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INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

Follow-Up

Ministry of Health & Family Welfare,
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CONTENTS

LEARNING OBJECTIVES

This module will describe what to do when a child returns to the clinic for a follow-up visit. This module does not address those children who have returned immediately to the clinic because they became sicker. These children should be assessed as at an initial visit. In the exercises in this module you will practice the steps for conducting a follow-up visit:

* Deciding if the child's visit is for follow-up.

* If the child has been brought for follow-up, assessing the signs specified in the follow-up box for the child's previous classification.

* Selecting treatment based on the child's signs.

* If the child has any new problems, assessing and classifying them as you would in an initial visit.

Where is Follow-up Discussed on the Case Management Charts?

In the "Identify Treatment" column of the *ASSESS & CLASSIFY* charts, some classifications have instructions to tell the mother to return for follow-up. The "When to Return" box on the *COUNSEL* chart summarizes the schedules for follow-up visits.

Specific instructions for conducting each follow-up visit are in the "Give Follow-Up Care" section of the *TREAT THE CHILD* chart. The boxes have headings that correspond to the classifications on the *ASSESS & CLASSIFY* chart. Each box tells how to reassess and treat the child. Instructions for giving treatments, such as drug dosages for a second-line antibiotic or antimalarial, are on the *TREAT THE CHILD* chart.

How to Manage a Child Who Comes for Follow-up:

As always, ask the mother about the child's problem. You need to know if this is a follow-up or an initial visit for this illness. How you find out depends on how your clinic registers patients and how the clinic finds out why they have come.

Once you know that the child has come to the clinic for follow-up of an illness, ask the mother if the child has, in addition, developed any **new** problems. For example, if the child has come for follow-up of pneumonia, but now he has developed diarrhoea, he has a new problem. This child requires a full assessment. Check for general danger signs and assess all the main symptoms and the child's nutritional status. Classify and treat the child for diarrhoea (the new problem) as you would at an initial visit. Reassess and treat the pneumonia according to the follow-up box.

If the child does <u>not</u> have a new problem, locate the follow-up box that matches the child's previous classification. Then follow the instructions in that box.

* Assess the child according to the instructions in the follow-up box. The instructions may tell you to assess a major symptom as on the *ASSESS & CLASSIFY* chart. They may also tell you to assess additional signs.

Note: Do not use the classification table to classify a main symptom. Skip the "Classify" and "Identify Treatment" columns on the *ASSESS & CLASSIFY* chart. This will avoid giving the child repeated treatments that do not make sense. There is one exception: If the child has any kind of diarrhoea, classify and treat the dehydration as you would at an initial assessment.

* Use the information about the child's signs to select the appropriate treatment.

* Give the treatment.

* If a mother returns with her child who had a cough or cold, or diarrhoea (without dysentery or persistent diarrhoea on the previous visit), because after 5 days the child is not better, do a full assessment of the child.

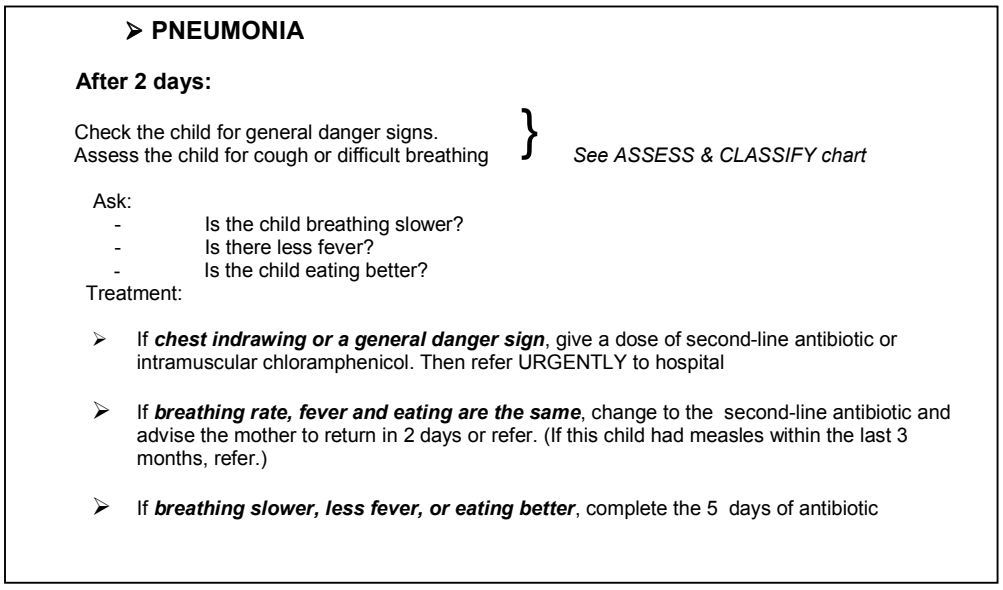
Some children will return repeatedly with chronic problems that do not respond to the treatment that you can give. For example, some children with AIDS may have persistent diarrhoea or repeated episodes of pneumonia. Children with AIDS may respond poorly to treatment for pneumonia and may have opportunistic infections. These children should be referred to hospital when they do not improve. Children with HIV infection who have not developed AIDS cannot be clinically distinguished from those without HIV infection. When they develop pneumonia, they respond well to standard treatment.

