

The Integrated Management of Childhood Illness (IMCI) for Diarrhea as seen with Rotavirus Disease

ASSESS ALL SICK CHILDREN AND SICK YOUNG INFANTS.		
1. For ALL sick children ask the mother about the child's problem		
2. For ALL sick children ask the mother about the child's problem, then CHECK FOR GENERAL DANGER SIGNS	<p style="text-align: center;">General Danger Signs →</p> <p>A child with <u>any</u> general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed</p>	<p>ASK: Is the child able to drink or breastfeed?</p> <p>ASK Does the child vomit everything?</p> <p>ASK: Has the child had convulsions?</p> <p>LOOK To see if the child is lethargic or unconscious</p>
3. For ALL sick children ask the mother about the child's problem, check for general danger signs, and then ASK about cough or difficulty breathing		
4. For ALL sick children ask the mother about the child's problem, check for general danger signs, ask about cough or difficulty breathing, and then ASK: Does the child have diarrhea? If yes see right	<p>ASK</p> <ul style="list-style-type: none"> • For how long? • Is there blood in the stool? <p>LOOK, LISTEN, FEEL</p> <ul style="list-style-type: none"> • Look at the child's general condition. Is the child: <ul style="list-style-type: none"> → Lethargic or unconscious? → Restless or irritable? • Look for sunken eyes • Offer the child fluid. Is the child: <ul style="list-style-type: none"> → Not able to drink or drinking poorly? → Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> → Very slowly (longer than 2 seconds)? → Slowly? → Immediately? 	<p>CLASSIFY the child's illness using the classification table for diarrhea and dehydration (Table 1 at right)</p> <ul style="list-style-type: none"> • If the child has had diarrhea for 14 days or more, classify the child for persistent diarrhea • If the child has blood in the stool, classify the child for dysentery <p>IDENTIFY TREATMENT (Table 2 at right)</p>
5. For ALL sick children ask the mother about the child's problem, check for general danger signs, ask about cough or difficulty breathing, diarrhea and then ask for fever.		
6. For ALL sick children ask the mother about the child's problem, check for general danger signs, ask about cough or difficulty breathing, diarrhea, fever and then ask for an ear problem.		
7. For ALL sick children ask the mother about the child's problem, check for general danger signs, ask about cough or difficulty breathing, diarrhea, fever and ear problem. CHECK for malnutrition and anemia, immunization status and for other problems.		

Table 1. Classification Table for Dehydration		
SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)
Two of the following signs: <ul style="list-style-type: none"> • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly 	SEVERE DEHYDRATION	<ul style="list-style-type: none"> ▶ If child has no other severe classification: <ul style="list-style-type: none"> - Give fluid for severe dehydration (Plan C below) <li style="text-align: center;">OR ▶ If child also has another severe classification: <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS* on the way. Advise the mother to continue breastfeeding ▶ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera
Two of the following signs: <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly 	SOME DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluid and food for some dehydration (Plan B below): <ul style="list-style-type: none"> - Give fluid for severe dehydration (Plan C below) ▶ If child also has a severe classification: <ul style="list-style-type: none"> - Refer URGENTLY to hospital with mother giving frequent sips of ORS* on the way. Advise the mother to continue breastfeeding ▶ Advise mother when to return immediately ▶ Follow-up in 5 days if not improving
Not enough signs to classify as some or severe dehydration	NO DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluid and food to treat diarrhea at home (Plan A below) ▶ Advise mother when to return immediately ▶ Follow-up in 5 days if not improving

Table 2. Extra Fluid for Diarrhea and Continued Feeding	
	To treat a child who has diarrhea and NO DEHYDRATION
PLAN A: Treat diarrhea at home	<ul style="list-style-type: none"> ▶ Give extra fluid: <ul style="list-style-type: none"> - Give more fluid as usual as soon as diarrhea starts - Breastfeed frequently and longer at each feeding - If exclusively breastfed, child should be breastfed more frequently than usual - Teach mother how to mix ORS* - Show mother how much fluid to give in addition to usual fluid intake ▶ Continue feeding ▶ Return to health center if child is not able to drink or breastfeed, becomes sicker, develops a fever. If the child has diarrhea, return if she has blood in stool or is not able to drink or breastfeed
PLAN B: Treat some dehydration with ORS*	<p style="text-align: center;">To treat a child who has diarrhea and SOME DEHYDRATION (includes an initial treatment of 4 hours in the clinic)</p> <ul style="list-style-type: none"> ▶ Determine the amount of ORS* to give during the first 4 hours ▶ Show the mother how to give ORS* solution ▶ After 4 hours, reassess the child. If NO DEHYDRATION, choose PLAN A. If the child still has SOME DEHYDRATION, choose PLAN B again
PLAN C: Treat severe dehydration quickly	<p style="text-align: center;">To treat a child who has SEVERE DEHYDRATION</p> <ul style="list-style-type: none"> ▶ Water and salts must be quickly replaced with intravenous fluids

*ORS: Oral Rehydration Solution