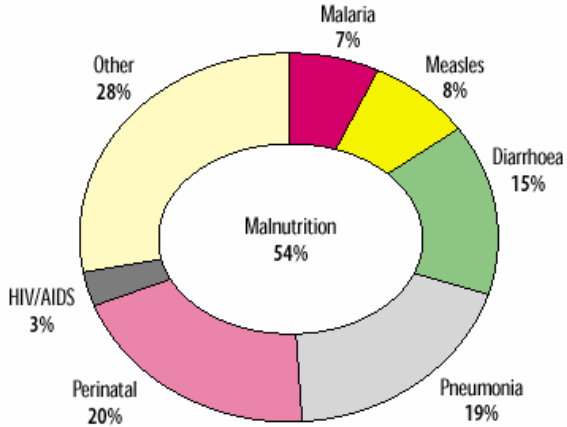


S.N O	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHER`S &LEARNER`S ACTIVITY	AV AIDS	EVALUATION
		The students will be able to explain about the IMCI	<p><u>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS</u></p> <ul style="list-style-type: none"> • Almost 19000 children under 5 years of age, died everyday across the world. 50% of its occurs in just five countries i.e. India, Nigeria, Congo, Pakistan and China. • World health organization (WHO), UNICEF & other international Partner came out with a new strategy known as INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) in 1995. • IMCI mainly concentrate in 2 months to 5 years • An effort to bring health equity for child health. • The strategy emphasizes on integrated approach for treating the sick children. • Emphasizes on improving the family and community practices as well as care provided by the health system for better care of child. <p>Integrated: different independent services and</p>	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>B L A C K B O A R D</p>	<p>What is the IMCI?</p>

