

Community Health Services Division  
Ministry of Health and Social Welfare  
Monrovia, Liberia

## **Community Case Management Program**

**LIBERIA**

**gCHV Ledger Guideline**

**Draft Feb 2012**

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## 1. Introduction

This CCMP ledger guideline is to assist the gCHV in conducting a fully integrated consultation with the mother or caretaker of a sick under five year old child in the community.

Always follow the ledger from left to right.

When filling in the columns, always ask the correct questions, listen keenly to the answer and counsel the mother as appropriate.

Illiterate or semi literate gCHVs must identify someone in the community that can fill out the date, name, town and house number of the children seen every day.

## 2. General Community Health Volunteer Consultation Ledger Guide

Year: 2012

	Date	Name	Town Name	House Hold #
1	Feb 14	Princess Flomo	Buutuo	92
2	Feb 14	Pierre Bance	Ivory Coast/Buutuo	87

(Ask for assistance if necessary to fill out the **written details** correctly)

### 3. Date: (See above ledger)

1. Write the Year at the top of each page. Eg. 2012
2. Write the date you assessed the sick child.
3. Always write the Date as follows: Month and Day eg. Feb 14.

### 4. Name: (See above ledger)

- 1) Write the full name of the sick child eg. **Princess Flomo**

### 5. Town Name: (See above edger)

- 1) Write which town where the child lives. Eg. **Buutuo**
- 2) If the child is Ivoirian, but is living in Liberia – please write both (Ivory Coast) here.  
Eg: **Ivory Coast/ Buutuo**

### 6. House Hold #: (See above ledger)

- 1) Write the child’s house number if known (marked by a community census) eg. **92**

Boy	Girl
	
	X
X	

### 7. Sex : Boy or Girl

- 1) If the child is a boy (male) : place mark in blue column
- 2) If the child is a girl (female), place mark in pink column

### 8. Age: in Months or Years :

birth to ① mth (less than 2 mths)	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	①	②	③	④	
	mth					mth					Yr		to less 5 yr		
	X											X			
					X										X
															X


It is very important that you ask the mother the age of the sick child.

- 1) If the child is **under** 1 year – ask: “**How many months is this child?**” Count the clear circles from Left to Right starting from ① to ⑪ and place a check mark in the correct column. (hint: if the child is over 1 month but less than 2 months, mark ①.)
- 2) If the child is 1 year or over 1 year – ask: “**How many years is this child?**”

Count the **black circles** from Left to Right starting from the number ① to ④. The black circles indicate years. Place a check mark in the correct year column. (hint: If the child is over 4 years but less than 5 years, mark ④.)

*(If the mother is not sure of the child’s age– try to help her by asking her about events she may know about. Eg. “Was the baby born after the 26<sup>th</sup>? (independence day?) “ Was the child born the year Ellen became president?”)*

### 9. Vaccination Record Full/part/No:

vaccine 		
○	◐	●
X		
		X
	X	




- 1) Ask the mother or caretaker to bring you the child’s vaccination card.
- 2) Check to see if the child is fully vaccinated (certificate), partly vaccinated or has not been vaccinated at all (no card) .
- 3) Mark **Full** ● if the child has certificate or has received all his/her vaccines. (Congratulate the mother and counsel the mother if she has any other children to the house that have not been fully vaccinated)
- 4) Mark **Part** ◐ if the child has her vaccination card but it is not complete. (*Counsel the mother: see below*)

- 1) Mark **No** ○ if the child has not taken any vaccines and does not have a card. (Counsel the mother as above. Stress the importance of full vaccination and get a commitment from the mother as to the day she will carry the under 1 child to the clinic.)

**Counsel the mother:**


- **All children under 1 year old should be carried to the clinic for vaccination.**
- **All children over 1 years old should be vaccinated every time there is campaign until the child is fully vaccinated.** (certificated)

**10. Fever:**

Fever 		
		<b>DANGER</b>
less than 24 hr	more than 24 hr	
	X	
X		

1) )Ask: the mother: “Has the child’s skin been hot? (If the child is breast feeding – the mother should be able to feel if the baby’s mouth is hot.)

2) )Ask: “When did the child’s skin start to feel hot?”

- If the mother says the fever started “yesterday” or “last night”, mark the  box - **less than 24 hours**.

