

Integrated Management of Childhood Illness

Integrated Community Case Management (iCCM)

Caring for Newborn and Children in the community
from birth up to 5 years



Federal Ministry of Health

Chart Booklet

for the Community Health Extension
Workers and Community Resource
Persons

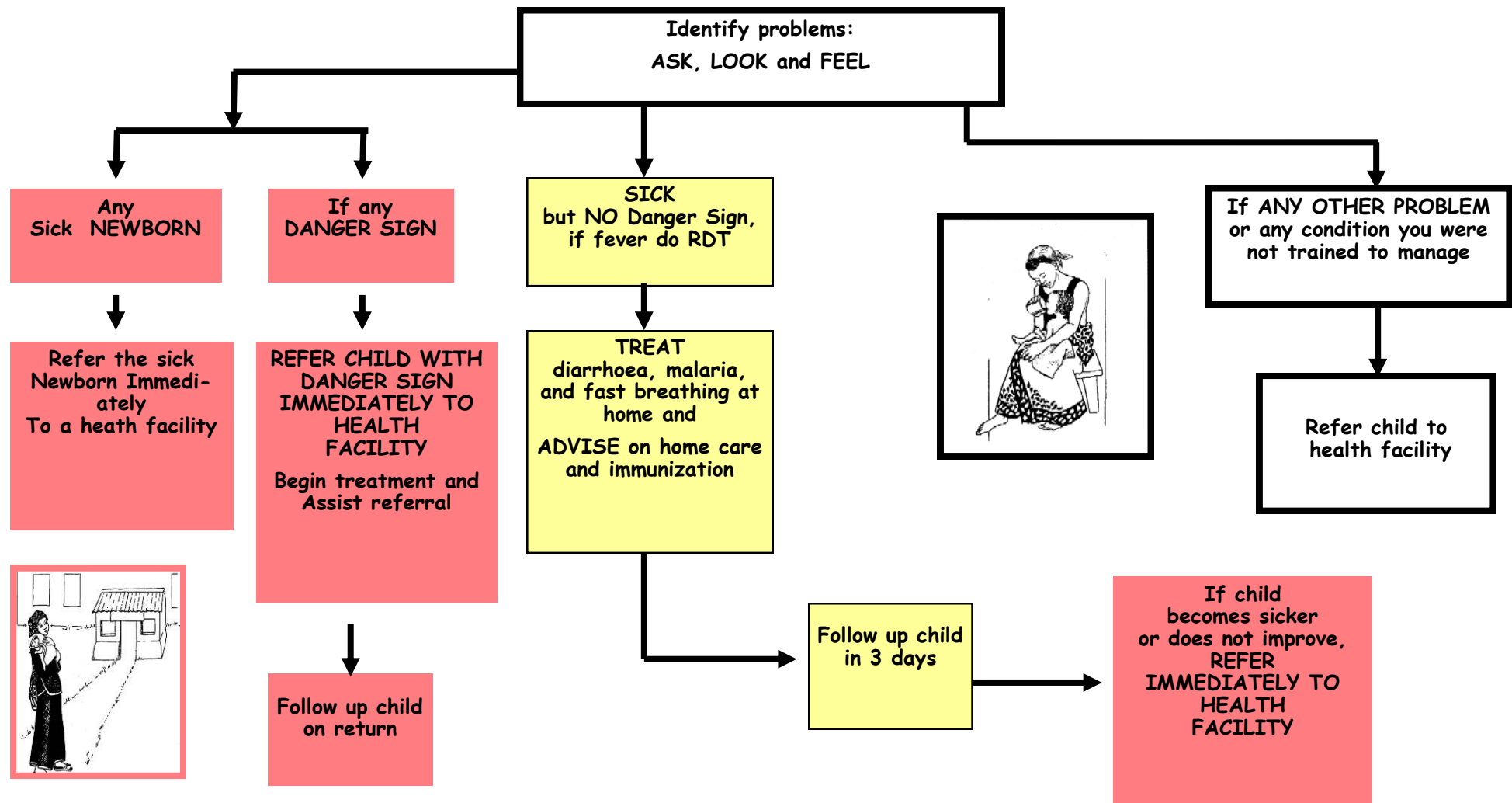
**Nigeria Adaptation
October 2015**

TABLE OF CONTENTS

OVERVIEW: Case Management of the Sick Child.....	3
Identify problems: ASK LOOK and FEEL	4
Danger Signs.....	5
→ If any Danger Sign or any sick newborn, Refer Child IMMEDIATELY to health facility: Begin Treatment and Assist Referral.....	6
→ Give a rectal artesunate	7
Sick but NO Danger Sign	8
To decide on Fast breathing	8
→ If Sick but NO Danger Sign, If Diarrhoea, Treat at Home, Advise on Home Care and Immuniza- tion	9
→ If SICK but NO Danger Sign, IF COUGH OR CATTARRH but no fast breathing, TREAT at Home and advise on home care and immunization.....	10
→ If Sick but NO Danger Sign, If fast breathing, Treat at Home, Advise on Home Care and Immuniza- tion	11
