A disease Management Strategy for children

"The Integrated Management of Childhood Illness (IMCI)"





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INTRODUCTION

- √ 10 million children/ year- die in developing countries due to acute respiratory infections, diarrhea, measles, malaria, malnutrition
- √ 1990-WHO+UNICEF +other agencies- (IMCI)
- ✓ India adopted as (IMNCI).

STRUCTURE OF IMNCI

IMNCI caters to two groups of children

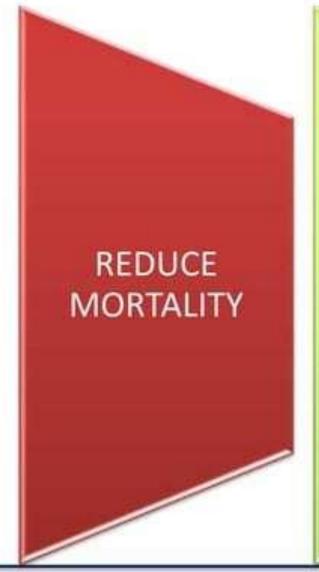


0-2 months Young infants.



2 months to 5 years Children

OBJECTIVES-



REDUCE FREQUENCY AND SEVERITY

> OF ILLNESS AND DISABILITY

IMPROVE GROWTH AND DEVELOPMENT DURING THE FIRST 5 YEARS OF A CHILD'S LIFE

COMPONENTS OF IMNCI



Health worker component



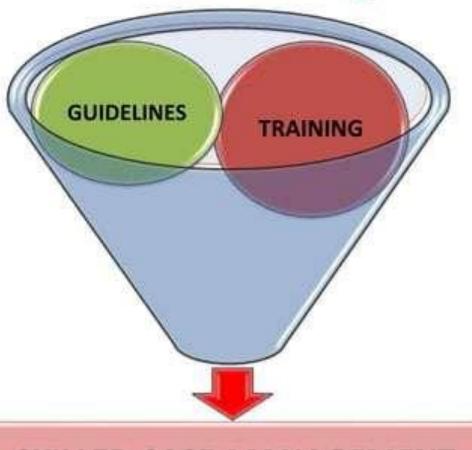
Improvement in the overall Health System.



Improvement in family and community health care practices.

A. HEALTH WORKER COMPONENT

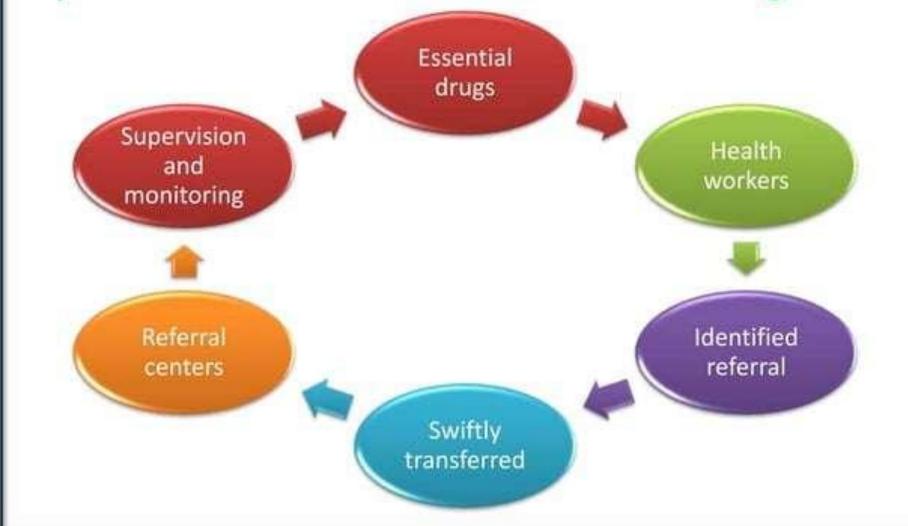
Improvements in the case-management skills



SKILLED CASE-MANAGEMENT

B. HEALTH SERVICE COMPONENT

Improvements is needed for effective management





All sick children under 5 years of age must be examined for conditions which indicate immediate referral or hospitalization.



Children must be routinely assessed for major symptoms, nutritional and immunization status, feeding problems and other potential problems.





Only a limited number of carefully selected clinical signs, are used based on evidence of their sensitivity and specificity to detect disease.



 Based on the presence of selected clinical signs, the child is placed in a 'classifications'.

 Classifications are not specific diagnosis but categories that are used to determine the







Management at home

IMNCI guidelines address most common but not all pediatric problems.





A limited number of essential drugs are used.





Care takers are actively involved in the treatment of children.





Counselling of caretakers about home care including feeding, fluids and when to return to health facility





IMNCI PACKAGE

IMNCI guidelines recommend standardized case management procedures

That based on two age categories: -

- Upto 2 months and
- 2. 2 months to 5 years



Care of Newborns and Young Infants (infants under 2 months)

- 1. Keeping the child warm.
- Initiation of breastfeeding immediately after birth and counseling for exclusive breastfeeding and non-use of pre lacteal feeds.
- 3. Cord, skin and eye care.
- Recognition of illness in newborn and management and/or referral).
- 5. Immunization
- Home visits in the postnatal period.