Important: If a child who comes for follow-up has several problems and is getting worse, REFER THE CHILD TO HOSPITAL. Also refer the child to hospital if a second-line drug is not available, or if you are worried about the child or do not know what to do for the child. If a child has not improved with treatment, the child may have a different illness than suggested by the chart. He may need other treatment.

Remember:
If a child has any new problem, you should assess the child as at an initial visit.

1.0 CONDUCT A FOLLOW-UP VISIT FOR PNEUMONIA

When a child receiving an antibiotic for PNEUMONIA returns to the clinic after 2 days for follow-up, follow these instructions:



➢ **PNEUMONIA**

After 2 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing } *See ASSESS & CLASSIFY chart*

Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment:

➢ If ***chest indrawing or a general danger sign***, give a dose of second-line antibiotic or intramuscular chloramphenicol. Then refer URGENTLY to hospital

➢ If ***breathing rate, fever and eating are the same***, change to the second-line antibiotic and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months, refer.)

➢ If ***breathing slower, less fever, or eating better***, complete the 5 days of antibiotic

The box first describes how to assess the child. It says to check the child for general danger signs and reassess the child for cough and difficult breathing. Next to these instructions, it says to see the *ASSESS & CLASSIFY* chart. This means that you should assess general danger signs and the main symptom cough exactly as described on the *ASSESS & CLASSIFY* chart. Then it lists some additional items to check:

Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

When you have assessed the child, use the information about the child's signs to select the correct treatment.

➢ If the child has **chest indrawing or a general danger sign** (not able to drink or breastfeed, vomits everything, convulsions, lethargic or unconscious) the child is getting **worse**. This child needs urgent referral to a hospital. Since the illness has worsened on the first-line antibiotic for pneumonia, give the first dose of the second-line antibiotic (if available) or give intramuscular chloramphenicol before referral.

➢ If **breathing rate, fever, and eating are the same**, give the child the second-line antibiotic for pneumonia. (The signs may not be <u>exactly</u> the same as 2 days before, but the child is not worse and not improving. The child still has fast breathing, fever and poor eating.) However, before you give the second-line antibiotic, ask the mother if the child took the antibiotic for the previous 2 days.

a) There may have been a problem so that the child did not receive the antibiotic, or received too low or too infrequent a dose. If so, this child can be treated again with the same antibiotic. Give a dose in clinic, and check that the mother knows how to give the drug at home. Help her to solve any problems such as how to encourage the child to take the drug when the child refuses it.

b) If the child received the antibiotic, change to the second-line antibiotic for pneumonia, if available in your clinic. Give it for 5 days. For example:

-- If the child was taking cotrimoxazole, switch to amoxycillin.

-- If the child was taking amoxycillin, switch to cotrimoxazole.

Give the first dose of the antibiotic in the clinic. Teach the mother how and when to give it. Ask the mother to bring the child back again in 2 more days.

c) If the child received the antibiotic, and you do not have another appropriate antibiotic available, refer the child to a hospital.

If a child with pneumonia had measles within the last 3 months, refer the child to hospital.

- If the child is **breathing slower**, **has less fever** (that is, the fever is lower or is completely gone) and is **eating better**, the child is **improving**. The child may cough, but most children who are improving will no longer have fast breathing. Tell the mother that the child should finish taking the 5 days of the antibiotic. Review with her the importance of finishing the entire 5 days.

EXERCISE A

Read about each child who came for follow-up of pneumonia. Then answer the questions about how you would manage each child. Refer to any of the case management charts as needed.

> At this clinic, cotrimoxazole pediatric tablets (the first-line antibiotic) and amoxycillin tablets (the second-line antibiotic) are both available for pneumonia.

1. Puneet's mother has brought him back for follow-up. He is one year old. Two days ago he was classified as having PNEUMONIA and you gave him cotrimoxazole. You ask how he is doing and if he has developed any new problems. His mother says that he is much better.

   a) How would you reassess Puneet today? List all the signs you would look at and write the questions you would ask his mother.

   When you assess Puneet, you find that he has no general danger signs. He is still coughing and he has now been coughing for about 10 days. He is breathing 38 breaths per minute and has no chest indrawing and no stridor. His mother said that he does not have fever. He is breastfeeding well and eating some food (he was refusing all food before). He was playing with his brother this morning.

   b) Based on Puneet's signs today, how should he be treated?

2. Ahmed has been brought for a follow-up visit for pneumonia. He is three years old and weighs 12.5 kg. His axillary temperature is 37°C. He has been taking cotrimoxazole. His mother says he is still sick and has vomited twice today.

   a) How would you reassess Ahmed today? List the signs you would look at and the questions you would ask his mother.