→ If Sick but NO Danger Sign, If fever is present, Do RDT, Treat at Home, Advise on Home Care and Immuniza- tion	12
→ Give low Osmolar ORS Solution.....	13
Umbilical cord care for all Newborns.....	14
Check Immunizations.....	15
How to do the Rapid Diagnostic Test for Malaria.....	16
Sick Child Recording Form.....	17
Referral note for community health worker	18

OVERVIEW: CARING FOR THE SICK CHILD IN THE COMMUNITY

(child from birth up to 5 years)



IDENTIFY PROBLEMS: ASK LOOK AND CHECK

ASK the caregiver: What are the child's problems?

LOOK at the child.

Check the child.

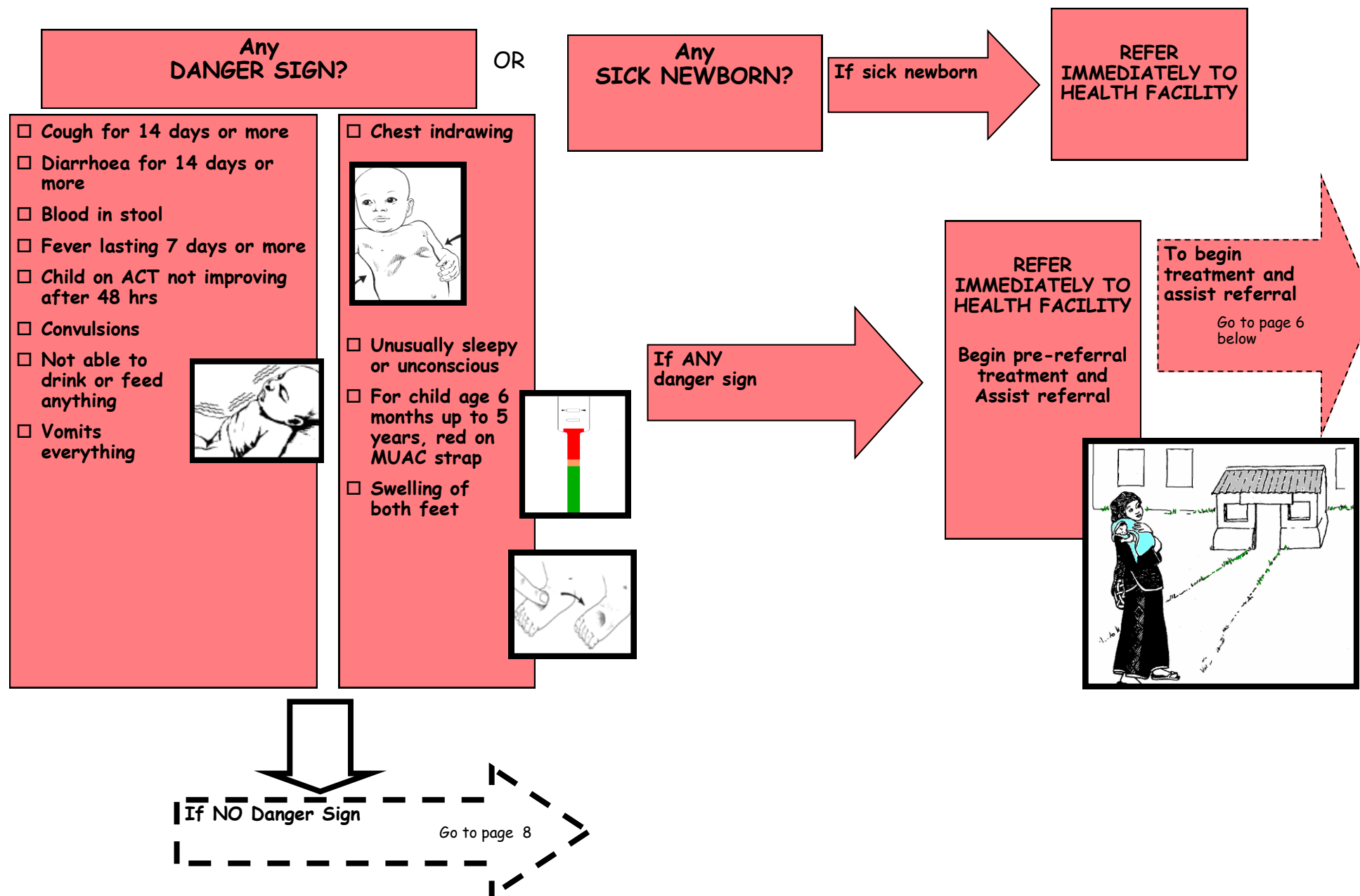
- ☐ Cough? If yes, for how long? ____ days
- ☐ Diarrhoea (3 or more loose stools in last 24 hours)? If yes, for how long? ____ days.
- ☐ If diarrhoea, blood in stool?
- ☐ Fever (reported or now)? If yes, started ____ days ago.
- ☐ Convulsions?
- ☐ Difficulty drinking or feeding? If yes, not able to drink or feed as much as before or refuse to drink/feed?
- ☐ Vomiting? If yes, vomits everything?
- ☐ Any other problem?
- ☐ Ask if any medicine has been given?
- ☐ Ask for yellowness of the eyes?