			<p>administrative structure are complemented to achieve the common goal of Health</p> <p>(Multiple interventions are provided through one delivery channel eg. Vaccination)</p> <p>The objectives are to reduce deaths and frequency and severity of illness and disability and to contribute to improved growth and development.</p> <p>IMCI is the only child health strategy that aims for improvement</p> <ul style="list-style-type: none"> • Children are not properly assessed and treated and their parents are poorly advised • Sick children present with sign and symptoms related to more than one condition (eg; bronchopneumonia, malnutrition, diarrhea) • Single diagnosis may not be possible or appropriate • So needs combined therapy for several condition. <p>The core of the IMCI strategy is integrated case management of the most common childhood problems, with a focus on the most important causes of death i.e. diarrhoea, ARI,,</p>	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>B</p> <p>L</p> <p>A</p> <p>C</p> <p>K</p> <p>B</p> <p>O</p> <p>A</p> <p>R</p> <p>D</p>	
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			<p>malaria, measles and malnutrition.</p> <p>A guided process of adaptation ensures that guidelines, and the learning materials that go with them, reflect the epidemiology within a country and are tailored to fit the needs, resources and capacity of a country's health system.</p> <p>When assessing a sick child, a combined of individual signs leads to one or more classifications, rather than to a diagnosis. IMCI classification are action oriented and allow a health care provider to determine if a child should be urgently referred to another health facility, if the child can be treated at the first-level facility (e.g. with oral antibiotic, antimalarial, ORS, etc.) or if the child can be safely managed at home.</p> <p>The complete IMCI case management process involves the following elements:</p> <ol style="list-style-type: none"> 1. Assess 2. Classify 3. Identify 4. Treatment 5. Counsel 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>B</p> <p>L</p> <p>A</p> <p>C</p> <p>K</p> <p>B</p> <p>O</p> <p>A</p> <p>R</p> <p>D</p>	
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			<p>6. Follow up</p> <p style="text-align: center;">INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS</p> <p>The generic IMCI guidelines were adapted and the Indian version was named Integrated Management of Neonatal and childhood Illness (IMNCI).</p> <p>IMNCI strategy is one of the main interventions under RCH-II/ NRHM, that focuses on preventive, promotive and curative aspects of program.</p> <p>In India, common illnesses in children under 3 years of age include fever (27%), acute respiratory infections (17%), diarrhoea (13%) and malnutrition (43%) – and often in combination (National Family Health Survey2. Infant Mortality Rate continues to be high at 68/1000 live births and Under Five Mortality Rate at 95/1000 live births per year.</p> <p>Neonatal mortality contributes to over 64% of infant deaths and most of these deaths occur during the first week of life. Mortality rate in the second month of life is also higher than at later ages. Any health program that aims at reducing Infant</p>	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	<p>Tell about the what you about IMNCI?</p>
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		<p>define the IMNCI</p>	<p>Mortality Rate needs to address mortality in the first two months of life, particularly in the first week of life.</p>  <table border="1"> <thead> <tr> <th>Cause</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Malnutrition</td> <td>54%</td> </tr> <tr> <td>Other</td> <td>28%</td> </tr> <tr> <td>Perinatal</td> <td>20%</td> </tr> <tr> <td>Pneumonia</td> <td>19%</td> </tr> <tr> <td>Diarrhoea</td> <td>15%</td> </tr> <tr> <td>Measles</td> <td>8%</td> </tr> <tr> <td>Malaria</td> <td>7%</td> </tr> <tr> <td>HIV/AIDS</td> <td>3%</td> </tr> </tbody> </table> <p>DEFINITION:</p> <p>IMNCI is an Integrated approach to child health that focuses on the well being of the whole child. It focused primarily on the most common causes of child mortality – diarrhea, pneumonia, measles, malaria, and malnutrition illness affecting children aged 1 week- 2months, 2 months – 5 year including both preventive and curative elements to be implemented by families and communities as well as by health facilities.</p> <p>IMNCI aims to reduce death, illness and disability and to</p>	Cause	Percentage	Malnutrition	54%	Other	28%	Perinatal	20%	Pneumonia	19%	Diarrhoea	15%	Measles	8%	Malaria	7%	HIV/AIDS	3%	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	<p>What is meant by IMNCI?</p>
Cause	Percentage																							
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		<p>list out the high lights of IMNCI</p> <p>enlist the objectives of IMNCI</p>	<p>promotes improved growth and development among children under five years of age.</p> <p>HIGHLIGHTS OF IMNCI:</p> <ul style="list-style-type: none"> • 0-7 days • Incorporating national guidelines on malaria, anemia, Vit-A supplementation & immunization schedule. • Training of the health personnel begins with sick young infants upto 2 months • Proportion of training time devoted to sick young infant and sick child is almost equal and • It is skill based. <p>OBJECTIVES:</p> <ol style="list-style-type: none"> 1. To determine baseline mortality among children under 5 years of age (NMR, IMR, USMR). 2. To determine prevalence of fever, loose stools, cough and any other illness (morbidity density) in two weeks prior to day of field survey among children under 5 years of age. 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L</p> <p>C</p> <p>D</p>	<p>Enlist the highlights of IMNCI?</p> <p>list the objectives of IMNCI?</p>
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		<p>enumerate the beneficiaries and care of children in IMNCI</p>	<p>3. To assess effective programme coverage for specified disease condition (cough with fast breathing) occurring in two weeks prior to day of field survey.</p> <p>4. contribute to improve the growth and development</p> <p>BENEFICIARIES OF IMNCI:</p> <ul style="list-style-type: none"> ❖ Care of young infants for newborns (under 2 months) ❖ Young children (2 months - 5years) <p>Care of Newborns and Young Infants (infants under 2 months)</p> <ul style="list-style-type: none"> • Keeping the child warm • Initiation of breastfeeding • Counseling for exclusive breastfeeding • Cord, skin and eye care • Recognition of illness in newborn and management and/or referral • Immunization and Home visits in the postnatal period <p>Care of Infants (2 months to 5 years)</p> <ul style="list-style-type: none"> • Management of diarrhoea, ARI, malaria, measles, acute ear infection, malnutrition and anemia 	<p>Teacher: teaching</p> <p>Student: listening</p>		<p>Tell the beneficiaries of IMNCI and care of children?</p>
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		<p>discuss the principles of IMNCI</p>	<ul style="list-style-type: none"> • Recognition of illness and risk • Prevention and management of Iron and Vitamin A deficiency • Counseling on feeding for all children below 2 years • Counseling on feeding for malnourished • Immunization <p>PRINCIPLES:</p> <p>Depending on a child’s age, various clinical signs and symptoms differ in their degrees of reliability and diagnostic value and importance. Therefore, the IMNCI guidelines recommend case management procedures based on two age categories:</p> <ul style="list-style-type: none"> • Young infants age up to 2 months • Children age 2 months up to 5 years <p>The IMNCI guidelines are based on the following principles:</p> <ul style="list-style-type: none"> • All sick young infants up to 2 months of age must be assessed for “<i>possible bacterial infection / jaundice</i>”. Then they must be routinely assessed for the major symptom “<i>diarrhoea</i>”. • All sick children age 2months up to 5 years must be examined for “<i>general danger signs</i>” which indicate the 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L</p> <p>C</p> <p>D</p>	<p>discribe the principles of IMNCI?</p>
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			<p>need for immediate referral or admission to a hospital.</p> <p>They must then be <i>routinely assessed for major symptoms</i>: cough or difficult breathing, diarrhoea, fever and ear problems.</p> <ul style="list-style-type: none"> • All sick young infants and children 2 months up to 5 years must also be routinely assessed for <i>nutritional and immunization status, feeding problems, and other potential problems</i>. • Only a <i>limited number of carefully selected clinical signs</i> are used, based on evidence of their sensitivity and specificity to detect disease. These signs were selected considering the conditions and realities of first-level health facilities. • A combination of individual signs leads to an infant's or a child's <i>classification rather than a diagnosis</i>. <p>Clinical guidelines:</p> <ul style="list-style-type: none"> • Prepared based on expert clinical opinion and research result (child health, researchers, academics, IAP and NNF) • To promote evidence based assessment and management using syndrome approach that support 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	
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		find out the component of IMNCI	<p>the rationale, effective and affordable use of drug.</p> <ul style="list-style-type: none">• Counselling the parents to solve feeding problems, advising parents about when to return to a health facility.• Showing them how to administer the first dose of the treatment eg: first give the medicine and tell how to give the medicine.• Checking parents understanding of the advice given	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	Tell the components of IMNCI ?
		list out the classification of IMNCI	<p>COMPONENTS:</p> <p>IMNCI includes both preventive and curative interventions. The strategy has the following three components:</p> <ol style="list-style-type: none">1. Health- worker component: Improvements in the case-management skills of health through the provision of locally adapted guidelines2. Health-service component: improvements in the overall health system required for effective management of neonatal and childhood illness3. Community component: improvement in family and community health care practices.			
			<p>IMNCI CLASSIFICATION:</p>			

