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ARI: Assessment

- **FIRST ASSESS THE CHILD FOR SEVERE ILLNESS**
- **REFER** IF ANY OF THE FOLLOWING DANGER SIGNS (RELATED TO AGE) ARE PRESENT

GENERAL DANGER SIGNS:	
ALL CHILDREN <ul style="list-style-type: none">• Convulsions• Vomits everything• Stridor in a calm child• Severe malnutrition• Lethargic or unconscious• Unable to drink or breastfeed	YOUNGER THAN 3 MONTHS <ul style="list-style-type: none">• Any of the clinical features listed under ALL CHILDREN• Fever (temp. > 37.5° C axillary)• Low body temperature (< 35.5° C)• Bulging fontanelle• Grunting• Chest in-drawing• Fast breathing (more than 60 per minute)

Ask

- Age of child?
- Is the child having problems with breastfeeding or drinking?
- Is the child coughing? For how long ?
- Is the child wheezing? For how long? Previous episodes? Is there a family history of asthma?
- Is there a TB contact?

Observe

- Count the breaths per minute
- Look for lower chest indrawing
- See if the child is abnormally sleepy
- Look for signs of malnutrition

Examine

- Take temperature
- Weigh child and plot weight
- Listen for wheezing
- Listen for stridor (inspiratory noise)

ARI: Management Plan (3 months to 5 yrs)

Clinical Signs	Classify As	Treatment Plan
<ul style="list-style-type: none"> • Any general danger signs or • Lower chest-indrawing or • Stridor in calm child 	<p>VERY SEVERE DISEASE or SEVERE PNEUMONIA</p>	<p>PLAN C:</p> <ul style="list-style-type: none"> ➤ Give first dose of antibiotic ➤ Give oxygen ➤ Refer urgently to hospital (see Box 1)
<ul style="list-style-type: none"> • Fast breathing <ul style="list-style-type: none"> ▶ No chest-indrawing ▶ No stridor ▶ No danger signs 	<p>PNEUMONIA</p>	<p>PLAN B:</p> <ul style="list-style-type: none"> ➤ Give antibiotic (Box 2) ➤ Treat fever, if present (Box 3) ➤ Treat wheeze, if present (Box 4) ➤ Advise mother (Box 5) ➤ Follow up (Box 6)
<ul style="list-style-type: none"> • No fast breathing <ul style="list-style-type: none"> ▶ No chest-indrawing ▶ No stridor ▶ No danger signs 	<p>NO PNEUMONIA:</p>	<p>PLAN A:</p> <ul style="list-style-type: none"> ➤ If cough > 2 weeks: assess for TB (Box 6) ➤ Assess and treat ear problem or sore throat, if present (see guideline) ➤ Advise mother (Box 5) ➤ Treat fever, if present (Box 3) ➤ Treat wheeze if present (Box 4)

ARI: Management (Boxes)

(1) Management of child who needs referral

- | | |
|--|---|
| <ul style="list-style-type: none"> • Give oxygen with 40% oxygen face mask at 4l/ min or nasal prongs at 1 l/min • Refer to hospital on oxygen • Give first dose of antibiotic:
Amoxicillin 10 ml PO or
Chloramphenicol 25 mg/kg IM | <ul style="list-style-type: none"> • Keep young infant warm in a blanket if cold • Treat fever (see 3) • Treat wheeze (see 4) • If dehydrated, give extra fluid |
|--|---|

(2) Antibiotics

- Give the first dose of antibiotic in the clinic
- Instruct the mother or caregiver on how to give the antibiotic for 5 days at home

Age/Weight	Amoxicillin (25 mg/ml)
3 months - 5 years If weight > 20 kg	5 ml 8 hourly PO 10 ml 8 hourly PO

- Penicillin hypersensitivity is usually not a problem
- If paroxysmal cough or sticky eyes in children under 6 months, suspect chlamydia. Treat with erythromycin 62.5 mg 6 hourly for 7 days
- Co- trimoxazole is not recommended
- If there is no improvement:
persistent fast breathing and/ or chest- indrawing - REFER

(3) Fever

- Fever alone is not a reason to give an antibiotic except in a young infant less than 3 months
- Axillary temperature: <35.5° C means low body temperature
>37.5° C means fever
- Advise mother to give extra fluids

Paracetamol: every 4 hours when necessary

Age	10-15 mg/kg per dose
3 - 12 months >12 months	2.5 - 5ml 5 - 10 ml

(4) Wheezing

- Give Salbutamol (Ventolin) e.g. via metered dose inhaler (MDI) and spacer or nebuliser
- Oxygen

Nebulised Salbutamol:	Metered dose inhaler:
1 ml Salbutamol plus 2.0 ml normal saline given as a nebuliser	Use spacer - 5 puffs (each puff every 15- 30 seconds)

Thereafter if:

- ARI and first episode of wheezing - discharge on oral salbutamol
- ARI and recurrent wheezing - further assessment needed, refer to protocol on management of recurrent wheeze

(5) Advise mother on home care

- Feed the child
 - Continue to feed the child during the illness and increase feeding after illness
 - Clear the nose if it interferes with feeding
 - For blocked nose use saline nose drops
 - Observe the child closely. Return IMMEDIATELY if child:
 - develops difficulty in breathing
 - is not able to drink
 - has a fever which does not settle
 - develops fast breathing
 - becomes more sick
- ❖ ***This child may be developing severe pneumonia and then need referral***
- Cough mixtures are of no proven value

(6) Follow up

- Advise mother to return if no improvement within 2 days
- If not getting better:
 - refer
 - if coughing for more than 2 weeks and TB suspected, exclude TB

Contributors

K Blackbeard (PAWC: METRO), L Camagu (CMC), K Cloete (PAWC: Metro), C Coetzee (PAWC: W Coast), A Dhansay (MRC) G Hussey (CHU, UCT), M Johnson (PAWC: Overberg), M le Roux (PAWC: Metro), B Mash (CHSO), S Mehtar (PAWC: S. Cape), A Morison (PAWC), M Naidoo (CTCC), E Perez (CHSO), E Prins (PAWC: Overberg), D Sanders (UWC), S Schaaf (TBH: US), G Schoor (CHSO), A Smith (CMC), G Swingler (RXH: UCT), D van der Merwe (CTCC), B van der Merwe (PAWC: Overberg), B van Niekerk (CTCC), L Williamson (PAWC: Metro), H Zar (CHU: UCT), E Zollner (PAWC, Metro)

Layout and design: K Ernstzen (CHU, UCT)

Chairpersons: L Olivier (PAWC: MCWH), M Hendricks (CHU, UCT) F DESAI(PAWC:MCWH)

CMC: Cape Metropolitan Council / CTCC: Cape Town City Council / PAWC: Provincial Administration of the Western Cape / CHU: Child Health Unit, UCT/RXH: Red Cross Hospital

PAWC (MCWH): Provincial Reference Group

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Algorithm for ARI: classification and management plan

(Letters in brackets *A - C refer to treatment plans, see pages 3 & 4)

