



# INTENSIFIED DIARRHOEA CONTROL FORTNIGHT



## IDCF TOOLKIT

*Contains:*

- TRAINING GUIDE

**Child Health Division  
Ministry of Health & Family Welfare**

July 2016



## SESSION PLAN FOR OF ONE DAY TRAINING ON IDCF

TIME	KEY ASPECTS TO BE COVERED
9.00A.M.- 10.30A.M.	ROLE CLARITY OF ANM/ASHA/AWW ON IDCF
10.30 A.M.	TEA BREAK
11.00A.M.-1.00 P.M.	<b>TECHNICAL SESSION ON DIARRHOEA MANGEMENT.</b>  The session must lead to: <ul style="list-style-type: none"><li>• ANM/ASHA aware and competent on detection of dehydration</li><li>• ANM/ASHA are able to choose Plan A/B/C for management of dehydration in children</li><li>• ANM/ASHA aware of dosage of ORS &amp; Zinc for childhood diarrhea management</li><li>• ANM/ASH are aware of key information for prevention of Diarrhoea</li><li>• ANM/ASHA are aware of nutritional messages during diarrhoea</li></ul>
1.00 P.M. – 2.00 P.M.	LUNCH
2.00 PM – 3.00 PM	HOW TO CONDUCT IDCF VHNSC SESSION

## DIARRHOEA IS A VERY COMMON PROBLEM IN THE CHILDREN UNDER FIVE.

### DIARRHOEA CAN BE SERIOUS – AND EVEN LEAD TO DEATH.

## TRAINING OBJECTIVES

*After training, ASHA, ANM and Medical Officers will be able to:*

- ✓ Define the types of diarrhoea and levels of dehydration
- ✓ Recognize clinical signs of dehydration
- ✓ Assess diarrhoea in sick children
- ✓ Assess dehydration in young infants and sick children
- ✓ Classify diarrhoea and severity of dehydration using standard charts
- ✓ Treat using Plans A, B, and C for dehydration
- ✓ Counsel the caregiver about home treatment for diarrhoea

## KNOWLEDGE TEST

*Circle the best answer for each question.*

How can diarrhoea kill children?	a. Children lose valuable fluids, salts, and sugars, which can cause shock to vital organs b. Children lose valuable nutrients because they cannot eat c. Diarrhoea causes liver failure
What are critical treatments for children with diarrhoea and dehydration?	a. Oral antibiotics b. Oral rehydration therapy and zinc c. Paracetamol for discomfort
What is persistent diarrhoea?	a. When a child frequently has diarrhoea over a period of 1 month, and is ill as a result b. When a child has several episodes of diarrhoea a day c. When a child has an episode of diarrhoea lasting 14 days or more, which is particularly dangerous for dehydration and malnutrition
Critical messages for caregivers about diarrhoea and dehydration include:	a. The child must receive increased fluids, ORS, zinc, and regular feeding b. The child requires ORS, but should receive less food in order to reduce the diarrhoea c. The child should immediately receive antibiotics to stop the diarrhoea
Rani arrives at your health facility and is very lethargic. Her eyes are very sunken. She has diarrhoea. You observe a significant loss of skin elasticity. How will you manage Rani?	a. Rani requires ORS immediately, as she is dehydrated. b. These are common signs of diarrhoea, as the child's body is exhausted. c. Rani is severely dehydrated. She requires urgent rehydration therapy by IV or nasogastric tube.

## INTRODUCTION TO DIARRHOEA AND ITS MANAGEMENT PROTOCOLS

### 1. WHAT IS DIARRHOEA?

Diarrhoea is considered when the stools have changed from usual pattern and are many and watery (more water than fecal matter). It is more common in settings of poor sanitation and hygiene, including a lack of safe drinking water. Most diarrhoea that causes dehydration is **loose or watery**.

The normally frequent or loose stools of a breastfed baby are not diarrhea.

### 2. WHAT ARE THE TYPES OF DIARRHOEA IN YOUNG INFANTS?

A young infant has diarrhoea if the stools have changed from the usual pattern, and are **many** and **watery**. This means more water than faecal matter. The normally frequent or semi-solid stools of a breastfed baby are not diarrhoea.

### 3. WHAT IS DEHYDRATION?

**Diarrhoea can be a serious problem – and even lead to death – if child becomes dehydrated.** Dehydration is when the child loses too much water and salt from the body. This causes a disturbance of electrolytes, which can affect vital organs.