		<p>explain about elements and process of IMNCI</p>	<p>In IMNCI, only a limited number of carefully- selected clinical signs are considered, based on their sensitivity and specificity, to detect the disease. A combination of these signs helps in arriving at the child’s classification, rather than a diagnosis.</p> <ol style="list-style-type: none"> 1. Pink : child needs urgent referral 2. Yellow: child needs specific medical treatment and advise 3. Green: child needs no medicine, advise home care. <p>ELEMENTS:</p> <ol style="list-style-type: none"> 1. Assess: <ul style="list-style-type: none"> - Danger signs, nutrition and immunization status - Other problems 2. Classify: <ul style="list-style-type: none"> -Using “Color coded” triage system <p>Pink: urgent referral Yellow: specific medical treatment and advise Green: advise home care.</p> 3. Identify: 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	<p>Discuss the elements and process of IMNCI?</p>
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			<ul style="list-style-type: none">- Specific treatment <p>4. Treatment:</p> <ul style="list-style-type: none">- Pre referral- Medical treatment- Home management <p>5. Counsel:</p> <ul style="list-style-type: none">- Feeding problems- Mother's health <p>6. Follow-up care</p>	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L</p> <p>C</p> <p>D</p>	
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				Teacher: teaching Student: listening	L C D	
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		<p>describes the assess and classify the sick infant age up to 2 months</p>	<p style="text-align: center;"><u>ASSESS AND CLASSIFY THE SICK INFANT AGE UPTO 2 MONTHS</u></p> <p><u>CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE</u></p> <p>ASK</p> <ul style="list-style-type: none"> • has the infant had convulsions? <p>LOOK, LISTEN, FEEL:</p> <ul style="list-style-type: none"> • Count the breaths in one minute. Repeat the count if elevated • Look for severe chest indrawing • Look for nasal flaring • Look and listen for grunting • Look and feel for bulging fontanelle. • Look for pus draining from the ear • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. Are there 10 or more skin pustules or big boil? 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	<p>How to assess and classify the sick infant age up to 2 months?</p>
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			<ul style="list-style-type: none">• Measure axillary temperature (if not possible, feel for fever or low body temperature)• See if the young infant's movements. Are they less than normal?• Look for jaundice?• Are the palms and soles yellow?	Teacher: teaching Student: listening	L C D	
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			SIGNS	CLASSIFY AS	IDENTIFY TREATMENT	Teacher: teaching Student: listening	L C D	
			<ul style="list-style-type: none"> Not feeding well or Convulsions/convulsing now or Fast breathing (60 breaths per minute or more) or Severe chest in-drawing or Grunting or Fever (37.5°C or above or feels hot) or Low body temperature (less than 35.5°C or feels cold) or Movement only when stimulated or no movement even when stimulated 	<p><i>POSSIBLE SERIOUS BACTERIAL INFECTION Or VERY SEVERE DISEASE</i></p>	<ul style="list-style-type: none"> Give first dose of intramuscular Gentamycine and oral Amoxicilline Treat to prevent low blood sugar Warm the young infant by skin-to-skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral Advise mother how to keep the young infant warm on the way to the hospital Refer URGENTLY to hospital 			
			<ul style="list-style-type: none"> Red umbilicus or draining pus or Skin pustules 	<p><i>LOCAL BACTERIAL INFECTION</i></p>	<ul style="list-style-type: none"> Refer URGENTLY to hospital Teach mother to treat local infections at home. Advise mother to return for follow-up visit with the young infant in 2 days. 			
			<ul style="list-style-type: none"> None of the signs of possible serious bacterial infection or local bacterial infection 	<p><i>SEVERE DISEASE, or LOCAL INFECTION UNLIKELY</i></p>	<ul style="list-style-type: none"> Advise mother to give home care for the young infant. 			
			<ul style="list-style-type: none"> Temperature between 35.5–36.4°C (both values inclusive) 	<p><i>LOW BODY TEMPERATURE</i></p>	<ul style="list-style-type: none"> Treat to prevent low blood sugar Warm the young infant using skin-to-skin contact for one hour and reassess. If temperature remains same or worse, refer. Advise mother to return for follow up visit with young infant in 2 days. 			
			<ul style="list-style-type: none"> Palms and/or soles yellow or Skin or eyes yellow, age <24 hours or age 14 days or more 	<p><i>SEVERE JAUNDICE</i></p>	<ul style="list-style-type: none"> Treat to prevent low blood sugar Warm the young infant by skin- to-skin contact if temperature less than 36.5°C (or feels cold to touch) while arranging referral Advise mother how to keep the young infant warm on the way to the hospital Refer URGENTLY to hospital. 			
			<ul style="list-style-type: none"> Only skin or eyes yellow 	<p><i>JAUNDICE</i></p>	<ul style="list-style-type: none"> Advise mother to give home care for the young infant Advise mother when to return for follow-up visit with young infant in 2 days 			
<p><u>DOES THE YOUNG INFANT HAVE DIARRHOEA?</u></p>								