- If the mother says “**more than one day**” (24 hours)

mark the  box.

3) )Use your **classification card** to identify if the child has any **DANGER SIGNS** are present.

4) Mark the **Red** box if **DANGER SIGNS** are present.












**FEVER DANGER SIGNS**

1. ) Vomiting everything
2. ) Very weak
3. ) Jerking or stiff neck
4. ) Child not able to :
  - Breastfeed
  - Eat
  - Drink

**11. Danger Sign Chart:**

Note: If any Danger signs present: **Refer quick quick**

**Referral Conditions (Danger Signs)**

					
Vomiting plenty	Blood in poo poo	Pinch of skin goes back slowly	Sunken eyes	Jerking (Convulsions) Or stiff neck	
					
Not able to drink or breastfeed	Sleeping plenty Difficult to wake	60 or more breaths per minute	Chest indrawing Grunting	Cough for 3 weeks or more	Very Cold Body

5) Every child with fever and No danger signs **MUST** be tested with **RDT** for malaria. Follow your RDT guide in your CCM Malaria module page 15.

## 12. Diarrhea/Running Stomach:


- 1) ) **Ask:** the mother if the child has running stomach.
- 2) ) **Ask:** How many times a day? (The child has running stomach if the child passes watery poo poo 3 or more times in one day)
- 3) ) **Ask:** For how many days has the child had running stomach?
- 4) ) **Ask:** Can the child drink?
- 5) ) **Check for some Dehydration:** Does the child have dry mouth or tongue?
- 6) ) Have the mother offer the breast (if she is breast feeding ) or offer a cup of clean water to the child to observe if the child is thirsty.

**Counsel:** the mother on the importance of drinking plenty when a child has running stomach.

- 7) ) **Check for DANGER SIGNS:** Use your **classification card**. (see below)
- 8) ) **Pinch the skin** on the child's belly to check for dehydration. If the skin goes back very slowly, check if the child has sunken eyes and no tears. This child is **dehydrated**.




- 9) **Give:** this dehydrated child ORS and )
- 10) **REFER:** the dehydrated child to the nearest clinic. )
- 11) **Mark:** an **X** under the **DANGER SIGNS** red area.

Referral Conditions (Danger Signs)						
						
Not able to drink or breastfeed	Sleeping plenty Difficult to wake	Pinch of skin goes back slowly	Sunken eyes	Vomiting plenty	Blood in poo poo	Send parents with the sick child to the clinic

- 12) **Mark:** an **X** under the **yellow** area if only mild dehydration and NO Danger Signs present.
- 13) **Treat** the child with some / **small dehydration** with ORS and zinc according to the age of the child as indicated on your classification card for Diarrhea.

### 13. Pneumonia:



2 to 11 mths	② ③ ④ ⑤ mths	⑥ ⑦ ⑧ ⑨ ⑩ ⑪ mth	1 to 5 yrs	② ③ ④ ⑤ mth	⑥ ⑦ ⑧ ⑨ ⑩ ⑪ mth	above 60 or <b>DANGER SIGNS</b>
< 50	50 to 60 :	< 40:	40 to 60 :	above 60 or <b>DANGER SIGNS</b>		
OO	OO	OO	OO			
OO	OO	OO	OO			
O	OO	OO	OO			

- 1) **Observe:** the child with cough – take the upper clothes off the child, observe the child for fast or difficult breathing.
- 2) **Ask:** the mother to breast feed the young child or calm the child.
- 3) **Count:** the number of breaths per minute using your respiration timer.

**Count** the number of breaths for 60 seconds (until the timer beeps twice). *(A child with pneumonia will not stop breathing for long seconds. This child will not be looking all around. The child will be breathing very fast.)*



**Hint:** Be careful not to count the ticking sound from your timer. Only count in and out breath as one as one breath.

**Age of Child:** Always check the age of a child with cough and cold before taking the respiratory rate to accurately identify fast breathing.

**birth to ① mth (less than 2 mths)**

**A child less than 2 months:**

- 1) Every sick child with fast breathing that is less than 2 months must be referred **quick quick** to the nearest clinic.

