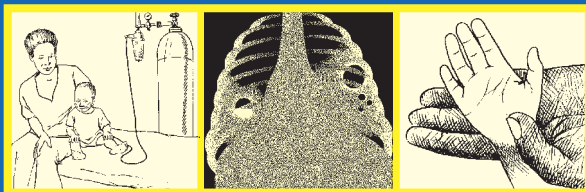


# POCKET BOOK OF Hospital care for children



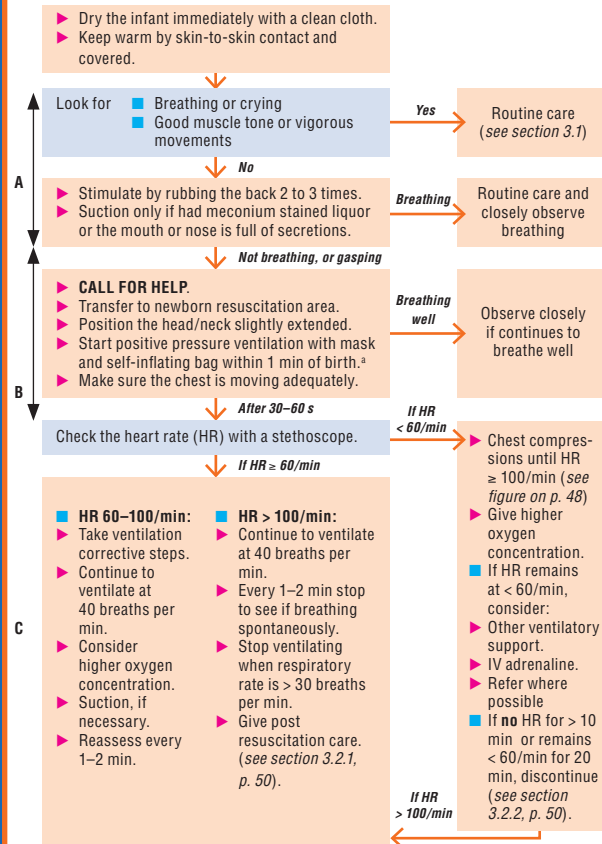
**GUIDELINES FOR THE MANAGEMENT OF  
COMMON CHILDHOOD ILLNESSES**

**Second edition**



**World Health  
Organization**

**Chart 12. Neonatal resuscitation: Flow chart**



<sup>a</sup> Positive pressure ventilation should be initiated with air for infants with gestation > 32 weeks. For very preterm infants, it is preferable to start with 30% oxygen if possible.  
**A** and **B** are basic resuscitation steps

## Triage of all sick children

### EMERGENCY SIGNS:

If any sign is positive, call for help, assess and resuscitate, give treatment(s), draw blood for emergency laboratory investigations (glucose, malaria smear, Hb)

#### ASSESS

##### Airway and breathing

- Obstructed or absent breathing or
- Central cyanosis or
- Severe respiratory distress

ANY SIGN  
POSITIVE

#### TREAT

*Do not move neck if a cervical spine injury is possible, but open the airway.*

##### If foreign body aspirated

- ▶ Manage airway in choking child (Chart 3)

##### If no foreign body aspirated

- ▶ Manage airway (Chart 4)
- ▶ Give oxygen (Chart 5)
- ▶ Make sure the child is warm

##### Circulation

Cold skin with:

- Capillary refill longer than 3 s and
- Weak and fast pulse

SIGNS  
POSITIVE

Check for  
severe  
malnutrition

- ▶ Stop any bleeding
- ▶ Give oxygen (Chart 5)
- ▶ Make sure the child is warm.

##### If no severe malnutrition

- ▶ Insert an IV line and begin giving fluids rapidly (Chart 7).

If peripheral IV cannot be inserted, insert an intraosseous or external jugular line (see pp. 340–342).

##### If severe malnutrition:

*If lethargic or unconscious:*

- ▶ Give IV glucose (Chart 10).
- ▶ Insert IV line and give fluids (Chart 8).

*If not lethargic or unconscious:*

- ▶ Give glucose orally or by nasogastric tube.
- ▶ Proceed immediately to full assessment and treatment.

### EMERGENCY SIGNS:

If any sign is positive: call for help, assess and resuscitate, give treatment(s), draw blood for emergency laboratory investigations (glucose, malaria smear, Hb)

#### ASSESS

##### Coma/ convulsing

- Coma or
- Convulsing (now)

IF COMA OR  
CONVULSION

#### TREAT

*Do not move neck if you suspect cervical spine injury, but open the airway.*

- ▶ Manage the airway (Chart 4)
- ▶ If convulsing, give diazepam rectally (Chart 9)
- ▶ Position the unconscious child (if head or neck trauma is suspected, stabilize the neck first) (Chart 6).
- ▶ Give IV glucose (Chart 10).

##### Severe dehydration

*(only in a child with diarrhoea)*

Diarrhoea plus any two of these signs:

- Lethargy
- Sunken eyes
- Very slow skin pinch
- Unable to drink or drinks poorly

DIARRHOEA  
PLUS  
two signs  
positive

Check for  
severe  
malnutrition

- ▶ Make sure the child is warm.

##### If no severe malnutrition:

- ▶ Insert an IV line and begin giving fluids rapidly following Chart 11 and diarrhoea treatment plan C in hospital (Chart 13, p. 131).

##### If severe malnutrition:

- ▶ Do not insert an IV line.
- ▶ Proceed immediately to full assessment and treatment (see section 1.4, p. 19).

### PRIORITY SIGNS

These children need prompt assessment and treatment

- Tiny infant (< 2 months)
- Temperature very high
- Trauma or other urgent surgical condition
- Pallor (severe)
- Poisoning (history of)
- Pain (severe)
- Respiratory distress
- Restless, continuously irritable, or lethargic
- Referral (urgent)
- Malnutrition: visible severe wasting
- Oedema of both feet or face
- Burns (major)

**Note:** If a child has trauma or other surgical problems, get surgical help or follow surgical guidelines.

### NON-URGENT

Proceed with assessment and further treatment according to the child's priority.

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