- ☐ Chest indrawing?
- ☐ If cough, count breaths in 1 minute: ____ breaths per minute (bpm).
- ☐ If palms/eyelids are white /pale
- ☐ Look for yellowness of the eyes/skin
- ☐ Unusually sleepy or unconscious?

- ☐ For child age 6 months up to 5 years, MUAC strap colour: ____ (indicate colour range) ____
- ☐ Swelling of both feet?



DANGER SIGNS



→ IF ANY DANGER SIGN OR ANY SICK NEWBORN, REFER CHILD IMMEDIATELY TO HEALTH FACILITY

- ☐ Cough for 14 days or more
- ☐ Diarrhoea for 14 days or more
- ☐ Blood in stool
- ☐ Fever lasting 7 days or more
- ☐ Child on ACT not improving after 48 hours
- ☐ Convulsions
- ☐ Not able to drink or eat anything
- ☐ Vomits everything
- ☐ Whitish palms or eyelids
- ☐ Yellowness of the eyes

- ☐ Chest in-drawing
- ☐ Unusually sleepy or unconscious
- ☐ For child age 6 months up to 5 years, red on MUAC strap
- ☐ Swelling of both feet

ANY SICK NEWBORN



→ Assist referral to health facility:

- Explain why child needs to go to the health facility.
- Advise the caregiver to remain calm and explain why child needs to be referred
- For sick child who can drink, BEGIN PRE-REFERRAL TREATMENT*:
 - If diarrhoea, begin giving Low Osmolar ORS solution right away.
 - If fast breathing or chest indrawing, give first dose of oral antibiotic (dispersible amoxycillin tablet—250 mg):
 - Age 2 months up to 12 months— 1 tablet of the 250 mg tablet
 - Age 12 months up to 5 years—2 tablets of the 250mg tablet
 - If fever and convulsion or unusually sleepy/ unconscious or not able to drink or feed any thing or fever is not responding to ACT or yellowness of the eyes, Give rectal artesunate suppository



- For any sick child who can drink, advise to give fluids and continue feeding.
- Advise to keep child warm, if child is NOT hot with fever.
- Use light clothing or tepid sponging if hot with fever
- Write a referral note.
- Arrange transportation, and help solve other difficulties in referral.

FOLLOW UP child on return at least once a week until child is well.

To give Low Osmolar-ORS solution, see page 13



Give a rectal artesunate suppository

If a child has a fever and cannot drink to take an oral medicine, the child is very sick and needs urgent care.

Assist the child's referral to the nearest health facility. Give the child a rectal artesunate suppository to start the treatment while he is on the way.