		<p>IF YES, ASK:</p> <ul style="list-style-type: none">• For how long?• Is there blood in the stool? <p>LOOK AND FEEL:</p> <ul style="list-style-type: none">• Look at the young infant's general condition. Is the infant:<ul style="list-style-type: none">- Lethargic or unconscious?- Restless and irritable?• Look for sunken eye.• Pinch the skin of the abdomen.<ul style="list-style-type: none">-Does it go back:<ul style="list-style-type: none">very slowly (longer than seconds)?slowly?	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L</p> <p>C</p> <p>D</p>	
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			SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print)	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>							
			Two of the following signs: <ul style="list-style-type: none"> • Movement only when stimulated or no movement even when stimulated • Sunken eyes • Skin pinch goes back very slowly. 	SEVERE DEHYDRATION	<ul style="list-style-type: none"> ▶ Give first dose of intramuscular Ampicillin and Gentamycin ▶ If infant 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 mother to continue breastfeeding more frequently - Advise mother how to keep the young infant warm on the way to hospital ▶ If infant does not have low weight or any other severe classification; give fluid for severe dehydration (Plan C) and refer to hospital after rehydration 			<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>					
			Two of the following signs: <ul style="list-style-type: none"> • Restless, irritable • Sunken eyes • Skin pinch goes back slowly 	SOME DEHYDRATION	<ul style="list-style-type: none"> ▶ If infant 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 mother to continue breastfeeding more frequently - Advise mother how to keep the young infant warm on the way to hospital ▶ If infant does not have low weight or any other severe classification <ul style="list-style-type: none"> - Give fluid for some dehydration (Plan B) - Advise mother when to return immediately - Follow-up in 2 days 					<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>			
			<ul style="list-style-type: none"> • Not enough signs to classify as some or severe dehydration 	NO DEHYDRATION	<ul style="list-style-type: none"> ▶ Advise the mother when to return immediately ▶ Follow-up in 5 days if not improving ▶ Give fluids to treat diarrhoea at home (Plan A) 							<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	
			<ul style="list-style-type: none"> • Diarrhoea lasting 14 days or more. 	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ Give first dose of intramuscular Ampicillin and Gentamycin ▶ Treat to prevent low blood sugar ▶ Advise how to keep infant warm on the way to the hospital ▶ Refer to hospital 									<p>Teacher: teaching</p> <p>Student: listening</p>
			<ul style="list-style-type: none"> • Blood in the stool. 	DYSENTERY	<ul style="list-style-type: none"> ▶ Give first dose of intramuscular Ampicillin and Gentamycin ▶ Treat to prevent low blood sugar ▶ Advise how to keep infant warm on the way to the hospital ▶ Refer to hospital 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>							

