



INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI): AGE 2 MONTHS UP TO 5 YEARS

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS TO CLASSIFY THE ILLNESS

- Greet**, look for danger signs or emergency signs. If any present, manage urgently according to the job aid. **Check:** age and whether patient has an acute illness or is a follow-up.
- Ask:** "What is your problem?" "How long you had the problem?" "Any other problems?" Learn also about their concerns.
- Look**, listen and feel for the signs and symptoms in the first column for each problem.
- Classify.** Start at the top of the classification table according to patient's problems. Assess 'I' signs present: start from the top pink (signs for severe), then yellow row, then green row signs. Once you find a row/classification, do not go down any further in that box.
- Treat** according to the classification in the right hand column. If classified in the pink row, arrange urgent referral; if yellow treat condition and arrange follow up in 2 days unless stated otherwise. Mild illnesses are coloured in green. These patients need only symptomatic treatment and preventive advice, but no antibiotic. For all classifications, explain when to return urgently.
- Give preventive** care and advice related to their problems.

SYMPTOMS FOUND	IF	THEN CLASSIFY	TREATMENT						
GENERAL DANGER SIGNS ● NOT ABLE TO DRINK OR BREGASTFEED ● VOMITS EVERYTHING ● CONVULSIONS (Has or hashad) ● LETHARGIC/UNCONSCIOUS	Any danger sign present	VERY SEVERE DISEASE	Advise mother to ensure appropriate feeding to prevent low blood glucose level Advise mother to keep her child warm Refer URGENTLY to Upazila Health Complex (UHC)						
If a child has any general danger sign, he/she needs urgent care: assess quickly to give prereferral treatment and refer to UHC urgently									
COUGH OR DIFFICULT BREATHING For how long? Count the breaths in one minute (Record in register)	Any general danger sign OR ● Chest in-drawing or ● Stridor	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	Give first dose of amoxicillin (if able to take) Give paracetamol if temp is 101 oF or above Ensure appropriate feeding to prevent low blood glucose level Refer URGENTLY to UHC						
<table border="1"> <tr> <th>Age</th> <th>Fast breathing</th> </tr> <tr> <td>2mo. - 12 mo.</td> <td>50 breaths per min or more</td> </tr> <tr> <td></td> <td>40 breaths per min or more</td> </tr> </table>	Age	Fast breathing	2mo. - 12 mo.	50 breaths per min or more		40 breaths per min or more	● Fast breathing (according to age)	PNEUMONIA	Treat with amoxicillin for 5 days If wheezing give salbutamol for 5 days If coughing >21 days, or recurrent wheeze, refer to UHC for diagnosis Advise mother when to return URGENTLY Follow up in 2 days
Age	Fast breathing								
2mo. - 12 mo.	50 breaths per min or more								
	40 breaths per min or more								
Check if: (Child must be calm) ● CHEST INDRAWING ● WHEEZE ● STRIDOR	● No signs of pneumonia or very severe disease	NO PNEUMONIA: COLD, COUGH	If wheezing give salbutamol for 5 days If coughing >21 days, or recurrent wheeze, refer to UHC for diagnosis Soothe the throat and relieve the cough with a safe remedy Advise mother when to return URGENTLY Follow-up in 2 days if not improving						

SYMPTOMS FOUND	IF	THEN CLASSIFY	TREATMENT
DIARRHOEA Ask if the child has diarrhoea? If yes ask: For how long? - Record in register, and If > 14 days is 'persistent' and see rows below ● Is there blood in stool? Check if: ● LETHARGIC OR UNCONSCIOUS? ● RESTLESS AND IRRITABLE? ● SUNKEN EYES? ● GIVE FLUID TO CHECK: - NOT ABLE TO DRINK OR DRINKS POORLY? - DRINKS EAGERLY (THIRSTY)/ ● SKIN PINCH GOES BACK - VERY SLOWLY (takes more than 2 seconds)? - SLOWLY?	One of the following signs: ● Lethargic or unconscious ● Sunken eyes ● Not able to drink or drinks poorly ● Skin pinch goes back very slowly	SEVERE DEHYDRATION	Refer URGENTLY to UHC. Ask mother to give frequent sips of ORS on the way (if the child can drink)
	One of the following signs: ● Restless and irritable ● Drinks eagerly (thirsty) ● Skin pinch goes back slowly	SOME DEHYDRATION	Give ORS in clinic for 4 hours and reassess (Plan B) Ask mother to also continue breast feeding Give ZINC supplements for 10-14 days Advise the mother when to return urgently Follow up in 2 days if not improving
	Not enough signs to classify as some or severe dehydration	NO DEHYDRATION	Counsel the mother on home treatment (Plan A): - Give extra fluid - Give ZINC supplements for 10-14 days - Continue feeding - Advise the mother when to return urgently - Follow up in 2 days if not improving
	14 days or more diarrhoea and dehydration present	SEVERE PERSISTENT DIARRHOEA	Refer URGENTLY to UHC with mother giving frequent sips of ORS as soon as the child can drink.
	14 days or more diarrhoea and no dehydration	PERSISTENT DIARRHOEA	Give fluid and food to treat diarrhoea at home Advise mother on feeding at home Give ZINC tablet for 10-14 days Follow up in 5 days
	Blood in stool	DYSENTERY	Give cotrimoxazole for 5 days and advise mother on home care Give ZINC tablets for 10-14 days Follow up in 2 days

