

*Fast breathing: Respiratory rate 2-11m $\geq 50/\text{min}$, 12-59m $\geq 40/\text{min}$, 5-12y $\geq 30/\text{min}$, 13-14y $\geq 20/\text{min}$
Very fast breathing: Respiratory rate 2-11m $\geq 60/\text{min}$, 12-59m $\geq 50/\text{min}$, 5-12y $\geq 40/\text{min}$, 13-14y $\geq 30/\text{min}$
**SpO2 (Blood oxygen saturation) if available, only measured in patients with fast breathing or chest indrawing
***Severe comorbidities: Severe Acute malnutrition, <-3 z-scores weight for age, cerebral palsy, sickle cell disease, HIV, Congenital heart disease
****Refer if follow-up in children with HIV or <12 months, and already treated with antibiotics for 3 days

- Bacterial pneumonia excluded by severe pneumonia
- Viral pneumonia excluded by bacterial pneumonia, and severe pneumonia
- Common cold excluded by Bacterial and Viral pneumonia, and severe pneumonia, CNS danger sign, measles, inhalation injury, suspicion of foreign object in airways, complicated chicken pox, and significant hemoptysis

**CC0 General / Universal
assessment or CC Respiratory**

- Cough OR
- Difficult breathing

Danger signs

- CNS Danger sign (*see algorithm*), OR
- Vomiting everything OR unable to drink or breastfeed AND Failed oral fluid test (or inability to perform the test)

OR Respiratory Distress:

- Very fast breathing* AND Chest indrawing, OR
- Very fast breathing* AND Patient unable to finish sentence due to difficult breathing (children 5-14 years), OR
- SaO₂<90%** , OR
- Grunting, OR
- Severe difficulty breathing needing referral

OR Stridor in a calm child

Severe Pneumonia

- Antibiotics (1st line Ampicillin/Gentamicin ; 2nd line Ceftriaxone)
- Oxygen therapy if SpO₂ <90%
- No referral
- Paracetamol po if fever
- Inhaled bronchodilator if presence of wheezing (most often salbutamol)
- Refer

*Very fast breathing: Respiratory rate 2-11m ≥60/min, 12-59m ≥50/min, 5-12y ≥40/min, 13-14y ≥30/min

**SpO₂ (Blood oxygen saturation) if available, only measured in patients with fast breathing or chest indrawing

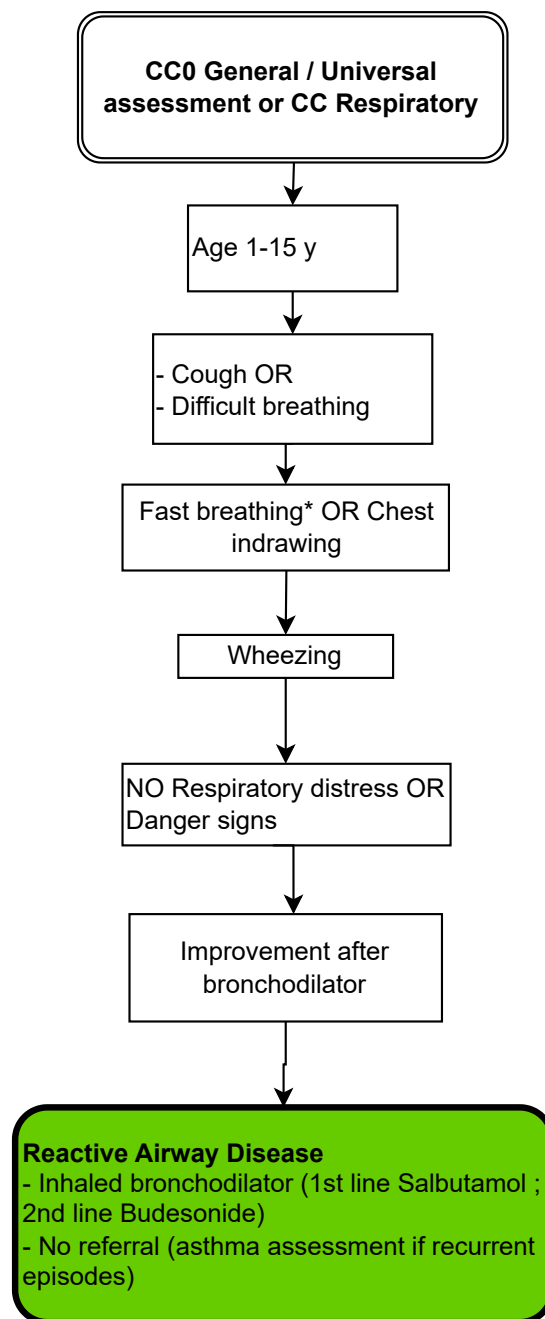
- Bacterial pneumonia excluded by severe pneumonia
- Viral pneumonia excluded by bacterial pneumonia and severe pneumonia
- Common cold excluded by Bacterial and Viral pneumonia, and severe pneumonia, CNS danger sign, measles, inhalation injury, suspicion of foreign object in airways, complicated chicken pox, and significant hemoptysis

**CC0 General / Universal
assessment or CC Respiratory**

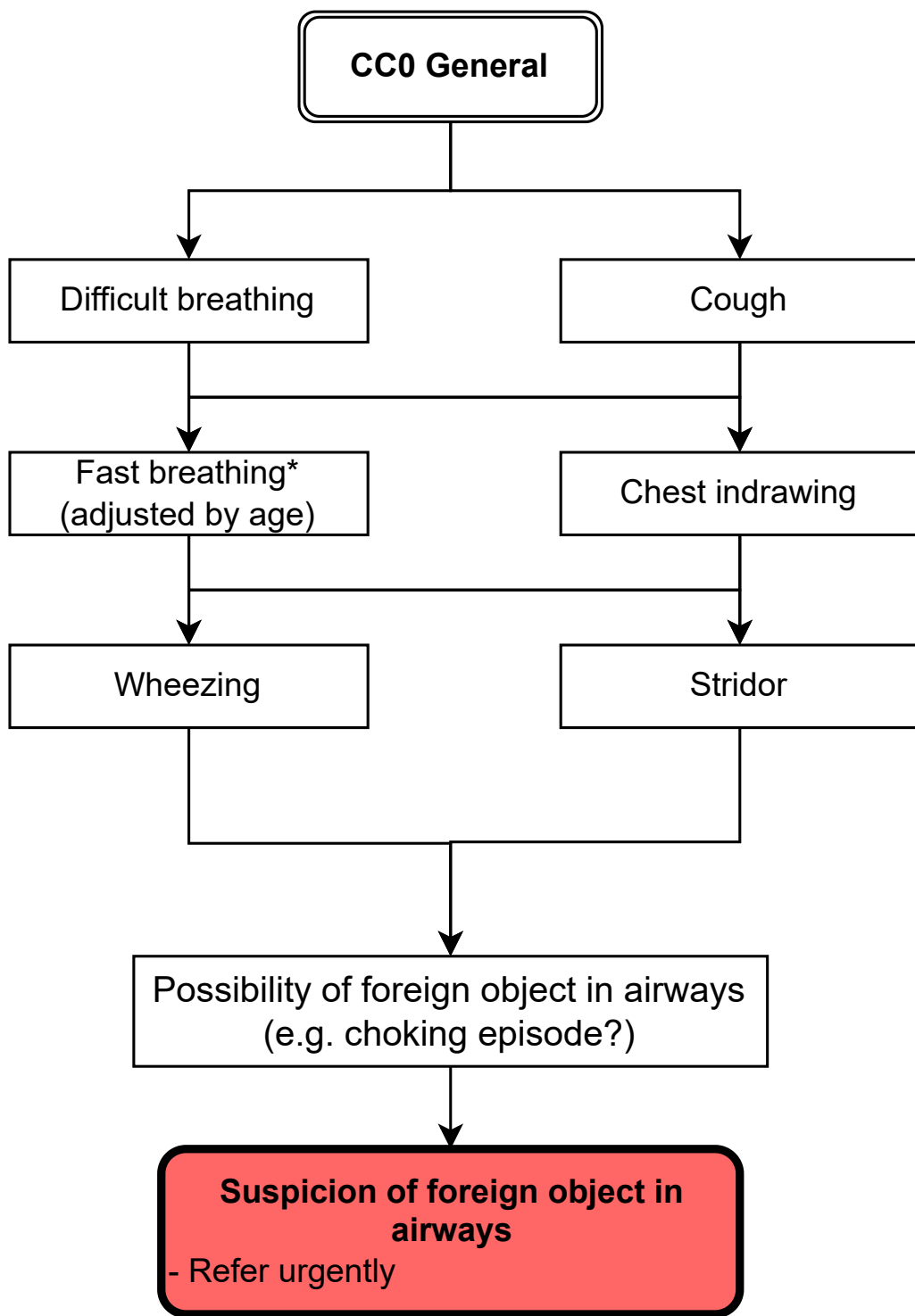
- Cough OR
- Difficult breathing

Significant hemoptysis
(>1 episode, not associated with
nose bleed or lesion in mouth,
not vomiting blood)

Hemoptysis
- Refer for investigations



*Fast breathing: Respiratory rate 2-11m $\geq 50/\text{min}$, 12-59m $\geq 40/\text{min}$, 5-12y $\geq 30/\text{min}$, 13-14y $\geq 20/\text{min}$
Very fast breathing: Respiratory rate 2-11m $\geq 60/\text{min}$, 12-59m $\geq 50/\text{min}$, 5-12y $\geq 40/\text{min}$, 13-14y $\geq 30/\text{min}$



***Fast breathing:** Respiratory rate 2-11m $\geq 50/\text{min}$, 12-59m $\geq 40/\text{min}$, 5-12y $\geq 30/\text{min}$, 13-14y $\geq 20/\text{min}$

**CC0 General/
Universal
Assessment**

Age <5 y

Cough OR
Difficult breathing OR
Fever

Known close TB contact in
past 12 months

- Cough ≥ 2 weeks, OR
- Fever ≥ 2 weeks, OR
- Significant hemoptysis (>1 episode), OR
- Significant weight loss*, OR
- Known close TB contact in past 12 months

Suspicion of Tuberculosis

- No antibiotics before TB investigation (unless unstable)
- TB assessment (At the present health facility or referred to specialized outpatient consultation)

*Significant weight loss = Poor weight gain, failure to thrive, documented weight loss (only asked in children >5 years)

**CC0: General / Universal
Assessment**

Fever AND No danger sign

No identifiable source of fever

- NO cough
- NO difficulty breathing
- NO runny nose
- NO Loose or liquid stools (diarrhea)
- NO preseptal or orbital cellulitis
- NO ear pain or discharge
- NO dental abscess
- NO sore throat or neck mass
- NO Swollen salivary glands (suspicion of mumps)
- NO localized joint or bone abnormality
- NO febrile rash (measles, chickenpox, abscess, cellulitis, scarlet fever, impetigo)
- NO pain or difficulty passing urine (2y-15y)
- NO pelvic inflammatory disease

mRDT or malaria
microscopy

Positive

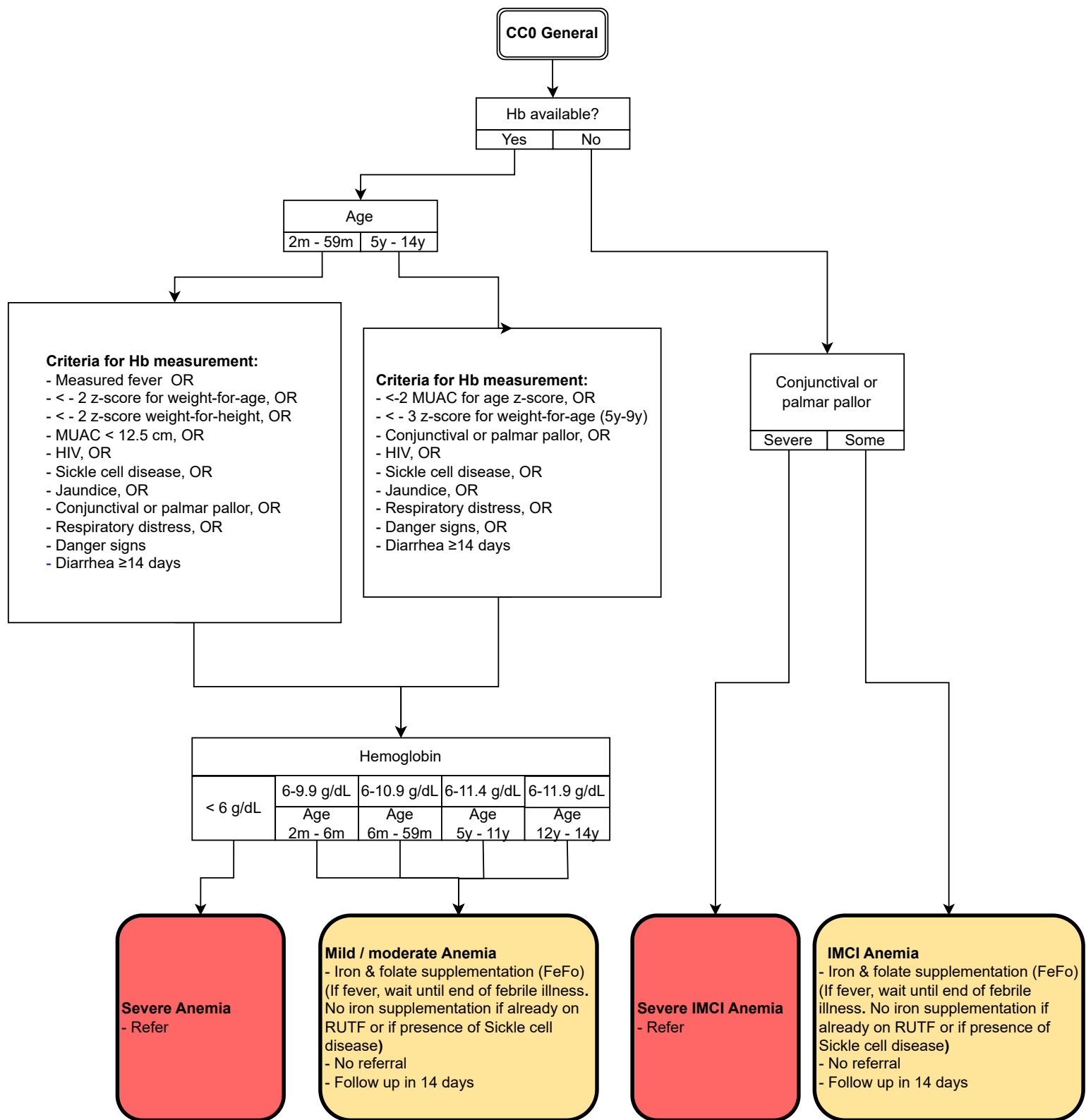
Negative

Fever without source

- Symptomatic treatment
- Paracetamol po
- No referral (unless unexplained bleeding)