**A child 2 to 11 months with cough and cold or fast breathing:**

② ③ ④ ⑤ mth	⑥ ⑦ ⑧ ⑨ ⑩ ⑪ mth
-------------------------	-----------------------------------

- 1) **Mark:** the **green** area if the child’s breathing (respiratory) count is less than 50
- 2) **Mark:** the **yellow** area if the 2 to 11 month old child’s breathing count is between 50 and 60 breaths per minute. *(this is the child you can treat with cotrimoxazole 2 tablets per day times 5 days. A total of 20 tablets.)*
- 3) **Mark:** the **DANGER SIGN** area if the child’s respiratory count is more than 60.

**A child 1 year to less than 5 years: )**

① ② Yr	③ ④ to less 5yr
--------------	-----------------------------

- 1) **Mark:** the **green** area if the child’s respiratory count is less than 40
- 2) **Mark:** the **yellow** area if the child’s respiratory count is less than 60 but 40 or more breaths per minute. *(this is the child you can treat with cotrimoxazole 3 tablets per day times 5 days. A total of 30 tablets.)*
- 3) **Mark:** the **DANGER SIGN** area if the child’s respiratory count is more than 60.



- **Use:** your classification card to check for other **Danger Signs**. If present place a mark in the **DANGER SIGN** area and refer the child.
- **Always** refer quick quick every sick child with a **DANGER SIGN**
- **Always** use your classification card to indicate how many tablets of Cotrim you should give to the child with fast breathing according to their **age**.

**Cough and Cold DANGER SIGNS**

- 1) Child not able to :
  - Breastfeed
  - Eat
  - Drink
- 2) Sleepy / difficult to wake up
- 3) Very cold body
- 4) Chest indrawing
- 5) Over 60 breathing rate
- 6) Cough for over 3 weeks



**14. Nutrition:**

Nutrition		
Breast feeding	other foods	breast feed after 6 mths up to 2 years
X		

**15. Breastfeeding:**

- 1) **Ask** the mother if she is still breastfeeding the child.
- 2) **Mark** : the breast feed column if she answers “yes”.

**16. Other foods**

- 1) **Ask:** the mother if she is giving the child any other food or drink.
- 2) **Mark** : the “other foods” column if she answers “yes”.

- **Ask** if she can leave the child with someone while she goes to the farm or market.
- If she answers “yes”, **ask** what that person gives to the child to eat or drink while she is away.
- **Mark** : the “other foods” column if the mother answers “water” or other food.

**Counsel the mother:** *If the child is less than six months.*

- *to always keep the baby with her so the baby can suck any time he/she is hungry.*

**Advise:**

- *The mother should not move the titty from the baby’s mouth while sucking.*
- *The baby should suck long on the same side to get the best milk until the baby is finished. \$*
- *The mother should always empty one breast before switching the baby to the other breast. "*

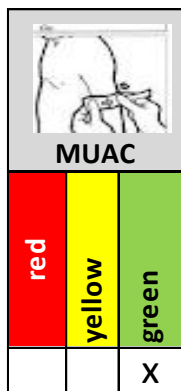
**17. Breast Feed after 6 months up to 2 years:**



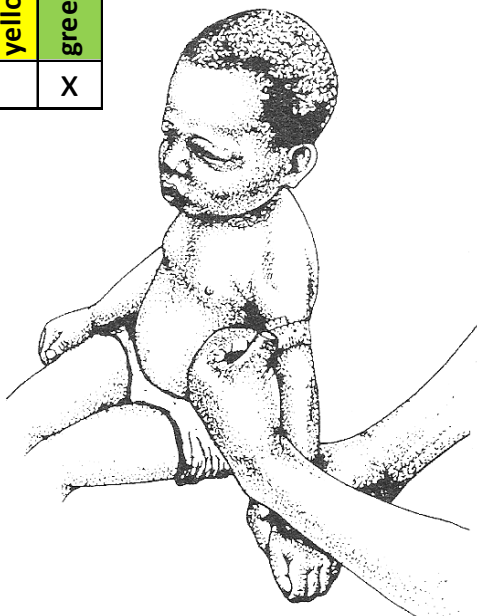
- 1) **Check** the age of the child: the child must be between 6 months and 2 years.
- 2) **Mark**: the “Breast feed after 6 months up to 2 years” column: If the child is taking other food or drink but is still sucking tay tay.

