

A close-up photograph of a brown teddy bear's head and paws. The bear is holding a white rectangular sign with the words "Get Well" written on it in purple and brown marker. The bear is wearing a light blue long-sleeved shirt. The background is a colorful striped fabric with red, yellow, and pink stripes.

Child's health (2) Care in illness

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Supplementary foods

- Babies can grow on breast milk alone for the first 6 months of life.
- After that age, breast milk alone may not be enough; other foods need to be added with continuation of breast feeding (preferably 24 months).
- Gradual foods introduction along with breast milk “weaning” is recommended.
- In most communities, supplementary feeding starts by semisolid prepared from the local commonly available food.

The weaning period poses two risks:

- o **Malnutrition:** a common problem during the weaning period as the weaning foods are usually watery, less nutritive and less energy supplying than breast milk.

- o **Contamination:** the risk of contamination of the weaning food is high, so diarrhea is common during this period. With diarrhea, some parents usually starve the infant, which aggravates malnutrition.

-To avoid these risks; the UNICEF developed the following guidelines' for safe supplementary feeding.

1. It should be started at the age of 6 months. By that age, the iron stores in the liver are depleted so the infant needs a diet rich in iron.
2. Breast-feeding should be continued until the end of the second year of life, together with supplements, as breast milk may be the only available clean source of animal protein.
3. Abrupt weaning should be avoided. Only one new food is introduced at a time.
4. The nutritional value of the traditional weaning foods should be improved.
5. All foods offered to the infant preferred to be freshly prepared.
6. Small quantities of the new food is introduced first and gradually increased.
7. Increase the number of times that the child is fed: 2–3 meals per day for infants 6–8 months of age and 3–4 meals per day for infants 9–23 months of age, with 1–2 additional snacks as required;

Continued guidelines for safe supplementary feeding:

8. Cleanliness & hygiene should be ensured during food preparation
9. Use fortified complementary foods or vitamin-mineral supplements as needed
10. during illness, increase fluid intake including more breastfeeding, and offer soft, favourite foods. . Infant starvation during diarrhea should be avoided..
11. With the beginning of weaning, the chances of another pregnancy are greatly increased, so family spacing should be encouraged.

