

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

IDENTIFY TREATMENT

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IDENTIFY TREATMENT

INTRODUCTION

In the previous module you learned to assess the sick child age 2 months up to 5 years and to classify the child's illness or illnesses. The next step is to identify the necessary treatments. In some instances, the very sick child will need referral to a hospital for additional care. If so, you will begin urgent treatments before the child's departure.

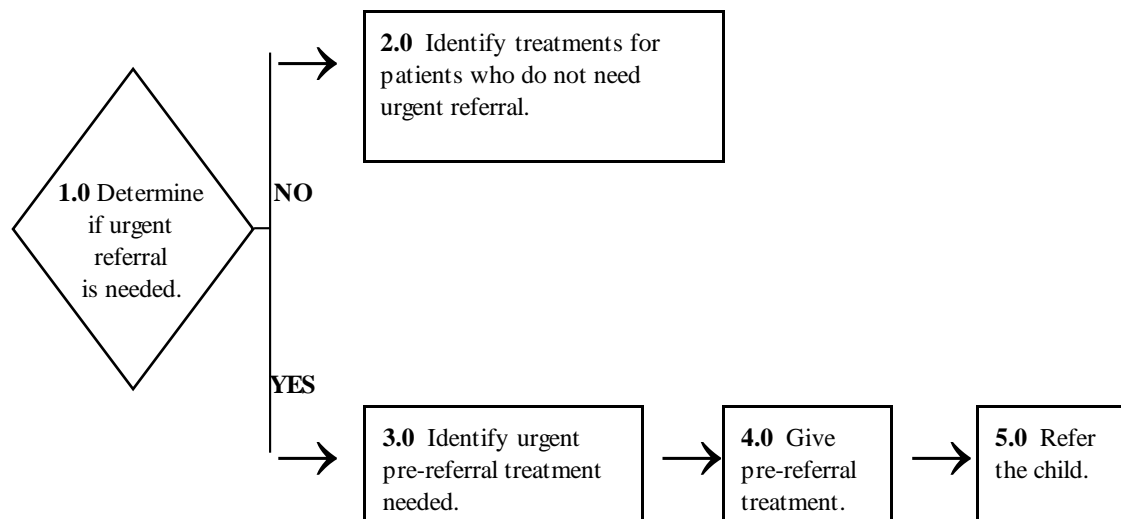
LEARNING OBJECTIVES

This module will describe and allow you to practice the following skills:

- * determining if urgent referral is needed
- * identifying treatments needed
- * for patients who need urgent referral:
 - identifying the urgent pre-referral treatments
 - explaining the need for referral to the mother
 - writing the referral note

This module will focus on **identifying which treatments are needed**. The next module, *Treat the Child*, will teach how to give the treatments.

This flowchart shows the steps involved in identifying treatment. Each step corresponds to a section in the module. Most patients will not need urgent referral and will be covered in step 2.0. However, for those patients who do need urgent referral, you will go straight to step 3.0.



In this module you will use the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart. If a child has only one classification, it is easy to see what to do for the child. However, many sick children have more than one classification. For example, a child may have both PNEUMONIA and an ACUTE EAR INFECTION.

When a child has more than one classification, you must look in more than one place on the *ASSESS & CLASSIFY* chart to see the treatments listed. Some of the treatments may be the same. For example, both pneumonia and ear infection require an antibiotic. You must notice which treatments are the same and can be used for both problems, and which treatments are different.

For some children, the *ASSESS & CLASSIFY* chart says to "Refer URGENTLY to hospital." By hospital, we mean a health facility with inpatient beds, supplies and expertise to treat a very sick child. If you work in a health facility with inpatient beds, referral may mean admission to the inpatient department of your own facility. If the child must be referred urgently, you must decide which treatments to do before referral. Some treatments (such as wicking an ear) are not necessary before referral. This module will help you identify urgent pre-referral treatments.

If there is no hospital in your area, you may make some decisions differently than described in this module. You should only refer a child if you expect the child will actually receive better care. In some cases, giving your very best care is better than sending a child on a long trip to a hospital that may not have the supplies or expertise to care for the child.