			<p style="text-align: center;"><u>CHECK FOR FEEDING PROBLEM AND MALNUTRITION</u></p> <p>ASK:</p> <ul style="list-style-type: none"> • If there any difficulty feeding? • Is the infant breastfeed? If yes, how many times in 24 hours? • Does the infant usually receive any other foods or drinks? <p>- If yes, how often?</p> <ul style="list-style-type: none"> • What do you use to feed the infant? <p>LOOK, FEEL:</p> <ul style="list-style-type: none"> • Determine weight for age <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> Not able to feed or No attachment at all or Not sucking at all or Very low weight for age </td> <td style="width: 30%; padding: 5px; text-align: center;"> NOT ABLE TO FEED POSSIBLE SERIOUS BACTERIAL INFECTION OR SEVERE MALNUTRITION </td> <td style="width: 40%; padding: 5px;"> Give first dose of intramuscular ampicillin and gentamicin Treat to prevent low blood sugar Warm the young infant by skin to skin contact if temperature less than 36.5C (or feels cold to touch) while arranging referral Advice mother how to keep the young infant warm on the way to the hospital. Refer URGENTLY to hospital </td> </tr> </table>	Not able to feed or No attachment at all or Not sucking at all or Very low weight for age	NOT ABLE TO FEED POSSIBLE SERIOUS BACTERIAL INFECTION OR SEVERE MALNUTRITION	Give first dose of intramuscular ampicillin and gentamicin Treat to prevent low blood sugar Warm the young infant by skin to skin contact if temperature less than 36.5C (or feels cold to touch) while arranging referral Advice mother how to keep the young infant warm on the way to the hospital. Refer URGENTLY to hospital	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L</p> <p>C</p> <p>D</p>	
Not able to feed or No attachment at all or Not sucking at all or Very low weight for age	NOT ABLE TO FEED POSSIBLE SERIOUS BACTERIAL INFECTION OR SEVERE MALNUTRITION	Give first dose of intramuscular ampicillin and gentamicin Treat to prevent low blood sugar Warm the young infant by skin to skin contact if temperature less than 36.5C (or feels cold to touch) while arranging referral Advice mother how to keep the young infant warm on the way to the hospital. Refer URGENTLY to hospital							

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			<p>Not well attached to breast or</p> <p>Not sucking effectively or</p> <p>Less than 8 breastfeeds in 24 hours or</p> <p>Receive other foods or drinks or</p> <p>Thrush (ulcers or white patches in mouth) or</p> <p>Low weight for age</p>	<p>FEEDING PROBLEM OR LOW WEIGHT</p>	<p>If not well attached or not sucking effectively, teach correct positioning and attachment.</p> <p>If breastfeeding less than 8 times in 24 hours, advise to increase frequently of feeding.</p> <p>If receiving other foods or drinks counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup and spoon.</p> <p>- if not breastfeeding at all, advise mother about giving locally appropriate animal milk and teach the mother to feed with a cup and spoon.</p> <p>If thrush, teach the mother to treat thrush at home.</p> <p>If low weight for age, teach the mother how to keep the young infant with low weight warm at home.</p> <p>If breast or nipple problem, teach the mother to treat breast or nipple problems.</p> <p>Advise mother to give home can for the young infant.</p> <p>Advise mother when to return immediately</p> <p>Follow up any feeding problem or thrush in 2 days.</p> <p>Follow-up low weight for age in 14 days.</p>	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	
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		<p>briefly explain the assess and classify the sick child age 2 months up to 5 years</p>	<p>Not low weight for age and no other signs of inadequate feeding</p>	<p>NO FEEDING PROBLEM</p>	<p>Advice mother to give home care for the young infant</p> <p>Advice mother when to return immediately</p> <p>Praise the mother for feeding the infant well</p>		<p>L C D</p>	<p>How to assess and classify the sick child age 2 months up to 5 years</p>			
<p>ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS</p>			<p><u>THEN ASK ABOUT MAIN SYMPTOMS:</u> <u>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</u></p>			<p>Teacher: teaching</p> <p>Student: listening</p>					
<p>IF YES, ASK:</p>			<ul style="list-style-type: none"> • For how long? 			<p>LOOK, LISTEN:</p>			<ul style="list-style-type: none"> • Count the breaths in the minute • Look for Chest indrawing • Look and listen for stridor 		
<div style="border: 1px solid black; padding: 5px;"> <p>FAST BREATHING If the child is 2months up to 12 months – 50 breaths per minute or more 12 months up to 5 years – 40 breaths per minute or more</p> </div>											

			SIGNS CLASSIFY AS IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print.)												
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			<p><u>DOES THE CHILD HAVE DIARRHOEA?</u></p> <p>IF YES, ASK:</p> <ul style="list-style-type: none"> For how long? Is there blood in the stool? <p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> Look at the child's general condition. Is the infant: <ul style="list-style-type: none"> Lethargic or unconscious? Restless and irritable? Look for sunken eye. Offer the child fluid. <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:
 very slowly (longer than seconds)?
 slowly?