Give a pre-referral treatment with the artesunate suppository to a child who has fever and:

Convulsions **or**

Unusually sleepy or unconscious **or**

Not able to drink or feed anything

Fever is not responding to ACT

Yellowness of the eyes

o If

Fever, AND

o **Convulsions** or

o **Unusually sleepy or unconscious** or

o **Not able to drink or feed anything**

o **Not responding to ACT**

o **Yellowness of the eyes**

o **vomiting everything**




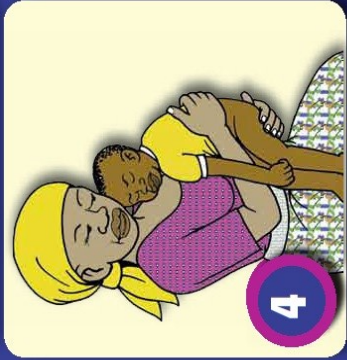
o **Give rectal artesunate suppository** (it is stated below according to national guideline on malaria diagnosis and treatment

o Age 2 months up to 12 months
1 suppository (50mg)

o Age 1 to 5 years— 1 suppository (100mg)

How to

1. Prepare the child for suppository insertion
2. Remove suppository from the sachet
3. Insert the Suppository with thick end first
4. Hold buttocks together

SICK BUT NO DANGER SIGN



**SICK
but NO Danger Sign?**

- ☐ Cough (less than 14 days)
- ☐ Diarrhoea (less than 14 days AND no blood in stool)
- ☐ Fever (less than 7 days)
- ☐ Fast breathing:

- In a child age 2 months up to 12 months,
50 breaths or more per minute
- In a child age 12 months up to 5 years,
40 breaths or more per minute

- ☐ MUAC (strap color): Yellow

If SICK but NO danger sign, if fever is present, do RDT

TREAT at home and ADVISE on home care and immunization

To TREAT at home

Go to page below

No problem found

Check immunizations. Go to page 15

→ IF SICK BUT NO DANGER SIGN, IF DIARRHOEA TREAT AT HOME
 → AND ADVISE ON HOME CARE AND IMMUNIZATION

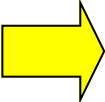
To give low osmolar ORS solution.

Go to page 13

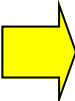


<p>If Diarrhoea</p> <p>→ (less than 14 days and No blood in stool)</p>	<p>→ Give low osmolar ORS. Help caregiver to give child low osmolar ORS in front of you until child is no longer thirsty.</p> <p>Give caregiver 2 low osmolar ORS sachets to take home. Advise to give as much as the child wants, but at least ½ cup low osmolar ORS solution after each loose stool.</p> <p>→ Give zinc supplement. Give 1 dose daily for 10 days: (20mg strength)</p> <p>Age 2 months up to 6 months—½ tablet (total 5 tabs)</p> <p>Age 6 months up to 5 years—1 tablet (total 10 tabs)</p> <p>Help caregiver to give first dose now.</p>	<p>For ALL children treated at home, advise on home care</p> <p>→ If fever, Advise caregiver to tepid sponge, put on light clothing, allow ventilation</p> <p>→ Advise the caregiver to give more fluids and continue feeding.</p> <p>→ Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in stool <input type="checkbox"/> Fever persists <p>→ Follow up child in 3 days.</p> <p>If child becomes sicker or does not improve, REFER CHILD IMMEDIATELY TO HEALTH FACILITY</p>
--	--	--

→ IF SICK BUT NO DANGER SIGN, IF COUGH OR CATTARRH BUT NO FAST BREATHING, TREAT AT HOME AND ADVISE ON HOME CARE AND IMMUNIZATION

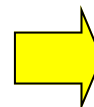
<p>If Cough (less than 14 days)</p>	<p>→ Give safe home remedy to soothe the throat and relieve cough.</p> <ul style="list-style-type: none"> Some home remedies to recommend include: <ul style="list-style-type: none"> - Breastmilk for exclusively breastfed infant. - Warm drinks (warm water with sugar or with honey or with lemon) - Palm oil with sugar Harmful remedies to discourage: <ul style="list-style-type: none"> - Hot pepper, putting balms into nostrils and applying to chest; alcohol (whisky, brandy, gin and rum) 		<p>For ALL children treated at home, advise on home care</p>	<ul style="list-style-type: none"> → If fever, advise caregiver to tepid sponge, put on light clothing, allow ventilation → Advise the caregiver to give more fluids and continue feeding. → Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child <ul style="list-style-type: none"> <input type="checkbox"/> Fever persists <input type="checkbox"/> Develops fast breathing <input type="checkbox"/> Has difficulty with breathing <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker → Follow up child in 3 days. <p>If child becomes sicker or does not improve,</p> <p>REFER CHILD IMMEDIATELY TO HEALTH FACILITY</p>
--	--	---	---	--