If referral is not possible, or if the parents refuse to take the child, the health worker should help the family care for the child. The child may stay near the clinic to be seen several times a day. Or a health worker may visit the home to help give drugs on schedule and to help give fluids and food. There is an annex in the module *Treat the Child* which explains what to do when referral is needed but not possible.

1.0 DETERMINE IF URGENT REFERRAL IS NEEDED

REFERRAL FOR SEVERE CLASSIFICATIONS

Look at the severe classifications on the *ASSESS & CLASSIFY* chart. These are coloured pink and include:

SEVERE PNEUMONIA OR VERY SEVERE DISEASE
SEVERE DEHYDRATION
SEVERE PERSISTENT DIARRHOEA
VERY SEVERE FEBRILE DISEASE
SEVERE COMPLICATED MEASLES
MASTOIDITIS
SEVERE MALNUTRITION OR SEVERE ANAEMIA

Notice the instruction "**Refer URGENTLY to hospital**" in the lists of treatments for these classifications. This instruction means to refer the child immediately after giving any necessary pre-referral treatments. Do not give treatments that would unnecessarily delay referral.

Exception: For SEVERE PERSISTENT DIARRHOEA, the instruction is simply to "Refer to hospital." This means that referral is needed, but not as urgently. There is time to identify treatments as described in section 2.0 of this module and give all of the treatments before referral.

There is one more possible exception: You may keep and treat a child whose only severe classification is SEVERE DEHYDRATION if your clinic has the ability to treat the child. This child may have a general danger sign related to dehydration. For example, he may be lethargic, unconscious, or not able to drink because he is severely dehydrated.

THE CHILD WITH DIARRHOEA WITH SEVERE DEHYDRATION

Read the section about SEVERE DEHYDRATION from the *ASSESS & CLASSIFY* chart:

{Module 03 – page 005.jpg}

If the child's only severe classification is SEVERE DEHYDRATION, you will use Plan C to decide whether to refer the child. Plan C appears on the *TREAT* chart. It helps you decide if your clinic can treat the severely dehydrated child. The left-hand side of Plan C, showing the decisions to be made, is reprinted on the next page. The right-hand side of the chart has been simplified. You will learn how to give the fluid treatments in the module *Treat the Child*.

If the child has another severe classification in addition to SEVERE DEHYDRATION, you will refer the child. Special expertise is required to rehydrate this child, as too much fluid given too quickly could endanger his life.

Your facilitator will explain the following chart.
--

DECISIONS INVOLVED IN PLAN C:
TREAT SEVERE DEHYDRATION QUICKLY

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You will learn Plan C in the next module. Plan C includes reassessment for dehydration after fluid treatment. If you can successfully rehydrate the child, referral will not be necessary.

REFERRAL FOR GENERAL DANGER SIGNS

Most children who have a general danger sign also have a severe classification. They will be referred for their severe classification (or possibly treated if they have SEVERE DEHYDRATION only).

In rare instances, children may have general danger signs without a severe classification. These children should be referred urgently. There is a box at the bottom of the *ASSESS & CLASSIFY* chart to remind you:

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REFERRAL FOR OTHER SEVERE PROBLEMS

The *ASSESS & CLASSIFY* chart does not include all problems that children may have. You must ask yourself:

Does the child have any other severe problem that cannot be treated at this clinic?

For example, the child may have a severe problem that is not covered on the chart, such as severe abdominal pain. If you cannot treat a severe problem, you will need to refer the child.

Remember: Most children will have none of the general danger signs, severe classifications, or other severe problems. **If the child has none of these, the child does not need urgent referral to a hospital.** You will identify treatments needed as described in section 2.0 of this module.

EXAMPLE 1

Ngozi is a 2-year-old girl. She has no general danger signs. The risk of malaria is high, and Ngozi has a temperature of 37.5°C, so she is classified as having **MALARIA**. Ngozi has also had ear pain, and the health worker can see pus in the ear. The mother says she had not noticed the pus until today. Thus, Ngozi is also classified as having **ACUTE EAR INFECTION**.