   When you reassess Ahmed, you find that he is able to drink and does not always vomit after drinking. He has not had convulsions. He is not lethargic or unconscious. He is

still coughing, so he has been coughing now for about 2 weeks. He is breathing 55 breaths per minute. He has chest indrawing. He does not have stridor. His mother says that sometimes he feels hot. She is very worried because he is not better. He has hardly eaten for two days.

b) Is Ahmed getting worse, the same, or better?

c) How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

3. Two-year-old Flora has been brought by her mother to the clinic for follow-up. Two days ago you classified Flora as having PNEUMONIA and gave her cotrimoxazole. Flora's mother says that she has no new problems, but she is still coughing a lot.

When you reassess Flora, you find that she has no general danger signs. She is breathing 45 breaths per minute, has no chest indrawing, and no stridor. She has no fever. Flora is not interested in eating.

a) Is Flora getting worse, the same, or better?

b) When you talk with this mother, she tells you she has given Flora the pills mixed with some cereal in the morning and at night. You are sure that Flora has been receiving the antibiotic, but her condition is the same. What treatment would you give Flora now? If you will give a drug, specify the dose and schedule.

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

2.0 CONDUCT A FOLLOW-UP VISIT FOR DIARRHOEA (if not improving)

If a child with diarrhoea is not improving after 5 days, follow these instructions:

> ➢ **DIARRHOEA**
>
> After 5 days:
> Ask:
> - Has the diarrhoea stopped?
> - How many loose stools is the child having per day ?
>
> Treatment
> - If **diarrhoea persists**, Assess the child for diarrhoea (> *See ASSESS & CLASSIFY chart)* and manage as on initial visit.
>
> - If **diarrhoea has stopped** *(child having less than 3 loose stools per day)*, tell the mother to follow the usual feeding recommendations for the child's age.

3.0 CONDUCT A FOLLOW-UP VISIT FOR PERSISTENT DIARRHOEA

When a child with PERSISTENT DIARRHOEA returns for a follow-up visit after 5 days, follow these instructions:

> ➢ **PERSISTENT DIARRHOEA**
>
> **After 5 days :**
> Ask:
> - Has the diarrhoea stopped?
> - How many loose stools is the child having per day?
>
> Treatment**:**
>
> - If ***the diarrhoea has not stopped (child is still having 3 or more loose stools per day)***, do a full reassessment of the child. Give any treatment needed Then refer to hospital.
>
> - If ***the diarrhoea has stopped (child having less than 3 loose stools per day)***, tell the mother to foll ow the usual feeding recommendations for the child's age

Ask if the diarrhoea has stopped and how many stools the child has per day.

- If **the diarrhoea has not stopped (the child is still having 3 or more loose stools per day)**, do a full reassessment. This should include assessing the child completely as described on the *ASSESS & CLASSIFY* chart. Identify and manage any problems that require immediate attention such as dehydration. Then refer the child to hospital.

- If **the diarrhoea has stopped (child having less than 3 loose stools per day)**, instruct the mother to follow the feeding recommendations for the child's age. If the child is not normally fed in this way, you will need to teach her the feeding recommendations on the *COUNSEL* chart.

4.0 CONDUCT A FOLLOW-UP VISIT FOR DYSENTERY

When a child classified as having DYSENTERY returns for a follow-up visit after 2 days, follow these instructions:

> ➢ **DYSENTERY**
>
> After 2 days:
>
> Assess the child for diarrhoea. *> See ASSESS & CLASSIFY chart.*
> Ask:
> - Are there fewer stools?
> - Is there less blood in the stool?
> - Is there less fever?
> - Is there less abdominal pain?
> - Is the child eating better?
>
> Treatment:
>
> ➢ If the child is ***dehydrated***, treat dehydration.
>
> ➢ If ***number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse:***
>
> Change to Nalidixic Acid/ second-line oral antibiotic recommended for Shigella in your area. Give it for 5 days. Advise the mother to return in 2 days***.***
>
> ***Exceptions - if the child:*** - is less than 12 months old, or
> - had measles within the last 3 months } Refer to hospital
>
> ➢ If ***fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better,*** continue giving the same antibiotic until finished.
>
> ➢ If ***number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse after treatment with nalidixic acid / second line antibiotic:*** *Refer to hospital*

Reassess the child for diarrhoea as described in the box, "Does the child have diarrhoea?" on the *ASSESS & CLASSIFY* chart. Ask the mother the additional questions to find out if the child is improving.

Then use the information about the child's signs to decide if the child is the same, worse, or better. Select the appropriate treatment:

➢ If the child is **dehydrated** at the follow-up visit, use the classification table to classify the child's dehydration. Select the appropriate fluid plan and treat the dehydration.

➢ If the **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse**, stop the first antibiotic and give the second-line antibiotic recommended for *Shigella* .in your area. The lack of improvement may be caused by antibiotic resistance of *Shigella*.

- Give the first dose of the new antibiotic in the clinic.
- Teach the mother how and when to give the antibiotic and help her plan how to give it for 5 days.
- Advise the mother to bring the child back again after two more days.

However, if the child is - less than 12 months old, or
- had measles within the last 3 months,

this child is at high risk. Refer this child to hospital.

➢ If the child has **fewer stools, less blood in the stools, less fever, less abdominal pain, and is eating better**, the child is improving on the antibiotic. Usually all of these signs will diminish if the antibiotic is working. If only some signs have diminished, use your judgement to decide if the child is improving. Tell the mother to finish the 5 days of the antibiotic. Review with the mother the importance of finishing the antibiotic.