→ IF SICK BUT NO DANGER SIGN, IF FAST BREATHING, TREAT AT HOME
AND ADVISE ON HOME CARE AND IMMUNIZATION

<p>If Fast Breathing (pneumonia)</p>	<p>→ Give oral antibiotic (Dispersible Amoxycillin tablet—250 mg) Give twice daily for 5 days:</p> <p>Age 2 months up to 12 months—1 tablet (total 10 tabs)</p> <p>Age 12 months up to 5 years—2 tablets (total 20 tabs)</p> <p>Help caregiver give first dose now.</p>		<p>For ALL children treated at home, advise on home care</p> <p>→ If fever, advise caregiver to tepid sponge, put on light clothing, allow ventilation</p> <p>→ Advise the caregiver to give more fluids and continue feeding.</p> <p>→ Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever persists <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has difficulty in breathing <p>→ Follow up child in 3 days.</p> <p>If child becomes sicker or does not improve, REFER CHILD IMMEDIATELY TO HEALTH FACILITY</p>
--	---	---	---

→ IF SICK BUT NO DANGER SIGN, IF FEVER IS PRESENT DO RDT, TREAT AT HOME
ADVISE ON HOME CARE AND IMMUNIZATION

If Fever (less than 7 days)	<p>→ Do a rapid diagnostic test (RDT).</p> <p>→ If RDT is positive, give oral antimalarial ACT</p> <p>AL-(Tablet strength 20/120mg)</p> <p>Age 2 months up to 3 years—1 tablet twice daily for 3 days (total 6 tabs)</p> <p>AL-Age 3 years up to 5 years—2 tablets twice daily for 3 days (total 12 tabs).</p> <p>Help caregiver give first dose now.</p> <p>AA-</p> <p>Age 2 mo up to 11 mo—1 tablet once daily for 3 days (total of 3 tabs), Tablet strength 25mg Artesunate/67.5mg Amodiaquine</p> <p>Age 1 year up to 5 years—1 tablet once daily for 3 days (total 3 tabs), Tablet strength 50mg Artesunate/135mg Amodiaquine</p> <p>help caregiver give first dose now</p> <p>If child vomits within 30 minutes, repeat dose.</p> <p>→ If RDT is Negative and child has no diarrhea or Fast breathing, give oral paracetamol three times daily for 3 days then follow up on the third day.</p> <table><tr><th>Age</th><th>125mg</th><th>500mg</th></tr><tr><td>2 mo up to 2 years</td><td>1 tablet</td><td>1/4 tablet</td></tr><tr><td>2 years up to 5 years</td><td>2 tablets</td><td>1/2 tablet.</td></tr></table> <p>Help caregiver give first dose now.</p> <p>→ Advise caregiver on use of a LLIN.</p>	Age	125mg	500mg	2 mo up to 2 years	1 tablet	1/4 tablet	2 years up to 5 years	2 tablets	1/2 tablet.
Age	125mg	500mg								
2 mo up to 2 years	1 tablet	1/4 tablet								
2 years up to 5 years	2 tablets	1/2 tablet.								



<p>For ALL children treated at home, advise on home care</p>	<p>→ If fever, advise caregiver to tepid sponge, put on light clothing, allow ventilation</p> <p>→ Advise the caregiver to give more fluids and continue feeding.</p> <p>→ Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever persists <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Not responding to ACT <input type="checkbox"/> Whiteness of the palms <p>→ Follow up child in 3 days.</p> <p>If child becomes sicker or does not improve, REFER CHILD IMMEDIATELY TO HEALTH FACILITY</p>
---	--