Exclusions:

Fever without source excluded by: Complicated prolonged fever



Note:

- Hemoglobin can also be selected as an additional test in order to reach the diagnosis of severe and mild/moderate anemia
- Referral should be considered if mild/moderate anemia despite >2 month of treatment with iron

CC0 General

Anthropometric measures

< - 3 z-score for WFA/WFH	< 11.5 cm MUAC or <-3 z-score for WFH	< - 3 z-score for MUAC for age	-3 z-score for WFA	-2 to -3 z-score for WFA/WFH	11.5 - 12.5 cm MUAC OR -2 to -3 z-score for WFH	-2 to -3 z-score for MUAC for age
2m-6m	6m - 59m	5y - 14y	6m - 10y	2m - 6m	6m - 59m	5y - 14y

Complication criteria

- Other severe diagnoses*, OR
- Fail appetite test (Only tested in those without other severe diagnoses)

YES

NO

Complicated Severe Acute Malnutrition

- Antibiotics (1st line ampicillin and gentamicin ; 2nd line ceftriaxone)
- Referral for urgent care
- Prevent low blood sugar
- Prevent hypothermia

Uncomplicated Severe Acute Malnutrition

- Antibiotics in children <5 years (1st line Amoxicillin ; 2nd line Co-trimoxazole)
- Non-urgent referral for malnutrition follow-up / assessment and RUTF
- Feeding advice

Very Low Weight-for-Age

- Antibiotics (if febrile and <5 years - 1st line amoxicillin ; 2nd line co-trimoxazole) if fever and 2-59m
- Non-urgent referral for malnutrition follow-up / assessment and RUTF
- Feeding advice

Moderate Malnutrition

- No antibiotics
- Feeding advice

*Other Severe diagnoses:

- Danger sign, OR
- Suspected meningitis, OR
- Severe anemia, OR
- Severe dehydration, OR
- Measles, OR Chicken pox, OR
- Respiratory distress, OR
- Pneumonia with chest indrawing, OR
- Severe abdominal condition, OR
- Mastoiditis, OR
- Severe eye disease, OR
- Complicated abscess or complicated cellulitis, OR
- Osteomyelitis/septic arthritis, OR
- Hypoglycemia (<3 mmol/l)
- Complicated prolonged fever
- Severe malaria
- Severe persistent diarrhea
- Suspicion of foreign object in airways

Abbreviations:

BMI: Body Mass Index
 MUAC: Mid-Upper Arm Circumference
 RUTF: Ready-to-Use Therapeutic Food
 WFA: Weight for Age
 WFH/L: Weight-for-Height or Weight-for-Length

Exclusions:

- Complicated Severe Acute malnutrition excludes Uncomplicated Severe Acute Malnutrition, Moderate malnutrition, Very low Weight for Age
- Uncomplicated Severe Acute malnutrition excludes moderate malnutrition and Very Low Weight-for-Age

**CC2 Ear, Nose, or
Throat problem**

CC0 General

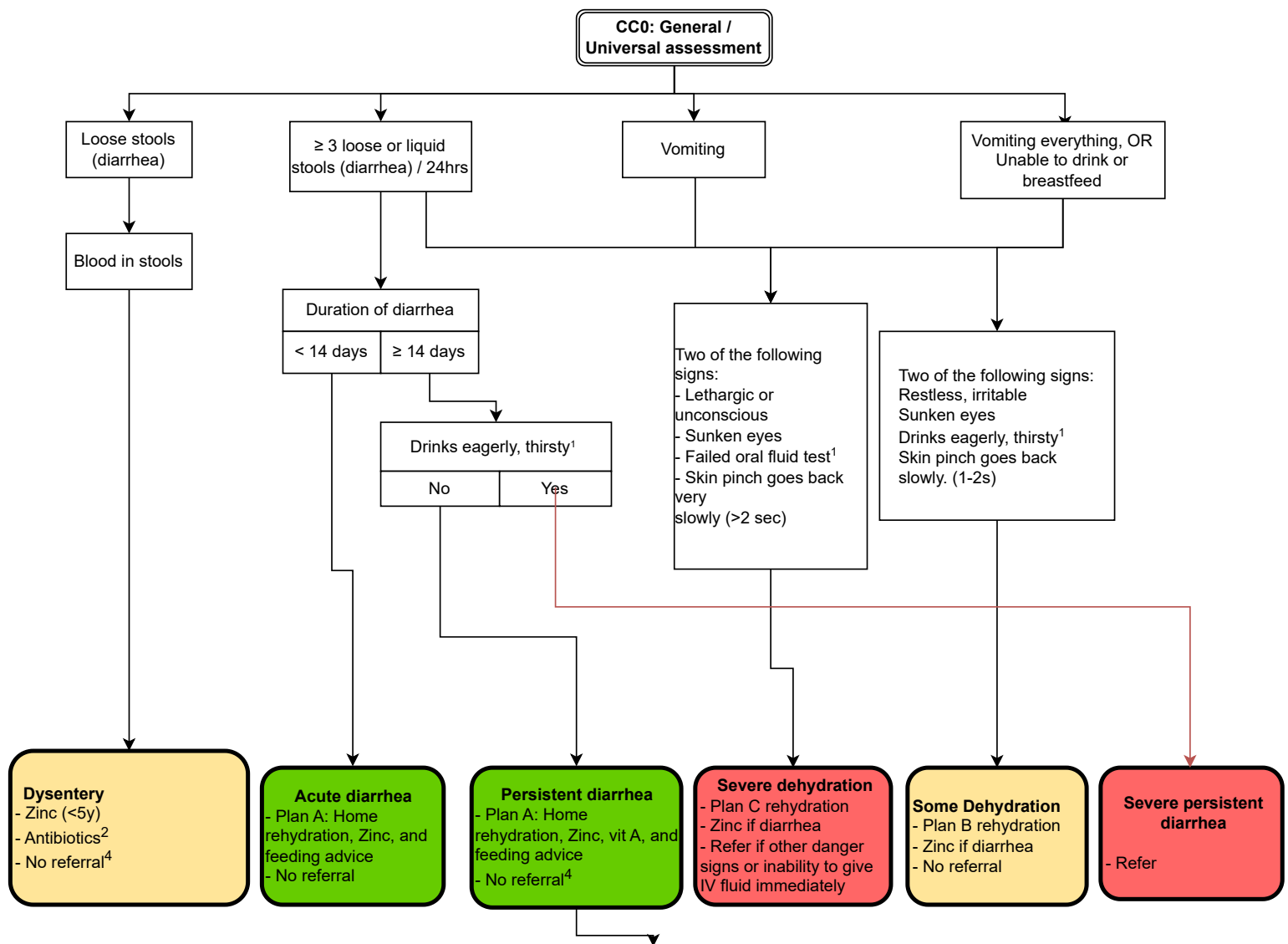
Mouth or teeth problem

Age 2-59m, AND
Eating/breastfeeding a lot less than
usual

Physical exam finding:
Oral candidiasis: White plaques in the
mouth

Oral Candidiasis (Oral thrush)

- 1st line Nystatin suspension ; 2nd line Miconazole gel
- Symptomatic counselling
- If HIV or moderate or severe malnutrition or failed treatment with nystatin : Fluconazole PO
- No referral



¹Oral fluid challenge: Provide water to drink and see if able to drink without vomiting (only performed in those not convulsing now, and not unconscious/lethargic). If oral fluid challenge not possible at clinic, ask mother about last feed/drink.

²Antibiotics for children < 5 years. If ≥5 years, antibiotics only if febrile, or < -3 z-score for MUAC for age, or HIV positive. Switch to second line treatment (Azithromycin PO) if symptoms have not improved after 3 days of antibiotic treatment with first line treatment.

³Referral for children with HIV, <12 months, measles, or severe acute malnutrition, who did not have any improvements following three days of the first line treatment.

⁴Referral for children with HIV or if already received 5 or more days of zinc and feeding counseling

Plan B and C rehydration as per IMCI

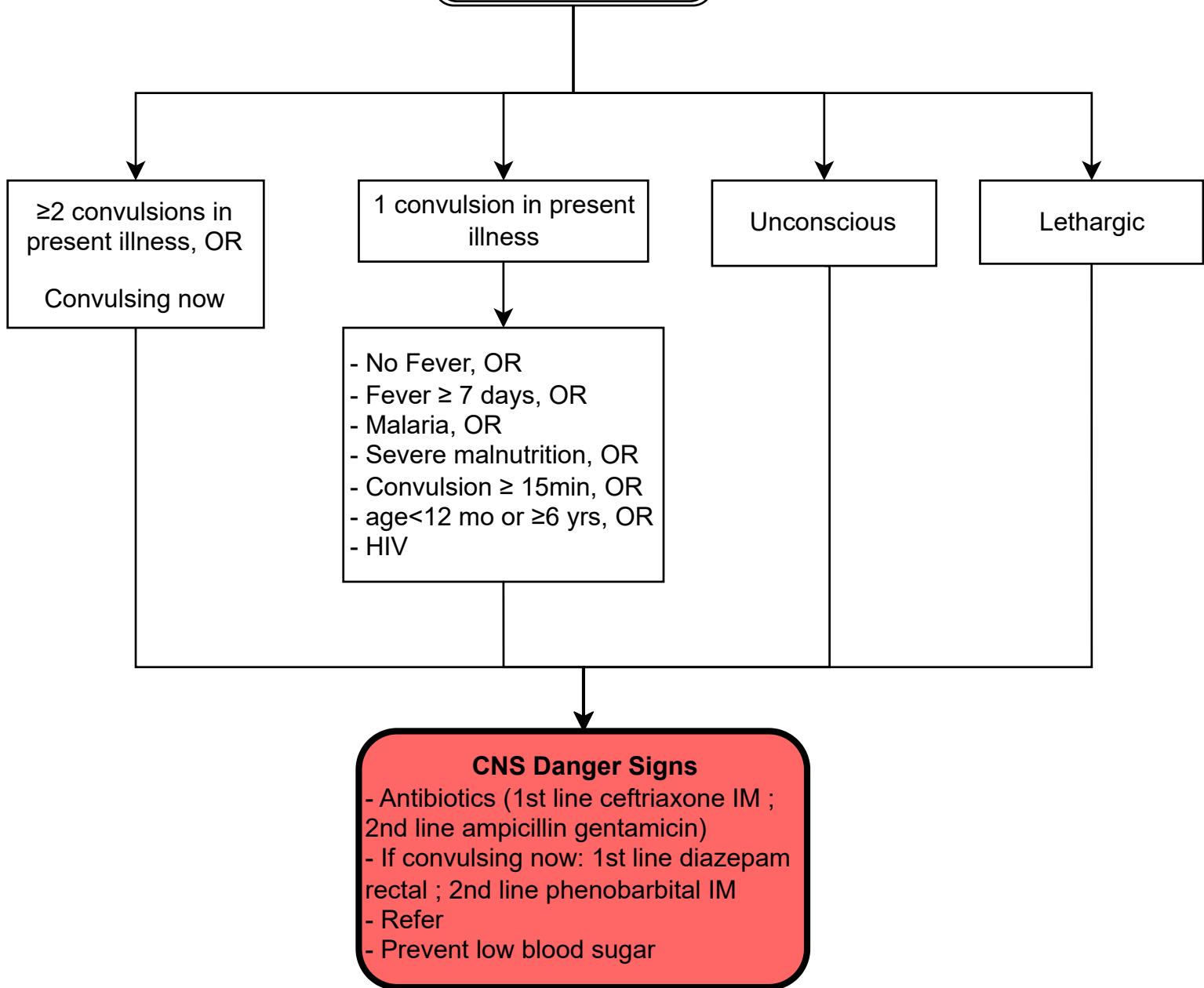
Abbreviations:

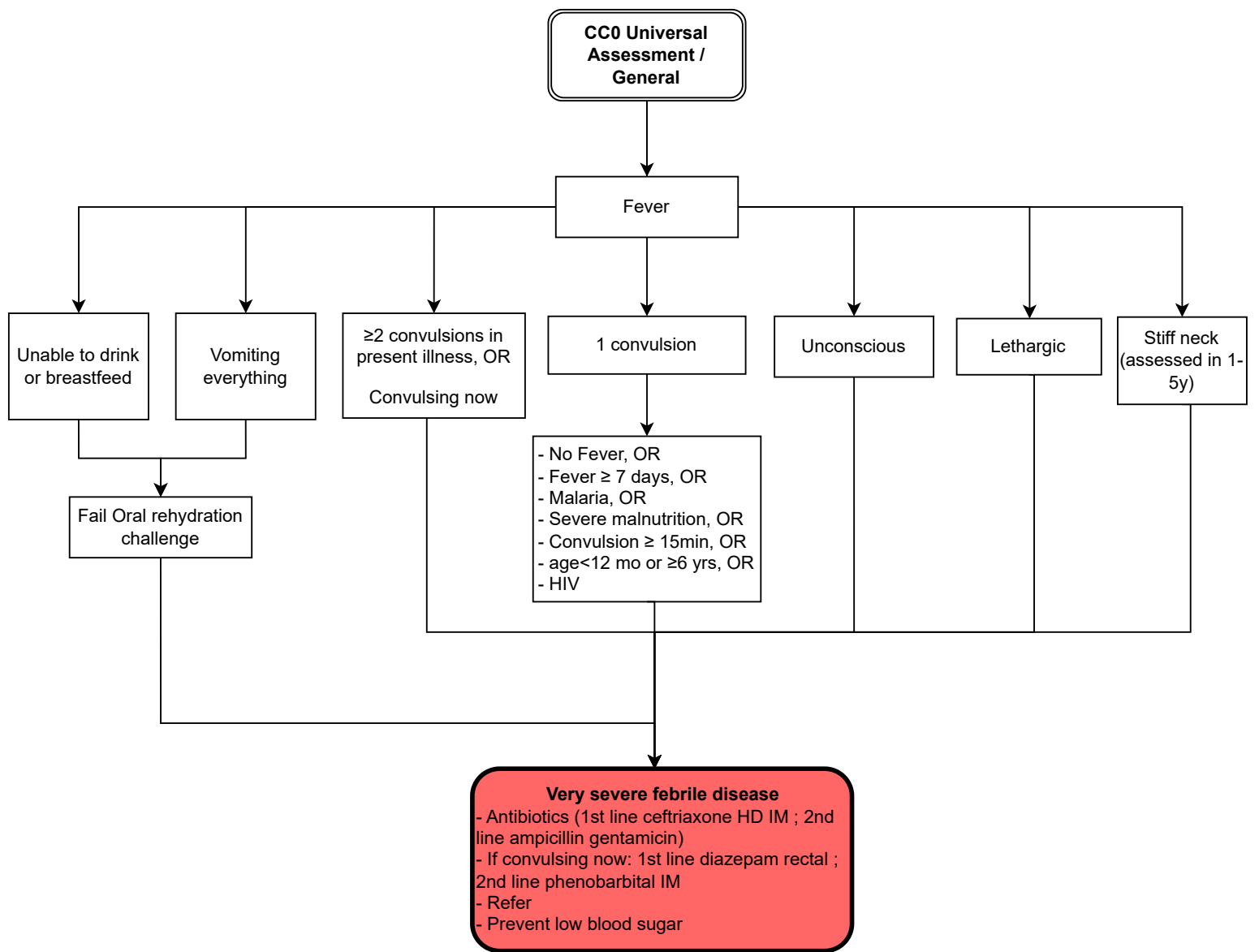
ORS: Oral Rehydration Salt

Exclusions:

- Severe dehydration excludes Severe persistent diarrhea
- Severe persistent diarrhea excludes Some dehydration
- Severe abdominal condition excludes Dysentery

**CC0 Universal
Assessment /
General**





Exclusions:

- Excludes CNS Danger signs

**CC0 Universal
Assessment /
General**

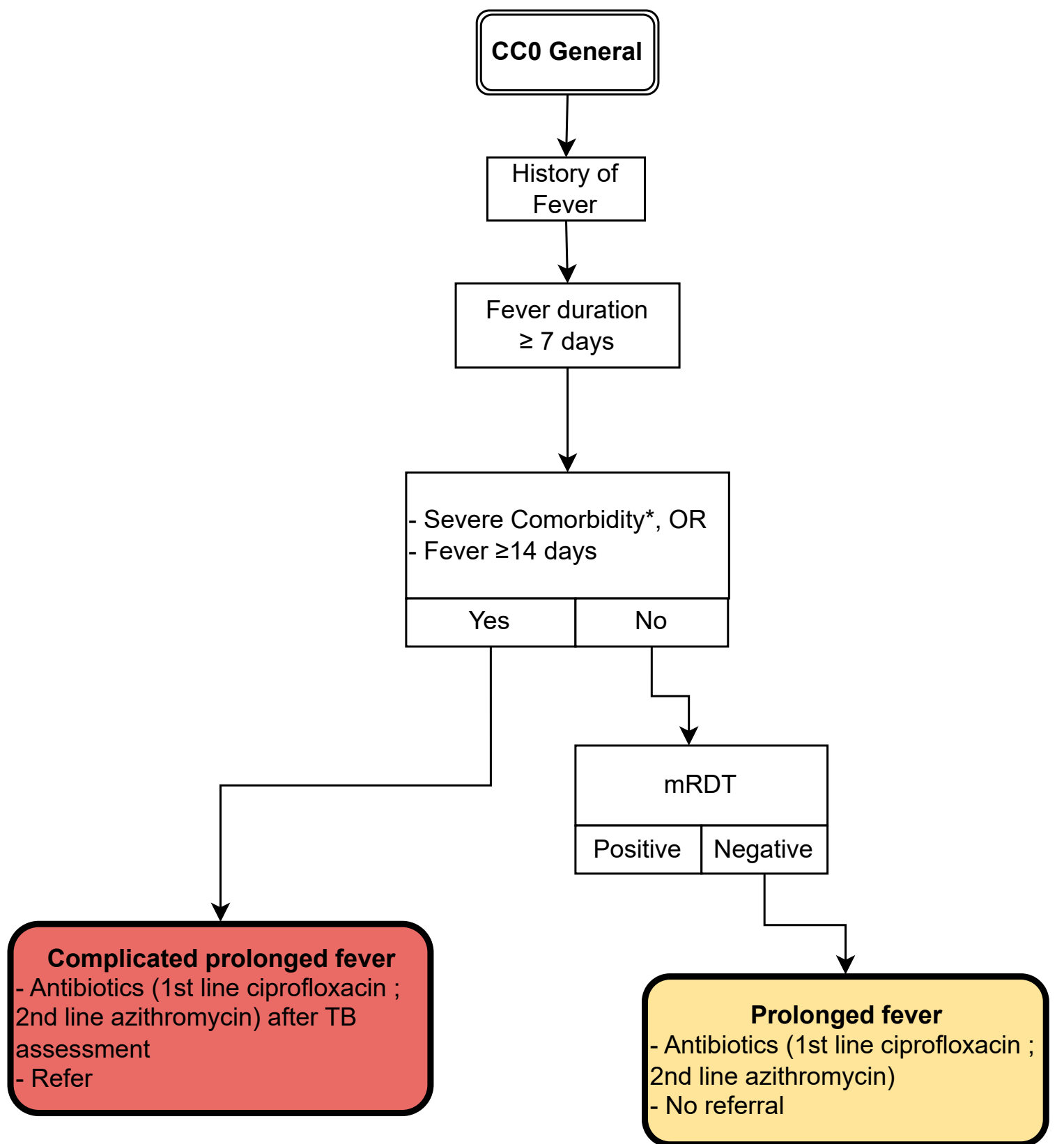
Unable to drink or
breastfeed

No unconscious/lethargic, AND
No convulsing now, AND
No severe dehydration, AND
Failed oral fluid test¹

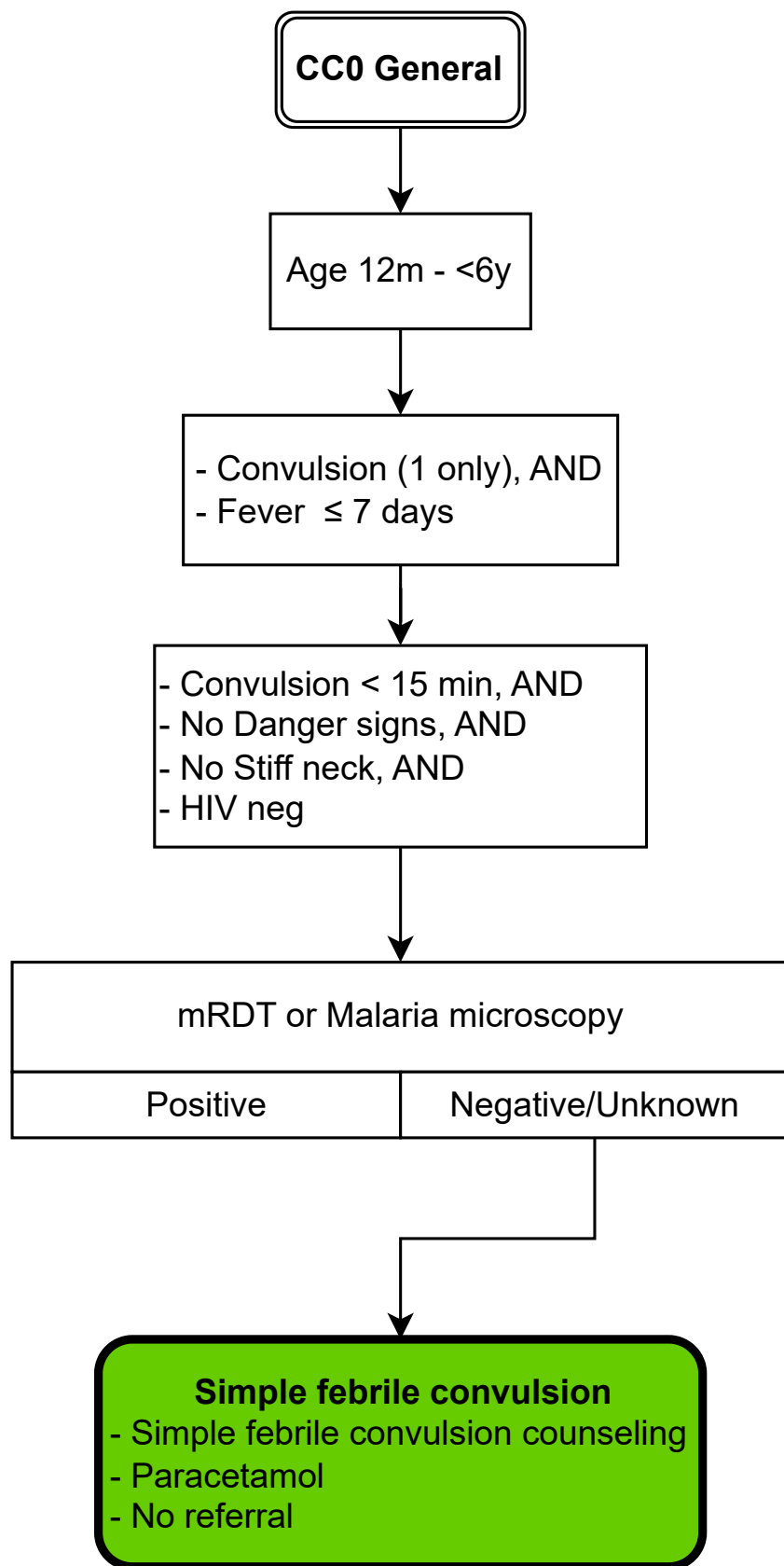
Very severe disease

- Refer
- Prevent low blood sugar

¹Oral fluid challenge: Provide water to drink and see if able to drink without vomiting (only performed in those not convulsing now, and not unconscious/lethargic). If oral fluid challenge not possible at clinic, ask mother about last feed/drink.

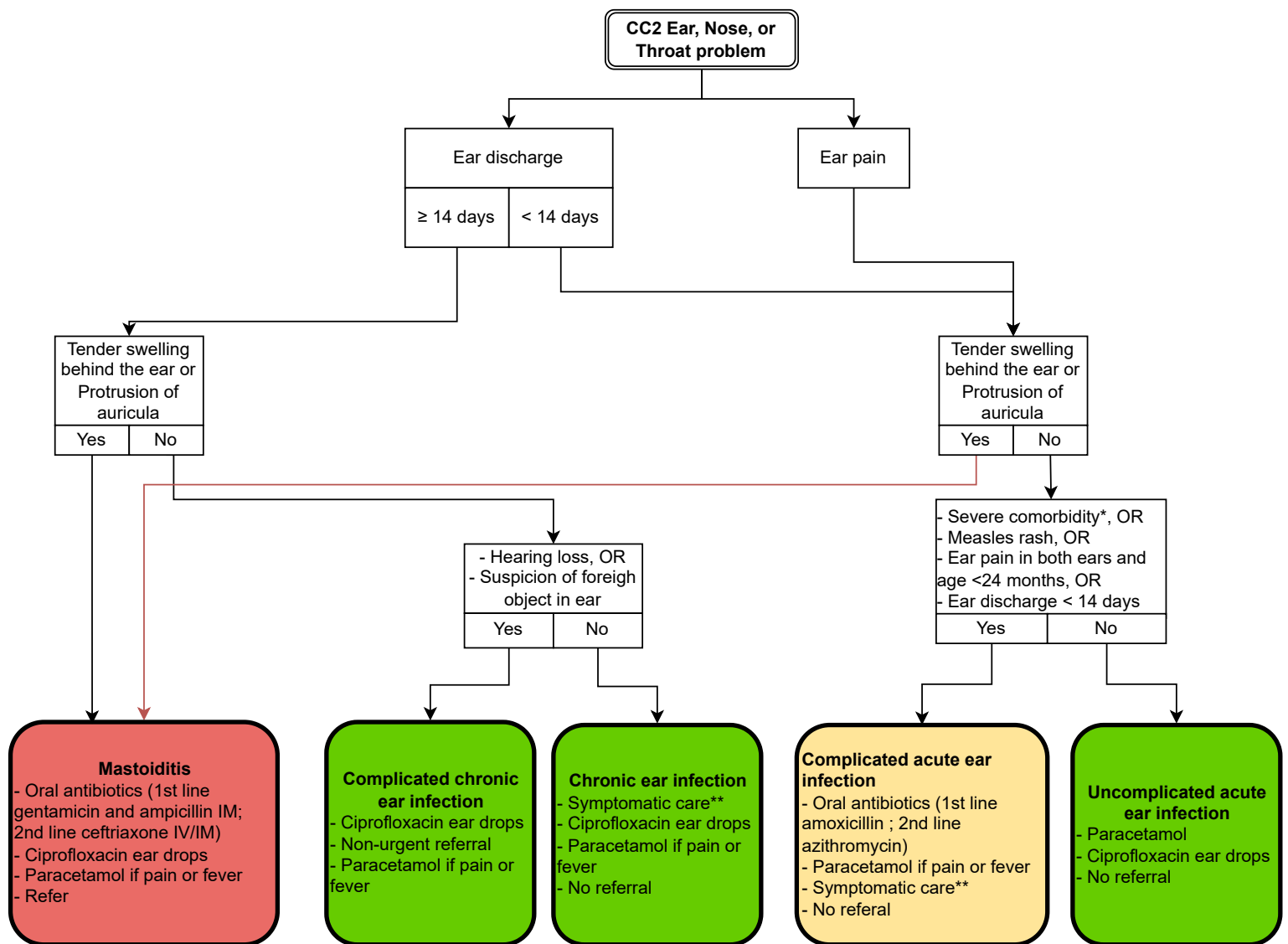


*Severe comorbidity: SAM, very low WFA, HIV, sickle cell disease, cerebral palsy, severe anaemia, congenital heart disease



Exclusions:

Excluded by: Suspected Tuberculosis

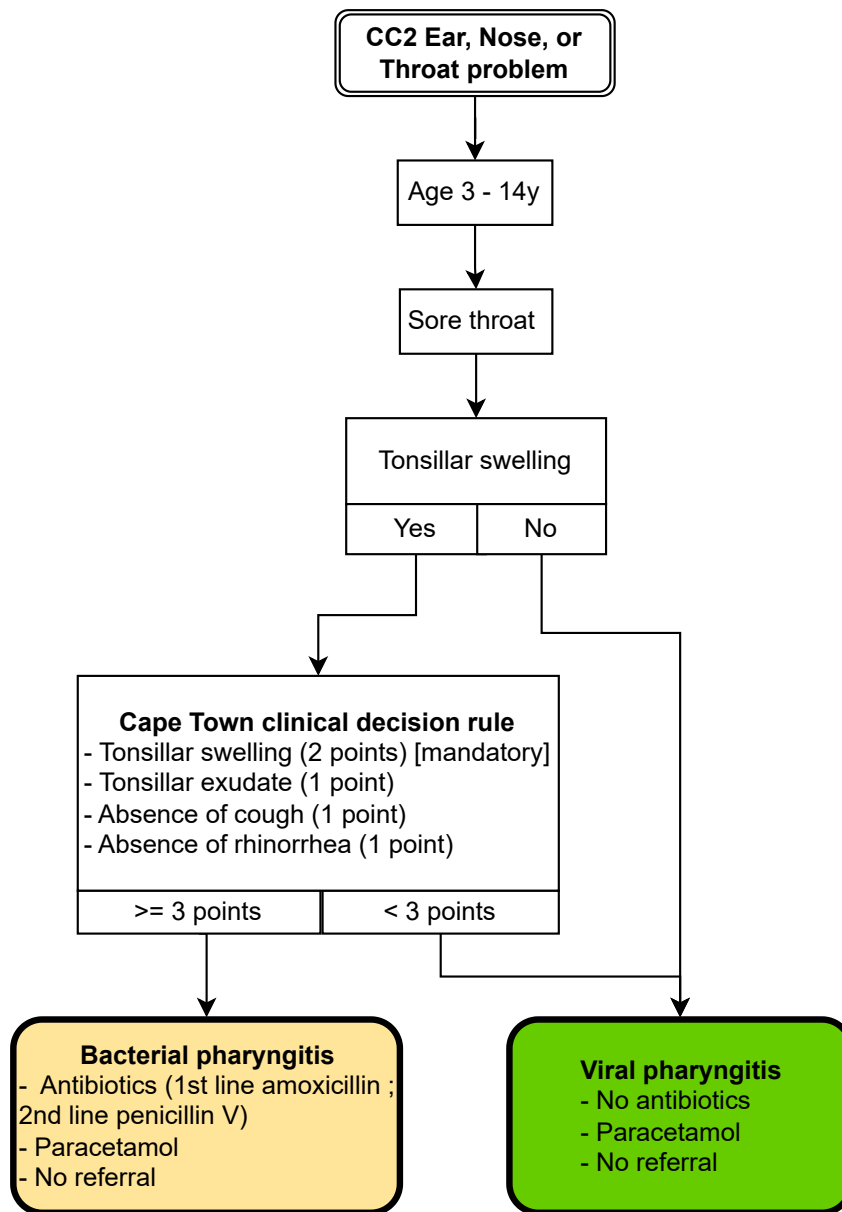


*Severe comorbidities: Severe Acute malnutrition, <-3 z-scores weight for age, cerebral palsy, sickle cell disease, HIV, Severe anemia, Congenital heart disease

**Symptomatic care = wicking of ear if presence of discharge

Exclusions:

- Complicated acute ear infection excluded by Mastoiditis
- Chronic ear infection excluded by Complicated chronic ear infection
- Uncomplicated acute ear infection excluded by Mastoiditis, complicated acute ear infection, mumps, and dental abscess



Exclusions:

- Bacterial and viral pharyngitis Excludes: Uncomplicated infectious lymphadenitis, uncomplicated lymphadenopathy, and acute uncomplicated ear infection

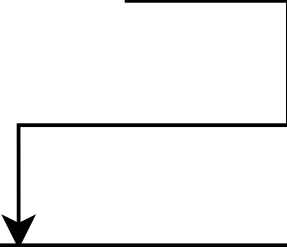
CC2 Ear, Nose, or Throat problem



Tooth Pain



Dental abscess	
YES	NO



Dental Abscess

- If fever : oral antibiotics (1st line amoxicillin/clavulanic acid ; 2nd line amoxicillin metronidazole)
- Paracetamol
- Dental abscess drainage and incision
- Non urgent referral to dentist

Tooth pain

- Paracetamol
- Non urgent referral

**CC2 Ear, Nose, or
Throat problem**

Age 2m-5y

Foreign body in ear
(seen / suspected)

Removal of object not possible

Foreign body in ear

- Removal of object
- Ciprofloxacin ear drops (if lesion in ear after removal)
- No referral

Foreign body in ear

- Refer for outpatient management: ENT

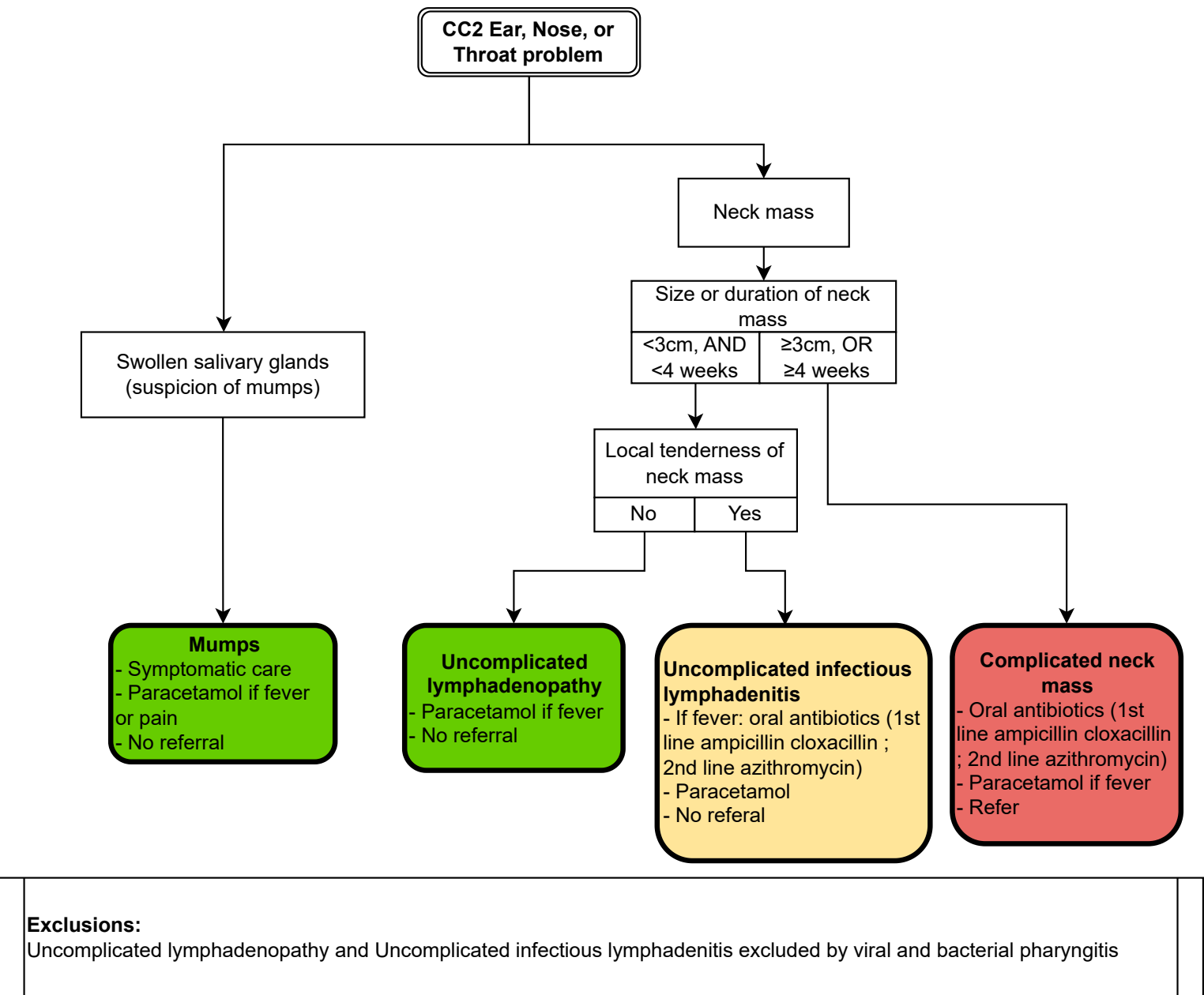
**CC2 Ear, Nose, or
Throat problem**

- Mouth pain, OR
- Eating/breastfeeding a lot less than usual (if <5y), OR
- Sore throat

Physical exam:
- Mouth ulcers, OR
- Herpangina

Oral aphtous ulcers

- Oral aphtous uclers advice
- Paracetamol
- Gentian violet (half strength) solution
- No referral



**CC3 Eye
complaint**

Sticky eye/Purulent discharge from eye

No

Yes

Red eye

Eye itching (if age
≥ 5 years)

No

Yes

Viral conjunctivitis

- Conjunctivitis guidance
- No referral

Allergic conjunctivitis

- Sodium Chromoglycate eye drops
- No referral

Bacterial conjunctivitis

- Topical antibiotics (1st line Chloramphenicol eye drops ; 2nd line ciprofloxacin eye drop)
- No referral*

*Outpatient referral for patient's without improvement after 5 days of antibiotic eye drops

Exclusions:

Bacterial, viral and allergic conjunctivitis excluded by: Severe eye disease, measles, severe measles

CC3 Eye complaint

Warm, tender swelling around
eye

- Eye pain, OR
- Fever

Yes

No

Orbital Cellulitis

- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- Refer

Preseptal Cellulitis

- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- Refer if patient < 1y

CC3 Eye complaint

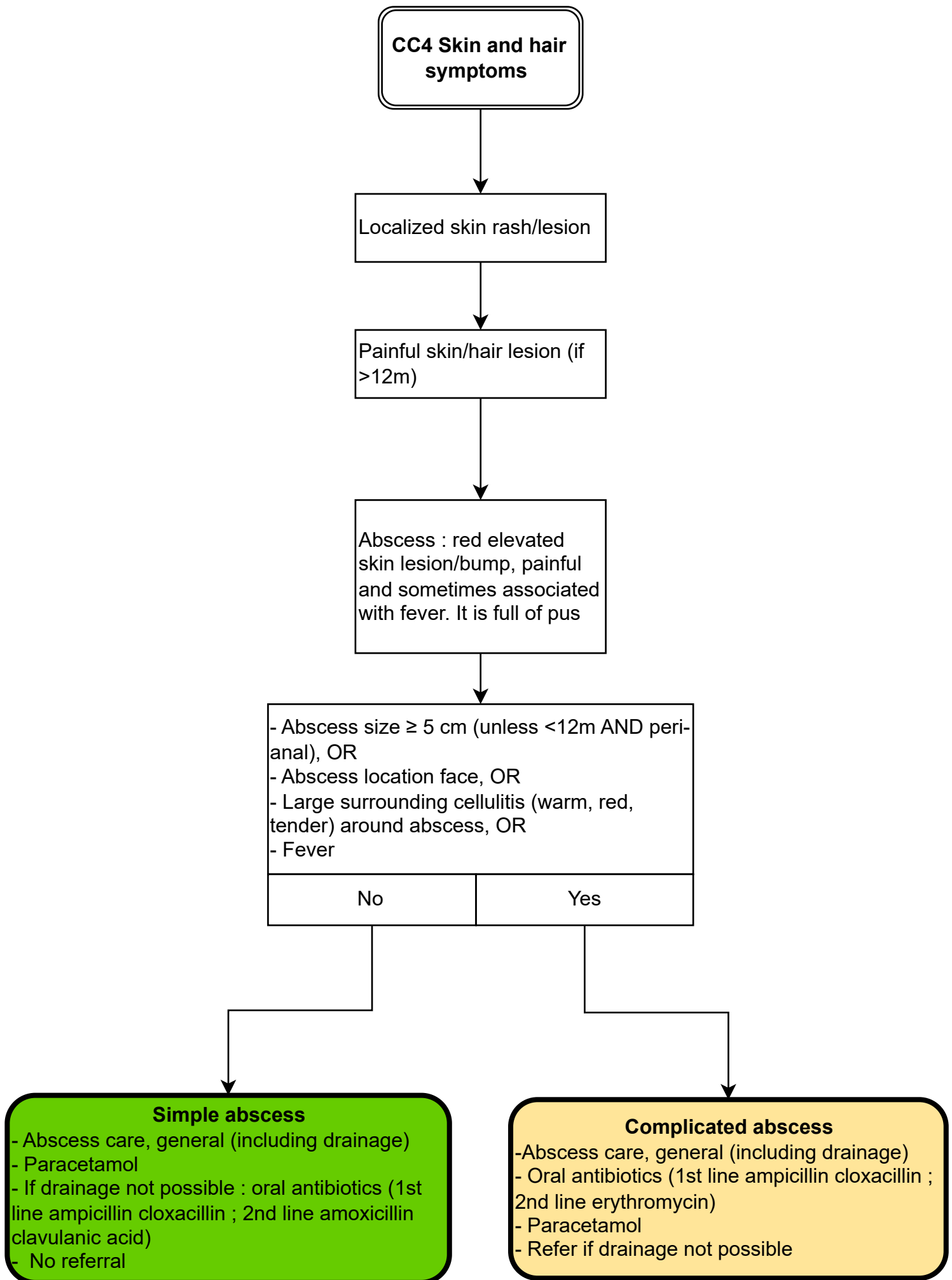
- Clouding of cornea, OR
- Severe eye pain, OR
- Bleeding of eye, OR
- Red eye \geq 2 weeks, OR
- In-turned eye lashes, OR
- Loss of vision, OR
- Red eye AND Eye trauma/ foreign body in eye

Severe eye disease

- Refer urgently if severe eye pain, otherwise non-urgent outpatient referral
- If foreign body, removal from the eye
- Vitamin A po if clouding of the cornea AND measles infection in the last 3 months
- Paracetamol if pain
- Topical antibiotics (1st line chloramphenicol eye drops ; 2nd line ciprofloxacin eye drops)

Exclusions:

Excludes: Bacterial and viral conjunctivitis



CC4 Skin and hair symptoms

Localized skin rash/lesion

Painful skin/hair lesion (if >12m)

Cellulitis : warm, red, tender, AND no abscess

- No regression of skin lesion despite 72hrs of antibiotic treatment, OR
- Cellulitis location face, OR
- Severe pain around skin lesion, OR
- Danger signs, OR
- Skin lesion size \geq 2x patients' palm

No

Yes

Uncomplicated cellulitis

- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- Paracetamol if fever
- No referral, follow-up in 7 days

Complicated cellulitis

- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- Paracetamol if fever
- Refer

CC4 Skin and hair symptoms

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Folliculitis:
Pustules or erythematous papules anywhere hair is located, most common sites include the scalp, face, upper trunk, buttocks, legs and the underarm area. It is often itchy, and sometimes pustules can be painful. Hair shaft can frequently be seen