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EXERCISE B

Read about each child who came for follow-up of DYSENTERY or PERSISTENT DIARRHOEA and answer the questions. Refer to any of the case management charts as needed.

	This clinic refers children with severe dehydration because doctors cannot give IV or NG therapy. A hospital nearby can give IV therapy.
*	For dysentery, cotrimoxazole is the first-line antibiotic. Nalidixic acid is the second-line antibiotic.

1. Suresh was brought for follow-up of PERSISTENT DIARRHOEA after 5 days. He is 9 months old and weighs 6.5 kg. His temperature is 36.5°C today. He is no longer breastfed. His mother feeds him cereal twice a day and gives him a milk formula 4 times each day. When you saw him last week, you advised his mother to give him only half his usual amount of milk. You also advised the mother to replace half the milk by giving extra servings of cereal with oil and vegetables or meat or fish added to it.

   a) What is your first step for reassessing Suresh?

   b) Suresh's mother tells you that his diarrhoea has not stopped. What would you do next?

   You do a complete reassessment of Suresh, as on the *ASSESS & CLASSIFY* chart. You find that Suresh has no general danger signs. He has no cough. When you reassess his diarrhoea, his mother says that now he has had diarrhoea for about 3 weeks. There is no

blood in the stool. Suresh is restless and irritable. His eyes are not sunken. When you offer him some water, he takes a sip but does not seem thirsty. A skin pinch goes back immediately. He has no fever, no ear problem, and is classified as NOT VERY LOW WEIGHT and NO ANAEMIA. Suresh 's mother tells you that he has no other problems.

c) Is Suresh dehydrated?

d) How will you treat Suresh?

e) If your reassessment found that Suresh had some dehydration, what would you have done before referral?

2. Mary was brought to the clinic for a follow-up visit. She is 11 months old and weighs 9 kg. Two days ago a doctor classified Mary as having DYSENTERY, NO DEHYDRATION, and NOT VERY LOW WEIGHT and NO ANAEMIA. The doctor gave Mary's mother cotrimoxazole and ORS to use at home and asked her to bring Mary back in 2 days. The mother says that Mary has no new problems.

a) How will you assess Mary?

When you assess Mary's diarrhoea, her mother tells you that she still has several stools each day. There is still about the same amount of blood in the stool. She has now had diarrhoea for about a week. Mary is restless and irritable. Her eyes are not sunken. She drinks eagerly when her mother offers her a cup of ORS. A skin pinch goes back slowly. The mother says that Mary has not had fever. She thinks Mary is having abdominal pain because she is irritable and seems uncomfortable. Mary is not eating better.

b) Is Mary dehydrated? If so, what will you do?

c) What else will you do to treat Mary? If you will give a drug, specify the dose and schedule.

3. Fazal is 18 months old and weighs 9 kg. His temperature is 36°C today. His chart shows that 2 days ago he was classified as having diarrhoea with NO DEHYDRATION, DYSENTERY and NOT VERY LOW WEIGHT and NO ANAEMIA. Fazal's mother has brought him back after two days of treatment for DYSENTERY. When you ask if he has any new problems, the mother says that Fazal now has a cold and is coughing.

   a) How would you assess Fazal?

   When you assess Fazal, you find he has no general danger signs. His breathing rate is 35 breaths per minute. He has no chest indrawing and no stridor. When you ask about the diarrhoea, his mother tells you that he still has some diarrhoea, but much less. There is less blood in the stools. You find that he has no signs of dehydration. He has no fever. He has less abdominal pain. He is eating better. His mother says that he feels much better, except for the cold.

   b) What would you do for Fazal's diarrhoea?

   c) How would you classify his cough?

   d) List the treatments for Fazal's cough and cold.

4. Masud is 1 year old and weighs 8 kg. Five days ago, he was classified as having PERSISTENT DIARRHOEA. His young mother has brought him back for follow-up. Masud is no longer breastfeeding. The mother tells you that she has replaced Masud's usual milk feeds with yoghurt. She has also been giving him rice with bits of vegetables and fish, and some family foods. The mother tells you that Masud's diarrhoea has stopped and he had only 1 stool yesterday. She is very relieved. There are no new problems.

   a) Do you need to assess Masud further? If so, describe what you would assess.

   b) What instructions will you give the mother about feeding Masud?

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

5.0 CONDUCT A FOLLOW-UP VISIT FOR MALARIA (Low or High Malaria Risk)

Any child classified as having MALARIA (regardless of the risk of malaria) should return for a follow-up visit if the fever persists for 2 days. If the fever persists 2 days after the initial visit or if the fever returns within 14 days, this may mean that the child has a malaria parasite which is resistant to the first-line antimalarial, causing the child's fever to continue.

If the child also had MEASLES at the initial visit, the fever may be due to measles. It is very common for the fever from measles to continue for several days. Therefore, the persistent fever may be due to the measles rather than to resistant malaria.