Care of Infants (2 months to 5 years)

- Management of diarrhea, acute respiratory infections, malaria, measles, acute ear infection, malnutrition and anemia.
- Recognition of illness and at risk conditions and management/referral)
- Prevention and management of Iron and Vitamin A deficiency.
- 4. Counseling on feeding for all children below 2 years
- Counseling on feeding for malnourished children between 2 to 5 years.
- Immunization

IMNCI CASE MANAGEMENT PROCESS

- Steps of case management process are the following:
- Asses the young infant/ child.
- Classify the illness.
- 4. Identify the treatment.
- 5. Treat the young infant/child.
- 6. Counsel the mother.
- 7. Provide follow up care.

For all sick children age up to 5 years who are brought to a first-level health facility ASSESS the child: Check for danger signs (or possible bacterial infection/Jaundice). Ask about main symptoms. If a main symptom is reported, assess further. Check nutrition and immunization status. Check for other problems. CLASSIFY the child's liness: Use a colour-coded triage system to classify the child's main symptoms and his or her nutrition or feeding status. IF URGENT REFERRAL IF NO URGENT REFERRAL IS is needed and possible needed or possible IDENTIFY TREATMENT needed for the IDENTIFY URGENT child's classifications; identify specific PRE-REFERRAL TREATMENT(S) medical treatments and/or advice. Needed for the child's classifications. TREAT THE CHILD: Give the first dose TREAT THE CHILD: Give urgent preof oral drugs in the olinic adjor advise referral treatment(s) needed. the child's caretaker. Teach the caretaker how to give oral drugs and how to treat local infections at home. If needed, give immunizations. REFER THE CHILD: Explain to the child's COUNSEL THE MOTHER: Assess the caretaker the need for referral. Calm the child's feeding, including breastfeeding practices, and solve feeding problems, if caretaker's fears and help resolve any problems. Write a referral note. Givepresent. Advise about feeding and fluids. instructions and supplies needed to care for during illness and about when to return to the child on the way to the hospital. a health facility. Counsel the mother about her own health. FOLLOW-UP care: Give follow-up care when the child returns to the clinic and, if necessary, reassess the child for new problems.

< 2 Months of Age THE INTEGRATED CASE MANAGEMENT PROCESS **OUTPATIENT HEALTH FACILITY** CHECK FOR POSSIBLE BACTERIAL INFECTION/ JAUNDICE Assess the SYMPTOM Diamhoea Check for FEEDING PROBLEM or MALNUTRITION and IMMUNIZATION STATUS Check for OTHER PROBLEMS CLASSIFY CONDITIONS and IDENTIFY TREATMENT ACTIONS According to Colour-Coded Treomment Charts PINK YELLOW GREEN Urgani Referral Treatment at Home Management Outpatient Health OUTPATIENT FACILITY HOME HEALTH FACILITY Caretakor isi. DUTPATIENT counseled how to Pro-referral HEALTH PACILITY Treatments. Cirve oral drugs: Treat Locat Treat local Advise Powers Induction: minchore Richor years; **Graw Otal Drugs** Continue andand Advese and Teach KOKE BUTSHAFE Caretaker tanany/freedom. Filllow-up. Kinep the young: infrarrit wiveres When to return PINK wromer-diatory. Underst Referral Fulltow-uit REFERRAL PACILITY Emergency Triage and Transferons Diagnosis Treatment Monitoring and Follow-up

2 months to 5 Yr **OUTPATIENT HEALTH FACILITY** CHECK FOR DANGER SIGNS Convulsions Lethargy/Uncomconness tnobitity to Drink/Brensffeed Vomitrika Assess MAIN SYMPTOMS Cough/Difficulty Brewthing Charrieson Figure Ear Problems. Assess NUTRITION and IMMUNIZATION STATUS and POTENTIAL FEEDING PRODLEMS Check for OTHER PROBLEMS CLASSIFY CONDITIONS and IDENTIFY TREATMENT ACTIONS According to Colour Codest Trendonerd Charts PINK ORKEN. YELLOW Urgent Referral Treatment at Home Management **Outpatient Health** Facility OUTPATIENT HOME HEALTH FACILITY Caretaker is OUTPATIENT copperanted on how Pro-referred HEALTH FACILITY Treobrounts. Treat Local Cayo cent drugs Advise Panests Inhection Trout locat. Florior Child Cityle Chinf Drugs inhections in Advise and Treach home Caretaker Continue feeding Follow-up When to return emmedialely. Follow-up PINK Urgent Referral REFERRAL FACILITY Emergency Frango med Trustenent (ETAT) Diagnosis Treatment. Misenborning and Follow-up

ADVANTAGES OF INTEGRATED APPROACH



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- Speeds up the urgent treatment and treatment seeking practices.
- Prompt recognition of serious condition, hence prompt referral.
- Involves parents in effective care of baby at home.
- Partial Success of Individual disease control programme.

Cont....

- Involves prevention of diseases by active immunization, Improved nutrition and Exclusive Breastfeeding practices.
- Highly cost effective.
- It avoids wastages of resources by using most appropriate medicines and treatment.
- It reduces duplication of effort.

