

HOW TO TREAT DIARRHOEA (RUNNY STOMACH)

Most children who die from diarrhoea die because they do not have enough water left in their bodies. This is called dehydration. ANY CHILD WITH WATERY DIARRHEA IS IN DANGER OF DEHYDRATION. YOU MUST ACT QUICKLY TO PREVENT DEATH.

What to do when your child has diarrhoea:

Give your child plenty to drink. If available, give your child Oral Rehydration Solution (ORS). If you can't find ORS, give your child 'salt-sugar solution'. Give your child frequent sips of ORS or 'salt-sugar solution'. Give at least 1 teacupful for every watery stool.

Give your child 20mg Zinc tablets for ten days. If your child is less than 6 months old, give 10mg each day. If you can't find zinc, ask your health worker to help.

If your child will take food, give food often. **Not feeding your child can make diarrhoea worse.** If your child is a baby, keep giving breast milk often and before other drinks.

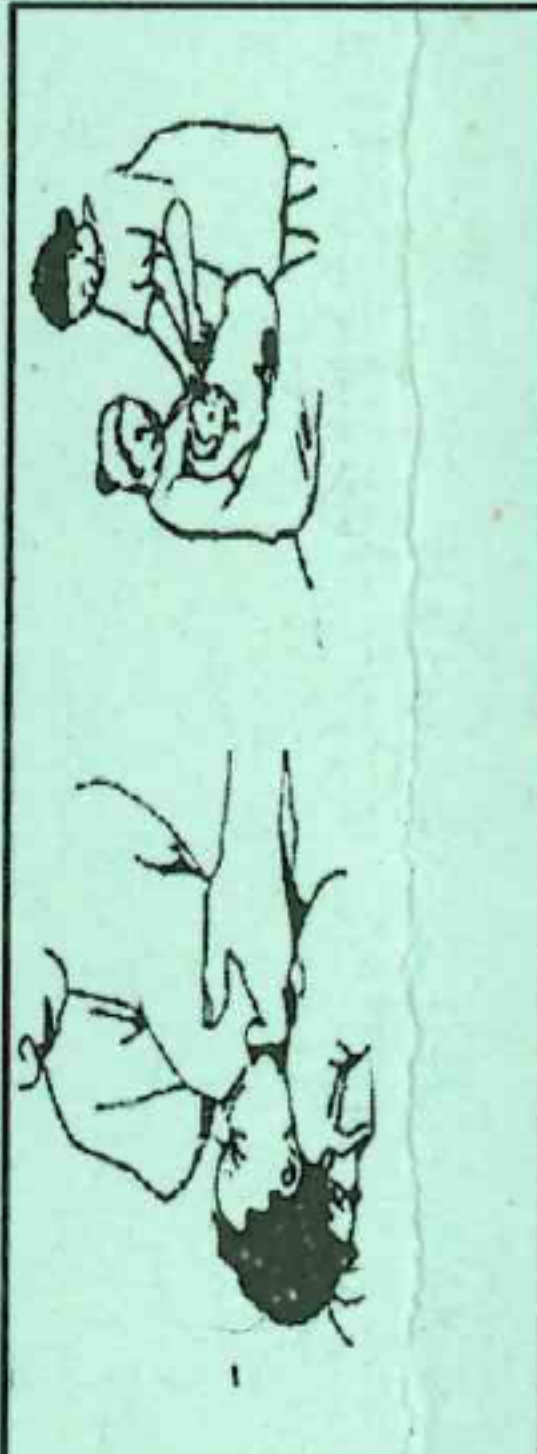
How to make Oral Rehydration Solution (ORS):

- Oral Rehydration Solution is made by mixing Oral Rehydration Salts with water.
- Oral Rehydration Salts are sold in sachets and can be found in many medicine shops. Ask for ORS.
- To make Oral Rehydration Solution:
 - Boil 1 liter (2 big mineral bottles) of water. Let the water cool after boiling.
 - Add 1/2 level teaspoon of cooking salt to the water.
 - Add 8 level teaspoons of sugar to the water in this water. Give the solution to your child to drink.