The instructions for conducting a follow-up visit for a child classified as having MALARIA are the same for low or high malaria risk:

- **MALARIA (Low or High Malaria Risk)**

  If fever persists after 2 days, or returns within 14 days:

  Do a full reassessment of the child. > *See ASSESS & CLASSIFY chart.*
  Assess for other causes of fever.

  Treatment:

  - If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.
  - If the child has any ***cause of fever other than malaria***, provide treatment.
  - If ***malaria is the only apparent cause of fever:***
    - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists. Continue Primaquin if *P.vivax* was positive for a total of 5 days.
    - If fever has been present for 7 days, refer for assessment
    - If fever has been present for 7 days, refer for assessment.

Do a full reassessment of the child as on the *ASSESS & CLASSIFY* chart. As you reassess the child, look for the cause of the fever, possibly pneumonia, meningitis, measles, ear infection, or dysentery. Also consider whether the child has any other problem that could cause the fever, such as tuberculosis, urinary tract infection, osteomyelitis or abscess. Do not use the classification table of the *ASSESS & CLASSIFY* chart to classify the child's fever. Instead, choose the appropriate treatment shown in the follow-up box. If you suspect a cause of fever other than malaria, assess the problem further if needed and refer to any guidelines on treatment of the problem.

- If the child has **any general danger signs or stiff neck**, treat as described on the *ASSESS & CLASSIFY* chart for VERY SEVERE FEBRILE DISEASE. This includes giving quinine, a first dose of an antibiotic and a dose of paracetamol. Also treat to prevent low blood sugar and refer urgently to hospital. If the child has already been on an antibiotic, worsening of the illness to very severe febrile disease means he may have a bacterial infection which is not responsive to this antibiotic. Give a first dose of the second-line antibiotic or intramuscular chloramphenicol. If the child cannot take an oral antibiotic because he has repeated vomiting, is lethargic or unconscious, or is not able to drink, give intramuscular chloramphenicol. Also give intramuscular chloramphenicol if he has a stiff neck.

- If the child has **any cause of fever other than malaria**, provide treatment for that cause. For example, give treatment for the ear infection or refer for other problems such as urinary tract infection or abscess.

- If **malaria is the only apparent cause of fever**:

  - Treat with second-line oral antimalarial. If this is not available, refer the child to hospital. Ask the mother to return again in 2 days if the fever persists.

  - If the fever has been present every day for 7 days or more, refer the child for assessment. This child may have typhoid fever or another serious infection requiring additional diagnostic testing and special treatment.

6.0 CONDUCT A FOLLOW-UP VISIT FOR FEVER -- MALARIA UNLIKELY (Low Malaria Risk)

When a child whose fever was classified as FEVER - MALARIA UNLIKELY returns for follow-up after 2 days because the fever persists, follow these instructions:

- **FEVER-MALARIA UNLIKELY (Low Malaria Risk)**

  If fever persists after 2 days:

  Do a full reassessment of the child. > *See ASSESS & CLASSIFY chart.*
  Assess for other causes of fever.

  Treatment:

  - If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.
  - If the child has any ***cause of fever other than malaria***, provide treatment.
  - If ***malaria is the only apparent cause of fever:***
    - Treat with the first-line oral antimalarial. Advise the mother to return again in 2 days if the fever persists.
    - If fever has been present for 7 days, refer for assessment.

When a child has a low malaria risk, and fever persists after 2 days, there may be some cause of fever that was not apparent at the first visit. Do a full reassessment of the child as on the *ASSESS & CLASSIFY* chart. Look for the cause of fever. Also consider whether the child has

any other problem that caused the fever, such as tuberculosis, urinary tract infection, osteomyelitis or abscess. Then select the appropriate treatment in the follow-up boxes.

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.

- If the child has **any cause of fever other than malaria**, provide treatment or refer for care of that cause.

- If **malaria is the only apparent cause of fever**, treat the child with the first-line oral antimalarial recommended by national policy to cover the possibility of malaria. Advise the mother to return again in 2 days if the fever persists.

  If the fever has been present every day for 7 days, refer the child. Further diagnostic tests are needed to determine the cause of this child's persistent fever.

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EXERCISE C

Read about each child who returns for follow-up of MALARIA and answer the questions. Refer to any of the case management charts as needed.

> In this clinic, chloroquine is the first-line oral antimalarial (150 mg base tablets). Sulfadoxine-pyrimethamine (Fansidar) is the second-line oral antimalarial. Cotrimoxazole is the first-line oral antibiotic for pneumonia.

1. Rakesh's mother has brought him back to the clinic because he still has fever. The risk of malaria is high. Two days ago he was given chloroquine and primaquine for MALARIA. He was also given a dose of paracetamol. His mother says that he has no new problems, just the fever. He is 3 years old and weighs 14 kg. His axillary temperature is 38.5°C.

   a) How would you reassess Rakesh?

   When you reassess Rakesh, he has no general danger signs. He has no cough and no diarrhoea. He has now had fever for 4 days. He does not have stiff neck. There is no runny nose or generalized rash. He has no ear problem. He is classified as having NOT VERY LOW WEIGHT and NO ANAEMIA. There is no other apparent cause of fever.

b) How would you treat Rakesh? If you would give a drug, specify the dose and schedule.