Extensive skin disease

No

Yes

Folliculitis

- Potassium permanganate solution
- 1st line gentian violet ; 2nd line silver sulfadiazine
- No referral

Extensive Folliculitis

- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- 1st line gentian violet ; 2nd line silver sulfadiazine
- No referral

**CC4 Skin and hair
symptoms**

Localized skin rash/lesion

Impetigo : honey colored crusted
lesion

- Lesion size > 1x patient's palm, OR
- Fever

No

Yes

Uncomplicated Impetigo

- 1st line: Potassium Permanganate solution,
2nd line Mupirocin cream
- Skin hygiene precautions
- No referral

Complicated Impetigo

- Oral antibiotics (1st line ampicillin cloxacillin ;
2nd line erythromycin)
- 1st line: Potassium permanganate solution, 2nd
line Mupirocin cream
- Paracetamol if fever
- Skin hygiene precautions
- No referral

CC4 Skin and hair symptoms

Generalized skin rash/lesion

Fever

Chicken pox lesions

Multiple lesions of different stages : macules, papules, vesicles, crusted papules, may also be present on hairy scalp/genitals. Almost always very itchy, often associated with headache and diffuse muscle pain

- HIV, OR
- Severe acute malnutrition, OR
- Very low weight for age, OR
- Chest indrawing pneumonia, OR
- Respiratory distress

No

Yes

Uncomplicated Chicken pox

- Calamine lotion
- Paracetamol if fever
- Skin hygiene precautions
- No referral

Complicated Chicken pox

- Calamine lotion
- Paracetamol if fever
- Acyclovir PO
- Refer

CC4 Skin and hair symptoms

```
graph TD; A[CC4 Skin and hair symptoms] --> B[Localized skin rash/lesion]; B --> C[Oral Herpes : Single or grouped vesicles often around mouth. Often painful]; C --> D[Herpes simplex - Oral lesions (herpes labialis)  
- Skin hygiene precautions  
- If HIV or severe acute malnutrition : Acyclovir PO  
- No referral];
```

Localized skin rash/lesion

Oral Herpes : Single or grouped vesicles often around mouth. Often painful

Herpes simplex - Oral lesions (herpes labialis)

- Skin hygiene precautions
- If HIV or severe acute malnutrition : Acyclovir PO
- No referral

CC4 Skin and hair symptoms

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Tinea Corporis :
Often itchy circular or oval red scaling patch or plaque. At later stages central clearing occurs, with spread of raised borders. It is sometimes surrounded by vesicles

Extensive skin disease

No

Yes

Tinea Corporis

- 1st line clotrimazole cream; 2nd line benzoic acid compound (whitfield)
- No referral

Generalized (extensive) Tinea Corporis

- Oral antigungal (1st line griseofulvin ; 2nd line fluconazole)
- HIV test
- No referral

CC4 Skin and hair symptoms

```
graph TD; A[CC4 Skin and hair symptoms] --> B[Localized skin rash/lesion]; B --> C[Tinea Capitis : Often itchy circular or oval red scaling patch or plaque, sometimes surrounded by vesicles, pustule formations or a buggy fluctuant mass (kerion). It is often associated with hair loss]; C --> D[Tinea Capitis<br/>-Oral antigungal (1st line griseofulvin ; 2nd line fluconazole)<br/>- No referral];
```

Localized skin rash/lesion

Tinea Capitis :

Often itchy circular or oval red scaling patch or plaque, sometimes surrounded by vesicles, pustule formations or a buggy fluctuant mass (kerion). It is often associated with hair loss

Tinea Capitis

- Oral antigungal (1st line griseofulvin ; 2nd line fluconazole)
- No referral

CC4 Skin and hair symptoms

Itchy skin/hair lesion (if >12m)

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Scabies :

Itchy (especially at night), small, red papules or vesicles, sometimes with excoriation or burrows. Found mostly in interdigital spaces of the hands and feet, wrists, waistline, and genitals. In infants consider palms and soles

Scabies

- 1st line benzyl benzoate emulsion ; 2nd line malathion lotion
- Scabies household management advice
- No referral

CC4 Skin and hair symptoms

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Itchy skin/hair lesion (if >12m)

Urticaria:
Raised, red plaques, often appearing and enlarging very fast. Very itchy, especially at night

- Danger sign, OR
- Respiratory distress, OR
- Signs of anaphylaxis

No

Yes

Urticaria

- Age \geq 6 months : 1st line Cetirizine hydrochloride PO ; 2nd line chlorpheniramine
- No referral

Anaphylaxis

- Epinephrine (adrenaline) IM
- Age \geq 6 months : 1st line Cetirizine hydrochloride PO ; 2nd line chlorpheniramine
- Refer

CC4 Skin and hair symptoms

Age 5y-14y

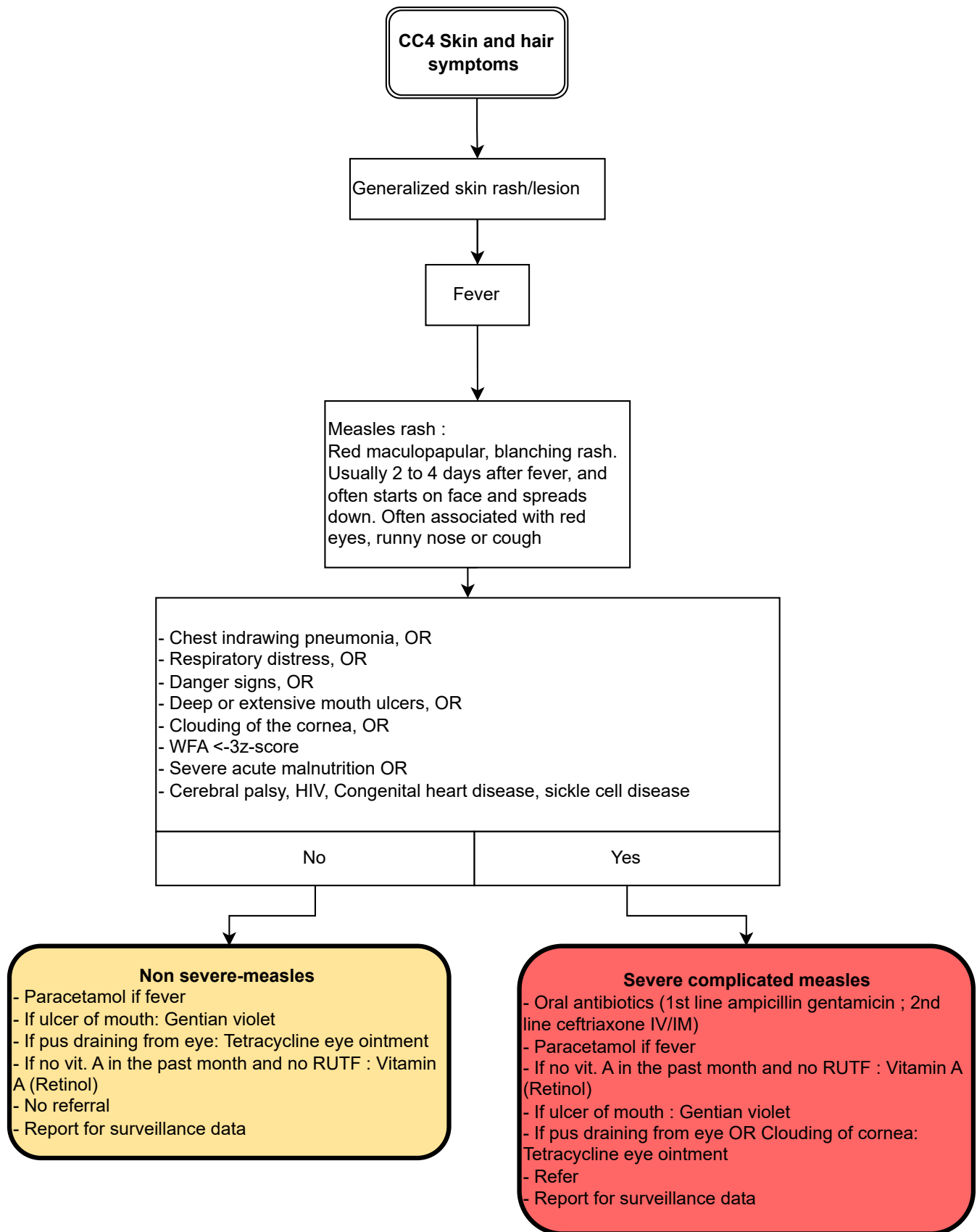
No painful

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Pityriasis Versicolor :
Hypo/hyperpigmented patches (most often on chest, back and arms). Not itchy

Pityriasis versicolor

- 1st line clotrimazole cream; 2nd line benzoic acid compound (whitfield)
- Pityriasis Versicolor Guidance
- No referral



Exclusions:

- Complicated or uncomplicated measles excludes bacterial or viral conjunctivitis

CC4 Skin and hair symptoms

```
graph TD; A[CC4 Skin and hair symptoms] --> B["- Localized skin rash/lesion, OR<br>- Generalized skin rash/lesion"]; B --> C["Molluscum Contagiosum:<br>Flesh-colored or pearly white, small papules with central umbilication. Sometimes associated with itching, not associated with fever."]; C --> D["Molluscum Contagiosum<br>- Molluscum Contagiosum guidance<br>- No referral"];
```

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Molluscum Contagiosum:
Flesh-colored or pearly white, small papules with central umbilication. Sometimes associated with itching, not associated with fever.

Molluscum Contagiosum

- Molluscum Contagiosum guidance
- No referral

CC4 Skin and hair symptoms

```
graph TD; A[CC4 Skin and hair symptoms] --> B[Generalized skin rash/lesion]; B --> C[Non specific viral rash : Many viruses cause a maculopapular rash, they can be accompanied with unspecific symptoms such as fever, headache, muscle, joint or back pain]; C --> D[Non specific viral rash<br/>- Paracetamol if fever<br/>- Non specific viral rash guidance<br/>- No referral];
```

Generalized skin rash/lesion

Non specific viral rash :
Many viruses cause a maculopapular rash, they can be accompanied with unspecific symptoms such as fever, headache, muscle, joint or back pain

Non specific viral rash

- Paracetamol if fever
- Non specific viral rash guidance
- No referral

CC4 Skin and hair symptoms

```
graph TD; A[CC4 Skin and hair symptoms] --> B[Head lice (Pediculosis) : Excoriated papules and/or nits, nymphs, lice in hair. Very itchy]; B --> C[Pediculosis (Head lice) - 1st line benzyl benzoate emulsion ; 2nd line malathion lotion - Lice household management advice - No referral];
```

Head lice (Pediculosis) :
Excoriated papules and/or nits,
nymphs, lice in hair. Very itchy

Pediculosis (Head lice)

- 1st line benzyl benzoate emulsion ; 2nd line malathion lotion
- Lice household management advice
- No referral

**CC4 Skin and hair
symptoms**

```
graph TD; A[CC4 Skin and hair symptoms] --> B[Age 2m-5y]; B --> C[Localized skin rash/lesion]; C --> D[Diaper rash : Hyperpigmented or red rash that is often itchy in the groin/buttock area due to wet diaper that has not been changed frequently]; D --> E[Diaper rash<br/>- 1st line potassium permanganate solution ; 2nd line clotrimazole cream<br/>- Diaper rash guidance<br/>- No referral];
```

Age 2m-5y

Localized skin rash/lesion

Diaper rash :
Hyperpigmented or red rash that is
often itchy in the groin/buttock area
due to wet diaper that has not been
changed frequently

Diaper rash

- 1st line potassium permanganate solution ; 2nd line clotrimazole cream
- Diaper rash guidance
- No referral

CC4 Skin and hair symptoms

Age 1y-14y

Generalized skin rash/lesion

Fever

Scarlet fever:

Bright red rash that blanches with pressure, with small papules giving it a sandpaper texture (like pumice stone). It is usually located on face, neck, trunk, arms and legs; palms and soles are not involved. The spread initially starts on the neck, underarm, and groin, and then spreads over the body. The cheeks may be rosy, and a pale area around the mouth. Often associated with sore throat, abdominal pain and emesis. Typically the child presents with strawberry tongue, red tonsils with exudate or petechiae.

Scarlet Fever

- Oral antibiotics (1st line amoxicillin ; 2nd line penicillin V)
- Paracetamol if fever
- No referral

CC4 Skin and hair symptoms

```
graph TD; A[CC4 Skin and hair symptoms] --> B["- Localized skin rash/lesion, OR<br>- Generalized skin rash/lesion"]; B --> C["Heat rash can present as :<br>- Miliaria rubra : Red papules 2-4mm on a red rash. Sometimes causes itching<br>- Miliaria crystallina : Clear, superficial vesicles 1-2mm that look like water droplets found most often on the head, neck and upper trunk<br>- Caused by blocked sweat ducts, most often in newborns and those wearing tight fitted clothes"]; C --> D["Heat rash (Miliaria crystallina/rubra)<br>- Heat rash guidance<br>- No referral"];
```

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Heat rash can present as :

- Miliaria rubra : Red papules 2-4mm on a red rash. Sometimes causes itching
- Miliaria crystallina : Clear, superficial vesicles 1-2mm that look like water droplets found most often on the head, neck and upper trunk
- Caused by blocked sweat ducts, most often in newborns and those wearing tight fitted clothes

Heat rash (Miliaria crystallina/rubra)

- Heat rash guidance
- No referral

CC4 Skin and hair symptoms

- Localized skin rash/lesion, OR
- Generalized skin rash/lesion

Itchy skin/hair lesion (if >12m)

Atopic eczema

- in infants: Itchy, red/pink (sometimes hypo or hyperpigmentation especially on dark skin), scaly and crusted lesions on cheek, forehead, scalp, or extensor surfaces. Rarely in groin and axilla region.
- in children: Itchy, thick (lichenified) plaques (sometimes hypo or hyperpigmentation especially on dark skin) in flexural surfaces especially elbows, knees, neck, wrist and ankles. Rarely in groin and axilla region.

