

Outpatient Services for Children and the Implementation of IMCI



Sigurður Ragnarsson
studentus medicinæ





ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS



ASSESS

CLASSIFY

IDENTIFY TREATMENT

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
 - if follow-up visit, use the follow-up instructions on *TREAT THE CHILD* chart.
 - if initial visit, assess the child as follows:

CHECK FOR GENERAL DANGER SIGNS

ASK: <ul style="list-style-type: none"> • Is the child able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions? 	LOOK: <ul style="list-style-type: none"> • See if the child is lethargic or unconscious.
---	--

A child with any general danger sign needs **URGENT** attention; complete the assessment and

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

THEN ASK ABOUT MAIN SYMPTOMS: Does the child have cough or difficult breathing?

IF YES, ASK: LOOK, LISTEN, FEEL:

- For how long?
- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.

CHILD
MUST BE
CALM

Classify
**COUGH or
DIFFICULT
BREATHING**

If the child is:	Fast breathing is:
2 months up to 12 months	50 breaths per minute or more
12 months up to 5 years	40 breaths per minute or more

SIGNS

CLASSIFY AS

TREATMENT (Urgent pre-referral treatments are in bold print.)

<ul style="list-style-type: none"> • Any general danger sign or • Chest indrawing or • Stridor in calm child. 	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	<ul style="list-style-type: none"> ➤ Give first dose of an appropriate antibiotic. ➤ Refer URGENTLY to hospital.*
<ul style="list-style-type: none"> • Fast breathing. 	PNEUMONIA	<ul style="list-style-type: none"> ➤ Give an appropriate antibiotic for 5 days. ➤ Soothe the throat and relieve the cough with a safe remedy. ➤ Advise mother when to return immediately. ➤ Follow-up in 2 days.
No signs of pneumonia or very severe disease.	NO PNEUMONIA: COUGH OR COLD	<ul style="list-style-type: none"> ➤ If coughing more than 30 days, refer for assessment. ➤ Soothe the throat and relieve the cough with a safe remedy. ➤ Advise mother when to return immediately. ➤ Follow-up in 5 days if not improving.



ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS



ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
 - if follow-up visit, use the follow-up instructions on *TREAT THE CHILD* chart.
 - if initial visit, assess the child as follows:

CHECK FOR GENERAL DANGER SIGNS

ASK:	LOOK:
<ul style="list-style-type: none"> • Is the child able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions? 	<ul style="list-style-type: none"> • See if the child is lethargic or unconscious.

A child with any general danger sign needs **URGENT** attention; complete the assessment and

- **Assess the child**
- **Classify the child's illnesses**
- **Identify specific treatments**
- **Give treatment instructions**
- **Assess feeding and counsel mother on feeding problems**
- **Give instructions for various medical conditions on follow-up**

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

IF YES, ASK: LOOK, LISTEN, FEEL:

- For how long?
- Count the breaths in one minute.
- Look for chest indrawing.
- Look and listen for stridor.

CHILD MUST BE CALM

Classify
**COUGH or
DIFFICULT
BREATHING**

If the child is:	Fast breathing is:
2 months up to 12 months	50 breaths per minute or more
12 months up to 5 years	40 breaths per minute or more

SIGNS

CLASSIFY AS

TREATMENT (Urgent pre-referral treatments are in bold print.)

<ul style="list-style-type: none"> • Any general danger sign or • Chest indrawing or • Stridor in calm child. 	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	<ul style="list-style-type: none"> ➤ Give first dose of an appropriate antibiotic. ➤ Refer URGENTLY to hospital.*
<ul style="list-style-type: none"> • Fast breathing. 	PNEUMONIA	<ul style="list-style-type: none"> ➤ Give an appropriate antibiotic for 5 days. ➤ Soothe the throat and relieve the cough with a safe remedy. ➤ Advise mother when to return immediately. ➤ Follow-up in 2 days.
No signs of pneumonia or very severe disease.	NO PNEUMONIA: COUGH OR COLD	<ul style="list-style-type: none"> ➤ If coughing more than 30 days, refer for assessment. ➤ Soothe the throat and relieve the cough with a safe remedy. ➤ Advise mother when to return immediately. ➤ Follow-up in 5 days if not improving.