If you can't find Oral Rehydration Salts:

- You can make a 'salt-sugar solution' rehydration drink for your child if you can not find ORS from your medicine shop.
- To Make salt-sugar solution
 - Boil 1 liter (2big mineral bottles) of water let the water cool after boiling
 - Add 1/2 level teaspoon of cooking salt to the water
 - Add 8 level teaspoons of sugar to the water
 - Give the Solution your child to drink.

Diagram: A diagram showing a glass of water with a level line. To the left, it says "1/2 level teaspoon of SALT". To the right, it says "8 level teaspoons of SUGAR".



NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY



CHILD HEALTH CARD

ENTER CARD NUMBER HERE:

INFORMATION ABOUT CHILD

Child's Name: _____
 Child's No: _____ Child's Sex (M/F) _____
 Date of Birth (day/month/year): _____
 Weight at Birth (in kgs): _____

CHILD'S RESIDENTIAL ADDRESS

House Number: _____
 Village/Settlement: _____
 Town/City: _____ Ward: _____
 LGA: _____ State: _____

Mother's Name: _____
 Mother's GSM No _____
 Father's Name: _____
 Father's GSM No _____

MOTHER'S OTHER CHILDREN

Year of Birth	Sex	State of Health

Ask the mother about these reasons for giving the child Extra Care and make a circle round the right answer.

1. Did the baby weigh less than 2.5kg at birth?..... YES/NO
2. Is this baby a twin? YES/NO
3. Is this baby bottle fed? YES/NO
4. Does the mother need more family support?..... YES/NO
5. Are any brothers/sisters under weight? YES/NO
6. Are there any other reasons for taking extra care (e.g..... YES/NO
 tuberculosis or leprosy or . social problems etc) ?