If > 14 days is 'persistent' =>

If blood in the stool =>

SYMPTOMS FOUND	IF	THEN CLASSIFY	TREATMENT						
FEVER (NON-MALARIA) (Fever by history, or feels hot, or temperature more than 99.5°F) Ask: How long has the fever been present? (Record in register) Check if: ● CHILD 3 MONTHS OR LESS ● BULGING FONTANELLE ● NECK STIFFNESS ● NON BLANCHING RASH ● CAPILLARY REFILL > 2 SECONDS ● TEMPERATURE 102°C OR HIGHER IF AGE <6 MONTHS ● SIGNS OF DEHYDRATION (see page above) ● RAISED RESPIRATORY RATE	Any general danger sign OR: ● Child 3 months or less ● Bulging fontanelle ● Neck stiffness ● Non blanching rash ● Capillary refill > 2 seconds ● Temperature ≥ 102°F if age <6months ● Fast breathing ● Signs of dehydration	MENINGITIS/ SEVERE FEBRILE DISEASE	Give first dose of amoxicillin syrup or cotrimoxazole tablet Advise mother about proper feeding to avoid glucose insufficiency Give one dose of paracetamol if temperature is equal or more than 101 oF AND Refer URGENTLY to UHC						
<table border="1"> <tr> <th>Age</th> <th>Fast breathing</th> </tr> <tr> <td>2mo. - 12 mo.</td> <td>50 breaths per min or more</td> </tr> <tr> <td>12mo. - 5 yrs.</td> <td>40 breaths per min or more</td> </tr> </table>	Age	Fast breathing	2mo. - 12 mo.	50 breaths per min or more	12mo. - 5 yrs.	40 breaths per min or more	● Swelling of, and/or not using, a arm, leg or joint No cause identified for fever AND one or more of: ● Vomiting ● Poor feeding ● Decreased activity ● Abdominal/loin pain ● Passing urine more often ● Pain on passing urine	SEPTIC JOINT or BONE	Refer to UHC
Age	Fast breathing								
2mo. - 12 mo.	50 breaths per min or more								
12mo. - 5 yrs.	40 breaths per min or more								
	No cause identified for fever AND one or more of: ● Vomiting ● Poor feeding ● DECREASED ACTIVITY ● SWELLING, OR NOT USING ARM, LEG OR JOINT RASH ● RUNNY NOSE ● RED EYES ● CLOUDING OF CORNEA ● PUS DRAINING FROM EYE ● MOUTH ULCERS ● RED/INFLAMED/DISCHARGING SKIN OR WOUND ● ABDOMINAL/ LOIN PAIN ● PASSING URINE OFTEN ● PAIN ON PASSING URINE ● JAUNDICE	POSSIBLE UTI	Refer to UHC for urine test and treatment						
	No cause identified for fever AND ● If jaundice present OR ● If fever present 7 days or more	FEVER (CAUSE UNKNOWN)	Refer to UHC for further investigations and treatment						
	● Red/ inflamed/ discharging skin or wound	SKIN INFECTION	Refer to UHC						
	● Generalised rash AND ● Runny nose or red eyes Also look for: ● Clouding of cornea ● Pus draining from eye ● Mouth ulcers	MEASLES	Apply cloramphenicol eye ointment if pus in the eye Treat mouth ulcers with 0.25% gentian violet If clouding of cornea/extensive mouth ulcers, give first dose of amoxicillin and refer URGENTLY to UHC Refer in 2 days						
	● Runny nose, or red throat or cough, AND ● Alert or easily woken, active child ● Drinking normally	MILD VIRAL ILLNESS	Give paracetamol if temperature is more than 101°F Advise when to return immediately Return in 2 days if fever persists Refer to UHC if fever persists 7 days						