Background

- **U5 mortality 10.6 million *per annum***
- **Two-thirds of U5 deaths can be prevented by:**
 - **breastfeeding**
 - **safe drinking water**
 - **adequate sanitation**
 - **antibiotics**
 - **immunizations**



Objectives

- **Describe and analyse the outpatient settings for children in a sub-Saharan country with focus on the implementation of IMCI.**



Material and methods

- **Data on all outpatient visits during a month's period in five health centres**
- **Main emphasis on children under five**
- **Interviews with health workers**
- **Drug inventories**

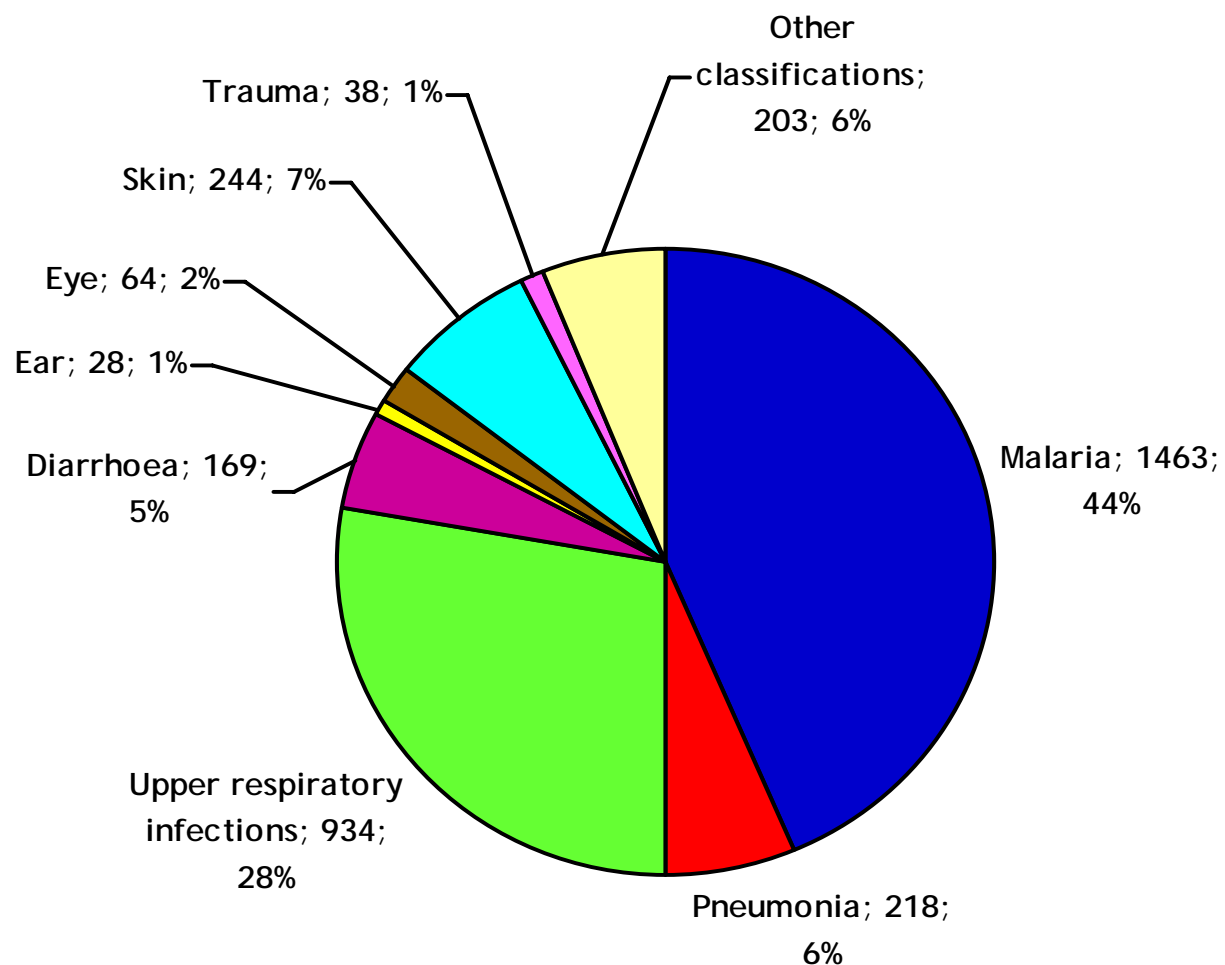


Results – Conclusions

- **Total attendees 8808**
- **Under five attendees 32.5%**
- **Children:**
 - 1.22 times more likely to attend a state run health facility than a privately-run
 - RR, 95% CI 1.18-1.26
- **Guardians prefer health centres that do not charge user-fees.**

