

Chart to assess children at risk of malaria in Kenya. Colour lithograph by Ministry of Public Health and Sanitation, ca. 2000.

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ALGORITHM FOR ASSESSING AND TREATING CHILDREN < 5 years

CHECK FOR GENERAL DANGER SIGNS

- ASK:**
- Is the child able to drink or breastfeed?
 - Does the child vomit everything?
 - Has the child had convulsions?
- LOOK:**
- See if the child is lethargic or unconscious
 - Is the child convulsing now?
 - If yes, treat immediately

A child with any general danger sign needs URGENT attention, complete the assessment and any pre-referral treatment immediately so referral is not delayed.

Does the child have fever?

(by history or feels hot or temperature 37.5°C** or above)

IF YES:

Has the child visited a high malaria area in the last 1 month?
Decide Malaria Risk: high or low

THEN ASK:

- For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

LOOK AND FEEL:

- Look or feel for stiff neck
- Look for runny nose
- Look for signs of MEASLES
- Generalized rash and
- One of these: cough, runny nose or red eyes

If the child has measles now or within the last 3 months:

- Look for mouth ulcers. Are they deep and extensive?
- Look for pus draining from the eye
- Look for clouding of the cornea

Classify FEVER

Classify for MEASLES

IF MEASLES now or within the last 3 months

HIGH MALARIA RISK

- Any general danger sign or
- Stiff neck

VERY SEVERE FEBRILE DISEASE

- Give quinine for severe malaria (first dose)
- Give first dose of an appropriate antibiotic
- Treat the child to prevent low blood sugar
- Give one dose of paracetamol in clinic for fever
- Refer URGENTLY to hospital

- Fever (by history or feels hot or temperature 37.5°C** or above)

MALARIA

- Treat with oral antimalarial (ACT)
- Give paracetamol for fever
- Give vitamin A
- Advise mother when to return immediately
- Follow-up in 3 days if fever persists
- If fever is present every day for more than 7 days refer for assessment

LOW MALARIA RISK

- Any general danger sign or
- Stiff neck

VERY SEVERE FEBRILE DISEASE

- Give quinine for severe malaria (first dose)
- Give first dose of an appropriate antibiotic
- Treat the child to prevent low blood sugar
- Give one dose of paracetamol in clinic for fever
- Refer URGENTLY to hospital

- NO runny nose and
- NO measles and

MALARIA

- Treat with oral antimalarial
- Give paracetamol for fever
- Give vitamin A
- Advise mother when to return immediately
- Follow-up in 3 days if fever persists
- If fever is present everyday for more than 7 days refer for assessment

- Runny nose PRESENT or
- Measles PRESENT or
- NO other cause of fever
- Other cause of fever PRESENT

FEVER - MALARIA UNLIKELY

- Give paracetamol for fever
- Advise mother when to return immediately
- Follow-up in 2 days if fever persists
- If the fever is present every day for more than seven days, refer for assessment
- If the child has any cause of fever other than malaria, provide treatment

- Generalised rash of measles and one of: cough, runny nose or red eyes

SUSPECTED MEASLES

- Give Vitamin A
- Advise mother when to return immediately

- Any general danger sign or
- Clouding of cornea or
- Deep or extensive mouth ulcers

SEVERE COMPLICATIONS OF MEASLES

- Give Vitamin A
- 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

- Pus draining from the eye or
- Mouth ulcers

EYE OR MOUTH COMPLICATIONS OF MEASLES

- Give Vitamin A
- 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
- If a child has no indication for referral, draw blood and send for confirmation, if it is 30 days or less since the onset of rash and measles has not been confirmed

- No pus draining from the eye or mouth ulcers

EYE OR MOUTH COMPLICATIONS OF MEASLES

- Give Vitamin A if not received in the last 1 month
- If child has measles now and, is not being referred remove blood and send for confirmation



** These temperatures are based on axillary temperature. Rectal temperature readings are approximately 0.5°C higher.

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