### **Counsel the Mother !**

- 1) **Ask** the mother if she has other children at home.
- 2) **Advise** the mother on the importance of exclusive breastfeeding to 6months (*which means NO other food or water or other drink for the baby besides tay tay*)
- 3) **Advise** the mother on the importance of introduction of good “mixed” food after 6 months while continuing to breast feed up to 2 years. (*Explain that the brain continues to develop up to 2 years with the help of good food.*) When a child is malnourished, they may not be as bright in school because they cannot grow well. (Use the ENA module as a guide for nutrition counselling) \*



### **18. MUAC: Measure Upper Arm Circumference**



**Every under 5 child in your community should be measured with MUAC!** Be careful to measure it correctly:

Use the MUAC tape measure. Let the child's left arm hang by his side with his elbow straight. Measure his arm as shown in the picture, half way between the point of his shoulder and his elbow.

#### **MUAC :**

Pull the tape gently, but firmly around his arm. Don't pull so tight that folds come in his skin.

There are four colored zones, starting at **green** (normal) and moving to **yellow** zone, which means the child is at risk or very close to being malnourished. The **orange** zone shows moderate malnutrition, this child must be referred to the nearest health facility. All children need a well balanced diet to ensure he/she will not fall in the **red** zone (severe malnutrition). A child how is that is severely malnourished is at very high risk of death unless hospitalized at a special therapeutic feeding center.

\* THIS ARM MEASUREMENT IS NOT HELPFUL IN CHILDREN UNDER 6 months OR OVER 5 YEARS! (If a child puts his hand over his head and he can't touch the ear on the other side ...then he is usually less than 5 years)

- 1) ) **Mark** in your ledger the color of the **MUAC**.
- 2) ) **DANGER SIGN**: Refer all **orange** and **red** MUAC measurement **children to the nearest 5 clinic. 5**

**WHAT THE READING MEANS:**

- **RED** – severe malnutrition
- **ORANGE** – moderate malnutrition
- **YELLOW** – at risk of malnutrition
- **GREEN** – normal

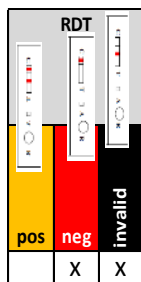
**19. Edema** (Both Feet swollen up)



1. **Hold** both feet at the same time and press gently with your thumb.
2. ) If your thumb mark remains in the foot for a “long” time, the child has feet swelling (edema). This is a **DANGER SIGN**.
3. It is a sign of **malnutrition** or other sickness and must ALWAYS be **referred quick quick** to the nearest Health Facility.



**20. RDT**



1. ) **Prepare**: an RDT test for every child 2 months to under 5 years with **fever**.
2. ) **Check**: the RDT **pos** column if the test result is **positive**
3. ) **Check**: the RDT **neg** column if the test result is **negative** and **refer** this child
4. ) **Check**: the RDT **invalid** column if the test result is **invalid** and redo the test or **refer** the child (*you may mark in two columns if the first test was invalid see sample*)



**21. Mother gave different medicine:**

1. ) **Ask** : mother if she gave any medicine to the child for the present sickness. This can be pharmacy medicine or country medicine.
2. ) **Do not**: give more of the same drug already taken by the sick child. Example: If the mother gave the child PCM, (you should ask the mother to show you the tablet), you should not give the first dose to the child until at least 6 or 8 hours has passed.
3. ) **Refer** the child that took other medicine beside children’s PCM before gCHV consultation.

**Counsel the Mother: !**

**Advise:** the mother that she should not give other people’s medicine to a child.

**Advise:** the mother the DANGER of giving adult tablet to a child.

**Advise:** the mother to stop giving all medicine (both country or pharmacy medicine to the child) when taking the medicine supplied by the gCHV. )

**Advise:** mother to give the child the correct medicine, the correct times and the correct way (the gCHV can give children’s PCM and ACT for RDT pos malaria children with no danger signs).




**2.2. Condition and Classification of Sickness**

Always use your classification card to classify sickness and assess for **DANGER SIGNS**

**a) Simple Malaria:** Treat the child for simple malaria if the child is:

- ✓ 2 months to under 5 years
- ✓ RDT positive
- ✓ Has NO DANGER signs
  
- ❖ Treat the child with **Simple Malaria** with PCM and ACT (follow the instruction in your Malaria module and classification card.)