A child who is dehydrated must be treated to help restore the balance of water and salt. Many cases of diarrhoea can be treated with Oral Rehydration Salts (ORS), a mixture of glucose and several salts. ORS and extra fluids can be used as home treatment to prevent dehydration. **Low osmolarity ORS should be used to treat dehydration.**

#### HOW TO ASSESS DEHYDRATION?

There are several signs that help to decide the severity of dehydration. When a child becomes dehydrated, he is at first restless or irritable. As the body loses fluids, the eyes may look sunken, and skin loses elasticity. If dehydration continues, the child becomes lethargic or unconscious.

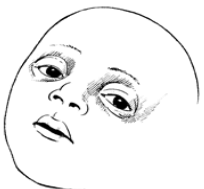
#### LOOK: AT THE CHILD'S GENERAL CONDITION

When you checked for general danger signs, you checked to see if the child was **lethargic or unconscious**. If the child is lethargic or unconscious, s/he has a general danger sign. *Remember to use this general danger sign when you classify the child's diarrhoea.*

A child is classified as **restless and irritable** if s/he is restless and irritable all the time or every time s/he is touched and handled. If an infant or child is calm when breastfeeding but again restless and irritable when he stops breastfeeding, s/he has the sign restless and irritable. Many children are upset just because they are in the health facility. Usually these children can be consoled and calmed, and do not have this sign.

**FOR THE YOUNG INFANT:** *watch the infant's movement. Does he move on his own? Does the infant only move when stimulated, but then stops? Is the infant restless and irritable?*

#### LOOK FOR SUNKEN EYES



The eyes of a child who is dehydrated may look sunken. Decide if you think the eyes are **sunken**. Then ask the mother if she thinks her child's eyes look unusual. Her opinion can help you confirm. **NOTE:** In a severely malnourished child who is wasted, the eyes may always look sunken, even if the child is not dehydrated. Still use the sign to classify dehydration.

### LOOK: TO SEE HOW THE CHILD DRINKS (only in children 2 months to 5 years age)

Ask the mother to offer the child some water in a cup or spoon. **Watch the child drink.**

- A child is **not able to drink** if he is not able to suck or swallow when offered a drink. A child may not be able to drink because he is lethargic or unconscious.
- A child is **drinking poorly** if the child is weak and cannot drink without help. He may be able to swallow only if fluid is put in his mouth.
- A child has the sign **drinking eagerly and acts thirsty** if it is clear that the child wants to drink. Look to see if the child reaches out for the cup or spoon when you offer him water. When the water is taken away, see if the child is unhappy because he wants to drink more. If the child takes a drink only with encouragement and does not want to drink more, he does not have the sign drinking eagerly, thirsty.

### FEEL: BY PINCHING THE SKIN OF THE ABDOMEN

This skin pinch tests is an important tool for testing dehydration. When a child is dehydrated, the skin loses elasticity. To assess dehydration using the skin pinch:

1. **ASK** the mother to place the child on the examining table so that the child is flat on his back with his arms at his sides (not over his head) and his legs straight. Or, ask the mother to hold the child so he is lying flat on her lap.
2. **USE YOUR THUMB AND FIRST FINGER** to locate the area on the child's abdomen halfway between the umbilicus and the side of the abdomen. Do not use your fingertips because this will cause pain. The fold of the skin should be in a line up and down the child's body.
3. **PICK UP** all the layers of skin and the tissue underneath them.
4. **HOLD** the pinch for one second. Then release it.
5. **LOOK** to see if the skin pinch goes back **very slowly** (more than 2 seconds), **slowly**, (less than 2 seconds, but not immediately), or **immediately**. If the skin stays up for even a brief time after you release it, decide that the skin pinch goes back slowly. The photographs below show you how to do the skin pinch test and what the skin looks like when the pinch does not go back immediately.



**Skin pinch**



**Skin pinch going back very slowly**

**NOTE:** The skin pinch test is not always an accurate sign. In a child with severe malnutrition, the skin may go back slowly even if the child is not dehydrated. In a child is overweight or has edema, the skin may go back immediately even if the child is dehydrated. However you should still use it to classify the child's dehydration.

## 5. HOW TO CLASSIFY DEHYDRATION?

There are three possible classifications for the type of diarrhea, which is based on the status of dehydration. These are:

### 1. SEVERE DEHYDRATION (RED)

Classify as SEVERE DEHYDRATION if the child has *two or more* of the following signs: lethargic or unconscious, not able to drink or drinking poorly (not in children less than two months), sunken eyes, or very slow skin pinch.