Ngozi is classified as having **NO ANAEMIA AND NOT VERY LOW WEIGHT**. She has no other classifications. Ngozi does not need referral, as she has no danger signs and no severe classifications.

EXAMPLE 2

Vito is a 4-month-old boy. He has no general danger signs, but he is coughing and has chest indrawing. He is classified as having **SEVERE PNEUMONIA OR VERY SEVERE DISEASE**. He also has a fever and is classified as having **MALARIA**. Vito definitely needs urgent referral to a hospital for his severe classification.

EXAMPLE 3

Fola is a 7-month-old girl. She has one general danger sign: she is lethargic. She has diarrhoea with **SEVERE DEHYDRATION** but no other severe classifications, so the health worker will use Plan C. Since the health worker can give IV therapy, he will treat Fola with IV fluids at his clinic. If Fola is successfully rehydrated and is no longer lethargic, she will not need referral.

EXAMPLE 4

Lida is a 3-year-old girl. She is unconscious. She has none of the main symptoms listed on the *ASSESS & CLASSIFY* chart. Lida needs referral for her general danger sign.



EXERCISE A

In this exercise you will decide whether or not urgent referral is needed. Tick the appropriate answer.

1. Sara is an 11-month-old girl. She has no general danger signs. She has:

PNEUMONIA
ACUTE EAR INFECTION
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

Does Sara need urgent referral? ☐ YES ☐ NO

2. Neema is a 6-month-old girl. She has no general danger signs. She has:

NO PNEUMONIA: COUGH OR COLD
Diarrhoea with NO DEHYDRATION
PERSISTENT DIARRHOEA
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

Does Neema need urgent referral? ☐ YES ☐ NO

3. David is a 7-month-old boy. He has no general danger signs. He has:

MASTOIDITIS
MALARIA
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

Does David need urgent referral? ☐ YES ☐ NO

4. Marcel is a 2-year-old boy. He had a convulsion this morning and is not eating

well. He has:

NO ANAEMIA AND NOT VERY LOW WEIGHT, and
no other classifications.

Does Marcel need urgent referral? ____ YES ____ NO

5. Habib is a 9-month-old boy. He is lethargic. He has:

Diarrhoea with SEVERE DEHYDRATION
MALARIA
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

The clinic can provide IV therapy. Does Habib need urgent referral?

____ YES ____ NO

6. Perin is a 15-month-old child. Perin is not able to drink. He has:

Diarrhoea with SEVERE DEHYDRATION
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other disease classifications

The clinic cannot provide IV therapy nor NG therapy. Does Perin need urgent referral?

____ YES ____ NO

7. Isoke is 2 years old. She has no general danger signs. She has:

Diarrhoea with SEVERE DEHYDRATION
SEVERE MALNUTRITION OR SEVERE ANAEMIA
no other classifications

Does Isoke need urgent referral? ____ YES ____ NO

When you have finished this exercise, discuss your answers with a facilitator.
--

2.0 IDENTIFY TREATMENTS FOR PATIENTS WHO DO NOT NEED URGENT REFERRAL

Your facilitator will present the examples in this section and will show you how to use the back of the Sick Child Recording Form. The facilitator will show you how to:

- * Fold the "Classify" column of the Sick Child Recording Form so that you can see it while looking at the back of the form.
- * Look at the *ASSESS & CLASSIFY* chart to find the treatments needed for each of the child's classifications.
- * List each treatment needed on the back of the Sick Child Recording Form.

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For each classification listed on the front of the Sick Child Recording Form, you will write the treatments needed on the back of the form. The treatments that may be needed are in the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart. You will list only the treatments that apply to the specific child being treated.

Be sure to include items that begin with the words "Follow-up." These mean to tell the mother to return in a certain number of days. The follow-up visit is very important to see if the treatment is working, and to give other treatment if needed. You may abbreviate follow-up as "F/up."

If several different times are specified for follow-up, you will look for the earliest definite time. (A definite time is one that is not followed by the word "if"). For example:

"Follow-up in 2 days" gives a definite time for follow-up.

