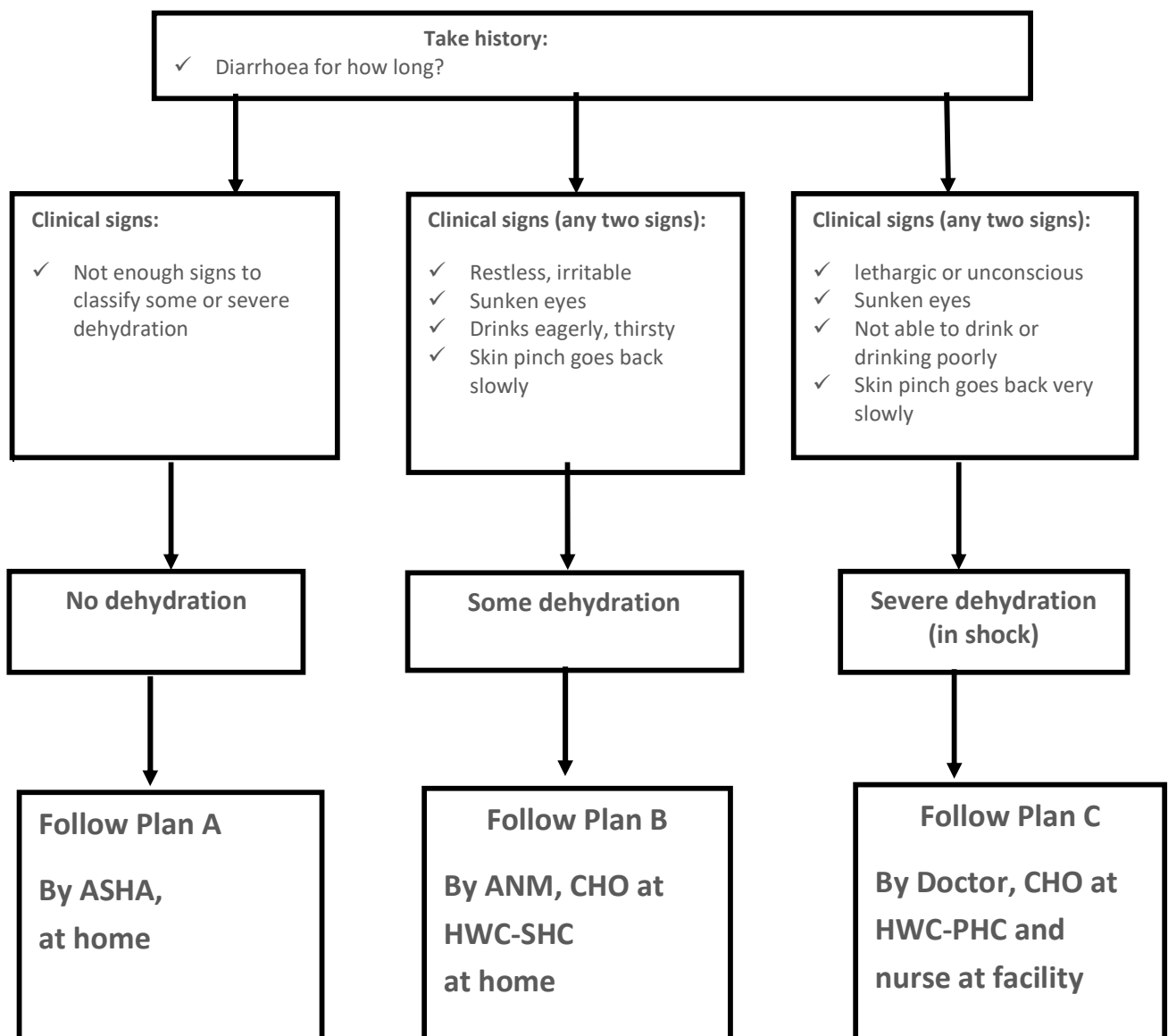


IDCF 2022, TOOL KIT

Diarrhoea is considered if the stool has more water than faecal matter and are passed three or more stools in last 24 hours. The normally frequent or semi-solid stools of a breastfed baby is not diarrhoea.