#### **ACTION**

Any child with dehydration needs extra fluids. A child classified with SEVERE DEHYDRATION needs fluids quickly. Treat with IV (intravenous) fluids. "Plan C: Treat Severe Dehydration Quickly" on the TREAT chart is annexed and describes how to give fluids to severely dehydrated children.

## 2. SOME DEHYDRATION (YELLOW)

Classify as SOME DEHYDRATION if the child has *two or more* of the following signs: restless and irritable, not able to drink or drinking poorly (not in children less than two months), sunken eyes, or very slow skin pinch.

### ACTION

A child who has SOME DEHYDRATION needs ORS, foods and Zinc supplements. Treat the child with ORS solution and Zinc supplementation. In addition to ORS, the child with SOME DEHYDRATION needs food. Breastfed children should continue breastfeeding. Other children should receive their usual milk or some nutritious food after 4 hours of treatment with ORS. The treatment is described in the box “**Plan B: Treat Some Dehydration with ORS**”. One will learn more about ORS and Zinc supplements in the next section.

## 3. NO DEHYDRATION (GREEN)

A child who does not have enough signs to classify as dehydration is classified as having NO DEHYDRATION. This child needs extra fluid and foods to *prevent dehydration*.

### The four rules of home treatment are:

1. Give extra fluid
2. Give zinc supplements
3. Continue feeding
4. Return immediately if the child develops danger signs, drinks poorly, or has blood in stool

### ACTION

The treatment box called “Plan A: Treat Diarrhoea At Home” describes what fluids to teach the mother to give and how much she should give. A child with NO DEHYDRATION also needs food and zinc supplements. You will learn more about Plan A and zinc in the next section.

After classifying dehydration, classify the child for persistent diarrhoea if the child has had diarrhoea for 14 days or more. Then classify for dysentery.

## 5. HOW TO CLASSIFY AND MANAGE CHILDREN WITH DIARRHOEA?

**CHART 1: DIARRHOEA ASSESS, CLASSIFY AND MANAGEMENT PROTOCOL FOR CHILDREN (> 2 MONTHS TO 5 YEARS)**

<p><b>IF YES, ASK:</b></p> <ul style="list-style-type: none"> <li>For how long?</li> </ul>	<p><b>LOOK AND FEEL:</b></p> <ul style="list-style-type: none"> <li>Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable?</li> <li>Look for sunken eyes.</li> <li>Offer the child fluid to drink. Is the child: <ul style="list-style-type: none"> <li>Not able to drink or drinking poorly?</li> <li>Drinking eagerly, thirsty?</li> </ul> </li> <li>Pinch the skin of the abdomen.</li> </ul> <p>Does it go back:</p> <ul style="list-style-type: none"> <li>-Very slowly (longer than 2 seconds)?</li> </ul>	<p><b>Classify Diarrhoea (for dehydration)</b></p>	<p>Two of the following signs:</p> <ul style="list-style-type: none"> <li>Lethargic or unconscious</li> <li>Sunken eyes</li> <li>Not able to drink or drinking poorly</li> <li>Skin pinch goes back very slowly.</li> </ul>	<p><b>SEVERE DEHYDRATION</b></p>	<ul style="list-style-type: none"> <li>➤ Refer <b>URGENTLY</b> to hospital with mother giving frequent sips of ORS on the way.</li> </ul>
			<p>Two of the following signs:</p> <ul style="list-style-type: none"> <li>Restless, irritable</li> <li>Sunken eyes</li> <li>Drinks eagerly, thirsty</li> <li>Skin pinch goes back slowly.</li> </ul>	<p><b>SOME DEHYDRATION</b></p>	<ul style="list-style-type: none"> <li>➤ Give fluid and food for some dehydration (Plan B).</li> <li>➤ Follow-up in 2 days if not improving.</li> </ul>
			<p>Not enough signs to classify as some or severe dehydration.</p>	<p><b>NO DEHYDRATION</b></p>	<ul style="list-style-type: none"> <li>➤ Give fluid and food to treat diarrhoea at home (Plan A).</li> <li>➤ Follow-up in 2 days if not improving.</li> </ul>