**b) Simple Pneumonia:** if the child has a fast breathing rate of:

<p><b>2-11 months</b></p>  <p>2 3 4 5 mth 6 7 8 9 10 11 mth</p>	<p>50 to 60 breaths per minute (with no danger signs)</p>	<p>Treat children by the gCHV (see reverse)</p> 	<p>&lt; 50 breaths per minute (with no danger signs)</p>
<p><b>1-5 years</b></p>  <p>1 2 Yr 3 4 to less 5 yr</p>	<p>40 to 60 breaths per minute (with no danger signs)</p>		<p>&lt; 40 breaths per minute (with no danger signs)</p>

- ❖ Treat the child with **Simple Pneumonia** with Children’s dose Cotrim and paracetamol : (follow the instruction in your ARI module and classification card.)

**c) Simple Diarrhea + Simple Dehydration**: if the child has

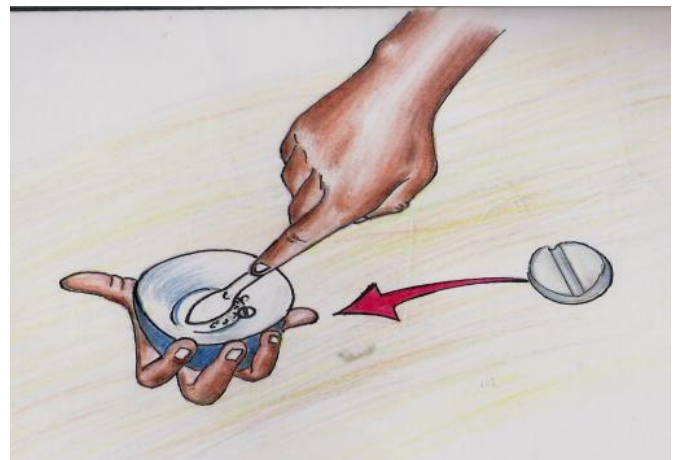
- ✓ 3 or more loose poo poo in 24 hour
- ✓ No blood in the poo poo
- ✓ No mucous in the poo poo
- ✓ No severe dehydration

- ❖ Treat children for **Simple Diarrhea** with ORS and zinc (follow the instruction in your Diarrhea module and classification card.)

**23. Giving Medicine to a Child:**

**Do not give a whole tablet to a young child.  
(He/she will choke on it)**

- ❑ Take a spoon and put some clean ) water or breast milk in it.
- ❑ Put required tablet in the spoon, and ) let it melt before giving it to the ) child. )
- ❑ Do not close the child's nose and force the child. This will cause the child to choke. )
- ❑ If the child is still breast feeding – offer the breast five minutes after giving the medicine so the child is sure to have ) swallowed all.



**Name of Medicine:**

**1. PCM: Paracetamol 100mg**

PCM 1/2 tab	PCM 1 tab	PCM 2 tab
X		

**Paracetamol** is a fever and pain reducing medicine.

Give only one dose of **paracetamol** according to the age of the child with fever that is being **referred** to the clinic today.

- Give ½ tablet PCM and **refer all** babies less than 2 months with fever.
- Give 1 tablet PCM and **refer all** children 2 months to 2 years with fever that are RDT negative or have **danger signs**
- Give 2 tablet PCM and **refer all** children 3 to 5 years with fever that are RDT negative or have **danger signs**

Give **paracetamol** to a child with “hot body” (if the child is over 2 months to 5 years) three times a day for 3 days if the child has simple malaria or simple pneumonia and there are **NO DANGER SIGNS**.



