

## INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

# MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

2019

Integrated Management of Childhood Illness: management of the sick young infant aged up to 2 months. IMCI chart booklet

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**INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS**

# Chart Booklet

## MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

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# ASSESS, CLASSIFY AND IDENTIFY TREATMENT

## RAPIDLY APPRAISE ALL WAITING INFANTS.

### ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE.

- Determine whether this is an initial or follow-up visit for this problem.
  - If a follow-up visit, use the follow-up instructions.
  - If an initial visit, assess the young infant as follows:

USE ALL BOXES THAT MATCH THE INFANT'S SIGNS AND SYMPTOMS TO CLASSIFY THE ILLNESS.

## CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION, VERY SEVERE DISEASE, PNEUMONIA OR LOCAL BACTERIAL INFECTION.

			SIGNS	CLASSIFY	IDENTIFY TREATMENT (Urgent pre-referral treatment is shown in bold.)	
<b>ASK:</b> <ul style="list-style-type: none"><li>• Is the infant having difficulty in feeding?</li><li>• Has the infant had convulsions (fits)?</li></ul>	<b>LOOK AND FEEL:</b> <ul style="list-style-type: none"><li>• Count the breaths in 1 minute. Repeat the count if it is 60 or more breaths per minute.</li><li>• Look for severe chest indrawing.</li><li>• Measure axillary temperature.</li><li>• Look at the young infant's movements. If the infant is sleeping, ask the mother to wake him/her.<ul style="list-style-type: none"><li>– Does the infant move on his/her own? If the infant is not moving, gently stimulate him or her.</li><li>– Does the infant move only when stimulated but then stops?</li><li>– Does the infant not move at all?</li></ul></li><li>• Look at the umbilicus. Is it red or draining pus?</li><li>• Look for skin pustules.</li></ul>	The young infant must be calm.	Classify ALL YOUNG INFANTS	<b>Any one or more of the following signs:</b> <ul style="list-style-type: none"><li>• Not able to feed at all or not feeding well <i>or</i></li><li>• Convulsions <i>or</i></li><li>• Severe chest indrawing <i>or</i></li><li>• High body temperature (38°C* or above) <i>or</i></li><li>• Low body temperature (less than 35.5°C*) <i>or</i></li><li>• Movement only when stimulated or no movement at all <i>or</i></li><li>• Fast breathing (60 breaths per minute or more) in infants less than 7 days old</li></ul>	<b>POSSIBLE SERIOUS BACTERIAL INFECTION</b>  <b>or</b>  <b>VERY SEVERE DISEASE</b>	<b>→ Give first dose of intramuscular antibiotics.</b> <b>→ Treat to prevent low blood sugar.</b> <b>→ Advise the mother how to keep the infant warm on the way to the hospital.</b> <b>→ Refer URGENTLY to hospital.</b> <b>OR</b> <b>→ If referral is REFUSED or NOT FEASIBLE, treat in the clinic until referral is feasible. (See chart on p. 13)</b>
				<b>PNEUMONIA</b>	<b>→ Give oral amoxicillin for 7 days.</b> <b>→ Advise the mother to give home care.</b> <b>→ Follow up in 3 days.</b>	
				<b>LOCAL BACTERIAL INFECTION</b>	<b>→ Give amoxicillin for 5 days.</b> <b>→ Teach the mother how to treat local infections at home.</b> <b>→ Advise the mother to give home care.</b> <b>→ Follow up in 2 days</b>	
				<b>INFECTION UNLIKELY</b>	<b>→ Advise the mother on giving home care to the young infant.</b>	

\* Thresholds based on axillary temperature

\* Thresholds based on axillary temperature

# ASSESS, CLASSIFY AND IDENTIFY TREATMENT

## THEN, CHECK FOR JAUNDICE.

### ASK:

- When did jaundice first appear?

### LOOK AND FEEL:

- Look for jaundice (yellow skin).
- Look at the young infant's palms and soles. Are they yellow?

### Classify JAUNDICE

### SIGNS

- Any jaundice in an infant aged less than 24 hours *or*
- Yellow palms or soles at any age

- Jaundice appearing after 24 hours of age *and*
- Palms or soles not yellow

- No jaundice

### CLASSIFY

#### SEVERE JAUNDICE

#### JAUNDICE

#### NO JAUNDICE

### IDENTIFY TREATMENT

(Urgent pre-referral treatment is shown in bold.)

- **Treat to prevent low blood sugar.**
- **Refer URGENTLY to hospital.**
- **Advise the mother how to keep the infant warm on the way to the hospital.**

- Advise the mother to give home care.
- Advise the mother to return immediately if the infant's palms or soles appear yellow.
- If the young infant is older than 3 weeks, refer to a hospital for assessment.
- Follow-up in 1 day.

- Advise the mother on giving home care to the young infant.

# ASSESS, CLASSIFY AND IDENTIFY TREATMENT

## THEN, ASK: Does the young infant have diarrhoea\*?

### IF YES, LOOK AND FEEL:

- Look at the young infant's general condition:
  - Is the infant restless and irritable?
- Infant's movements
  - Does the infant move only when stimulated but then stops?
  - Does the infant not move at all?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

### Classify DIARRHOEA FOR DEHYDRATION.

### \* What is diarrhoea in a young infant?

A young infant has diarrhoea if the stools have changed from the usual pattern and are frequent and watery (more water than faecal matter).