## CHART 2: DIARRHOEA ASSESS, CLASSIFY AND MANAGEMENT PROTOCOL FOR YOUNG INFANT(<2 months age)

DOES THE YOUNG INFANT HAVE DIARRHOEA?			
<p><b>IF YES, ASK: LOOK AND FEEL:</b></p> <ul style="list-style-type: none"> <li>For how long?</li> <li>Look at the young infant's general condition. Is the infant: <ul style="list-style-type: none"> <li>Lethargic or unconscious?</li> <li>Restless and irritable?</li> </ul> </li> <li>Look for sunken eyes.</li> <li>Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> <li>Very slowly (longer than 2 seconds)?</li> <li>Slowly?</li> </ul> </li> </ul>		<p><b>Classify DIARRHOEA</b></p>	
		<p>Two of the following signs:</p> <ul style="list-style-type: none"> <li>Lethargic or unconscious</li> <li>Sunken eyes</li> <li>Skin pinch goes back very slowly.</li> </ul>	<p><b>SEVERE DEHYDRATION</b></p> <p>➤ Give first dose of intramuscular ampicillin (Oral Amoxycillin) and gentamicin. (by ANM)</p> <p>➤ If infant also has another severe classification:</p> <ul style="list-style-type: none"> <li>Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.</li> <li>Advise mother to continue breastfeeding.</li> <li>Advise mother how to keep the young infant warm on the way to the hospital.</li> </ul> <p>- Refer to hospital for Plan (C) for IV rehydration</p>
		<p>Two of the following signs:</p> <ul style="list-style-type: none"> <li>Restless, irritable.</li> <li>Sunken eyes.</li> <li>Skin pinch goes back slowly.</li> </ul>	<p><b>SOME DEHYDRATION</b></p> <p>➤ If infant also has another severe classification: or low weight (by ANM)</p> <ul style="list-style-type: none"> <li>Give first dose of Oral Amoxycillin and gentamicin</li> <li>Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.</li> <li>Advise mother to continue breastfeeding.</li> <li>Advise mother how to keep the young infant warm on the way to the hospital.</li> </ul> <p>➤ If infant does not have low weight or another severe classification:</p> <ul style="list-style-type: none"> <li>Give fluids for some dehydration (Plan B).</li> <li>Advise mother when to return immediately.</li> </ul>
		<ul style="list-style-type: none"> <li>Not enough signs to classify as some or severe dehydration.</li> </ul>	<p><b>NO DEHYDRATION</b></p> <p>➤ Give fluids to treat diarrhea at home (Plan A).</p> <p>➤ Advise mother when to return immediately.</p> <p>➤ Follow up in 5 days if not improving.</p>

\* What is diarrhoea in a young infant?

If the stools have changed from usual pattern and are many and watery (more water than fecal matter). The normally frequent or loose stools of a breastfed baby are not diarrhoea.

# If referral is not possible, see the section Where Referral Is Not Possible in the module Treat the Young Infant and Counsel the Mother.

## 6. HOW TO TREAT THE CHILD WITH DIARRHOEA

### WHAT TREATMENTS ARE IDENTIFIED FOR DIARRHOEA AND DEHYDRATION?

The **color-coded classifications** also indicate where the treatment can be delivered – by urgent referral, at the health facility, or at home.

**Identified treatments are listed below. These are all new treatments, so you will learn about all of them in this section:**

- ✓Plans A, B, and C for giving fluids and food
- ✓Giving ORS for dehydration
- ✓Zinc supplementation

### WHAT ARE THE KEY STEPS FOR MANAGEMENT OF DIARRHOEA IN CHILDREN?

#### 4 key interventions: Manage a case of childhood diarrhoea

1. Rehydrate the child with **ORS solution** (in case of no-dehydration follow Plan A at home, in case of some dehydration follow Plan B at health facility level) or with **IV fluids** (in case of severe dehydration follow Plan C by use of IV fluids at health facility). Stop rehydration once diarrhoea stops.
2. Administer **Zinc dispersible tablets** for 14 days, even after diarrhoea stops.
3. Continued age appropriate **feeding**.
4. **Rational use of antibiotics**



## PLAN A FOR TREATMENT OF DIARRHOEA AT HOME

### GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See feeding advice and counsel the mother)

#### Plan A: Treat for Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:

1. Give Extra Fluid 2. Give Zinc Supplements (age 2 months up to 5 years) 3. Continue Feeding 4. When to Return

**1. GIVE EXTRA FLUID** (as much as the child will take)

➤ **TELL THE MOTHER:**

- **If the child is exclusively breastfed** : Breastfeed frequently and for longer at each

feed. If passing frequent watery stools:

- For less than 6 months age give ORS and clean water in addition to breast milk
- If 6 months or older give one or more of the home fluids in addition to breast milk.

