

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

IDENTIFY TREATMENT

World Health Organization and UNICEF
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IDENTIFY TREATMENT

INTRODUCTION

In the previous module you learned to assess the sick child age 2 months up to 5 years and to classify the child's illness or illnesses. The next step is to identify the necessary treatments. In some instances, the very sick child will need referral to a hospital for additional care. If so, you will begin urgent treatments before the child's departure.

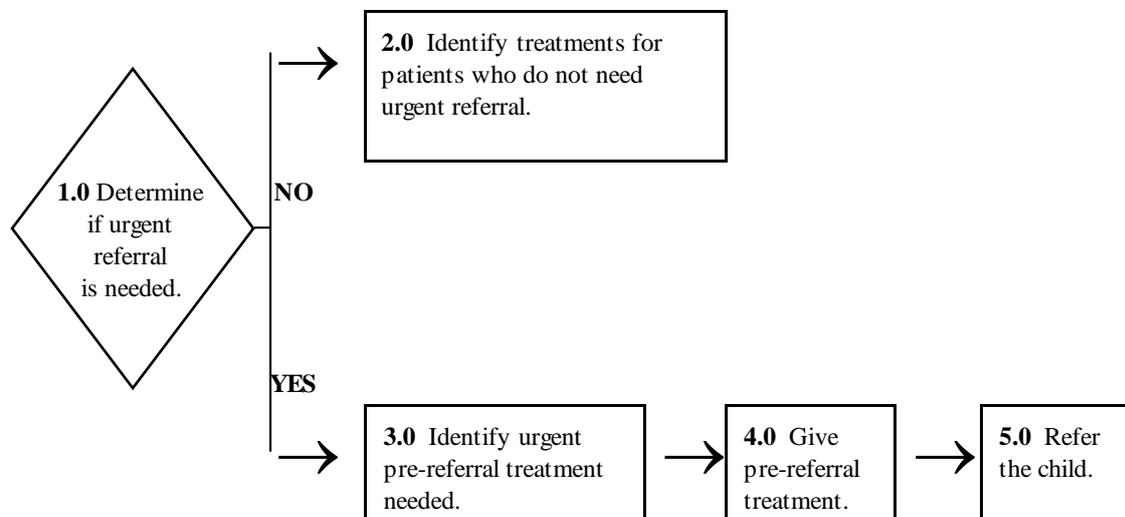
LEARNING OBJECTIVES

This module will describe and allow you to practice the following skills:

- * determining if urgent referral is needed
- * identifying treatments needed
- * for patients who need urgent referral:
 - identifying the urgent pre-referral treatments
 - explaining the need for referral to the mother
 - writing the referral note

This module will focus on **identifying which treatments are needed**. The next module, *Treat the Child*, will teach how to give the treatments.

This flowchart shows the steps involved in identifying treatment. Each step corresponds to a section in the module. Most patients will not need urgent referral and will be covered in step 2.0. However, for those patients who do need urgent referral, you will go straight to step 3.0.



In this module you will use the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart. If a child has only one classification, it is easy to see what to do for the child. However, many sick children have more than one classification. For example, a child may have both PNEUMONIA and an ACUTE EAR INFECTION.

When a child has more than one classification, you must look in more than one place on the *ASSESS & CLASSIFY* chart to see the treatments listed. Some of the treatments may be the same. For example, both pneumonia and ear infection require an antibiotic. You must notice which treatments are the same and can be used for both problems, and which treatments are different.

For some children, the *ASSESS & CLASSIFY* chart says to "Refer URGENTLY to hospital." By hospital, we mean a health facility with inpatient beds, supplies and expertise to treat a very sick child. If you work in a health facility with inpatient beds, referral may mean admission to the inpatient department of your own facility. If the child must be referred urgently, you must decide which treatments to do before referral. Some treatments (such as wicking an ear) are not necessary before referral. This module will help you identify urgent pre-referral treatments.

If there is no hospital in your area, you may make some decisions differently than described in this module. You should only refer a child if you expect the child will actually receive better care. In some cases, giving your very best care is better than sending a child on a long trip to a hospital that may not have the supplies or expertise to care for the child.

If referral is not possible, or if the parents refuse to take the child, the health worker should help the family care for the child. The child may stay near the clinic to be seen several times a day. Or a health worker may visit the home to help give drugs on schedule and to help give fluids and food. There is an annex in the module *Treat the Child* which explains what to do when referral is needed but not possible.

1.0 DETERMINE IF URGENT REFERRAL IS NEEDED

REFERRAL FOR SEVERE CLASSIFICATIONS

Look at the severe classifications on the *ASSESS & CLASSIFY* chart. These are coloured pink and include:

SEVERE PNEUMONIA OR VERY SEVERE DISEASE
SEVERE DEHYDRATION
SEVERE PERSISTENT DIARRHOEA
VERY SEVERE FEBRILE DISEASE
SEVERE COMPLICATED MEASLES
MASTOIDITIS
SEVERE MALNUTRITION OR SEVERE ANAEMIA

Notice the instruction "**Refer URGENTLY to hospital**" in the lists of treatments for these classifications. This instruction means to refer the child immediately after giving any necessary pre-referral treatments. Do not give treatments that would unnecessarily delay referral.

Exception: For SEVERE PERSISTENT DIARRHOEA, the instruction is simply to "Refer to hospital." This means that referral is needed, but not as urgently. There is time to identify treatments as described in section 2.0 of this module and give all of the treatments before referral.

There is one more possible exception: You may keep and treat a child whose only severe classification is SEVERE DEHYDRATION if your clinic has the ability to treat the child. This child may have a general danger sign related to dehydration. For example, he may be lethargic, unconscious, or not able to drink because he is severely dehydrated.

预览已结束，完整报告链接和二维码如下：

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