"Follow-up in 2 days if fever persists" is not definite. The child only needs to come back if the fever persists.

Record the earliest definite time for follow-up in the appropriate space on the back of the Sick Child Recording Form. This is the follow-up visit to tell the mother about. (Also tell her about any earlier follow-up that may be needed if a condition such as fever persists.) Later, when the mother returns for follow-up, you can tell her about any additional visits needed.

Also be sure to list non-urgent referrals for further assessment. For example, for a cough which has lasted more than 30 days, or for fever which has lasted 7 days or more, you would record, "Refer for assessment." Although the mother should take the child for assessment promptly, these referrals are not as urgent. Any other necessary treatments may be done before referral.

Notice that the Sick Child Recording Form already lists the item, "Advise mother when to return immediately." You do not need to list this again. You will need to teach each mother the signs that mean she should return immediately for more care for her child. You will learn these signs later in this module.

Note: You will learn to complete the feeding sections of the Sick Child Recording Form in the module *COUNSEL THE MOTHER*. When a feeding assessment is needed, it may be done at any convenient time during the visit, after the child's immediate needs are taken care of.

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Some treatments are listed for more than one problem. For example, vitamin A is listed for both MEASLES and SEVERE MALNUTRITION OR SEVERE ANAEMIA. If a patient has both of these problems, you need only list vitamin A once on your Sick Child Recording Form.

However, if an antibiotic is needed for more than one problem, you should list it each time, for example:

antibiotic for pneumonia
antibiotic for Shigella

When the same antibiotic is appropriate for two different problems, you can give that single antibiotic, but two problems may require different antibiotics. You will learn about choosing antibiotics in the module *Treat the Child*.

Most instructions in the "Identify Treatment" column of the ASSESS & CLASSIFY chart are easily understood. However, there are some instructions that require special explanation:

- * **MALARIA:** Children will usually be given the first-line antimalarial recommended by national policy. However, if the child has cough and fast breathing (PNEUMONIA) or another problem for which the antibiotic cotrimoxazole will be given (such as ACUTE EAR INFECTION), cotrimoxazole will serve as treatment for the malaria as well.
- * **ANAEMIA OR VERY LOW WEIGHT:** A child with palmar pallor should begin iron treatment for anaemia. If there is high risk of malaria, a child with pallor should also be given an oral antimalarial, even if the child does not have a fever. If the child is 2 years of age or older and has not had a dose of mebendazole in the past 6 months, the child should also be given a dose of mebendazole for possible hookworm or whipworm infection.

EXAMPLE

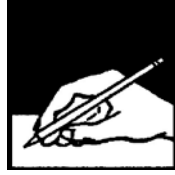
Study the opposite Sick Child Recording Form for Veda. The health worker referred to the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart and listed the treatments needed on back of the form.

Veda does not need referral as she has no general danger signs and no severe classifications. She will be treated at the clinic.

Notice that the health worker chose cotrimoxazole as treatment for both pneumonia and malaria. Also notice that the earliest definite follow-up visit was entered in the appropriate space on the form.

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EXERCISE B

In this exercise you will identify treatments for children who do not need urgent referral. For the first 2 cases, you will read the case description and then briefly list the treatments needed in the space provided. For the next 2 cases, you will complete a Sick Child Recording Form. Refer to the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart as you list treatments needed.

1. Atiya is 15 months old. She has no general danger signs. She has:

PNEUMONIA

NO ANAEMIA AND NOT VERY LOW WEIGHT

no other classifications

Atiya has received BCG and 3 DPT and OPV doses.

- a. What treatments are needed for her PNEUMONIA?
- b. Look in the "Identify Treatment" column for NO ANAEMIA AND NOT VERY LOW WEIGHT. Does Atiya need a feeding assessment?
- c. What immunization does Atiya need today?
- d. What is the earliest definite time for Atiya to return for follow-up?