- **If the child is not exclusively breastfed**: Give one or more of the following home fluids; ORS solution, yoghurt drink, milk, lemon drink, rice or pulses-based drink, vegetable soup, green coconut water or plain clean water.

***It is especially important to give ORS at home when:***

- the child has been treated with Plan B or Plan C during this visit.
- the child cannot return to a clinic if the diarrhoea gets worse.

➤ **TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.**

➤ **SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:**

<2 months	5 spoons after each loose stool.
2 months up to 2 years	1/4 cup to 1/2 cup after each loose stool.
2 years or more	1/2 cup to 1 cup after each loose stool.

**Tell the mother to:**

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

**2. GIVE ZINC SUPPLEMENTS FOR 14 DAYS**

**3. CONTINUE FEEDING**

**4. WHEN TO RETURN:**

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

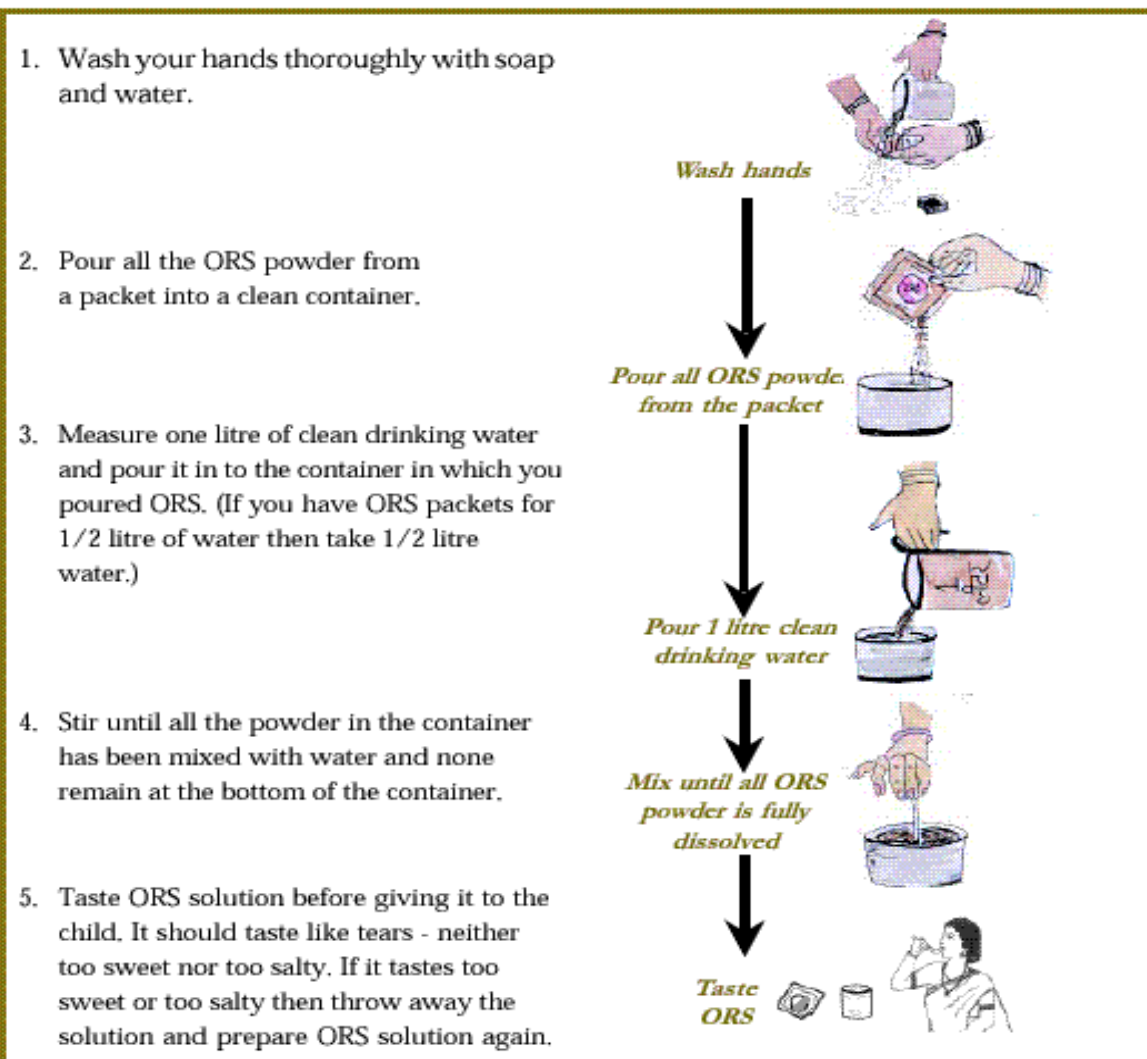
### Revise 4 RULES OF HOME TREATMENT

**The four rules of home treatment are very important to remember:**

1. Give extra fluid – as much as the child will take
2. Give zinc
3. Continue feeding
4. When to return (for a follow-up visit, or immediately if danger signs develop)