Treatment with Children’s Paracetamol 100mg tablets										
Age Group	Dosage	Day 1			Day 2			Day 3		
0 - ① mth (less than 2 mths) 	½ tablet 	<b>REFER THE CHILD TO THE CLINIC QUICK QUICK AFTER THE FIRST DOSE</b>								
2 months - 2 years  ②③ ⑥⑦ ① ④⑤ ⑧⑨ ② mth mth Yr	1 tablet 									
3-5 Years  ③④ to less 5 yr	2 tablet 									

PCM:  
1 tab  
(9)

- **2 months to 1 year 2 years:** give 1 tablet PCM (100mg) 3 times a day (once in the morning, once in the afternoon and once before bedtime)

PCM:  
2 tab  
(18)

- **3 years to 5 years:** : give 2 tablets PCM (100 mg) 3 times a day (once in the morning, once in the afternoon and once before bedtime)

	
<b>PCM:</b> 1 tab (9)	<b>PCM:</b> 2 tab (18)

**Instructions:**

Give the first dose of PCM in the presence of the mother (to ensure she knows how to give it.) )












- 2 mths to 2 yrs: Give the balance 8 tablets to the mother. Check the “9” column. )
- 3 to 5 yrs: give the balance 16 tablets to the mother. Check the “18” column.

Show the back of the Malaria classification card for instructions to the mother. Always ask the mother for feed back to be sure she understood the instructions well. Explain to the mother that these PCM tablet are low dosage and are only for children. She should NOT give adult PCM tablets to her children. These tablets are not strong enough for adults. She should use all these tablets as directed for this child.

**2. ACT/ Artesunate Combined Therapy:**

**ACT.** is Liberia’s first drug of choice to cure malaria. Give **ACT** to a child with “hot body” that is RDT positive and has **NO DANGER SIGNS**. (If the child is over 2 months to 5 years). )

(Refer **ALL** sick children under 2 months!) )

Treatment for simple malaria (RDT positive) with ACT: Artesunate + Amodiaquine <u>fixed dose</u> 1 tablet daily for 3 days						
0 -  mth (less than 2 mths)		REFER THE CHILD TO THE CLINIC QUICK QUICK				
Age of the Child		Product: ACT fixed dose	Dosage	Day 1	Day 2	Day 3
	2 – 11 months	Artesunate (25mg) + Amodiaquine (67.5 mg) Pack of 3 tablets	Pink  1 tablet			
	1 – 5 years	Artesunate (50mg) + Amodiaquine (135 mg) Pack of 3 tablets	Purple  1 tablet			

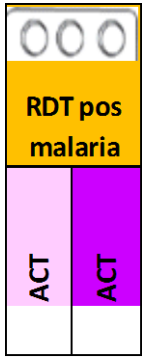
**Dosage:**

**2 months to 11 months:** Give 1 tablet ACT **pink** at the same time each day for 3 days (1 **PINK** blister pack of 3 tablets (25mg artesunate + 67.5 mg amodiaquine)

**1 years to 5 years . :** Give 1 tablet ACT at the same time each day for 3 days (1 **PURPLE** blister pack of 3 tablets (25mg artesunate + 67.5 mg amodiaquine)

**Instructions:**

- Open the first section of the blister pack to take out the first tablet in the presence of the mother .then give her the balance ACT pink blister pack (2 tablets should be left in the pack) (2 mths to 11 mths) or ACT purple blister pack of 2 tablets (1 year to 5 years) to the mother to take home.
- Show the back of the Malaria classification card for instructions of both ACT and PCM to the mother. Always ask the mother for feedback to be sure she understood the instructions well.



Fill out the ledger as follows:

- Check the pink column if you give one pink blister pack to a child (2 to 11months)
- Check the purple column if you give one purple blister pack to a child (1 to 5 years)

Counsel the mother as follows:

1. ) This fixed dose is only able to cure malaria in a child. It is not enough medicine to cure an adult with malaria. Do not save medicine for an adult. Finish all the medicine on this child. We finish giving the first tablet to the child at \_\_\_\_\_ (check the time): eg. this morning, this afternoon, this evening). Tomorrow at this same time, give the child the second tablet just as we demonstrated. The following day do the same. The child should continue to breastfeed, eat and drink plenty. If the child has no appetite, offer breast, food and drink more often throughout the day.
2. Review **danger signs** and home management on your classification card with the mother.
3. ) Ask the mother to repeat your instructions to ensure she will give the medicine to the child correctly.
4. ) Set a time to visit the mother and the sick child for a follow up visit to ensure the child is improving and taking the medicine correctly, (you may ask the mother to bring the child to you or you may go and visit the child in their home.)