2. Zahur is 2 years old. He has no general danger signs. He has:

Diarrhoea with SOME DEHYDRATION

DYSENTERY

MALARIA (high malaria risk, fever 37.5°C in clinic,
fever present for 2 days)

NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

Zahur has completed his immunizations.

- a. What treatments are needed for SOME DEHYDRATION?
 - b. What treatments are needed for DYSENTERY?
 - c. What treatments are needed for MALARIA?
 - d. Look in the "Identify Treatment" column for NO ANAEMIA AND NOT VERY LOW WEIGHT. Does Zahur need a feeding assessment?
 - e. What is the earliest definite time for Zahur to return for follow-up?
- 3 - 4. Sick Child Recording Forms for Sefu and Aina follow. Study the front of each form; then fold over the classifications and list the treatments on the back. Note: Aina has never had a dose of mebendazole. There is hookworm in the area.

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{Module 03 – page 024.jpg}

FOR LOW MALARIA RISK ONLY:

5. Maya is 16 months old. She has no general danger signs. She has:

MEASLES WITH EYE OR MOUTH COMPLICATIONS (pus draining
from eye, no mouth ulcers)

FEVER-MALARIA UNLIKELY (low malaria risk, fever 38.5°C in clinic,
fever present for 4 days)

NO ANAEMIA AND NOT VERY LOW WEIGHT

no other classifications

Maya has received BCG and 3 DPT and OPV doses.

- a. What treatments are needed for Maya's MEASLES WITH EYE COMPLICATIONS?
- b. What treatments are needed for FEVER-MALARIA UNLIKELY?
- c. Does Maya need a feeding assessment?
- d. Does Maya need an immunization? If so, what?
- e. What is the earliest definite time for Maya to return for follow-up?

When you have completed this exercise, please discuss your answers with a facilitator.

WHEN TO RETURN IMMEDIATELY

For all children going home, you will advise the mother when to return immediately. This means to **teach** the mother certain signs that mean to return immediately for further care. These signs are listed on the *COUNSEL THE MOTHER* chart in the section WHEN TO RETURN. Use local terms that the mother will understand.

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This is an extremely important section of WHEN TO RETURN. Tell every mother to return immediately if her child is:

- **not able to drink or breastfeed,**
- **becomes sicker, or**
- **develops a fever.**

Exception: If the child already has fever, you do not need to tell the mother to return immediately for fever.

Tell mothers of children with a simple **cough or cold** to watch for the following signs that mean the child may have developed pneumonia:

- **fast breathing**
- **difficult breathing**

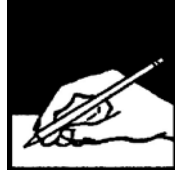
Carefully explain these signs of possible pneumonia. If mothers do not understand the

importance of these signs, they may not return when the child develops pneumonia, and the child may die.

Advise mothers of children with **diarrhoea** to watch for:

- **blood in the stool**
- **drinking poorly**

Exception: If the child already has blood in the stool, you do not need to tell the mother to return immediately for blood, just for drinking poorly.



EXERCISE C

In this exercise you will describe when to return immediately for different cases. You will list the signs that you will teach the mother to watch for.

1. A child has:

no general danger signs
ACUTE EAR INFECTION
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

What are the signs to return immediately?

2. A child has:

no general danger signs
Diarrhoea with NO DEHYDRATION
PERSISTENT DIARRHOEA
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

What are the signs to return immediately?

3. A child has:

no general danger signs
NO PNEUMONIA: COUGH OR COLD
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

What are the signs to return immediately?

4. A child has:

no general danger signs
Diarrhoea with NO DEHYDRATION
DYSENTERY
MALARIA (fever 38°C in clinic, fever present for 3 days,
high malaria risk)
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

What are the signs to return immediately?

FOR LOW MALARIA RISK ONLY:

5. *A child has:*

no general danger signs
PNEUMONIA
FEVER-MALARIA UNLIKELY
NO ANAEMIA AND NOT VERY LOW WEIGHT
no other classifications

What are the signs to return immediately?

When you have completed this exercise,
please discuss your answers with a facilitator.

Your facilitator will lead a drill on when to return immediately.