SYMPTOMS FOUND	IF	THEN CLASSIFY	TREATMENT
FEVER (POSSIBLY MALARIA) (Fever by history, or feels hot, or temperature more than 99.5°F) If lives in, or has visited a malarial endemic area: (Chittagong, Coxes Bazar, Rangamati, Bandarban, Khagrachari) PERFORM A RDT	RDT positive and: ● Any general danger sign or ● Neck stiffness	MALARIA OR SEVERE FEBRILE DISEASE	Give anti-malarial medicine according to national guideline Give first dose of amoxicillin Advise mother to ensure appropriate food or drink to prevent low blood glucose Give paracetamol if temperature is more than 101°F Refer URGENTLY to UHC
	● RDT positive	MALARIA	Give anti-malarial medicine according to national guideline Give paracetamol if temperature is more than 101°F Advise when to return immediately Follow up in 2 days For non malarial area if anti malarial drugs are not available refer to UHC
EAR PROBLEM ● EAR PAIN ● EAR DISCHARGE AND NUMBER OF DAYS ● PUS DRAINING FROM EAR ● TENDER SWELLING BEHIND THE EAR	● Tender swelling behind the ear and pain ● Pus draining from the ear and discharge is reported for less than 14 days OR Ear pain ● Pus draining from the ear and discharge is reported for 14 days or more ● No ear pain and no pus draining from the ear	MASTOIDITIS ACUTE EAR INFECTION CHRONIC EAR INFECTION NO EAR INFECTION	Give 1st dose of oral amoxicillin Give one dose of paracetamol for pain Refer URGENTLY to UHC Give amoxicillin for 5 days Give paracetamol for pain Ask to dry the ear by wicking Follow up in 5 days Dry the ear by wicking Refer to UHC No treatment
MALNUTRITION ● Assess malnutrition: Use MUAC (Mid Upper Arm Circumference) tape to detect red, yellow or green colour Check if: Oedema of both feet	● MUAC measure ment indicating red colour (less than 11.5 cm) ● Oedema of both feet ● MUAC measurement indicating yellow colour (11.5-12.5 cm) ● MUAC measurement indicating green colour (more than 12.5 cm)	SEVERE MALNUTRITION MALNUTRITION NO MALNUTRITION	Give vitamin A Ask mother to ensure appropriate feeding to avoid low blood glucose level Keep the child warm Refer URGENTLY to UHC Assess the child's feeding and counsel the mother on feeding according to the advice chart Follow up in 14 days If feeding problem follow up in 5 days Assess the child's feeding and counsel the mother on feeding according to the advice chart If feeding problem follow up in 5 days
ANAEMIA Check if: ● SEVERE PALMAR PALLOR ● SOME PALMAR PALLOR ● NO PALMAR PALLOR	● Severe palmar pallor ● Some palmar pallor ● No palmar pallor	SEVERE ANAEMIA ANAEMIA NO ANAEMIA	Refer URGENTLY to UHC Give iron syrup and folic acid for 14 days Give albendazole if child is 2 year or older and has not had a dose in previous 6 months Assess the child's feeding and counsel the mother on feeding according to the advice chart If malaria risk area, perform RDT Advise mother when to return immediately Follow up in 14 days if child is 6 months or older give iron syrup and folic acid to avoid anaemia

Assess child's immunization: BCG, Pentavalent-1, Pentavalent-2, Pentavalent-3, Polio-1, Polio-2, Polio-3, Measles and Vitamin A. If a child has any general danger sign then do rest of the assessment quickly and refer the child **URGENTLY** to Upazila Health Complex.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI): AGE 0 TO 2 MONTHS