**ACT (Artesunate Combined Therapy) TREATMENT FOR MALARIA:**

**ACT** (Artesunate Combined Therapy) #1 drug for RDT **confirmed** cases of malaria.

- **ACT** is a 3 day treatment.
- **ACT is a one time** daily dosage for 3 days (taken at the same time each day)
- **ACT** should be taken with plenty of water and sugar sweetened juice.
- **ACT** can make some people feel weak and sleepy and make their “eyes turn” (dizzy) This is a **normal side effect because the medicine is working to kill the malaria parasite!** Tell the person to lie down and rest if dizzy and to drink plenty of cool-aid with sugar or sugar sweetened juice (Not Trink or Foster Clark as no real sugar inside – only a sweet taste). **Do not stop taking the ACT medicine if you feel weak. You must take all the medicine for 3 days to get well or the malaria will come back.**
- **ACT** is very successful to kill the malaria parasite in your body
- **ACT** is provided free through NMCP (National Malaria Control Program) The fixed dose is based on the child’s age. It is important to take the correct dosage. **Do not overdose or under dose on ACT medicine!**



***\*(if many people do not complete the full 3 day treatment, it is possible for the malaria parasite to survive the ACT treatment so it can no longer cure malaria!)***



### 3. Cotrimoxazole (Septrim) 20/100 mg

Give Septrim to a child that is 2 months or older that has a breathing rate of 50 or more with **NO DANGER SIGNS**.

Give a child with fast breathing (without danger signs) **Co-trimoxazole** as shown below:

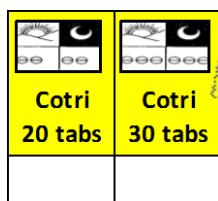
Age of child	Treatment with Co-trimoxazole Pediatric Dose 20/100mg tablet 2 times a day x 5 days				
	Day 1	Day 2	Day 3	Day 4	Day 5
<b>2-11 months</b>  2 3 4 5 mth 6 7 8 9 10 11 mth					
<b>1-5 years</b> 1 2 Yr 3 4 to less 5 yr 					

**2-11 months:**  
Give 2 tablets in the morning and 2 tablets in the evening every day for 5 days.  
Total tablets given = 20 tablets

**1-5 years:**  
Give 3 tablets in the morning and 3 tablets in the evening every day for 5 days.  
Total tablets given = 30 tablets

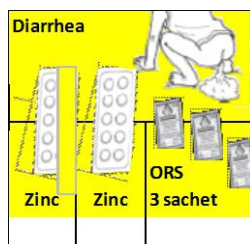
**These tablets must be given every morning and evening for 5 days until all the tablets are finished.**

**Dosage: !**



- **2 months to less than 12 months:** Give 2 tablets to the child and then give the mother 18 more tablets. Instruct the mother to give 2 tablets (every morning and evening) for 5 days (check the “20 tabs” column)
- **1 year to 5 years:** Give 3 tablets to the child and then give the mother 27 more tablets. Instruct her to give 3 tablets (every morning and evening) for 5 days (check the “30 tabs” column)

\* Give the first dose in the presence of the mother (to ensure she knows how to give it.) then give the balance tablets to the mother to take home. Always do follow up at the home to ensure the child is improving and that the mother is giving the tablets correctly.



### 4. Zinc 20mg.

Give zinc to a child that has had running stomach (3 times per day) with no or small dehydration

\* 2 months to 5 months: Give zinc. ½ tablet a day for 10 days and mark the 5 tablet column (1/2 tablet x 10 = 5 tablets) ....

\* 6 months to 5 years: Give zinc 1 tablet a day for 10 days and mark the 10 tablet column .

Demonstrate by giving the first dose to the child. Explain that this medicine must continue after the running stomach stops as it is a special vitamin that the child needs after running stomach ) for 10 days. )

Ask the mother to repeat your instructions to ensure that she will give the medicine correctly. . Always do follow up at the home to ensure the child is improving and that the mother is giving ) the tablets correctly. )

**Treatment with ORS**



Make sure that you have all the supplies that you need and that they are clean



Wash hands with soap and water. Air dry or dry with a clean towel



Pour 1 liter of safe drinking water into a clean cup



Put the contents of the ORS package into 1 liter of water and stir until all is dissolved




Give small sips from a cup or spoon (1/4 to 1 cup) after each water poo poo. If child vomits, wait 10 minutes and then try again