Eczema (atopic dermatitis)

- Topical steroids if $\geq 3m$ (1st line hydrocortisone cream ; 2nd line betamethasone cream)
- Eczema guidance
- No referral

**CC5: Gastrointestinal
problem**

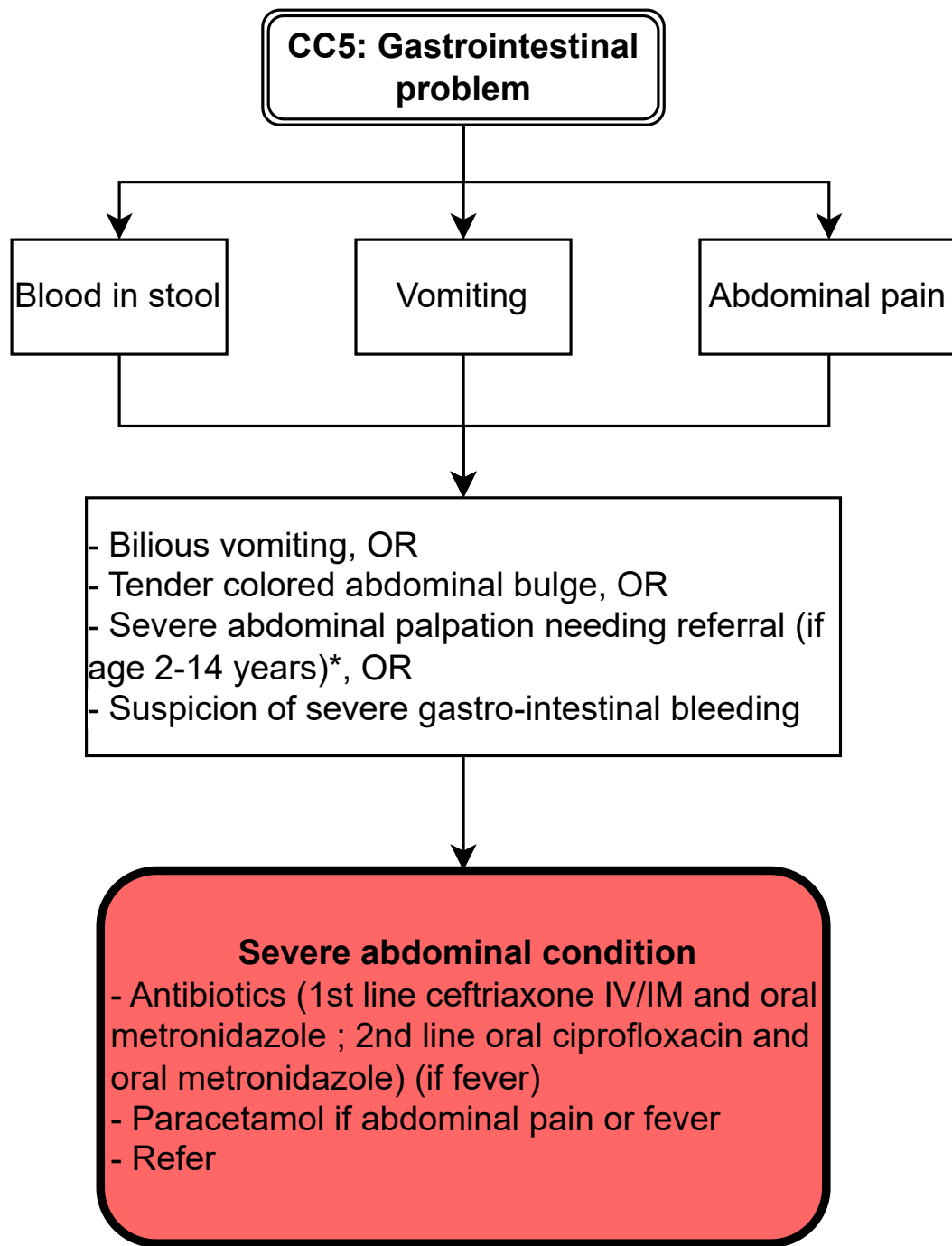
- Abdominal pain, OR
- <3/day loose or liquid stools, OR
- Vomiting, OR
- Constipation

Non-Severe abdominal condition

- Paracetamol and feeding counselling (if abdominal pain)
- Home rehydration (if vomiting)
- Constipation counselling (if constipation)
- No referral

Exclusions:

Excluded by: Acute diarrhea, persistent, severe abdominal condition, severe or some dehydration, constipation



*Severe abdominal palpation needing referral =
Diffuse rebound tenderness. Pain to even light touch.
Specific signs of appendicitis: Right lower quadrant tenderness or rebound tenderness, accentuated when jumping on right foot, pain migrating from the umbilical region associated with fever.

**CC5: Gastrointestinal
problem**

Age 2m-59m

Eating a lot less
than usual

No severe acute malnutrition, severe acute
malnutrition, acute diarrhea, or persistent
diarrhea, any severe diagnosis, most infectious
diseases

Loss of appetite

- Feeding counselling
- No referral

**CC5: Gastrointestinal
problem**

```
graph TD; A[CC5: Gastrointestinal problem] --> B[Age 1y-14y]; B --> C["- Anal itching, OR<br>- Worms in stool"]; C --> D["Oxyuriasis<br>- Antihelminthic (1st line mebendazole<br>; 2nd line albendazole)<br>- No referral"];
```

Age 1y-14y

- Anal itching, OR
- Worms in stool

Oxyuriasis

- Antihelminthic (1st line mebendazole
; 2nd line albendazole)
- No referral

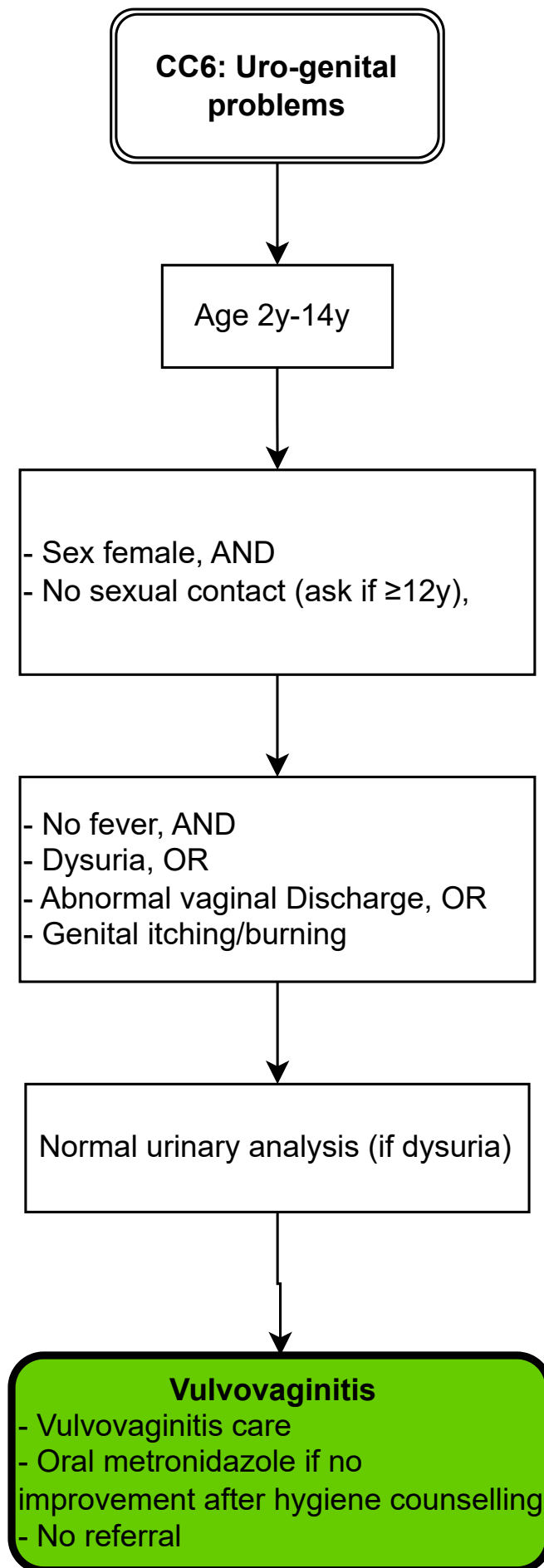
CC6: Uro-genital problems

- Sex male, AND
- Penile swelling, OR
- Genital irritation or local pain

Physical exam:
- Penile swelling

Balanitis

- Balanitis symptomatic care
- No referral



Exclusions:

Excluded by: Vaginal candidiasis

**CC6: Uro-genital
problems**

Age 12y-14y

- Sex female, AND
- Sexual contact, AND
- No fever, AND
- Abnormal vaginal discharge, AND
- No cottage-cheese-like/curdlike discharge

**Vaginal Discharge Syndrome (Presumed Gonorrhea/
Chlamydia/Trichomoniasis/Bacterial Vaginosis)**

- Antibiotics (ceftriaxone IM , doxycycline PO and metronidazole PO)
- Safe sex counselling
- Partner Management
- Ask for sexual abuse
- No referral

Exclusions:

Excluded by: Pelvic inflammatory disease

CC6: Uro-genital problems

Age 8y-14y

- Sex female, AND
- No fever, AND
- Abnormal vaginal discharge, AND
- Cottage-cheese-like/curdlike discharge

Vaginal Candidiasis

- Antifungal (1st line clotrimazole pessaries or topical clotrimazole cream ; 2nd line fluconazole PO)
- No referral

CC6: Uro-genital problems

Age 12y-14y

- Sex female, AND
- Sexual contact, AND
- Lower abdominal pain, AND
- Vaginal discharge, AND
- Lower abdominal tenderness

Pelvic Inflammatory Disease

- Paracetamol
- Antibiotics (ceftriaxone IM , doxycycline PO and metronidazole PO)
- No referral (excepted if fever)
- Safe sex counselling

CC6: Uro-genital problems

Age 12y-14y

- Genital lesion, AND
- Sexual contact, AND
- Primary syphilis lesion

Syphilis test

Available

Not available

Syphilis rapid test

Positive

Negative

Primary syphilis

- Antibiotics (1st line benzylpenicillin IM ; 2nd line doxycyclin PO)
- Safe sex counselling
- Partner management
- No referral

Presumed primary syphilis

- Antibiotics (1st line benzylpenicillin IM ; 2nd line doxycyclin PO)
- Safe sex counselling
- Partner management
- No referral

**CC6: Uro-genital
problems**

```
graph TD; A[CC6: Uro-genital problems] --> B[Age 12y-14y]; B --> C["- Genital lesion, AND<br/>- Genital HSV lesion"]; C --> D["Presumed genital herpes<br/>- Antiviral (acyclovir oral)<br/>- Safe sex counselling<br/>- Partner management<br/>- No referral"]
```

Age 12y-14y

- Genital lesion, AND
- Genital HSV lesion

Presumed genital herpes

- Antiviral (acyclovir oral)
- Safe sex counselling
- Partner management
- No referral

**CC6: Uro-genital
problems**

Age 12y-14y

- Painful inguinal swelling, AND
- Sexual contact

Inguinal Bubo :
Unilateral or bilateral, tender,
sometimes purulent inguinal and/or
femoral lymphadenopathy. Develops 2-
6 weeks after painful ulcer/papules

Inguinal Bubo (LGV/Chancroid)

- Oral antibiotics (azithromycin and doxycycline)
- Safe sex counselling
- No referral

**CC6: Uro-genital
problems**

```
graph TD; A[CC6: Uro-genital problems] --> B[Age 12y-14y]; B --> C["- Sex male, AND<br/>- Sexual contact, AND<br/>- Urethral discharge"]; C --> D["Urethral Discharge Syndrome<br/>(Gonorrhea/Chlamydia)<br/>- Antibiotics (ceftriaxone IM and<br/>doxycycline po)<br/>- Safe sex counselling<br/>- Partner management<br/>- No referral"];
```

Age 12y-14y

- Sex male, AND
- Sexual contact, AND
- Urethral discharge

**Urethral Discharge Syndrome
(Gonorrhea/Chlamydia)**

- Antibiotics (ceftriaxone IM and doxycycline po)
- Safe sex counselling
- Partner management
- No referral

**CC6: Uro-genital
problems**

Age 12y-14y

- Sex female, AND
- Menarche (history of menstruation), AND
- Sexual contact , AND
- Suspicion of pregnancy

Pregnancy test

Positive

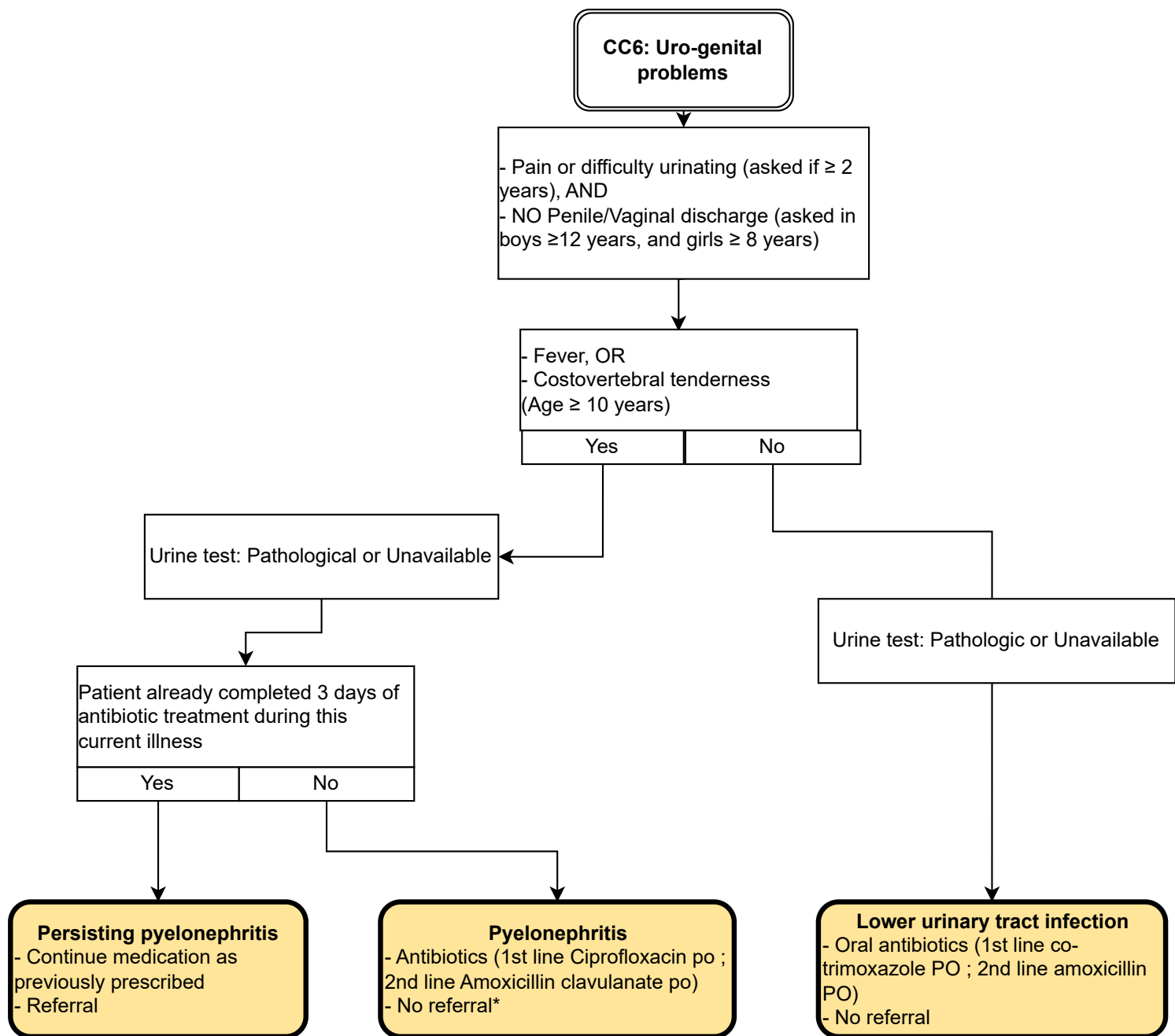
Negative

Pregnancy

- Pregnancy counselling
- Refer or seek obstetric clinic

Negative pregnancy test

- Safe sex counselling
- If unprotected sex within 2 weeks :
consider repeating pregnancy test in 2
weeks