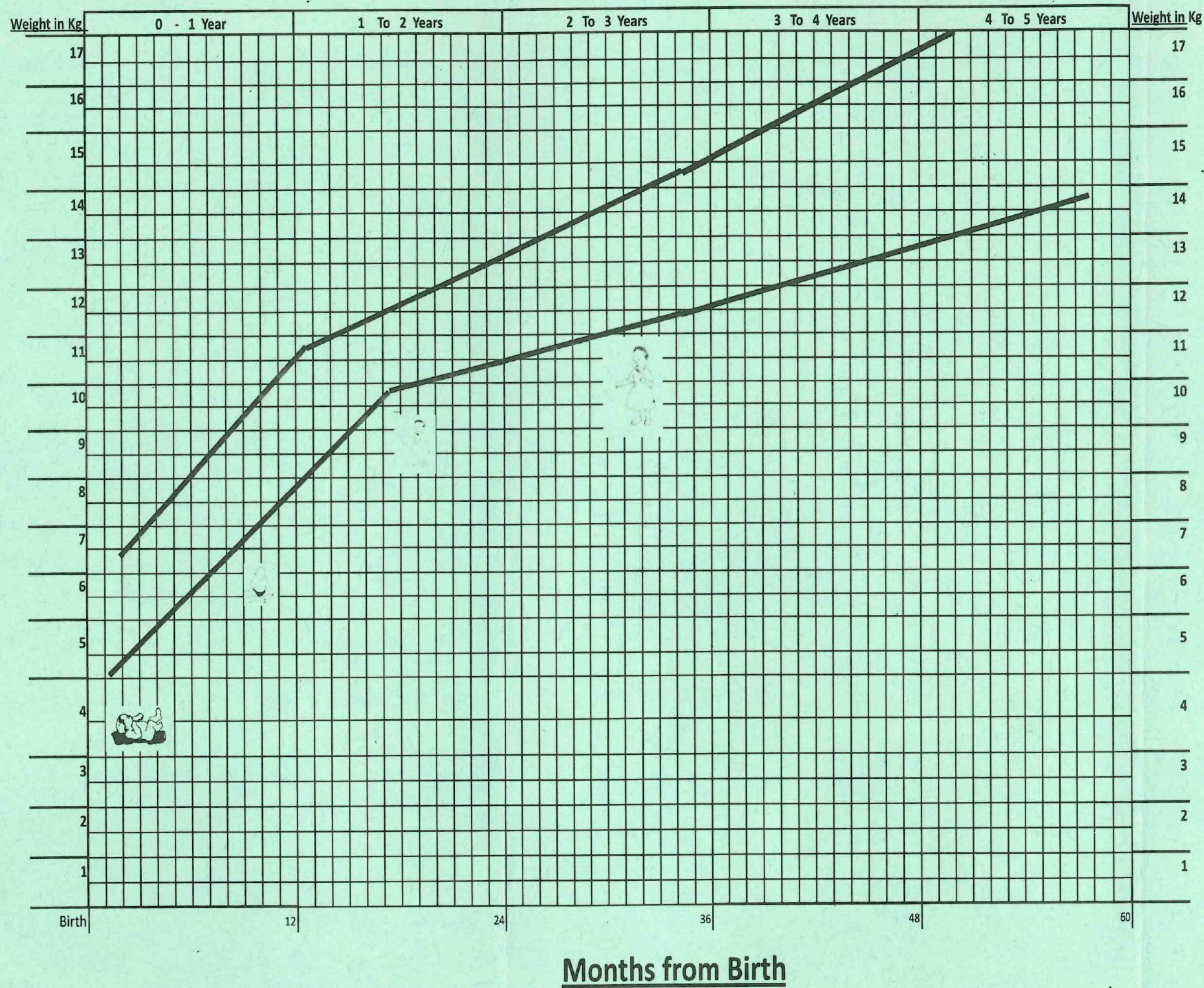
VACCINE	Date Given (day/month/year)	Date Next Visit (day/month/year)	Other Remarks
OPV 0 (Birth)			
Hep B 0 (Birth)			
BCG			
OPV 1			
Penta 1			
PCV 1			
OPV 2			
Penta 2			
PCV 2			
OPV 3			
Penta 3			
PCV 3			
Vitamin A 1st Dose			
Measles 1			
Yellow fever			
Vitamin A 2nd Dose			
Measles 2			
Conjugate A CSM			

NOTES AND ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) HISTORY

Note here if the child has had any adverse or negative reactions to vaccines (AEFI) or any other special contraindications. Note symptoms and vaccine responsible, if known.

CHILD'S WEIGHT HISTORY

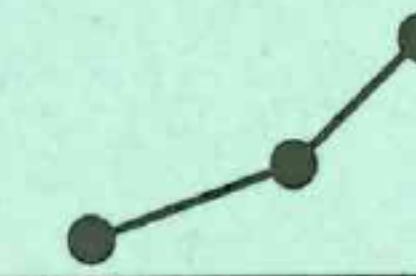
Graph the child's weight. When they visit, mark the weight in kilograms on the chart below, and connect to previous points to see trend over time.



CHILD'S WEIGHT: TO WATCH

Watch the direction of the line showing the child's growth

GOOD: child growing well



DANGER: Not gaining weight, find out why



VERY DANGEROUS: May be sick, needs extra care



ISSUES TO WRITE ON CHART

1. Any illness for child (e.g. Diarrhoea, Measles, etc)
2. Any admissions to hospital
3. Changes in feeding (e.g. introduction of solid food, stopping of breast feeding, extra meals)
4. Mother of child having another child
5. Medicines given (e.g. worm medicine, vitamin A)

BREAST FEEDING KEYS

Write on the chart when the child is breast feeding. Use the following code for the type of breast feeding:

Breast Feeding Keys:

- E. Exclusive Breast Feeding
- BW. Breast Feeding with Water
- P. Partial Breast feeding
- NO. No Breast feeding