3.0 IDENTIFY URGENT PRE-REFERRAL TREATMENT NEEDED

When a child needs urgent referral, you must quickly identify and begin the most urgent treatments for that child. The following are urgent treatments. They are in bold print on the *ASSESS & CLASSIFY* chart. You will give just the first dose of the drugs before referral.

- Give an appropriate antibiotic
- Give quinine for severe malaria
- Give vitamin A
- Treat the child to prevent low blood sugar (This involves giving breastmilk, milk, or sugar water as described on the *TREAT* chart.)
- Give an oral antimalarial
- Give paracetamol for high fever (38.5°C or above) or pain from mastoiditis
- Apply tetracycline eye ointment (if clouding of the cornea or pus draining from eye)
- Provide ORS solution so that the mother can give frequent sips on the way to the hospital

The first four treatments above are urgent because they can prevent serious consequences such as progression of bacterial meningitis or cerebral malaria, corneal rupture due to lack of vitamin A, or brain damage from low blood sugar. The other listed treatments are also important to prevent worsening of the illness.

Do not delay referral to give non-urgent treatments such as wicking the ear or oral iron treatment. If immunizations are needed, do not give them before referral. Let hospital personnel determine when to give immunizations. This will avoid delaying referral.

EXAMPLE

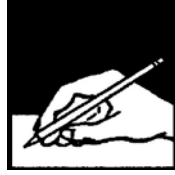
Hashah is a 15-month-old girl. She has no general danger signs. She has NO PNEUMONIA: COUGH OR COLD. She is at high risk of malaria, and she has a fever of 39°C and stiff neck, so she is classified as having VERY SEVERE FEBRILE DISEASE. She is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT and has no other classifications.

Hashah needs urgent referral. Before going to the hospital, she should be given:

- Quinine (first dose)
- Appropriate antibiotic (first dose)
- Treatment to prevent low blood sugar
- Paracetamol (first dose)

The health worker should NOT take time to teach how to soothe the throat and relieve the cough with a safe remedy since that is not an urgent treatment. The health worker should NOT take time to assess feeding and counsel the mother on feeding.

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EXERCISE D

In this exercise you will practice identifying urgent pre-referral treatments. Remember that these are in **bold** print on the *ASSESS & CLASSIFY* chart.

1. Lamei is a 15-month-old girl. She has no general danger signs. She has **NO PNEUMONIA: COUGH OR COLD, MASTOIDITIS, NO ANAEMIA AND NOT VERY LOW WEIGHT**, and no other classifications.

Lamei needs urgent referral for MASTOIDITIS. Following is a list of treatments for all of Lamei's classifications. Tick the ***urgent, pre-referral treatment(s)***:

- | | |
|-------------------|--|
| a. _____ | Soothe the throat and relieve the cough with a safe remedy. |
| b. _____ | Advise the mother when to return immediately. |
| c. _____ | Follow-up in 5 days if not better. |
| d. _____ | Give first dose of an appropriate antibiotic. |
| e. _____ | Give first dose of paracetamol for pain. |
| f. <u>✓</u> _____ | Refer URGENTLY to hospital. |
| g. _____ | Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow-up in 5 days. |

2. Chandra is an 18-month-old girl. She has no general danger signs. She has NO SIGNS OF DEHYDRATION, PERSISTENT DIARRHOEA, SEVERE MALNUTRITION OR SEVERE ANAEMIA, and no other classifications.

Chandra needs referral for SEVERE MALNUTRITION OR SEVERE ANAEMIA. Following is a list of treatments for all of Chandra's classifications.

Tick the **urgent, pre-referral treatment(s)**:

- a. _____ Give fluid and food to prevent dehydration (Plan A).
- b. _____ Advise the mother when to return immediately.
- c. _____ Advise the mother on feeding a child who has persistent diarrhoea.
- d. _____ Follow-up in 5 days.
- e. _____ Give vitamin A.
- f. ✓ Refer URGENTLY to hospital.