Two of the following signs: Lethargic or unconscious Sunken eyes Skin pinch goes back very slowly Not able to drink or drinking poorly	SEVERE DEHYDRATION	<ul style="list-style-type: none"> • If child has no other severe classification: - Give first dose of intramuscular ampicillin and gentamicin • If child also has another severe classification: - Refer URGENTLY to hospital with mother give frequent sips of ORS on the way - Advice mother to continue breastfeeding • If child is 2 years or older and there is cholera in your area, give doxycycline for cholera.
Two of the following signs: Restless, irritable Sunken eyes Drinks eagerly, thirsty Skin pinch goes back very slowly	SOME DEHYDRATION	<ul style="list-style-type: none"> • Give fluid and food for some dehydration. • If child also has a severe classification: • Refer URGENTLY to hospital with mother give frequent sips of ORS on the way • Advice mother to continue breastfeeding • Advise mother when to return immediately. • Follow – up in 5 days if not improving
Not enough signs to classify as severe dehydration	NO DEHYDRATION	<ul style="list-style-type: none"> • Give fluids and food to treat diarrhea at home • Advise mother when to return immediately • Follow - up in 5 days if not improving

Teacher:
teaching

Student:
listening

L
C
D

			<table border="1"> <tr> <td data-bbox="607 209 788 357">Dehydration present</td> <td data-bbox="788 209 981 357">SEVERE PERSISTENT DIARRHEA</td> <td data-bbox="981 209 1440 357"> <ul style="list-style-type: none"> • Treat dehydration before referral unless the child has another severe classification. • Refer to hospital. </td> </tr> <tr> <td data-bbox="607 357 788 571">No dehydration</td> <td data-bbox="788 357 981 571">PERSISTENT DIARRHEA</td> <td data-bbox="981 357 1440 571"> <ul style="list-style-type: none"> • Advice the mother on feeding a child who has PERSISTENT DIARRHOEA. • Give single dose of Vitamin A • Give Zinc sulphate 20 mg daily for 14 days. • Follow-up in 5 days. </td> </tr> <tr> <td data-bbox="607 571 788 671">Blood in the stool</td> <td data-bbox="788 571 981 671">DYSENTRY</td> <td data-bbox="981 571 1440 671"> <ul style="list-style-type: none"> • Treat for 5 days with cotrimoxazole. • Follow-up in 2 day </td> </tr> </table>	Dehydration present	SEVERE PERSISTENT DIARRHEA	<ul style="list-style-type: none"> • Treat dehydration before referral unless the child has another severe classification. • Refer to hospital. 	No dehydration	PERSISTENT DIARRHEA	<ul style="list-style-type: none"> • Advice the mother on feeding a child who has PERSISTENT DIARRHOEA. • Give single dose of Vitamin A • Give Zinc sulphate 20 mg daily for 14 days. • Follow-up in 5 days. 	Blood in the stool	DYSENTRY	<ul style="list-style-type: none"> • Treat for 5 days with cotrimoxazole. • Follow-up in 2 day 	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	
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<p><u>DOES THE CHILD HAVE FEVER</u></p> <p>IF YES:</p> <p>Decide Malaria Risk: High Low</p> <p>THEN ASK:</p> <ul style="list-style-type: none"> • Fever for how long? • If more than 7 days, has fever been present every day? • Has the child had measles within the last 3 months? <p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> • Look or feel for stiff neck. 															