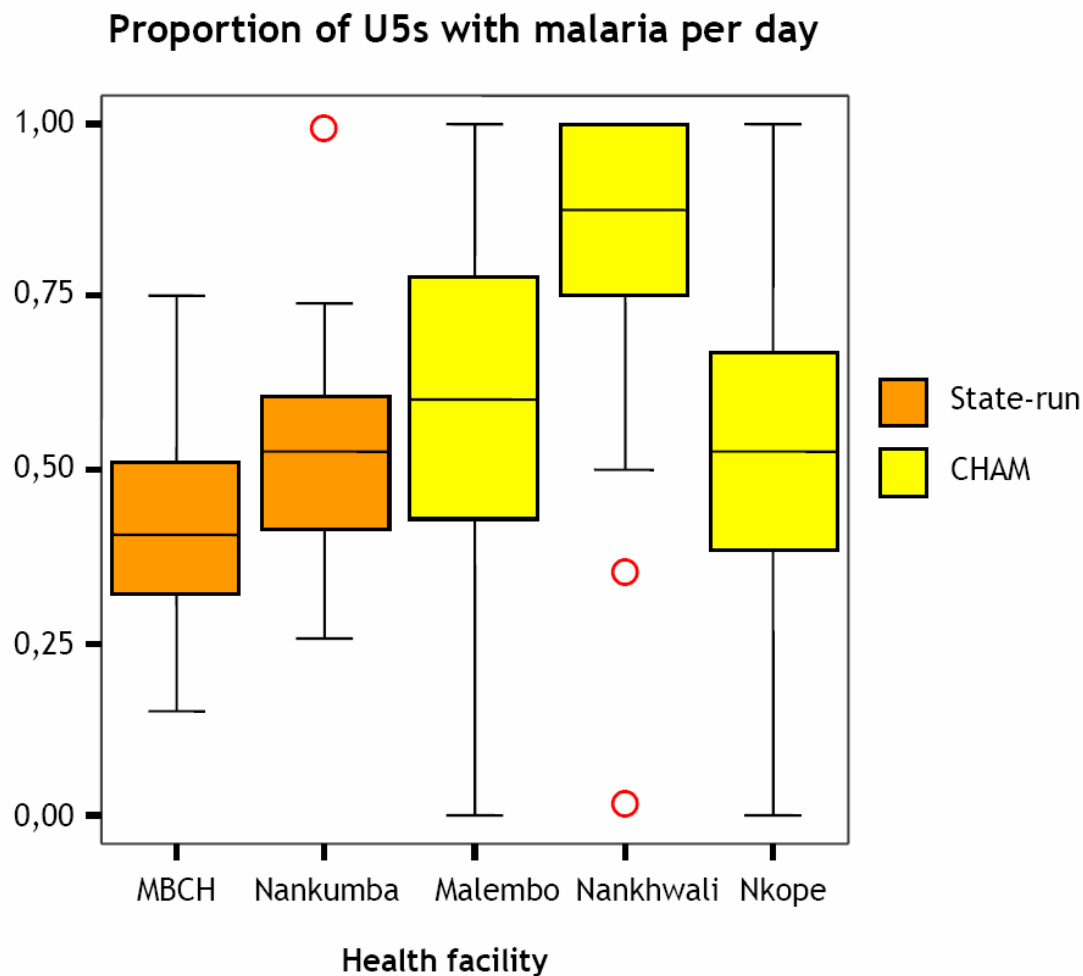


Results – Conclusions





Results – Conclusions



- **Variability in proportion of children classified with malaria**
- **Health workers?**



Results – Conclusions

- **IMCI training: 8/10 health care workers. 7/10 apply the algorithm**
- **6/8 IMCI trained workers recently supervised**
- **Train all workers and ensure follow-up**
- **Drug inventories:**
 - injectable antibiotics in stock 5/10
 - anti-malarial drugs in stock 10/10
 - ORS in stock 8/10
- **Improve drug availability**



Leading causes for U5 mortality in Africa