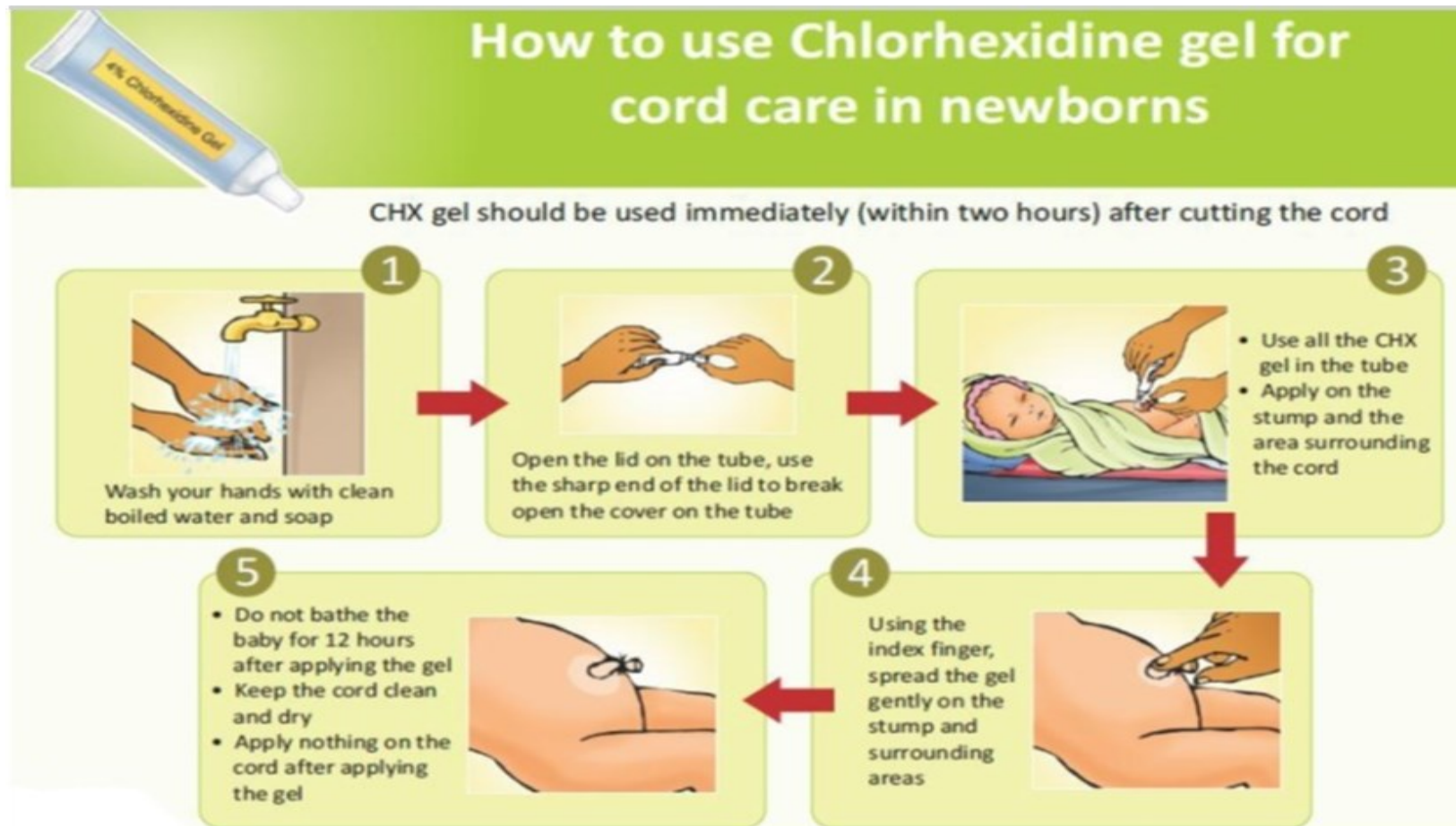
→ Give Low Osmolar ORS

- Mix 1 sachet of Low Osmolar ORS with 1 litre of clean water to make low osmolar ORS solution.
- Show the caregiver how to mix the low osmolar ORS solution and give it to the child. Give frequent, small sips of low osmolar ORS solution from a cup or spoon.
- **For child with diarrhoea being referred:**
 - Ask the caregiver to continue to give the child low osmolar ORS solution on the way to the health facility, if the child can drink. Also, if the child is breastfed, continue to breastfeed on the way.
- **For child with diarrhoea to be treated at home:**
 - Help the caregiver to continue to give the child low osmolar ORS solution in front of you until child has no more thirst.
 - Give the caregiver 2 sachets of low Osmolar ORS to take home. Advise the caregiver to continue to give the child at home as much low osmolar ORS solution as the child wants, but at least $\frac{1}{2}$ cup after each loose stool. **Do not keep the mixed low osmolar ORS solution for more than 24 hours.**
 - If the child is breastfeeding, advise the mother to breastfeed frequently and for a longer time at each feed. Give low osmolar ORS in addition to breastmilk, even if the child is exclusively breastfed.
 - If the child is exclusively taking a breastmilk substitute, advise the mother to give extra water frequently. Also, in addition to low osmolar ORS solution, give a food-based fluid (such as soup or rice water).



UMBILICAL CORD CARE FOR ALL NEWBORN

All Newborn should have 4% Chlorhexidine gel applied on the Umbilical cord within 2 hours (but useful up to 24 hrs) after delivery and continues till the gel finishes.