## TEACH THE CAREGIVER TO PREPARE ORS

*Teach the mother how to prepare ORS*








Ask the mother to give one teaspoon of the solution to the child. This should be repeated every 1-2 minutes (An older child who can drink it in sips should be given one sip every 1-2 minutes).

If the child vomits the ORS tell the mother to wait for 10 minutes and resume giving the ORS but this time more slowly than before. Breast fed babies should be continued to be given breast milk in between ORS. Any ORS which is left over after 24 hours should be thrown away.

Use the table below to determine the amount of ORS that should be given to the child in 4 hours.

After about 4 hours of giving ORS, reassess the child for dehydration. If the child is no longer dehydrated, tell the mother to give home available fluids the same way as she gave ORS. Details of what home available fluids to give are given in the next section. Begin feeding the child even if dehydration persists, continue ORS. If the child is still dehydrated, refer. On the way mother should continue to give ORS to the child.

	AGE				
ORS	Upto 2 months	2 to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
	5 spoons	2	3	5	7
Spoons / Cups					

CONTINUE USE OF ORS AT HOME	
How the care-giver get ORS to use in the home?	How to teach the caregiver to give ORS?
<p>Give the caregiver 2 packets of ORS to use at home. Show her how much fluid should be given in addition to the usual fluid intake:</p> <ul style="list-style-type: none"> <li>➤ Upto 2 months: 5 spoons after each loose stool</li> <li>➤ &gt;2 months to 2 years: 50–100 ml after each loose stool</li> <li>➤ 2 years or older: 100–200 ml after each loose stool</li> </ul>	<p>Finally, give the caregiver instructions for giving ORS:</p> <ol style="list-style-type: none"> <li>1. Give frequent small sips from a spoon/cup (depending on age)</li> <li>2. If child vomits, wait 10 minutes. Then continue, but more slowly.</li> <li>3. Continue giving extra fluid until the diarrhoea stops</li> </ol>

## CHART 3: PLAN B FOR TREATMENT OF SOME DEHYDRATION

### PLAN B [SOME DEHYDRATION]





#### Treat at health facility/ ORS centers

A child or young infant with some dehydration needs fluid, zinc supplementation, and food. Give zinc just as for Plan A.

### GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING (See feeding advice and counsel the mother)

### Plan B: Treat for Some Dehydration with ORS

*Give in clinic recommended amount of ORS over 4-hour period*

AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
WEIGHT	< 6 kg	6 - < 10 kg	10 - < 12 kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400
				

\* 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.

- 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.

#### ➤ AFTER 4 HOURS:

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child .

#### ➤ IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.

Teach care giver the signs when to return immediately to a health worker.

Tell the mother of any sick child that the signs to return are:	If the child has diarrhoea, also tell the mother to return if the child has:
Not able to drink or breastfeed Becomes sicker Develops a fever	Blood in stool Drinking poorly – also includes not able to drink or breastfeed

## PLAN C [SEVERE DEHYDRATION]

Severely dehydrated children and young infants need to have water and salts quickly replaced. Plan C requires rapid hydration using **IV fluids** or a **nasogastric (NG) tube**. It is important to note that rehydration therapy using IV fluids or using a nasogastric (NG) tube is **recommended only for children who have SEVERE DEHYDRATION**.

### WHERE IS PLAN C GIVEN?

**Health facility, where is the safest place to give plan c?**



sick child.






