer URGENTLY to hospital.*</b></li> </ul>	
		<p><b>Fast breathing is:</b></p> <p>2 months up to 12 months: <b>50</b> breaths per minute or more</p> <p>12 months up to 5 years: <b>40</b> breaths per minute or more</p>					
					<ul style="list-style-type: none"> <li>• Fast breathing (If wheeze, go directly to "Treat Wheezing" then reassess after treatment).</li> </ul>	<p><b>PNEUMONIA</b></p>	<ul style="list-style-type: none"> <li>☐ <b>Give an appropriate antibiotic for 5 days.</b></li> <li>☐ <b>Treat wheezing if present.</b></li> <li>☐ If coughing more than 30 days, refer for assessment.</li> <li>☐ Soothe the throat and relieve the cough with a safe remedy.</li> <li>☐ Advise mother when to return immediately.</li> <li>☐ Follow up in 2 days.</li> </ul>
					<ul style="list-style-type: none"> <li>• No signs of pneumonia or very severe disease. (If wheeze, go directly to "Treat Wheezing" ).</li> </ul>	<p><b>NO PNEUMONIA: COUGH OR COLD</b></p>	<ul style="list-style-type: none"> <li>☐ <b>Treat wheezing if present.</b></li> <li>☐ If coughing more than 30 days, refer for assessment.</li> <li>☐ Soothe the throat and relieve the cough with a safe remedy.</li> <li>☐ Advise mother when to return immediately.</li> <li>☐ Follow up in 2 days if wheezing.</li> <li>☐ Follow-up in 5 days if not improving</li> </ul>

# Does the child have diarrhoea?

## IF YES, ASK: LOOK AND FEEL:

- For how long?
- Is there blood in the stool?
- Look at the child's general condition. Is the child:
  - Lethargic or unconscious?
  - Restless and/or 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

Two of the following signs: <ul style="list-style-type: none"> <li>• Lethargic or unconscious.</li> <li>• Sunken eyes.</li> <li>• Not able to drink or drinking poorly.</li> <li>• Skin pinch goes back very slowly.</li> </ul>	<b>SEVERE DEHYDRATION</b>	<ul style="list-style-type: none"> <li>□ If child has no other severe classification:                             <ul style="list-style-type: none"> <li>- Give fluid for severe dehydration (Plan C).</li> </ul> </li> <li>OR</li> <li><b>If child also has another severe classification:**</b> <ul style="list-style-type: none"> <li>- Refer <b>URGENTLY</b> to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.</li> </ul> </li> <li>□ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.</li> </ul>
Two of the following signs: <ul style="list-style-type: none"> <li>• Restless, irritable.</li> <li>• Sunken eyes.</li> <li>• Drinks eagerly, thirsty.</li> <li>• Skin pinch goes back slowly.</li> </ul>	<b>SOME DEHYDRATION</b>	<ul style="list-style-type: none"> <li>□ Give fluid and food for some dehydration (Plan B).</li> <li>□ <b>If child also has a severe classification:</b> <ul style="list-style-type: none"> <li>- Refer <b>URGENTLY</b> to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding.</li> </ul> </li> <li>➢ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.</li> <li>➢ Give Zinc Syrup for 14 days.</li> <li>□ Advise mother when to return immediately.</li> <li>□ Follow-up in 5 days if not improving.</li> </ul>
Not enough signs to classify as some or severe dehydration.	<b>NO DEHYDRATION</b>	<ul style="list-style-type: none"> <li>□ Give fluid and food to treat diarrhoea at home (Plan A).</li> <li>□ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.</li> <li>➢ Give Zinc Syrup for 14 days.</li> <li>□ Advise mother when to return immediately.</li> <li>□ Follow-up in 5 days if not improving.</li> </ul>
• Dehydration present.	<b>SEVERE PERSISTENT DIARRHOEA</b>	<ul style="list-style-type: none"> <li>□ Treat dehydration before referral unless the child has another severe classification.</li> <li>□ Refer to hospital.</li> </ul>
• No dehydration.	<b>PERSISTENT DIARRHOEA</b>	<ul style="list-style-type: none"> <li>□ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.</li> <li>□ Give multivitamin, mineral supplement including zinc for 14 days</li> <li>□ Advise mother when to return immediately.</li> <li>□ Follow-up in 5 days.</li> </ul>
• Blood in the stool.	<b>DYSENTERY</b>	<ul style="list-style-type: none"> <li>□ <b>Treat for 5 days with an oral antibiotic recommended for Shigella.</b></li> <li>□ Advise mother when to return immediately.</li> <li>□ Follow-up in 2 days.</li> </ul>

### and if diarrhoea 14 days or more

### and if blood in stool

\*If referral is not possible, manage the child as described in **Management of Childhood Illness, Treat the Child, Annex: Where Referral Is Not Possible, and WHO guidelines for inpatient care.** \*\* If the other severe classification is based ONLY on "lethargy" or "not able to drink", go to plan C

## Check for throat problem

### ASK:

- Does the child have fever? (by history or feels hot or temperature 37.5 C or more)
- Does the child have sore throat?