HOW TO CLASSIF AND MANAGE CHILDREN WITH DIARRHOEA ?



TREATMENT FOR DIARRHOEA WITH NO DEHYDRATION AT HOME (PLAN A)

1 GIVE EXTRA FLUID

If patient is less than 6 months age	If patient is more than 6 months age
Breastfeeding frequently and for longer + ORS	Give home fluids + ORS Yoghurt drink, milk, lemon drink, rice or pulses- based drink, vegetable soup, green coconut water or plain clean water. If child is breastfeeding then continue it.

Teach care-giver how to prepare and give ORS solution. Give 2 packets of ORS to use at home.

SHOW CARE-GIVER HOW MUCH ORS TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE

Upto 2 months	2 months upto 2 years	2 to 10 years	> 10 years
 5 tea spoons after each loose stool	 1/4 glass to 1/2 glass (50 – 100 ml) after each loose stool.	 1/2 cup to 1 cup (100 – 200 ml) after each loose stool	As much as wanted upto 2 liter a day

Tell the care-giver to:

- Give frequent small sips from a cup.
- If the patient vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

2 GIVE ZINC SUPPLEMENTS FOR 14 DAYS

Age	Dose
2 – 6 months	10 mg (half tablet) in breast milk in spoon
6 months – 5 years	20 mg (one tablet) in clean water in spoon

Teach the care-giver how to prepare Zinc supplements
Give one dose of Zinc in front of the care-giver

3 ADVICE CONTINUE FEEDING, HAND WASHING AND TOILET USE

4 INFORM WHEN TO RETURN

- Child becomes sicker • Not able to drink or breastfeed • Drinking poorly • Blood in stool • Develops a fever

5 IF A CHILD HAS SEVERE ACUTE MALNUTRITION REFER FOR APPROPRIATE CARE AS PER STATE POLICY

TREATMENT FOR DIARRHOEA WITH SOME DEHYDRATION AT HEALTH FACILITY / ORS – ZINC CORNER (PLAN B)

Patient with some dehydration has at least 2 of the following signs:

- Restless, irritable
- Drinks eagerly, thirsty (do not assess in child less than 2 months age)
- Sunken eyes
- Skin pinch goes back slowly

1 GIVE ORS FOR 4 HOURS IN ORS-ZINC CORNER

AGE*	Upto 4 months	4 months – 1 year	1 - 2 years	2 - 5 years	5 - 14 years	> 15 years
Weight	< 5 Kg	5 - 8 Kg	8 – 11 Kg	11 – 16 Kg	16 – 30 Kg	> 30 Kg
Quantity of ORS	200 – 400 ml (1 – 2 glass)	400 – 600 ml (2 – 3 glass)	600 – 800 ml (3 – 4 glass)	800 – 1200 ml (4 – 6 glass)	1200 – 2200 ml (6 – 11 glass)	2200 – 4000 ml (11 – 20 glass)

* Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75. 1 glass = 200 ml.

- If the child wants more ORS than shown, give more.
- For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.

➤ SHOW THE MOTHER HOW TO GIVE ORS SOLUTION

- Give frequent small sips from a cup.
- If the child vomits, wait for 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

2 AFTER 4 HOURS

- Reassess the patient and classify for dehydration.

If No dehydration	Then shift the child to Plan A, home based treatment
If Severe dehydration	Then refer the child for admission for Plan C, IV based treatment
	On the way, advice the mother to give frequent sips of ORS
	If child is less than 2 months age then the ANM should give first dose of intramuscular Ampicillin / oral Amoxicillin and Injection Gentamycin before referral.