Do not keep prepared ORS over 24 hours. Give the mother 2 ORS packages to take home

**Treatment with Zinc**

Age Group	Dosage	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
											
0 - 1 mth (less than 2 mths) 	Refer to Child to the Clinic Quick Quick										
2 - 5 months 	1/2 tablet (10mg) daily for 10 days 										
6 months - 5 years 	1 tablet (20mg) daily for 10 days 										

**5. ORS: Oral rehydration Salt**

Rehydration is replacing fluid (water) and salt lost from the body to avoid dehydration or malnutrition or death. Oral Rehydration Salt (ORS) is used to prevent dehydration

Ensure you have the following:

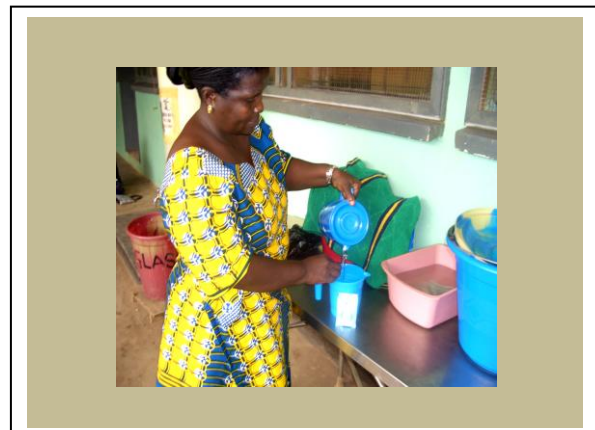
1. One liter measurement cup
2. One or two small clean drinking cups
3. One Clean Table spoon.
4. One sachet of ORS.
5. One bowl of water for hand washing.



**Mixing ORS:**

Ask the mother if she has a litre cup to her house. Ask her to send for it to ensure it is the correct size. If she does not, ask her to bring a clean container (bowl) that will fit one liter water.

Wash your hands in the presence of the mother and explain how important it is to have clean hands to prevent diarrhea germs from getting into the water.




Fill your liter cup of water and pour it into her cup or container so she can measure the exact height level the water should go.

Mix 1 package of ORS in the water (in the presence of the mother) and stir well. (Explain to the mother the importance of not using too little water as the ORS is salty and will cause further dehydration.) Assist the mother to feed the ORS to the child. If the child is small use a spoon to feed the child.. Do not force or stuff the child. A dehydrated child will drink


Give the balance 2 packages of ORS to the mother. The mother should continue to give ORS for 3 days or until the running stomach has stopped.

**Note:** Prepare new packet of ORS every day. Always waste the Remaining solution at the end of each day.

<p><b>Refer to Clinic</b></p>  <p><b>Refer</b></p>  <p><b>Yes</b></p>

### 24. Refer to Clinic

- If you sent the child to the clinic for any reason. Mark this column.

 <p><b>follow up condition</b></p>		
<b>good</b>	<b>refer</b>	<b>health ed</b>

### 25. Follow up visit

Mark this section after you visited the home of the sick child following the first day of treatment.

During the follow up visit the gCHV should:

1. ) Ask to see the sick child to ensure that the child is improving
2. ) If the child is improving but a mark in the green section
3. ) If the child is not improving, refer the child and mark the red box.

4. ) Ask the mother what medicine she gave the child
5. ) Ask the mother to show you the balance medicine to ensure that she is giving the medicine correctly
6. ) Advise the mother how to continue giving the medicine until it is finished to ensure complete recovery of the child.
7. ) Ask the mother what the sick child had to eat or drink that day
8. ) Advise the mother to give the child extra food (at least 4 or 5 times in a day)

9. Ask the mother to offer the breast or give juice or clean water to the older child every 1 or 2 hours.
10. Ask the mother if she has a mosquito net
11. Ask if the child slept under the mosquito net last night
12. Advise the mother that children and pregnant women are most vulnerable to get malaria and should sleep under mosquito net every night
13. Review the malaria cycle card and how to prevent malaria
14. Review how to prevent Diarrhea
15. Review how to prevent ARI & Pneumonia
16. Bring out the Danger Sign Card and ask the mother to refer all children with Danger signs to the nearest clinic
17. Mark the blue box to indicate that you gave health education to the family.