* Referral + IV treatment if oral intake not possible

**CC6: Uro-genital
problems**



Age 8y-14y



- Sex female, AND
- Menarche (history of menstruation), AND
- Menstruating now



Very painful menstruation



Dysmenorrhea

- Ibuprofen PO
- No referral

CC6: Uro-genital problems

Male sex

- Scrotal pain, AND
- Testicular tenderness on physical examination

Suspected testicular torsion

- Paracetamol PO
- Manual detorsion of testicles
- Refer urgently

- Inguinal/groin pain, or swelling, AND
- Inguinal/groin tenderness on physical examination

Inguinal hernia

- Paracetamol PO
- Manual reduction of hernia
- Refer for outpatient surgical evaluation (urgently if severe pain or reduction of hernia not possible)

CC7 Neurological manifestations

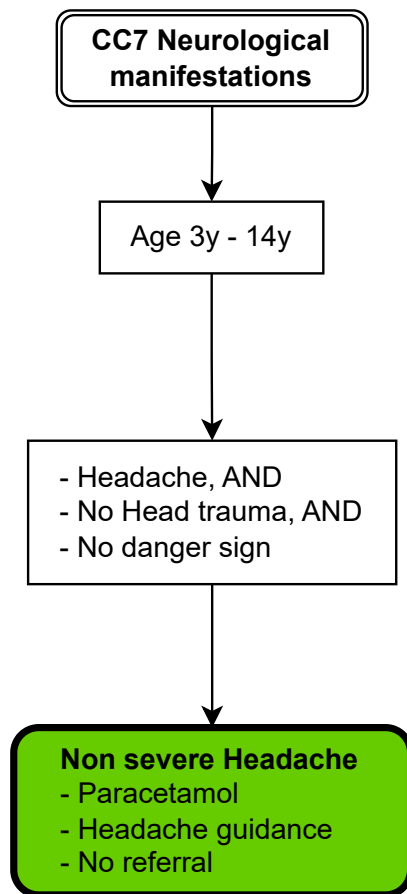
Age 5y - 14y

- Fever, AND
- NO CNS Danger sign, AND
- Headache OR Neck pain /stiff neck

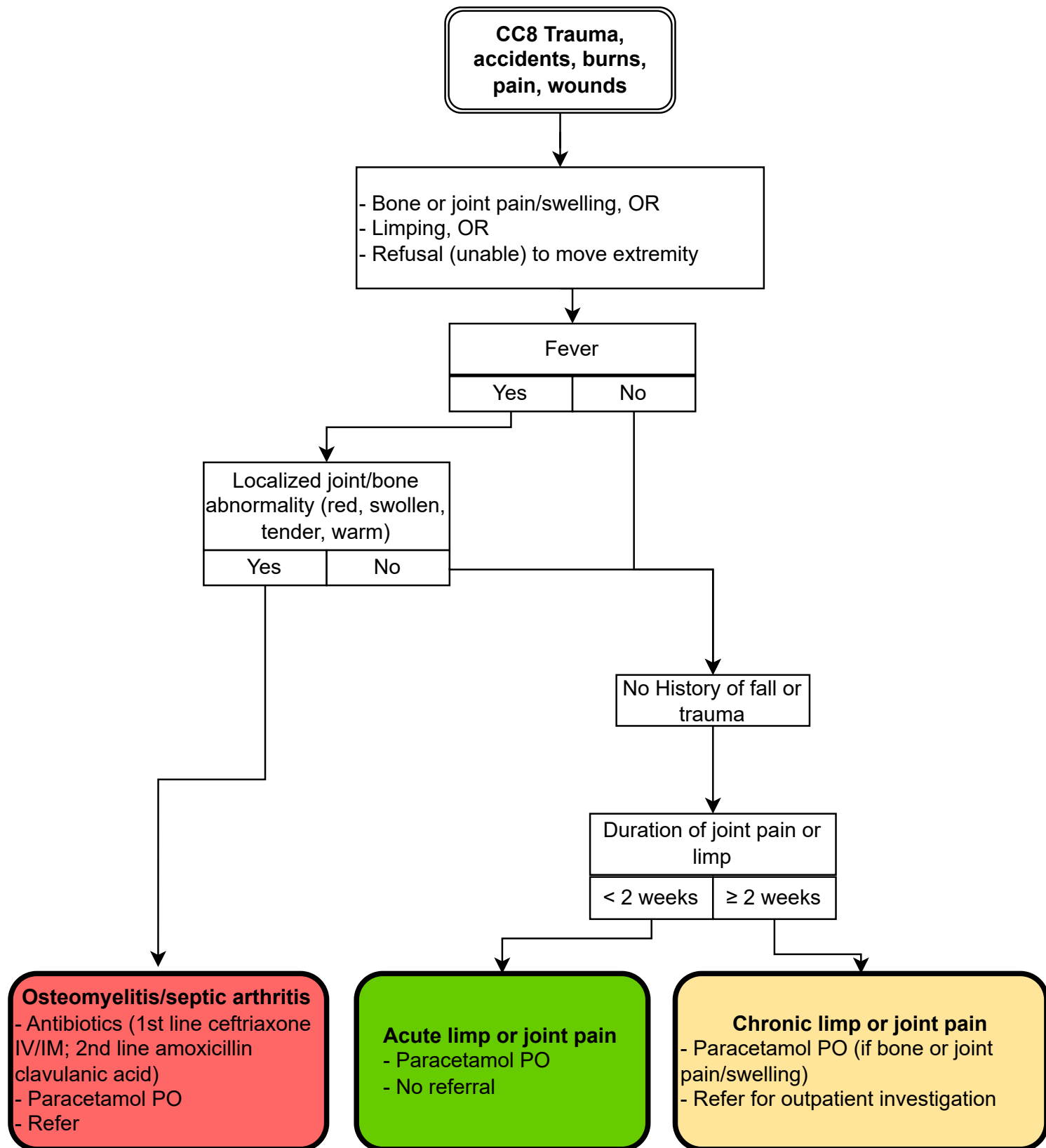
Stiff neck at physical exam

Suspicion of meningitis

- Antibiotics (1st line ceftriaxone IM ; 2nd line ampicillin gentamicin)
- Prevent low blood sugar
- Refer

**Exclusions:**

Excluded by: Suspicion of poisoning, major trauma, Major/moderate/minor head injury, Carbon monoxide poisoning, Inhalation injury, suspicion of poisoning, Osteomyelitis/septic arthritis, anaphylaxis, complicated chicken pox, severe complicated measles, non specific viral rash, Severe eye disease, orbital cellulitis, mastoiditis, complicated acute ear infection, pelvic inflammatory disease, pyelonephritis, severe dehydration, moderate dehydration, severe abdominal condition, complicated prolonged fever, uncomplicated malaria, severe suspected malaria, severe malaria, suspected meningitis, very severe febrile disease, CNS Danger signs, severe anemia, complicated severe acute malnutrition



**CC8 Trauma,
accidents, burns,
pain, wounds**

Superficial wound

- Sign of wound infection (surrounding skin inflamed, red, warm, pus, swelling), OR
- Bite wound, OR
- Fever

Yes

No

Complicated superficial wound

- Wound care
- Tetanos vaccine if not uptodate
- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- No referral (unless no improvement of wound and surrounding skin, persisting fever after >72 hours of antibiotics or risk of rabies (dog/bat bite))

Uncomplicated superficial wound

- Wound care
- Tetanos vaccine if not uptodate
- No referral

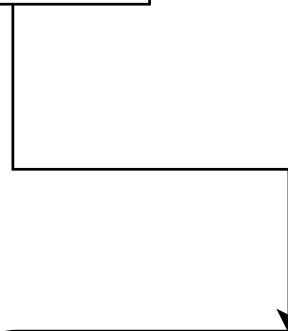
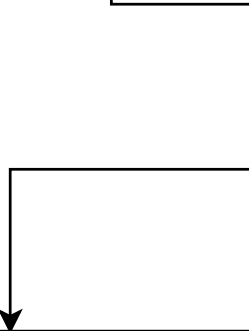
**CC8 Trauma,
accidents, burns,
pain, wounds**



Deep wound



<ul style="list-style-type: none">- Sign of wound infection (surrounding skin inflamed, red, warm, pus, swelling), OR- Bite wound, OR- Uncontrolled bleeding, OR- Fever	
No	Yes