SYMPTOMS FOUND:	IF	THEN CLASSIFY	TREATMENT
ASK: Has the infant had convulsions? Is the infant feeding well? LOOK, LISTEN, FEEL: ● Is the young infant lethargic or unconscious ● Look at the young infant's movements. If the infant is sleeping ask the caregiver to wake him/her. - Does the child move on his/her own? - Does the child move only when stimulated? - Does the infant not move at all? ● Count the breaths in one minute. Repeat the count if elevated (60 breaths per minute or more) ● Check whether severe chest indrawing ● Observe and feel for bulging fontanelle ● Measure temperature ● Look for jaundice (yellow eyes or skin) ● Check for dehydration: - Is the child restless and irritable? - Look for sunken eyes - Pinch the skin on the abdomen; does it go back slowly? ● Draining pus from the ear? ● Look at the umbilicus. Is it red and does the redness extend to the skin? Is it draining pus? ● Look for skin pustules	● Lethargic or unconscious or ● Movement only when stimulated or no movement ● Unable to suck breast milk or ● Convulsions or ● Fast breathing (60 breaths per minute or more) or ● Severe chest indrawing or ● Grunting or ● Bulging fontanelle or ● Fever (above 99.5° F) or low body temperature (below 95.9°F) or ● Jaundice and: - Less than 24 hours old - More than 3 weeks old - Yellow palms and soles any age or ● Dehydration or ● Pus draining from the ear or ● Umbilical redness extending to the skin or draining pus	VERY SEVERE DISEASE	Treat to prevent low blood sugar level If child can breast feed: Advise mother to continue breast feeding If child can't breast feed: Ensure drinking extracted breast milk or water with sugar (Add 20 gm sugar into 200 ml of water) Refer URGENTLY to UHC Advise mother how to keep the infant warm on the way to the UHC If dehydrated, advise mother to give frequent sips of ORS on the way to UHC Give 1st dose of amoxicillin if child can take
Assess for limited local infections ● Is pus draining from the eye? ● Sign of mouth ulcers or thrush? ● Look at the umbilicus for redness, not extending to the skin ● Is there any skin pustules?	● Pus draining from the eye ● Mouth ulcers or thrush ● Umbilical redness not extending to the skin and no pus ● Skin pustules but not extensive or severe	LOCAL BACTERIAL INFECTION	If there is pus draining from the eye, treat with chloramphenicol 0.5% eye drops If there are mouth ulcers treat with 0.25% gentian violet solution Treat skin pustules or umbilical redness with 0.25% gentian violet solution Refer in 2 days and if not improving, refer to UHC
Assess for jaundice (yellow eyes or skin) Does the young infant have diarrhoea*? *A young infant has diarrhoea if the stool have changed from the usual pattern and are very frequent and watery (more water than faecal matter). The normally frequent and semi-solid stools of a breastfed baby are not diarrhoea.	● Jaundice appearing after 24 hours of age and less than 3 weeks of age AND ● Palms and soles not yellow ● No signs of dehydration	JAUNDICE DIARRHOEA WITH NO DEHYDRATION	Advise the mother to give home care for the young infant Advise the mother to return immediately if palms and soles appear yellow Follow up in 1 day Give ORS at home for diarrhoea and continue breastfeeding (Plan A) Advise mother when to return immediately Follow up in 2 days if not improving

IMCI Job-Aid Users' Manual

- Diagnosis and management instructions for six common childhood illnesses (cough/breathing difficulty, diarrhoea, fever, ear problem, malnutrition and anemia) are given in this job-aid.
- Please use page 1 to 4 if age of child is between 2 month and 5 years. Use page 5 for children from 0 to 2 month.
- Establish effective communication with the patient by following steps of WELL (Welcome, Encourage, Look and Listen) as described in your communication guide.
- Keep the job-aid in front of you (beside the register book) while talking to the patient. You will be able to look at the job-aid for what to ask and observe while talking to the patient without any hurdle. The job-aid will guide you to find the symptoms and diagnose the patient and will also help you remember proper management of the patient. This will avoid unnecessary delay in diagnosing fatal illness and emergency referral to Upazila Health Complex.
- Ask about common danger signs in every child and observe the signs, e.g. drinking difficulties, less movement, etc. Ask whether child is suffering from cough, fever or diarrhoea. If problem is identified, please see the relevant part of the job-aid. For an example, go to cough/breathing difficulty part if the patient complains cough/breathing difficulty. Ask how long the patient suffering from cough and look for symptoms, e.g. breath per minute.
- To examine symptoms of serious illness, look at the pink column first. If any danger sign observed, it would be fatal illness and it is necessary to urgently refer to Upazila Health Complex.
- If no symptoms exist as given in the pink row, look the yellow row for symptoms. If any sign/symptom is observed, provide treatment and ask for a follow-up in 2 days. A symptom in yellow row indicates that it is possible to treat the patient at the community clinic. But if medicine or test facilities are not available at the community clinic, advise the patient to go to Upazila Health Complex.
- If no sign exists to classify the disease in the pink and yellow row, please look at the green row. These are non-severe diseases; it will be enough to advise and provide medication like Paracetamol. Green row indicates less severe diseases. Patients should not be prescribed antibiotics, only advice depending on symptoms and observing deterioration will be required.
- If you are not sure about the disease, ask him/her to wait outside. Take your time and use your training manual, job-aid, etc. to decide on symptoms, disease classification and treatment. Otherwise ask the patient to visit again next day for proper treatment.