3. Oko is a 2-year-old boy. He is lethargic. He is at high risk of malaria and has a fever of 39°C. The health worker classifies Oko as having VERY SEVERE FEBRILE DISEASE and CHRONIC EAR INFECTION. He has some palmar pallor so is classified as having ANAEMIA, although he is not very low weight. He has never had a dose of mebendazole.

Oko needs referral for VERY SEVERE FEBRILE DISEASE. Following is a list of treatments for all of Oko's classifications. Tick the **urgent, pre-referral treatments**:

- a. _____ Give quinine for severe malaria (first dose).
- b. _____ Give first dose of an appropriate antibiotic.
- c. _____ Treat the child to prevent low blood sugar.
- d. _____ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- e. ✓ Refer URGENTLY to hospital.
- f. _____ Dry the ear by wicking.
- g. _____ Follow-up in 5 days.
- h. _____ Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow up in 5 days.
- i. _____ Give iron.
- j. _____ Give oral antimalarial.
- k. _____ Give mebendazole.
- l. _____ Advise mother when to return immediately.
- m. _____ Follow-up in 14 days (for pallor).

4. Markita is 4 years old. She is lethargic. She is classified as having diarrhoea

with SEVERE DEHYDRATION and SEVERE MALNUTRITION OR SEVERE ANAEMIA. She has no other classifications. She is able to drink. She lives in an area where there is cholera.

Markita needs referral for her severe classifications. Tick the **urgent, pre-referral treatments**:

- a. _____ Provide ORS for the mother to give in frequent sips on the way.
- _____ Advise mother to continue breastfeeding.
- b. _____ Give antibiotic for cholera.
- c. _____ Give vitamin A.
- d. ✓ Refer URGENTLY to hospital.

FOR LOW MALARIA RISK ONLY:

5. *Lisette is a 9-month-old girl. She has no danger signs. She has SEVERE PNEUMONIA OR VERY SEVERE DISEASE and FEVER-MALARIA UNLIKELY (low risk, fever 38.5 °C). The fever has been present for 2 days. She is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT and has no other classifications.*

*Lisette needs urgent referral for SEVERE PNEUMONIA OR VERY SEVERE DISEASE. Following is a list of treatments for all of Lisette's classifications. Tick the **urgent, pre-referral treatment(s)**.*

- a. _____ Give first dose of an appropriate antibiotic.
- b. ✓ Refer URGENTLY to hospital.
- c. _____ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- d. _____ Advise mother when to return immediately.
- e. _____ Follow-up in 2 days if fever persists.
- f. _____ Assess the child's feeding and counsel the mother on feeding. If feeding problem, follow-up in 5 days.

- 6-7. Study the following Sick Child Recording Forms for Rabon and Ram. On the back of each form, write ***only the urgent pre-referral treatments***. These are in ***bold*** print on the *ASSESS & CLASSIFY* chart.

When you have completed this exercise,
please discuss your answers with a facilitator.

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{Module 03 – page 040.jpg}

4.0 GIVE URGENT PRE-REFERRAL TREATMENT

The next module will describe how to do treatments presented on the TREAT chart. All urgent, pre-referral treatments are included on that chart. When referring a child, do the treatments quickly. Do not take time to teach the mother as you would in a non-urgent situation.

Many severe cases need the first dose of an antibiotic before referral. However, if a child cannot drink, is vomiting everything, is having convulsions, or cannot be wakened, the child will not be able to take an oral antibiotic, other oral drugs, or drinks such as ORS or breastmilk. The child with these danger signs will need to be given an intramuscular injection of chloramphenicol instead of an oral antibiotic. Dosages are given in the next module. ORS or oral drugs such as paracetamol will need to be given at the hospital when the child is able to take them. If the child needs treatment to prevent low blood sugar, and you are able to insert an NG tube, give sugar water or breastmilk substitute by NG before referral.