CHECK IMMUNIZATIONS AND VITAMIN A SUPPLEMENTATION STATUS

Check immunizations completed (see child's health card)

Age	Vaccine			
Birth	BCG	OPV-0	HBV-0	
6 weeks	PENTAVALENT —1	OPV-1	PCV -1	
10 weeks	PENTAVALENT—2	OPV-2	PCV -2	
14 weeks	PENTAVALENT—3	IPV	PCV -3	
9 months	Measles	Yellow Fever		

Advise the caregiver on when and where to take the child



Advise the caregiver on when and where to take the child for vitamin A supplementation, if needed.

If child is aged 6 months up to 5 years, give

Age	Dosage	Frequency
9 months up to 12 month	100,000 units	Single dose
12 months up to 5 years	200,000 units	Single dose

vitamin A supplementation

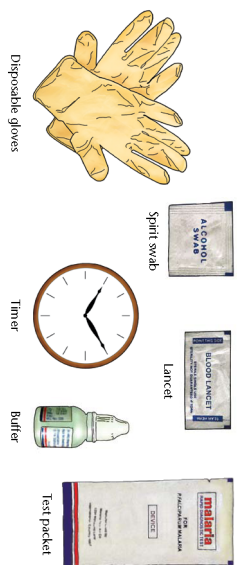
→ If any OTHER PROBLEM or condition you cannot manage, refer child to health facility, write a referral note, and follow up child on return.

How To Do the Rapid Test for Malaria



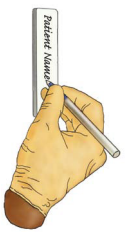
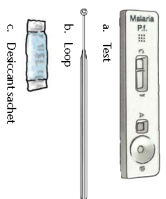
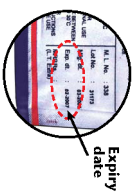
Collect:

- NEW** unopened test packet
- NEW** unopened spirit swab
- NEW** unopened lancet
- NEW** pair of disposable gloves
- Buffer
- Timer

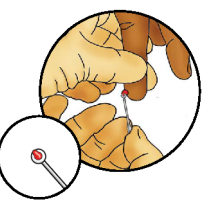


READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

- Check the expiry date on the test packet.
- Put on the gloves. Use new gloves for each patient
- Open the packet and remove:
 - Test
 - Loop
 - Disinfectant swab
- Write the patient's name on the test.

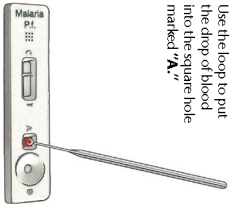


- Open the alcohol swab. Grasp the 4th finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.
- Open the lancet. Prick patient's finger to get a drop of blood.

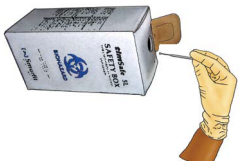


- Use the loop to collect the drop of blood.

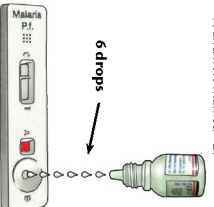
- Use the loop to put the drop of blood into the square hole marked "A."



- Discard the loop in the Sharps Box.



- Put six (6) drops of buffer into the round hole marked "B."

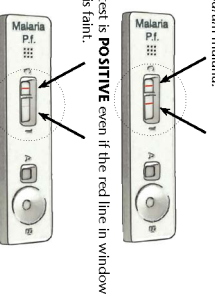


- Read test results. **(NOTE: Do Not** read the test sooner than **15 minutes** after adding the buffer. You may get **FALSE** results.)

- How to read the test results:

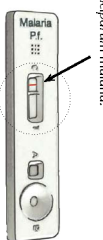
POSITIVE

One red line in window "C" **AND** one red line in window "T" means the patient **DOES** have *falciparum* malaria.



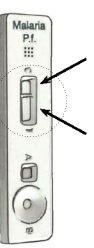
NEGATIVE

One red line in window "C" and **NO LINE** in window "T" means the patient **DOES NOT** have *falciparum* malaria.

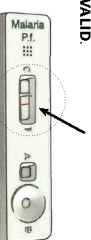


INVALID RESULT

NO LINE in window "C" means the test is damaged.

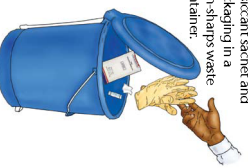


A line in window "T" and **NO LINE** in window "C" also means the test is damaged. Results are **INVALID**.