2. Sarla's mother has come back to the clinic because Sarla still has a fever. Three days ago she was given chloroquine for MALARIA. Her mother says that she is sicker now, vomiting and very hot. Sarla is 18 months old and weighs 11 kg. Her axillary temperature is 39°C today.

When you assess Sarla, her mother says that yesterday she could drink, but she vomited after eating. She did not always vomit after drinking a small amount. She has not had convulsions. She will not wake up when her mother tries to wake her. She is unconscious. Her mother says that she does not have a cough or diarrhoea. She has now had fever for 5 days. She does not have stiff neck, runny nose or generalized rash. She does not have an ear problem. She is classified as having NOT VERY LOW WEIGHT and NO ANAEMIA.

How would you treat Sarla? If you would give drugs, specify the dose and schedule.

3. Two days ago Mohammed's mother took him to the City Clinic because he had fever. The risk of malaria is low. His axillary temperature was 37.5°C. He had no general danger signs or other main symptoms. He had no stiff neck, no runny nose, and no generalized rash. The doctor classified Mohammed as MALARIA LIKELY.

Mohammed's mother has brought him back because he still has fever. The doctor asks if Mohammed has developed any other illness. She says that he is just very irritable. He is 11 months old and weighs 7 kg. His axillary temperature is 38.5°C today.

a) How should the doctor assess Mohammed?

When the doctor assesses Mohammed, he finds no general danger signs. His mother says he has no cough and no diarrhoea. He has now had fever for 3 days. Mohammed bends his neck easily. He has no runny nose and no generalized rash. His mother says he has no ear problem. He is classified as having NOT VERY LOW WEIGHT and NO ANAEMIA.

The doctor is concerned and continues to look at Mohammed and think about what could cause the fever. Then he notices some pus in Mohammed's right ear.

b) What should the doctor do next?

The doctor assesses the child for the ear problem. The mother is not sure how long there has been pus in the ear. She says he might be irritable because his ear hurts. There is no tender swelling behind the ear.

c) How should the doctor classify the ear problem?

d) How should the doctor treat Mohammed? If he should give a drug, specify the dose and schedule.

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

***

7.0 CONDUCT A FOLLOW-UP VISIT FOR MEASLES WITH EYE OR MOUTH COMPLICATIONS

When a child who was classified as having MEASLES WITH EYE OR MOUTH COMPLICATIONS returns for follow-up in 2 days, follow these instructions:

MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Smell the mouth.

Treatment for Eye Infection:

- If ***pus is draining from the eye***, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.
- If ***the pus is gone but redness remains***, continue the treatment.
- If ***no pus or redness***, stop the treatment.

Treatment for Mouth Ulcers:

- If ***mouth ulcers are worse, or there is a very foul smell from the mouth***, refer to hospital.
- If ***mouth ulcers are the same or better***, continue using half-strength gentian violet for a total of 5 days.

To assess the child, check the eyes and mouth. Select treatment based on the child's signs.

Treatment for Eye Infection:

- If **pus is still draining from the eye**, ask the mother to describe or show you how she has been treating the eye infection. If she has brought the tube of ointment with her, you can see whether it has been used. There may have been problems so that the mother did not do the treatment correctly. For example, she may not have treated the eye three times a day, or she may not have cleaned the eye before applying the ointment, or the child may have struggled so that she could not put the ointment in the eye.

  - If the mother has correctly treated the eye infection for 2 days and there is still pus draining from the eye, refer the child to a hospital.

  - If the mother has not correctly treated the eye, ask her what problems she had in trying to give the treatment. Teach her any parts of the treatment that she does not seem to know. Discuss with her how to overcome difficulties she is having. Finally, explain to her the importance of the treatment. Ask her to return again if the eye does not improve. However, if you think that the mother still will not be able to treat the eye correctly, arrange to treat the eye each day in clinic or refer the child to a hospital.

- If **pus is gone but redness remains**, continue the treatment. Tell the mother that the treatments are helping. Encourage her to continue giving the correct treatment until the redness is gone.

- If **no pus or redness**, stop the treatment. Praise the mother for treating the eye well. Tell her the infection is gone.

Treat for Mouth Ulcers:

- If **mouth ulcers are worse, or there is a very foul smell from the mouth**, refer to hospital. The mouth problem may prevent the child from eating or drinking and may become severe. A very foul smell may mean a serious infection. Mouth problems of measles could be complicated by thrush or herpes (the virus which causes cold sores).

- If **mouth ulcers are the same or better**, ask the mother to continue treating the mouth with half-strength gentian violet for a total of 5 days.

She should continue to feed the child appropriately to make up for weight lost during the acute illness and to prevent malnutrition. Review with the mother when to seek care and how to feed her child as described on the *COUNSEL THE MOTHER* chart. Tell her that attention to feeding is especially important for children who have measles because they are at risk of developing malnutrition.

Because the child with measles continues to have increased risk of illness for months, it is important that the mother know the signs to bring the child back for care. Children who have measles are at increased risk of developing complications or a new problem, due to immune suppression which occurs during and following measles.