TREATMENT FOR DIARHOEA WITH SOME AND SEVERE DEHYDRATION AT HEALTH FACILITY / ORS – ZINC CORNER (PLAN B) FOR CHILDREN WITH SEVERE ACUTE MALNUTRITION

Patient with some dehydration has any of the two signs, which could be difficult to access in children with severe acute malnutrition

- Restless, irritable
- Sunken eyes
- Drinks eagerly, thirsty (do not assess in child less than 2 months age)
- Skin pinch goes back slowly

1 GIVE ORS FOR 4 HOURS IN ORS-ZINC CORNER

- 5 ml / kg / hour every 30 minutes for 2 hours and then 5 ml / kg / hour ORS and Starter diet alternate hours over 10 hours unless child is in shock

➤ SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the child vomits, wait for 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

2 AFTER 4 HOURS

- Reassess the patient and classify for dehydration.

If No dehydration	Then shift the child to Plan A, home based treatment
If Severe dehydration	Then refer the child for admission for Plan C, IV based treatment
	On the way, advice the mother to give frequent sips of ORS
	If child is less than 2 months age then the ANM should give first dose of intramuscular Ampicillin / oral Amoxicillin and Injection Gentamycin before referral.

TREATMENT FOR DIARRHOEA WITH SEVERE DEHYDRATION IN WARD (PLAN C)

Patient with some dehydration has at least 2 of the following signs:

- Lethargic
- Sunken eyes
- Skin pinch goes back very slowly
- Not able to drink or drinking poorly

• START IV FLUID IMMEDIATELY

- A. If the patient can drink give ORS by mouth till the drip is being set up. **Give 100 ml / kg Ringer's Lactate Solution** (or, if not available, normal saline), divided as follows:

AGE	First give 30 ml / kg in	Then give 70 ml / kg in
Less than 1 year	1 hour*	5 hours
More than 1 year	30 minutes*	2 ½ hours

- B. Repeat once if radial pulse is still very weak and not detectable
- C. Reassess the child every 15-20 minutes till a strong radial pulse is detectable. Thereafter reassess the hydration status after every 1-2 hours. If hydration status is not improving, give IV drip more rapidly. Monitor number of stools, vomiting and urine output.
- **ALSO GIVE ORS (5ml/kg/hour)** as soon as the child can drink; usually after 3-4 hours (infant) or 1-2 hours (children)
 - **REASSESS** an infant after 6 hours and a child after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B or C) to continue treatment.
 - **OBSERVE SIGNS OF OVER HYDRATION** (sudden increase in respiratory rate, chest retractions, heart rate appearance of crepitation in chest, increase in liver span) throughout IV rehydration.

WHEN TO SEND CHILD HOME?

- Hydration is maintained for 6 hours on ORS after rehydration.

WHEN SENDING HOME

- Teach the mother how to prepare solutions of ORS and Zinc
- Provide atleast 2 packets of ORS and Zinc tablets for 14 days course
- Administer a dose of Zinc as follows:
 - 2 – 6 months : 10 mg (1/2 tablet) in breast milk in spoon
 - 6 months to 5 years: 20 mg (one tablet) in clean water in spoon
- Counsel on continued feeding, handwashing and toilet use

REFER CHILDREN URGENTLY TO THE HOSPITAL IN FOLLOWING CONDITIONS

- Fever (persisting for 2-3 days or more)
- Evidence of COVID-19 (RT-PCR antigen test or serology positive)
- Likely contact with patients with COVID-19
- Child passing blood in stools
- Severe dehydration
- Not able to drink or breastfeed
- Vomits everything
- Convulsions
- Lethargic or unconscious
- Cough or difficult breathing and fast breathing or 'pneumonia' or 'paslichalna'
- Other associated illness
- Severe acute malnutrition
- If diarrhea more than 14 days

WHAT ARE THE COMMON LOCAL MISCONCEPTIONS WITH PEOPLE THAT NEEDS TO BE REJECTED BY ALL?

- ORS should not to be given in winter even when the child has diarrhea
- ORS should be given in summer even when the child does not have diarrhea. In such cases, if you feel that due to heat child needs extra fluid, give shikanji, lassi and other fluids at home.
- Some foods should be reduced in diarrhea
- Feeding during diarrhea will worsen the case.
- Breastfeeding should be reduced in diarrhea
- Diarrhea due to extremes of weather, evil spirits (uprihawa) or indigestion does not need any treatment