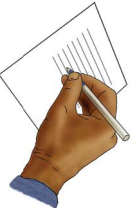


If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

- Dispose of the gloves, spirit swab, disinfectant swab and packaging in a non-sharps waste container.



- Record the test results in your CHW register. Dispose of cassette in non-sharps waste container



NOTE: Each test can be used **ONLY ONE TIME**. Do not try to use the test more than once.



Sick Child Recording Form
(for community-based treatment of children from birth up to 5 years)

Date ____/____/____

CHW_CORP ____

(Day/month/year)
Child's name: First ____

Family ____ Age: ____ Years ____ Months ____ Days ____

Boy ____ Girl ____

Caregiver's name: ____

Relationship: Mother / father/ other ____

Address, community: ____

What are the child's problem(s) ____

Ask the Caregiver	Circle Danger Signs Present	Action
<p>Cough Yes ____ No ____</p> <p>If cough How long ____ days</p> <p>Breaths in 1 minute Yes ____ No ____</p> <p>Fast Breathing Yes ____ No ____</p> <p>Chest Indrawing Yes ____ No ____</p>	<p>Cough for 14 days</p> <p>Chest indrawing</p>	
<p>Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____</p> <p>If diarrhoea: How long ____ days</p> <p>Blood in stool Yes ____ No ____</p>	<p>Diarrhoea for 14 days</p> <p>Blood in stool</p>	
<p>Fever (reported or now) Yes ____ No ____</p> <p>If yes Started ____ days ago</p>	<p>Fever last for 7 days</p>	
<p>Convulsions Yes ____ No ____</p>	<p>Convulsion</p>	
<p>Difficulty drinking or feeding Yes ____ No ____</p>	<p>Not able to drink or feed anything</p>	
<p>Vomiting Yes ____ No ____</p> <p>If yes, vomits everything Yes ____ No ____</p>	<p>Vomits everything</p>	
<p>Sick Newborn (Children 0days up to 2 mo) Yes ____ No ____</p>	<p>Any Sick Newborn</p>	
<p>Look at the child</p> <p>Unusually sleepy or unconscious Yes ____ No ____</p>	<p>Unusually sleepy or unconscious</p>	
<p>For child 6mths up to 5 years</p> <p>MUAC (Strap Color) ____</p>	<p>Red on MUAC</p>	
<p>Swelling of both feet Yes ____ No ____</p>	<p>Swelling of both feet</p>	
<p>Any other problem Yes ____ No ____</p>	<p>I cannot Treat, refer</p>	
<p>Does the child need immunization today? Yes.....No...</p> <p>RDT done: Yes..... No...</p> <p>If yes, RDT Positive..... Negative.....</p>	<p>Needs Immunization</p>	

Child's name: First _____ Family _____ Age: ____ Years ____ Months ____ Days Boy Girl
 Caregiver's name: _____ Relationship: Mother / father / other _____
 Address, community: _____ Time _____

The child has	Reason for referral (Circle Danger Signs)	Treatment Given
Cough Yes ____ No ____ If cough How long ____ days Breaths in 1 minute ____ Fast Breathing Yes ____ No ____ Chest Indrawing Yes ____ No ____	Cough for 14 days Chest indrawing	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____ If diarrhea: How long ____ days Blood in stool Yes ____ No ____	Diarrhoea for 14 days Blood in stool	
Fever (reported or now) Yes ____ No ____ Started ____ days ago	Fever last for 7 days	
Convulsions Yes ____ No ____	Convulsion	
Difficulty drinking or feeding Yes ____ No ____	Not able to drink or feed anything	
Vomiting Yes ____ No ____ If yes, vomits everything Yes ____ No ____	Vomits everything	
Sick Newborn (Children 0 days up to 2 mo) Yes ____ No ____	Any Sick Newborn	
Unusually sleepy or unconscious Yes ____ No ____	Unusually sleepy or unconscious	
For child 6mths up to 5 years MUAC (Strap Color) ____	Red on MUAC	
Swelling of both feet Yes ____ No ____	Swelling of both feet	
Any other problem Yes ____ No ____	I cannot Treat, refer	
Referred to (name of Health facility)		
Referred by (name of CHW) _____ Date ____/____/____ (Day /month/year)		

FEEDBACK FROM HEALTH FACILITY (Please give feedback)

Child's Name: _____ Date _____
 Child's identified problem(s) : _____
 Treatments given and actions taken: _____
 Advice given and to be followed: _____
 Name of attending HW/clinician: _____
 Name of Health Facility: _____
 Signature: _____