This is important for you to determine based on available equipment and your training. **If you cannot give IV or NG fluid and the child cannot drink, refer the child urgently to the nearest hospital that can give IV or NG treatment.**

If IV (intravenous) treatment is available within a 30-minute drive, refer urgently to hospital for treatment with IV fluids. On the way to hospital, have the mother offer frequent sips of ORS to her

**Plan C should only be provided in the health facility or the ORS/ORT centers and administered by medical officer to manage severely dehydrated children and young infants**



## 7. WHAT IS THE FEEDING ADVICE TO BE GIVEN DURING DIARRHOEA?

<b>Birth up to 6 months</b> 	<b>6 up to 9 Months</b> 	<b>9 up to 12 Months</b> 	<b>12 Months up to 2 Years</b> 	<b>2 Years and Older</b> 
<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.</li> <li>Do not give any other foods or fluids not even water</li> </ul> <p><u>Remember:</u></p> <ul style="list-style-type: none"> <li>Continue breastfeeding if the child is sick</li> </ul> <p><b>Play :</b> Have large colourful things for your child to reach for, and new things to see</p> <p><b>Communicate:</b> Talk to and respond to your child. Get a conversation going with sounds or gestures (copy your child)</p>	<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Give at least <u>one katori</u> serving* at a time of :               <ul style="list-style-type: none"> <li>Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR</li> <li>Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ ghee.</li> </ul> </li> <li>Add cooked vegetables also in the servings OR</li> <li>Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR</li> <li>Mashed boiled/fried potatoes</li> </ul> <p>*3 times per day if breastfed; 5 times per day if not breastfed.</p> <p><u>Remember:</u></p> <ul style="list-style-type: none"> <li>Keep the child in your lap and feed with your own hands</li> <li>Wash your own and child's hands with soap and water every time before feeding</li> </ul> <p>· <b>Play:</b> Actively play with your child. Give your child clean, safe household things to handle, bang and drop.</p> <p>· <b>Communicate:</b> Respond to your child's sounds and interests. Tell the child the names of things and people.</p>	<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Give at least <u>one katori</u> serving* at a time of :               <ul style="list-style-type: none"> <li>Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR</li> <li>Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ ghee.</li> </ul> </li> <li>Add cooked vegetables also in the servings OR</li> <li>Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR</li> <li>Mashed boiled/fried potatoes</li> </ul> <p>*3 times per day if breastfed; 5 times per day if not breastfed.</p> <p><u>Remember:</u></p> <ul style="list-style-type: none"> <li>Keep the child in your lap and feed with your own hands</li> <li>Wash your own and child's hands with soap and water every time before feeding</li> </ul> <p>· <b>Play:</b> Actively play with your child. Give your child clean, safe household things to handle, bang and drop.</p> <p>· <b>Communicate:</b> Respond to your child's sounds and interests. Tell the child the names of things and people.</p>	<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Offer food from the family pot</li> <li>Give at least <u>1½ katori</u> serving* at a time of :               <ul style="list-style-type: none"> <li>Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR</li> <li>Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR</li> <li>Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR</li> <li>Mashed boiled/fried potatoes</li> <li>Offer banana/biscuit/ cheeko/ mango/ papaya</li> </ul> </li> </ul> <p>* 5 times per day.</p> <p><u>Remember:</u></p> <ul style="list-style-type: none"> <li>Sit by the side of child and help him to finish the serving</li> <li>Wash your child's hands with soap and water every time before feeding</li> </ul> <p><b>Play:</b> Give your child things to stack up, and to put into containers and take out.</p> <p><b>Communicate:</b> Ask your child simple questions. Respond to your child's attempts to talk. Play games like "bye-bye" and "peek-a-boo".</p>	<ul style="list-style-type: none"> <li>Give family foods at 3 meals each day.</li> <li>Also, twice daily, give nutritious food between meals, such as: banana/biscuit/ cheeko/ mango/ papaya as snacks</li> </ul> <p><u>Remember:</u></p> <ul style="list-style-type: none"> <li>Ensure that the child finishes the serving</li> <li>Teach your child wash his hands with soap and water every time before feeding</li> </ul> <p>· <b>Play:</b> Make simple toys for your child.</p> <p>· <b>Communicate:</b> Help your child count, name, and compare things.</p>

\* A good daily diet should be adequate in quantity and include an energy rich food (for example, thick cereal porridge with added oil), meat, fish, eggs or pulses and fruits and vegetables. Egg is a very good snack where ever it is available.



## **8. WHEN TO REFER CHILD WITH DIARRHOEA TO HIGHER HEALTH FACILITY?**

REFER CHILDREN URGENTLY TO THE HOSPITAL IF THEY HAVE THE FOLLOWING:

- AGE <2 MONTHS
- 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 malnutrition
- If diarrhea more than 14 days

### **WHAT ARE THE COMMON LOCAL MISCONCEPTIONS WITH PEOPLE THAT NEEDS TO BE REJECTED BY HEALTH WORKER?**

- ORS and glucose are the same
- 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

## REVIEW QUESTIONS

### AFTER THE TRAINING: CHECK WHAT DO THE PROVIDERS NOW KNOW ABOUT MANAGING DIARRHOEA AND DEHYDRATION?

Before you began studying this section, practice the knowledge on with several questions. Now that you have finished the training, answer the same questions. This will help demonstrate what you have learned.