### LOOK AND FEEL:

- Feel for enlarged tender lymph node(s) on the front of the neck.
- Look for red (congested) throat
- Look for white or yellow exudate on the throat and tonsils

### Classify THROAT PROBLEM

<ul style="list-style-type: none"> <li>• fever OR Sore throat AND</li> <li>Two of the following :</li> <li>• Red (congested) throat</li> <li>• White or yellow exudate on the throat or tonsils.</li> <li>• Enlarged tender lymph node(s) on the front of the neck.</li> </ul>	<b>STREPTOCOCCAL SORE THROAT</b>	<ul style="list-style-type: none"> <li>☐ Give benzathine penicillin.</li> <li>☐ Soothe the throat with a safe remedy.</li> <li>☐ Give paracetamol for pain.</li> <li>☐ Advise mother when to return immediately.</li> <li>☐ Follow up in 5 days if not improving.</li> </ul>
<ul style="list-style-type: none"> <li>• Sore throat OR</li> <li>• Not enough signs to classify as streptococcal sore throat</li> </ul>	<b>NON STREPTOCOCCAL SORE THROAT</b>	<ul style="list-style-type: none"> <li>☐ Soothe the throat with a safe remedy.</li> <li>☐ Give paracetamol for pain.</li> <li>☐ Advise mother when to return immediately.</li> </ul>
<ul style="list-style-type: none"> <li>• No throat signs or symptoms (with or without fever)</li> </ul>	<b>NO THROAT PROBLEM</b>	<ul style="list-style-type: none"> <li>☐ Continue assessment of the child.</li> </ul>

## Does the child have an ear problem?

### IF YES, ASK:

- Is there agonizing 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

<ul style="list-style-type: none"> <li>• Tender swelling behind the ear.</li> </ul>	<b>MASTOIDITIS</b>	<ul style="list-style-type: none"> <li>☐ Give first dose of an appropriate antibiotic.</li> <li>☐ Give first dose of paracetamol for pain.</li> <li>☐ Treat the child to prevent low blood sugar.</li> <li>☐ Refer URGENTLY to hospital.</li> </ul>
<ul style="list-style-type: none"> <li>• Agonizing ear pain OR</li> <li>• Pus is seen draining from the ear and discharge is reported for less than 14 days.</li> </ul>	<b>ACUTE EAR INFECTION</b>	<ul style="list-style-type: none"> <li>☐ Give an antibiotic for 10 days.</li> <li>☐ Give paracetamol for pain.</li> <li>☐ Dry the ear by wicking.</li> <li>☐ Advise mother when to return immediately.</li> <li>☐ Follow-up in 5 days.</li> </ul>
<ul style="list-style-type: none"> <li>• Pus is seen draining from the ear and discharge is reported for 14 days or more.</li> </ul>	<b>CHRONIC EAR INFECTION</b>	<ul style="list-style-type: none"> <li>☐ Dry the ear by wicking.</li> <li>☐ Refer to ENT specialist.</li> </ul>
<ul style="list-style-type: none"> <li>• No ear pain AND</li> <li>• No pus seen draining from the ear.</li> </ul>	<b>NO EAR INFECTION</b>	<ul style="list-style-type: none"> <li>☐ Advise mother to go to ENT specialist for assessment.</li> </ul>

# Does the child have fever?

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

## IF YES, ASK:

- For how long?
- If more than 5 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 for signs of MEASLES
  - Generalized rash **and**
  - One of these: cough, runny nose, or red eyes.

### Classify FEVER

<ul style="list-style-type: none"> <li>• Any general danger sign OR</li> <li>• Stiff neck</li> </ul>	<b>VERY SEVERE FEBRILE DISEASE</b>	<ul style="list-style-type: none"> <li>☐ Give first dose of an appropriate antibiotic.</li> <li>☐ Treat the child to prevent low blood sugar.</li> <li>☐ Give one dose of paracetamol in clinic for fever (38°C or above).</li> <li>☐ Refer <b>URGENTLY</b> to hospital.</li> </ul>
<ul style="list-style-type: none"> <li>• An apparent bacterial cause of fever present e.g.                             <ul style="list-style-type: none"> <li>- Pneumonia</li> <li>- Dysentery</li> <li>- Streptococcal sore throat</li> <li>- Acute ear infection</li> <li>- Other apparent causes***</li> </ul> </li> </ul>	<b>FEVER-POSSIBLE BACTERIAL INFECTION</b>	<ul style="list-style-type: none"> <li>☐ Give paracetamol for fever (38°C or above).</li> <li>☐ Treat apparent causes of fever.</li> <li>☐ Advise mother when to return immediately.</li> <li>☐ If fever is present every day for more than 5 days, refer for assessment.</li> <li>☐ Follow-up in 2 days if fever persists.</li> </ul>
<ul style="list-style-type: none"> <li>• No apparent bacterial cause of fever</li> </ul>	<b>FEVER-BACTERIAL INFECTION UNLIKELY</b>	<ul style="list-style-type: none"> <li>☐ Give paracetamol for fever (38°C or above).</li> <li>☐ Advise mother when to return immediately.</li> <li>☐ If fever is present every day for more than 5 days, refer for assessment.</li> <li>☐ Follow-up in 2 days if fever persists.</li> </ul>