8.0 CONDUCT A FOLLOW-UP VISIT FOR EAR INFECTION

When a child classified as EAR INFECTION returns for a follow-up visit after 5 days, follow the instructions below. These instructions apply to an acute or a chronic ear infection.

> ➢ **EAR INFECTION**
>
> After 5 days:
>
> Reassess for ear problem. > *See ASSESS & CLASSIFY chart.*
> Measure the child's temperature.
>
> Treatment:
>
> - If there is ***tender swelling behind the ear or high fever (38.5°C or above)***, refer URGENTLY to hospital.
> - ***Acute ear infection:*** if ***ear pain or discharge*** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
> - ***Chronic ear infection:*** Check that the mother is wicking the ear correctly. If ear discharge getting better encourage her to continue. If no improvement, refer to hospital for assessment
> - If ***no ear pain or discharge***, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

Reassess the child for ear problem and measure the child's temperature (or feel the child for fever). Then select treatment based on the child's signs.

- If you feel a **tender swelling behind the ear** when compared to the other side, the child may have developed mastoiditis. If there is a **high fever** (an axillary temperature of 38.5°C or above), the child may have a serious infection. A child with tender swelling behind the ear or high fever has gotten worse, and should be referred to a hospital.

- **Acute ear infection:** If **ear pain or ear discharge persists** after taking an antibiotic for 5 days, treat with 5 additional days of the same antibiotic. Ask the mother to return in 5 more days so that you can check whether the ear infection is improving.

  If the ear is still draining or has begun draining since the initial visit, show the mother how to wick the ear dry. Discuss with her the importance of keeping the ear dry so that it will heal.

- **Chronic ear infection:** Check that the mother is wicking the ear correctly. To do this, ask her to describe or show you how she wicks the ear. Ask her how frequently she is able to wick the ear. Ask her what problems she has in trying to wick the ear and discuss with her how to overcome them. Encourage her to continue wicking the ear. Explain that drying is the only effective therapy for a draining ear. Not wicking the ear could leave the child with reduced hearing. If no improvement in ear discharge , refer to hospital for assessment.

- If **no ear pain or discharge**, praise the mother for her careful treatment. Ask her if she has given the child the 5 days of antibiotic. If not, tell her to use all of it before stopping.

9.0 CONDUCT A FOLLOW-UP VISIT FOR FEEDING PROBLEM

When a child who had a feeding problem returns for follow-up in 5 days, follow these instructions:

> ➢ **FEEDING PROBLEM**
>
> After 5 days:
>
> Reassess feeding. > *See questions at the top of the COUNSEL chart.*
> Ask about any feeding problems found on the initial visit.
>
> - Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
> - If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

Reassess the child's feeding by asking the questions in the top box on the *COUNSEL THE MOTHER* chart. Refer to the child's chart or follow-up note for a description of any feeding problems found at the initial visit and previous recommendations. Ask the mother how she has been carrying out the recommendations. For example, if on the last visit more active feeding was recommended, ask the mother to describe how and by whom the child is fed at each meal.

- Counsel the mother about any new or continuing feeding problems. If she encountered problems when trying to feed the child, discuss ways to solve them.

  For example, if the mother is having difficulty changing to more active feeding because it requires more time with the child, discuss some ways to reorganize the meal time.

- If the child is very low weight for age, ask the mother to return 30 days after the initial visit. At that visit a doctor will measure the child's weight gain to determine if the changes in feeding are helping the child.

Example: On the initial visit the mother of a 2-month-old infant said that she was giving the infant 2 or 3 bottles of milk and breastfeeding several times each day. The doctor advised the mother to give more frequent, longer breastfeeds and gradually reduce other milk or foods.

At the follow-up visit, the doctor asks the mother questions to find out how often she is giving the other feeds and how often and for how long she is breastfeeding. The mother says that she now gives the infant only 1 bottle of milk each day and breastfeeds 6 or more times in 24 hours. The doctor tells the mother that she is doing well. The doctor then asks the mother to completely stop the other milk and breastfeed 8 or more times in 24 hours. Since this is a significant change in feeding, the doctor also asks the mother to come back again. At that visit the doctor will check that the infant is feeding frequently enough and encourage the mother.

10.0 CONDUCT A FOLLOW-UP VISIT FOR VERY LOW WEIGHT

A child who was classified with VERY LOW WEIGHT should return for follow-up after 30 days. (The child would also return earlier if there was a feeding problem.).

Some clinics have specially scheduled sessions for nutritional counselling, and malnourished children are asked to come for follow-up at this time. A special session allows the doctor to devote the necessary time to discuss feeding with several mothers and perhaps demonstrate some good foods for young children.
Follow these instructions for a follow-up visit for a child with VERY LOW WEIGHT:

> ➢ **VERY LOW WEIGHT**
>
> After 30 days:
>
> Weigh the child and determine if the child is still very low weight for age.
> Reassess feeding. > *See questions at the top of the COUNSEL chart.*
>
> Treatment:
>
> - If the child is ***no longer very low weight for age***, praise the mother and encourage her to continue.
> - If the child is still ***very low weight for age***, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.
>
> ***Exception:***
> If you do not think that feeding will improve, or if the child has ***lost weight***, refer the child.