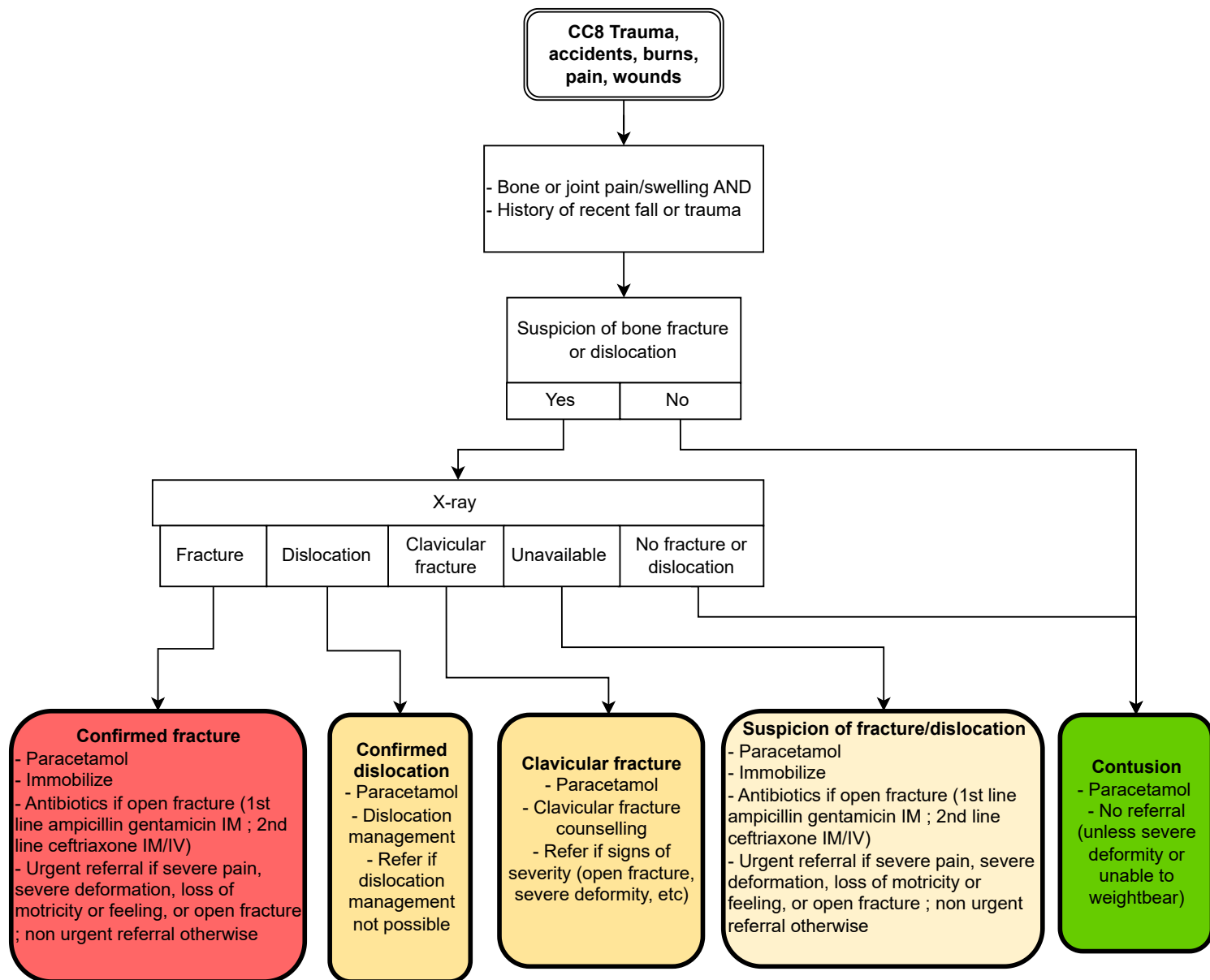


Uncomplicated deep wound

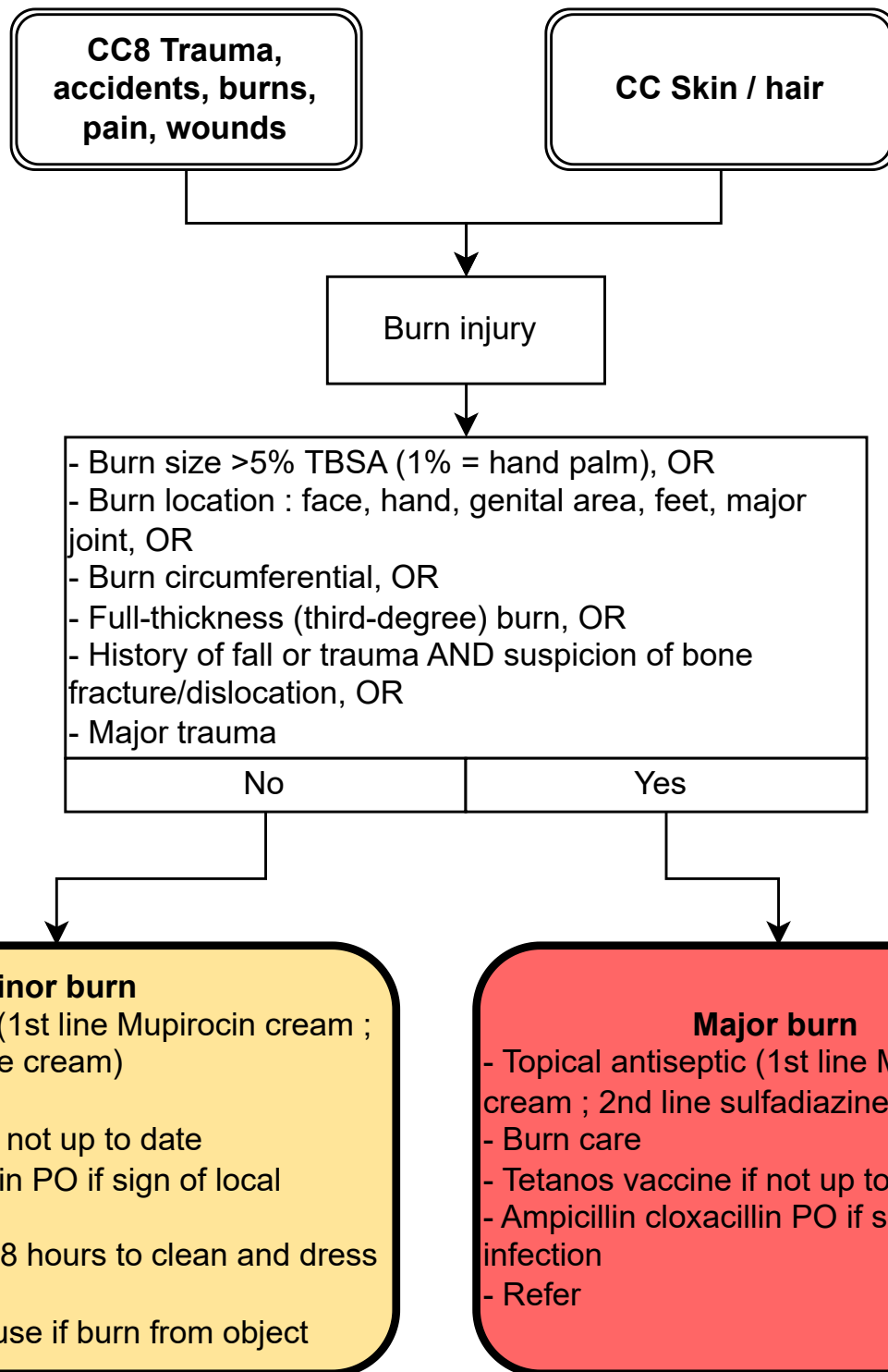
- Wound care
- Tetanos vaccine if not up to date
- Suture if clean wound < 24hrs, dirty wound < 6hrs
- Refer if suture not possible
- Paracetamol PO

Complicated deep wound

- Wound care
- Tetanos vaccine if not up to date
- Oral antibiotics (1st line ampicillin cloxacillin ; 2nd line erythromycin)
- Refer if >5% TBSA, motor deficit, risk for rabies, signs of severe infection, or persisting fever or no improvement of wound after >72 hours of antibiotics
- Paracetamol PO



Exclusions:
Contusion excluded by major trauma



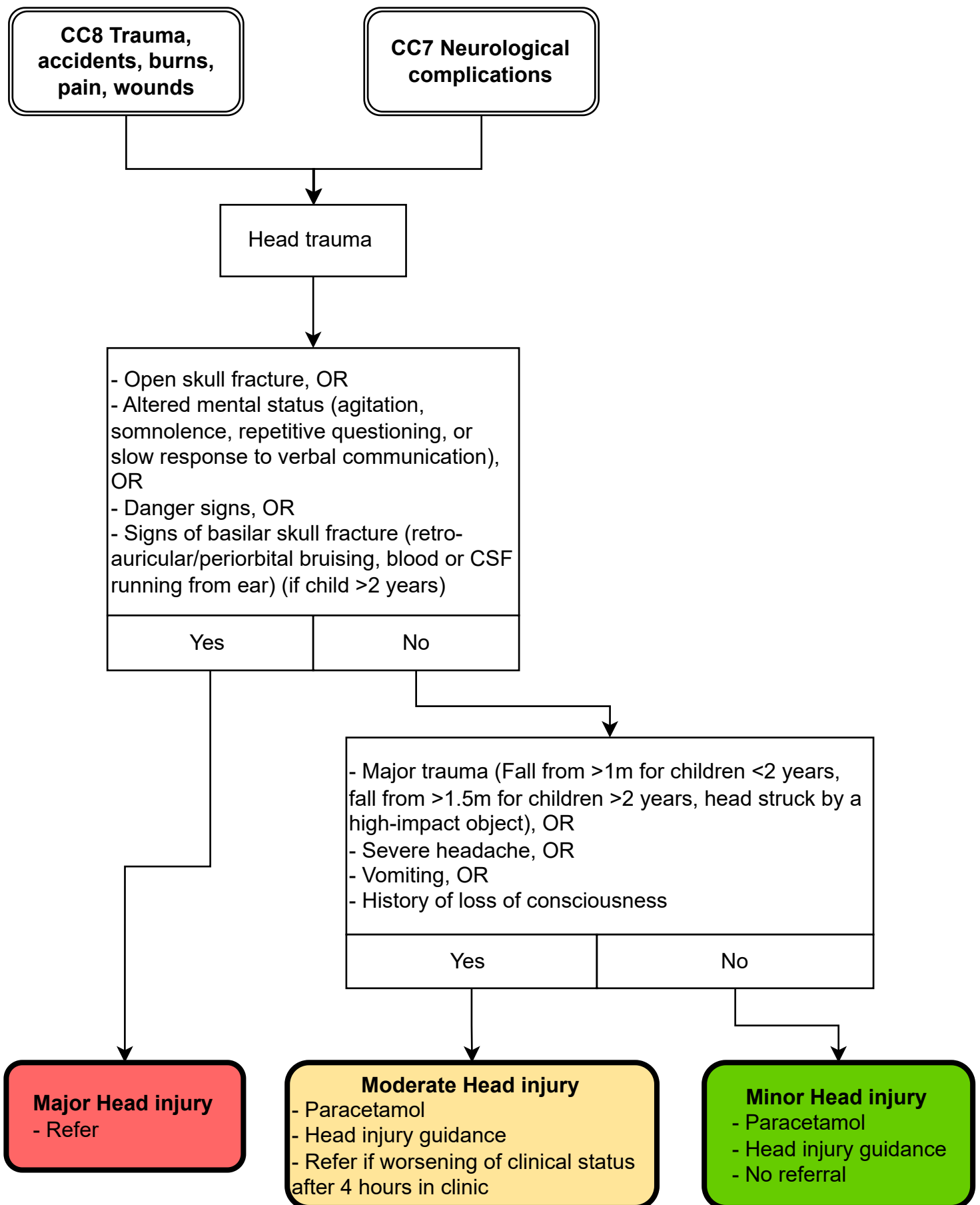
**CC8 Trauma,
accidents, burns,
pain, wounds**

```
graph TD; A[CC8 Trauma, accidents, burns, pain, wounds] --> B[Major trauma (car accident, suspicion of multiple fractures, major bleeding)]; B --> C[Major trauma<br/>- Refer<br/>- Control bleeding<br/>- Stabilize neck];
```

Major trauma (car accident, suspicion of multiple fractures, major bleeding)

Major trauma

- Refer
- Control bleeding
- Stabilize neck



Exclusions:

Moderate head injury excluded by major head injury and major trauma

Minor head injury excluded by major and moderate head injury; and major trauma

**CC8 Trauma,
accidents, burns,
pain, wounds**



Significant exposure to fire or
smoke



- Difficulty breathing, OR Cough
AND
- Fast breathing* or Chest indrawing or
Respiratory distress



Inhalation injury
-- Inhaled bronchodilator (1st line
Salbutamol ; 2nd line Budesonide) if
wheezing
- Oxygen therapy if available
- Refer

*Fast breathing: Respiratory rate 2-11m $\geq 50/\text{min}$, 12-59m $\geq 40/\text{min}$, 5-12y $\geq 30/\text{min}$, 13-14y $\geq 20/\text{min}$

**CC8 Trauma,
accidents, burns,
pain, wounds**



Significant exposure
to fire or smoke



Age

2m-23m

2y-14y



- Severe irritability, OR
- Danger signs



- Altered mental status (agitated,
confusion), OR
- Dizziness, OR
- Headache, OR
- Danger signs



Carbon monoxide poisoning
- Oxygen therapy if available
- Refer

**CC8 Trauma,
accidents, burns,
pain, wounds**



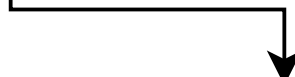
Accidental ingestion
of potentially
harmful entity



Age	
2m-23m	2y-14y

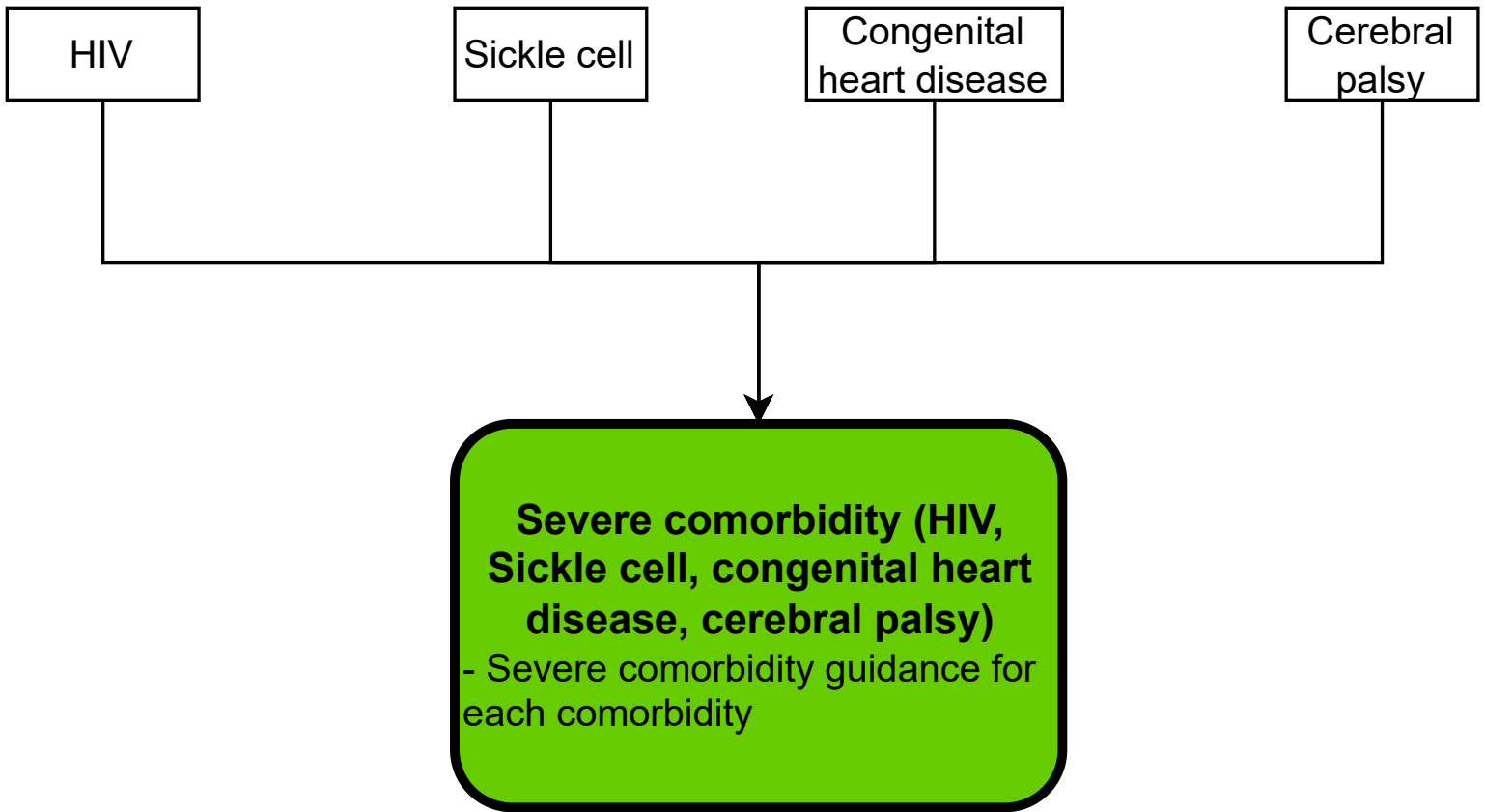


<ul style="list-style-type: none">- Altered mental status (agitated, confusion), OR- Dizziness, OR- Headache, OR- Danger signs OR- Convulsion	
Yes	No



Suspicion of poisoning
- Refer

**Uncomplicated Suspicion
of poisoning**
- Uncomplicated poisoning
guidance
- No referral



CC10 Prevention and Screening

```
graph TD; A[CC10 Prevention and Screening] --> B[Incomplete vaccination]; B --> C[Incomplete vaccination  
Refer to RCH to complete  
vaccinations];
```

Incomplete
vaccination

Incomplete vaccination
Refer to RCH to complete
vaccinations

CC10 Prevention and Screening

Age 1y-14y

No Mebendazole or
Albendazole in the last
6 months

Deworming

- Anthelmintic (1st line mebendazole ; 2nd line albendazole)
- Advise to repeat after 6 months

**CC10 Prevention
and Screening**



No Vit. A in the past 6 months



Vitamin A Supplementation
- Vitamin A PO
- Advise to repeat after 6 months

Exclusions:

Excluded by: Measles, Severe complicated measles, or persistent diarrhea

CC9: Prevention and screening

Age	
2m-14y	12y-14y

- Unknown HIV status AND
- Mother HIV positive or unknown status or refuse to disclose status
OR
- Previous HIV neg status but indication for new test due to new exposure

- HIV status unknown
OR
- Previous HIV neg status but indication for new test due to new exposure

HIV rapid test *		
Positive	Negative	Not available

Age 2-9m

Age	
<18m	≥18m

Mother HIV+	
Yes	No

HIV Exposed
- HIV exposure counselling & testing
- Refer to HIV Care and Treatment Centre

Possible HIV
- Possible HIV guidance
- Consider referral for inpatient management if other diagnosis compatible with opportunistic infection

Negative HIV test
- Negative HIV test - post-test counseling

HIV Screening Unavailable
- HIV Screening counseling

*HIV rapid test only performed in children above 9 months