			<ul style="list-style-type: none"> • Look and feel for bulging fontanelle. • Look for runny nose <p>LOOK FOR SIGNS OF MEASLES</p> <ul style="list-style-type: none"> • Generalized rash and • One of these: cough, runny nose, or red eyes. <p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> • Look for mouth ulcers. Are they deep and extensive? • Look for pus draining from the eyes. • Look for clouding of the cornea. <p>HIGH MALARIA RISK</p> <table border="1" data-bbox="609 975 1442 1385"> <tr> <td data-bbox="609 975 788 1278"> Any general danger sign or Stiff neck or Bulging fontanelle. </td> <td data-bbox="788 975 981 1278"> VERY SEVERE FEBRILE DISEASE </td> <td data-bbox="981 975 1442 1278"> Give first dose of IM quinine after making a blood smear. Give first dose of IV or IM chloramphenicol (if not possible, give oral amoxicillin). Treat the child to prevent low blood sugar. Give one dose of paracetamol in clinic for high fever (temp. 38.5C or above) Refer URGENTLY to hospital. </td> </tr> <tr> <td data-bbox="609 1278 788 1385"> Fever (by history or feels hot or temperature 37.5 </td> <td data-bbox="788 1278 981 1385"> MALARIAL </td> <td data-bbox="981 1278 1442 1385"> Give oral antimalarial for HIGH malaria risk area after making a blood smear. </td> </tr> </table>	Any general danger sign or Stiff neck or Bulging fontanelle.	VERY SEVERE FEBRILE DISEASE	Give first dose of IM quinine after making a blood smear. Give first dose of IV or IM chloramphenicol (if not possible, give oral amoxicillin). Treat the child to prevent low blood sugar. Give one dose of paracetamol in clinic for high fever (temp. 38.5C or above) Refer URGENTLY to hospital.	Fever (by history or feels hot or temperature 37.5	MALARIAL	Give oral antimalarial for HIGH malaria risk area after making a blood smear.	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>L C D</p>	
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			LOW MALARIA RISK				
			<p>Any general danger sign or</p> <p>Stiff neck or</p> <p>Bulging fontanelle.</p>	<p>VERY SEVERE FEBRILE DISEASE</p>	<p>Give first dose of IM quinine after making a blood smear.</p> <p>Give first dose of IV or IM chloramphenicol (if not possible, give oral amoxicillin).</p> <p>Treat the child to prevent low blood sugar.</p> <p>Give one dose of paracetamol in clinic for high fever (temp. 38.5C or above)</p> <p>Refer URGENTLY to hospital.</p>		
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			<p>Runny nose PRESENT or</p> <p>Measles PRESENT or</p>	<p>FEVER MALARIA UNLIKELY</p>	<p>Give one dose of Paracetamol in clinic for high fever (temp. 38.5C or above)</p> <p>Advice mother when to return immediately.</p> <p>Follow-up in 2 days if fever persists.</p> <p>If fever is present every day for more than 7 days, refer</p>		

Teacher:
teaching

Student:
listening

L
C
D

fever PRESENT
 for assessment

SIGNS	CLASSIFY AS	IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print.)
<ul style="list-style-type: none"> Any general danger sign or Clouding of cornea or Deep or extensive mouth ulcers. 	SEVERE COMPLICATED MEASLES***	<ul style="list-style-type: none"> ➤ Give vitamin A therapeutic dose. ➤ Give first dose of an appropriate antibiotic. ➤ If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment. ➤ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> Pus draining from the eye or Mouth ulcers 	MEASLES WITH EYE OR MOUTH COMPLICATIONS ***	<ul style="list-style-type: none"> ➤ Give vitamin A, therapeutic dose. ➤ If pus draining from the eye, treat eye infection with tetracycline eye ointment. ➤ If mouth ulcers, treat with gentian violet. ➤ Follow-up in 2 days.
<ul style="list-style-type: none"> Measles now or within the last 3 months. 	MEASLES	<ul style="list-style-type: none"> ➤ Give vitamin A, therapeutic dose. ➤ Advise when to return immediately

*** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.

DOES THE CHILD HAVE AN EAR PROBLEM?

IF YES, ASK:

- If there ear pain?
- Is there ear discharge? If yes, for how long?