*Circle the best answer for each question.*

- How can diarrhoea kill children?
  - Children lose valuable fluids, salts, and sugars, which can cause shock to vital organs
  - Children lose valuable nutrients because they cannot eat
  - Diarrhoea causes liver failure
- What are critical treatments for children with diarrhoea and dehydration?
  - Oral antibiotics
  - Oral rehydration therapy and zinc
  - Paracetamol for discomfort
- What is persistent diarrhoea?
  - When a child frequently has diarrhoea over a period of 1 month, and is ill as a result
  - When a child has several episodes of diarrhoea a day
  - When a child has an episode of diarrhoea lasting 14 days or more, which is particularly dangerous for dehydration and malnutrition
- Critical messages for caregivers about diarrhoea and dehydration include:
  - The child must receive increased fluids, ORS, zinc, and regular feeding
  - The child requires ORS, but should receive less food in order to reduce the diarrhoea
  - The child should immediately receive antibiotics to stop the diarrhoea
- Rani arrives at your health facility and is very lethargic. Her eyes are very sunken. She has diarrhoea. You observe a significant loss of skin elasticity. How will you manage Rani?
  - Rani requires ORS immediately, as she is dehydrated.
  - These are common signs of diarrhoea, as the child's body is exhausted.
  - Rani is severely dehydrated. She requires urgent rehydration therapy by IV or nasogastric tube.

### ANSWER KEY

QUESTION	ANSWER	If one misses the question? Return to this section to read and practice:
1	A	INTRODUCTION
2	B	CLASSIFY, TREAT
3	C	CLASSIFY
4	A	TREAT, COUNSEL THE CAREGIVER
5	C	CLASSIFY, TREAT

VHNSC meeting focussing on *Swachh Bharat Abhiyan*

**VHNSC meeting focusing on *Swachh Bharat Abhiyan***

VHNSC meeting in the village will be on the same day of ORS distribution activity in that village, i.e. on the day of ANM visit. The VHNSC will focus on improving sanitation in and around the village. PLA (Participatory Learning Approach) techniques should be carried out such as mapping of open defecation areas in and surrounding the village and plan for stopping open defecation should be chalked out, with active participation of VHSNC members and representatives from Department of Drinking Water and Sanitation.

1. The ASHA / ANM will ask the participants to say the ailments caused due to water contamination. This could be Diarrhea, Typhoid, Intestinal worms, Abdominal pains, Vomiting etc.
2. The ASHA / ANM will ask participants to say what contaminates the water to cause these diseases. A relationship between human faeces, water and the diseases will be established. Focus on how faecal matter slowly recedes into the soil and not She will explain how contaminated human faeces get into water and food from open defecation through flies.
3. The ASHA / ANM will ask one of the participant's who had suffered from Diarrhea, about the suffering and cost involved for treatment.
4. A calculation of quantity of faeces will be done. For this The ASHA / ANM will ask the participants the average percentage of households that do not have a toilet.
  - $\text{Average percentage of households that do not have toilet} \times \text{Total population of the village} = \text{No. of people defecating in the open.}$
  - $\text{No. of people defecating in the open.} \times 0.3 \text{ kg (average faeces excreted per person per day)} = \text{Daily quantity of faeces excreted in open (in kg).}$
  - $\text{Daily quantity of faeces excreted} \times 30 = \text{Monthly quantity of faeces excreted in open (in kg).}$
  - $\text{Monthly quantity of faeces excreted per day} \times 12 = \text{Annual quantity of faeces excreted in open (in kg).}$
5. The importance of use of toilet for defecation will be emphasized.
6. A rough map of the village will be drawn on the ground using a stick or stone.
7. Geographical areas within the village and it's vicinity that are used for open defecation (i.e. toilets not used for defecation) will be marked in the map. She will explain how contaminated human faeces get into water and food from open defecation through flies.
8. A plan will be made / updated on construction of toilets in the households of the village.
9. For the above exercise, ASHA may test water from it's source using the field test kit (H<sub>2</sub>S vials) that is with the gram panchayats. The result of the test is available in 24 hours. The result can be declared during the above exercise.