To assess the child, weigh him and determine if the child is still very low weight for age. Also reassess feeding by asking the questions in the top box of the *COUNSEL* chart.

- If the child is **no longer very low weight for age**, praise the mother. The changes in the child's feeding are helping. Encourage her to continue feeding the child according to the recommendation for his age.

- If the child is still **very low weight for age**, counsel the mother about any feeding problem found. This nutritional counselling should include teaching the mother to feed the child the foods appropriate for his age and to give them frequently enough. It should also include teaching her how to feed him actively. It may also include suggesting solutions to feeding problems as described in the module *Counsel the Mother*.

  Ask the mother to bring the child back again in one month. It is important to continue seeing the child every month to advise and encourage the mother until he is feeding well and gaining weight regularly or is no longer very low weight. If the child is continuing to lose weight and no change in feeding seems likely, refer the child to hospital or to a feeding programme.

11.0 CONDUCT A FOLLOW-UP VISIT FOR ANAEMIA

When a child who had palmar pallor returns for a follow-up visit after 14 days, follow these instructions:

> ➢ **ANAEMIA**
>
> After 14 days:
>
> - ➢ Give iron folic acid. Advise mother to return in 14 days for more iron folic acid.
> - ➢ Continue giving iron folic acid every 14 days for 2 months.
>
> If the child has palmar pallor after 2 months, refer for assessment.

- ➢ Give the mother additional iron for the child and advise her to return in 14 days for more iron.
- ➢ Continue to give the mother iron when she returns every 14 days for up to 2 months.
- ➢ If after 2 months the child still has palmar pallor, refer the child for assessment.

***

EXERCISE D

Read about each child who came for follow-up and answer the questions. Refer to the case management charts as needed.

1. Ashok is an 18-month-old child. Five days ago he was in clinic. You see on his chart that he had diarrhoea. He was classified as having NO DEHYDRATION and VERY LOW WEIGHT FOR AGE. His weight was 6.8 kg. He was treated according to Plan A and his mother received counselling about feeding. The following notes were on his chart:

   3 meals/day – roti with dal or vegetables. Nothing between meals. No milk. Stopped breastfeeding 3 months ago.
   Advised to add 2 extra feeds per day: Milk with roti/rice/biscuits and give bananas or eggs when available.

Ashok has been brought back to clinic for follow-up of the feeding problem. He still weighs 6.8 kg and looks unhappy but not visibly wasted.

a) Tick the items appropriate to do during this visit:

___ Ask about any new problems. If there is a new problem, assess, classify and treat as at an initial visit.

___ Ask the questions in the top box of the COUNSEL chart. Identify any new feeding problems.

___ Ask the mother if she has been able to give extra meals each day. Ask what she fed Ashok and the number of meals.

___ Since Juan has not gained weight, immediately refer him to hospital.

___ Advise the mother to resume breastfeeding.

___ Give vitamin A.

___ Since Ashok has had no weight gain, repeat the advice given to the mother before. Behaviour change takes a long time.

___ Ask the mother questions to identify additional feeding problems.

___ Make recommendations for any feeding problems that you find.

___ Ask if Ashok is still having diarrhoea.

You ask Ashok 's mother questions to find out whether she has given the extra feeds, and what foods she has given. You also ask how large is each serving, whether Ashok has been eating each serving, and whether he has his own plate.

You find that Ashok 's mother has been giving Ashok milk with rice/roti/biscuits 2 times per day, as advised. He just eats a bite or ignores it completely. She puts it on a plate in front of him while she goes to do other work. She has not gotten any eggs or bananas yet but intends to do so. She prepared k*hichri* last week for dinner on three nights but his siblings ate it all.

b) What advice would you give Ashok 's mother now?

c) Should you ask the mother to bring Ashok back to see you? If so, when should she come back? Why?

2. Mamta is 10 months old. Her chart shows that she was seen 6 days ago.

RECORD OF CLINIC VISITS

27/6/95 T 39°C 5.5 kg

MALARIA; NO PNEUMONIA: COUGH OR COLD;

VERY LOW WEIGHT FOR AGE

Rx: Chloroquine, return 5 days, 30 days, 2 days if fever persists

Feeding: breastfed once in evening; diluted milk in morning bottle; lunch is rice + thin dal; dinner is usually roti + vegetables. Advised to replace morning bottle with breastfeeding before mother goes to work. Give cereal gruel with animal milk mid-morning. Mash vegetables and mix with rice + spoonful oil for lunch. Dinner - add spoonful oil or butter.

Mamta returns today weighing 5.6 kg. She has no fever and no new problems.

a) Write below 3 or more questions that you could ask Mamta's mother to find out whether Mamta's feeding has improved.

*

*

Mamta's mother answers that she is making mashed vegetables with rice and oil for lunch. She does not like waking Mamta to breastfeed in the morning before work because it means 10-year-old Sita also has to get up before sunrise to watch the baby. But she has done so and Mamta is now getting a morning and evening breastfeed. Sita is doing her job making *dalia* with cow's milk mid-morning. At lunch Mamta is eating a little bit of the vegetable mashed with rice.

b) What would you advise the mother today? Also write something to praise.

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