Teacher:
teaching

Student:
listening

L
C
D

		<p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> • Look for pus drainage from the ear. • Feel for tender swelling behind the ear. <table border="1"> <thead> <tr> <th>SIGNS</th> <th>CLASSIFY AS</th> <th>IDENTIFY TREATMENT <small>(Urgent pre-referral treatments are in bold print.)</small></th> </tr> </thead> <tbody> <tr> <td>• Tender swelling behind the ear.</td> <td>MASTOIDITIS</td> <td> <ul style="list-style-type: none"> ➤ Give first dose of an appropriate antibiotic. ➤ Give first dose of paracetamol for pain. ➤ Refer URGENTLY to hospital. </td> </tr> <tr> <td> <ul style="list-style-type: none"> • Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain. </td> <td>ACUTE EAR INFECTION</td> <td> <ul style="list-style-type: none"> ➤ Give an oral antibiotic for 5 days. ➤ Give paracetamol for pain. ➤ Dry the ear by wicking. ➤ Follow-up in 5 days. </td> </tr> <tr> <td> <ul style="list-style-type: none"> • Pus is seen draining from the ear and discharge is reported for 14 days or more. </td> <td>CHRONIC EAR INFECTION</td> <td> <ul style="list-style-type: none"> ➤ Dry the ear by wicking. ➤ Follow-up in 5 days. </td> </tr> <tr> <td>• No ear pain and No pus seen draining from the ear.</td> <td>NO EAR INFECTION</td> <td>No additional treatment.</td> </tr> </tbody> </table> <p>for treating pneumonia are effective against the bacteria that cause most ear infections. Give paracetamol to relieve the ear pain (or high fever). If pus is draining from the ear, dry the ear by wicking.</p> <p style="text-align: center;"><u>THEN CHECK FOR MALNUTRITION</u></p> <p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> • Look for visible severe wasting. • Look for edema of both feet. <table border="1"> <tr> <td>Visible severe wasting or Edema of both</td> <td>SEVERE MALNUTRITION</td> <td>Give single dose of vitamin A</td> </tr> </table>	SIGNS	CLASSIFY AS	IDENTIFY TREATMENT <small>(Urgent pre-referral treatments are in bold print.)</small>	• Tender swelling behind the ear.	MASTOIDITIS	<ul style="list-style-type: none"> ➤ Give first dose of an appropriate antibiotic. ➤ Give first dose of paracetamol for pain. ➤ Refer URGENTLY to hospital. 	<ul style="list-style-type: none"> • Pus is seen draining from the ear and discharge is reported for less than 14 days, or • Ear pain. 	ACUTE EAR INFECTION	<ul style="list-style-type: none"> ➤ Give an oral antibiotic for 5 days. ➤ Give paracetamol for pain. ➤ Dry the ear by wicking. ➤ Follow-up in 5 days. 	<ul style="list-style-type: none"> • Pus is seen draining from the ear and discharge is reported for 14 days or more. 	CHRONIC EAR INFECTION	<ul style="list-style-type: none"> ➤ Dry the ear by wicking. ➤ Follow-up in 5 days. 	• No ear pain and No pus seen draining from the ear.	NO EAR INFECTION	No additional treatment.	Visible severe wasting or Edema of both	SEVERE MALNUTRITION	Give single dose of vitamin A	<p>Teacher: teaching</p> <p>Student: listening</p>	<p>V I D E O</p>	
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<p>LOOK:</p> <ul style="list-style-type: none"> • Look for palmer pallor. Is it: Severe palmer pallor? 															
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			No palmar pallor	NO ANEMIA	Give prophylactic Iron and folic acid if child 6 months or older.			
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BIBLIOGRAPHY:

TEXT BOOKS:

- Park's "The textbook of Preventive and social medicine" 21 edition, bhanot publisher
- "Wong's "Essentials of Pediatric nursing" Marilyn J Hokenberry, Wilson Winkelstein, 7th edition, Elseveir publications
- "A text book of child health nursing with procedures" ManojYadav 1st edition, PeeVee publications,.
- " Pediatric Nursing" ParulDatta 2nd edition Elseveir publications.
- Marlow's "Text book of child health nursing" 7th edition, Elseveir publications.

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NET REFERENCE:

- WWW.pediatric.com
- www.pediatremergcare.com

PLACE : INDIRANI COLLEGE OF NURSING

SUBJECT : CHILD HEALTH NURSING

TOPIC : IMNCI

GROUP OF STUDENT : B.SC IV YEAR NURSING STUDENTS

DATE AND TIME :

DURATION :

METHOD OF TEACHING : LECTURER CUM DISCUSSION

AV AIDS : BLACK BOARD, LCD, VIDEO

NAME OF THE FACULTY : VAISHNAVI. L M.Sc. (N).,
LECTURER IN CHN., ICON

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GENERAL OBJECTIVE:

At the end of the class the student will gain adequate knowledge regarding integrated management of neonatal and childhood illness and change their attitude and develop the skills on IMNCI.

SPECIFIC OBJECTIVE:

The students will be able to

- explain about the IMCI
- define the IMNCI
- list out the high lights of IMNCI
- enlist the objectives of IMNCI
- enumerate the beneficiaries and care of children in IMNCI

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- discuss the principles of IMNCI
- find out the component of IMNCI
- list out the classification of IMNCI
- explain about elements and process of IMNCI
- describes the assess and classify the sick infant age up to 2 months
- briefly explain the assess and classify the sick child age 2 months up to 5 years

SUMMARY:

It helps to start the class with introduction of the IMCI and IMNCI a well planned manner and I try to maintain attention of the students and throughout of the class by maintaining discipline and have control over the students. It helps to close the class by summarizing the topic and monitoring to continue the teaching about IMNCI .

CONCLUSION:

After completed the class I hope you all well known about introduction, definition, objectives, components, principles, elements, classification of IMNCI.I sincerely thank my students for their cooperation throughout the class.

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