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

- Look for mouth ulcers. Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

### if MEASLES now or within last 3 months, Classify

<ul style="list-style-type: none"> <li>• Any general danger sign OR</li> <li>• Clouding of cornea OR</li> <li>• Deep or extensive mouth ulcers OR</li> <li>• Measles now AND pneumonia</li> </ul>	<b>SEVERE COMPLICATED MEASLES****</b>	<ul style="list-style-type: none"> <li>☐ Give first dose of an appropriate antibiotic.</li> <li>☐ Treat the child to prevent low blood sugar.</li> <li>☐ Give one dose of paracetamol in clinic for fever (38°C or above).</li> <li>☐ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment.</li> <li>☐ Give Vitamin A. (if was not given in the last 4 months)</li> <li>☐ Refer <b>URGENTLY</b> to hospital.</li> </ul>
<ul style="list-style-type: none"> <li>• Pus draining from the eye OR</li> <li>• Mouth ulcers.</li> </ul>	<b>MEASLES WITH EYE OR MOUTH COMPLICATIONS****</b>	<ul style="list-style-type: none"> <li>☐ Give paracetamol for fever (38°C or above).</li> <li>☐ If pus draining from the eye, treat eye infection with tetracycline eye ointment.</li> <li>☐ Give Vitamin A. (if was not given in the last 4 months)</li> <li>☐ If mouth ulcers, treat with gentian violet.</li> <li>➢ Advise mother when to return immediately.</li> <li>☐ Follow-up in 2 days.</li> </ul>
<ul style="list-style-type: none"> <li>• Measles now or within the last 3 months AND</li> <li>• None of the above signs.</li> </ul>	<b>MEASLES</b>	<ul style="list-style-type: none"> <li>☐ Give paracetamol for fever (38°C or above).</li> <li>☐ Give Vitamin A. (if was not given in the last 4 months)</li> <li>☐ Advise the mother when to return immediately.</li> <li>☐ Follow-up in 2 days if not improving.</li> </ul>

\*\* These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.

\*\*\* Other apparent causes of fever include cellulitis, abscess, or boil.

## THEN CHECK FOR MALNUTRITION AND ANAEMIA

### LOOK AND FEEL:

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

### LOOK :

- Look for palmar pallor and mucous membrane pallor is it:

Severe palmar pallor and / or mucous membrane pallor?

Some palmar pallor and / or mucous membrane pallor?

### Classify NUTRITIONAL

- Visible severe wasting or
- Oedema of both feet.

### SEVERE MALNUTRITION

- ☐ Give Vitamin A. (if was not given in the last 4 months)
- ☐ Treat the child to prevent low blood sugar..

- Low weight for age.

### LOW WEIGHT

- ☐ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart.
- If feeding problem, follow-up in 5 days.
- ☐ Advise mother when to return immediately.
- Follow-up in 30 days

- Not low weight for age and no other signs of malnutrition.

### NOT LOW WEIGHT

- ☐ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart.

### Classify ANAEMIA

- Severe palmar and / or

### SEVERE ANAEMIA

- ☐ Treat the child to prevent low blood sugar

- Some palmar and / or

### ANAEMIA

- Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the *COUNSEL THE MOTHER* chart.
- If feeding problem, follow-up in 5 days.
- Give Iron.
- Advise mother when to return immediately.
- Follow-up in 14 days.

- No palmar or mucous membrane pallor

### NO ANAEMIA

- ☐ if child is aged 6 - 30 months, give one dose of Iron weekly.

## THEN CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS

### IMMUNIZATION SCHEDULE:

AGE	VACCINE		
At birth	OPV (zero dose)	BCG	
2 months	OPV-1	DPT-1	HB-1
4 months	OPV-2	DPT-2	HB-2
6 months	OPV-3	DPT-3	HB-3
9 months	OPV-4		
12 months	OPV-5		MMR

### VITAMIN A SUPPLEMENTATION SCHEDULE:

9 months 1<sup>st</sup> dose of vitamin A ( 100,000 IU)  
18 months 2<sup>nd</sup> dose of vitamin A ( 200,000 IU)

## 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.