The frequent semi-solid stools of a breastfed baby are not diarrhoea.

SIGNS	CLASSIFY	IDENTIFY TREATMENT (Urgent pre-referral treatment is shown in bold.)
<b>Two of the following signs:</b> <ul style="list-style-type: none"> <li>• Movement only when stimulated or no movement at all</li> <li>• Sunken eyes</li> <li>• Skin pinch goes back very slowly.</li> </ul>	<b>SEVERE DEHYDRATION</b>	<b>→ If infant has no other severe classification:</b> <ul style="list-style-type: none"> <li>– Give fluid for severe dehydration (Plan C).</li> </ul> OR <b>→ If infant also has another severe classification:</b> <ul style="list-style-type: none"> <li>– Refer <b>URGENTLY</b> to hospital with the mother giving frequent sips of oral rehydration salts (ORS) on the way.</li> <li>– Advise the mother to continue breastfeeding.</li> </ul> <b>→ Advise the mother how to keep the infant warm on the way to the hospital.</b>
<b>Two of the following signs:</b> <ul style="list-style-type: none"> <li>• Restless, irritable</li> <li>• Sunken eyes</li> <li>• Skin pinch goes back slowly.</li> </ul>	<b>SOME DEHYDRATION</b>	<b>→ Give fluid and breast milk for some dehydration (Plan B).</b> OR <b>→ If the infant also has another severe classification:</b> <ul style="list-style-type: none"> <li>– Refer <b>URGENTLY</b> to hospital with the mother giving frequent sips of ORS on the way.</li> <li>– Advise the mother to continue breastfeeding.</li> </ul> <b>→ Advise the mother when to return immediately.</b> <b>→ Follow-up in 2 days if no improvement.</b>
<ul style="list-style-type: none"> <li>• Not enough signs to classify as some or severe dehydration.</li> </ul>	<b>NO DEHYDRATION</b>	<b>→ Give fluids and breastmilk to treat diarrhoea at home (Plan A).</b> <b>→ Advise mother when to return immediately.</b> <b>→ Follow-up in 2 days if no improvement.</b>

# ASSESS, CLASSIFY AND IDENTIFY TREATMENT

## THEN, CHECK THE YOUNG INFANT FOR HIV INFECTION.

		SIGNS	CLASSIFY	IDENTIFY TREATMENT
<b>ASK:</b> <ul style="list-style-type: none"><li>Has the mother had an HIV test?</li></ul> <b>If yes:</b> <ul style="list-style-type: none"><li>Serological test POSITIVE or NEGATIVE?</li></ul> <ul style="list-style-type: none"><li>Has the infant had an HIV test?</li></ul> <b>If yes:</b> <ul style="list-style-type: none"><li>Virological test POSITIVE or NEGATIVE?</li><li>Serological test POSITIVE or NEGATIVE?</li></ul> <b>If no:</b> <ul style="list-style-type: none"><li>Mother or infant HIV test not done</li></ul> <b>If the mother is HIV positive and the infant does NOT have a positive virological test, ASK:</b> <ul style="list-style-type: none"><li>Is the infant breastfeeding now?</li><li>Was the young infant breastfeeding at the time of the test or before it?</li><li>Is the mother on treatment and the infant on</li></ul>	<b>Classify HIV INFECTION by test results</b>	<ul style="list-style-type: none"><li>Infant has positive virological test</li></ul>	<b>CONFIRMED HIV INFECTION</b>	<ul style="list-style-type: none"><li>Give cotrimoxazole prophylaxis from age 4–6 weeks.</li><li>Refer or give antiretroviral treatment and HIV care.</li><li>Refer or start the mother on antiretrovirals if not on treatment.</li><li>Advise the mother on home care.</li><li>Follow-up as per national guidelines.</li></ul>
		<ul style="list-style-type: none"><li>Infant has positive serological test <i>or</i></li><li>Mother is HIV positive AND infant who is breastfeeding or stopped less than 6 weeks ago has a negative virological test. <i>or</i></li><li>Mother is HIV positive, and young infant not yet tested.</li></ul>	<b>HIV EXPOSED: POSSIBLE HIV INFECTION</b>	<ul style="list-style-type: none"><li>Give cotrimoxazole prophylaxis from age 4–6 weeks.</li><li>Start or continue antiretroviral prophylaxis according to risk assessment.</li><li>Conduct a virological test for the infant.</li><li>Refer or start the mother on antiretrovirals if not on treatment.</li><li>Advise the mother on home care.</li><li>Follow up regularly as per national guidelines.</li></ul>
		<ul style="list-style-type: none"><li>HIV test not done for mother or infant</li></ul>	<b>HIV INFECTION STATUS UNKNOWN</b>	<ul style="list-style-type: none"><li>Initiate HIV testing and counselling.</li><li>Conduct HIV test for the mother and if positive, a virological test for the infant.</li></ul>

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