5.0 REFER THE CHILD

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Do four steps to refer a child to the hospital:

1. ***Explain to the mother the need for referral, and get her agreement to take the child. If you suspect that she does not want to take the child, find out why.*** Possible reasons are:
 - * She thinks that hospitals are places where people often die, and she fears that her child will die there too.
 - * She does not think that the hospital will help the child.
 - * She cannot leave home and tend to her child during a hospital stay

because:

- there is no one to take care of her other children, or
 - she is needed for farming, or
 - she may lose a job.
- * She does not have money to pay for transportation, hospital bills, medicines, or food for herself during the hospital stay.

2. *Calm the mother's fears and help her resolve any problems.* For example:

- * If the mother fears that her child will die at the hospital, reassure her that the hospital has physicians, supplies, and equipment that can help cure her child.
- * Explain what will happen at the hospital and how that will help her child.
- * If the mother needs help at home while she is at the hospital, ask questions and make suggestions about who could help. For example, ask whether her husband, sister or mother could help with the other children or with meals while she is away.
- * Discuss with the mother how she can travel to the hospital. Help arrange transportation if necessary.

You may not be able to help the mother solve her problems and be sure that she goes to the hospital. However, it is important to do everything you can to help. If referral is not possible, there are some things you can do for the child from your clinic. These are described in an annex of the module *Treat the Child*.

3. *Write a referral note for the mother to take with her to the hospital. Tell her to give it to the health worker there.* Write:

- * the name and age of the child,
- * the date and time of referral,
- * description of the child's problems,
- * the reason for referral (symptoms and signs leading to severe classification),
- * treatment that you have given,

- * any other information that the health worker at the hospital needs to know in order to care for the child, such as earlier treatment of the illness or immunizations needed,
- * your name and the name of your clinic.

4. *Give the mother any supplies and instructions needed to care for her child on the way to the hospital:*

- * If the hospital is far, give the mother additional doses of antibiotic and tell her when to give them during the trip (according to dosage schedule on *TREAT* chart). If you think the mother will not actually go to the hospital, give her the full course of antibiotics, and teach her how to give them.
- * Tell the mother how to keep the young child warm during the trip.
- * Advise the mother to continue breastfeeding.
- * If the child has some or severe dehydration and can drink, give the mother some ORS solution for the child to sip frequently on the way.

EXAMPLE OF REFERRAL NOTE

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EXERCISE E

In this exercise you will review the steps related to referral through a case study. You will use this same case study in a role play.

First, study the Sick Child Recording Form for Pablo on the next page. Pablo is 4 months old and is exclusively breastfed.

1. Should Pablo be referred? Why or why not?
2. What urgent, pre-referral treatments are needed? Record these on the back of the Sick Child Recording Form.

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3. Write a referral note for Pablo Perez to a hospital. Use today's date and the current time. Use your own name as that of the health worker.

REFERRAL NOTE FOR PABLO

When you have finished this part of the exercise,
tell the facilitator that you are ready for the group discussion and role play.

Role Play Instructions

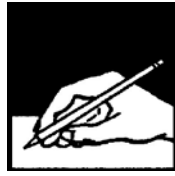
HEALTH WORKER: Explain the need for referral to Pablo's mother and give her instructions. Discuss any problems she may have about going to the hospital. Assume that the hospital is about an hour away and that transportation is similar to what is available in your own area. If you have a telephone in your own clinic, assume that one is available in the role play.

MOTHER: You will be given a card that describes your attitude and situation. Try to act as a real mother might act if her child needed referral.

OBSERVERS: Watch the role play. Be prepared to comment on what was done well and what could be improved. Be prepared to answer the questions:

Is this mother likely to go to the hospital? Why or why not?

Has she been given all the necessary instructions? If not, what information was missing?



EXERCISE F

In this exercise you will review the steps taught in this module to identify treatment. Study the Sick Child Recording Form for Rohit on the next page. Then answer the following questions and complete the back of the form.

1. Does Rohit need referral? Why or why not?

2. List the treatments needed by Rohit on the back of the recording form.

3. Enter the earliest definite time to return for follow-up in the appropriate space.

4. What are the signs that Rohit should return immediately?

5. Which immunizations does Rohit need today?

6. When should Rohit return for his next immunizations?

<p>When you have completed this exercise, please discuss your answers with a facilitator.</p>

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