Child Health problems

1. Nutritional deficiency diseases

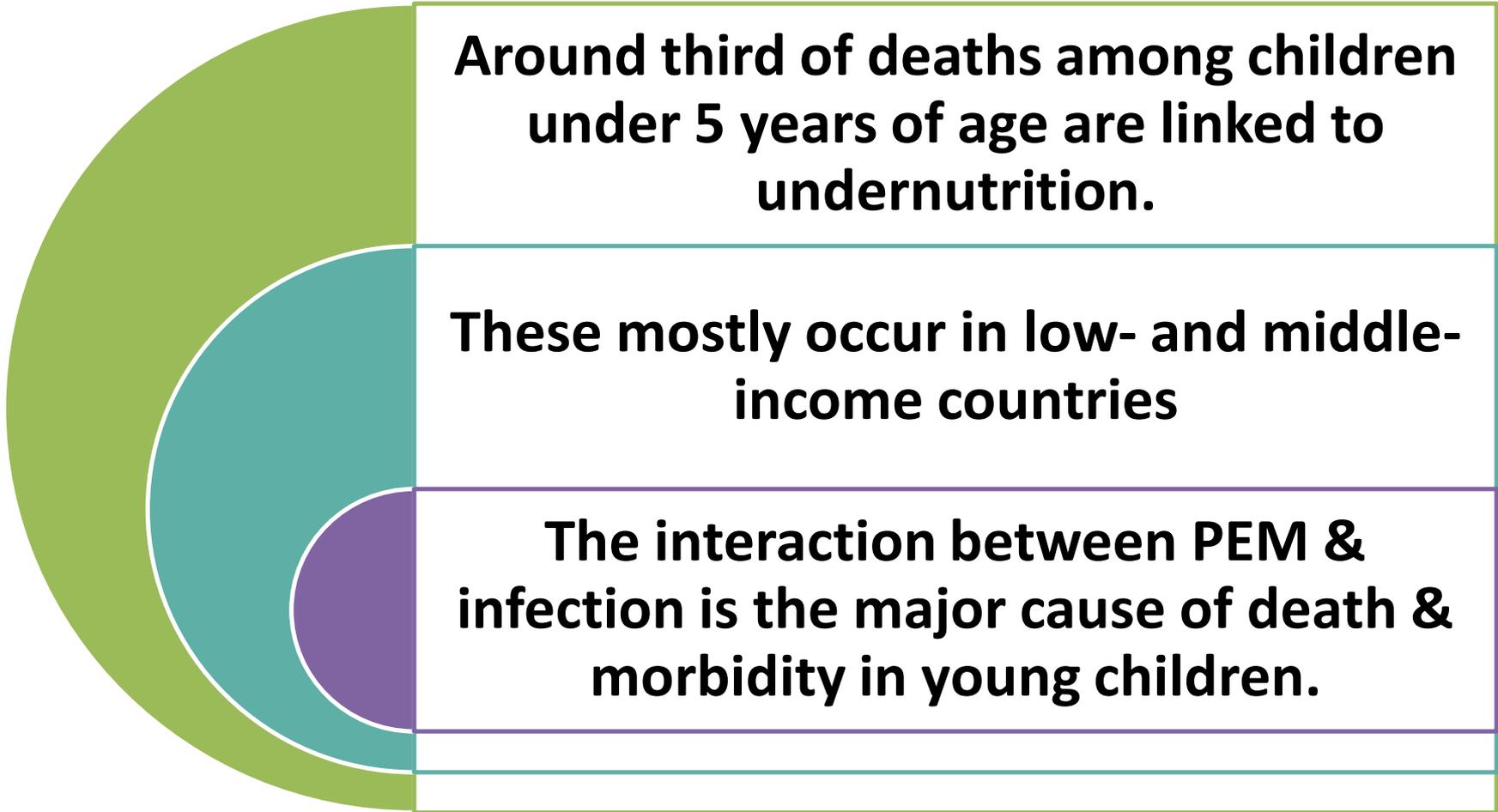
2. Infections

Nutritional deficiency diseases

**Protein Energy
Malnutrition (PEM)**

**Iron Deficiency Anaemia
(IDA)**

Nutritional deficiency diseases



1. Protein energy malnutrition

- It is a group of body depletion disorders.
- PEM is due to “food gap” between the intake and requirement.

The most serious forms are ***kwashiorkor and marasmus.***

- **MARASMUS** Represents simple starvation . The body adapts to a chronic state of insufficient *caloric intake*
- **KWASHIORKOR** It is the body’s response to insufficient *protein intake* but usually sufficient calories for energy

1. Protein energy malnutrition

Causes:

- 1. Inadequate intake of protein or calories (LACK OF FOOD (famine, poverty))**
- 2. INADEQUATE BREAST FEEDING**
- 3. DIARRHOEA & MALABSORPTION**
- 4. INFECTIONS (worms, measles, T.B)**
- 5. Contributory factors : poor environmental conditions, large family size, poor maternal health, WRONG CONCEPTS ABOUT NUTRITION**

kwashiorkor vs Marasmus

Clinical parameter	Kwashiorkor	Marasmus
Age of onset	1-5 yrs old	Weaned infant (<1)
Main nutritional cause	Low protein intake	Low calorie intake
Body weight	60-80% of normal	<60% of normal
Abdomen	protruding	Sunken
Face	Moon face	Old man's face
Muscle wasting	Hidden by edema	wasted
Fat wasting	Fat often retained but not firm	Severe loss of cutaneous fat
Weight for height	Maybe masked by edema	Very low
Mental appearance	Quite and lethargic	Alert, Irritable, moaning
Hair changes	Sparse, silky, easily pulled out, change color (hypopigmented)	Less common changes
Appetite	Poor	good



An 8-year-old Madaya boy suffering from kwashiorkor, a form of malnutrition caused by protein deficiency. Photo: Syrian American Medical Society



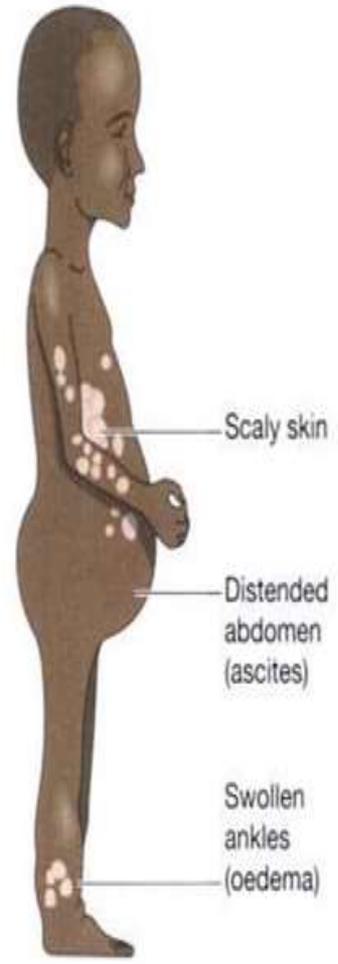
The Kwashiorkor disease in the besieged town, medical experts say



ed with



Hair changes, rust colour



A Kwashiorkor



B Marasmus

TREATMENT

Treatment strategy can be divided into **three** stages:

- **Resolving life threatening conditions:** Hospital Treatment: Hypothermia, hypoglycemia, infection, dehydration, electrolyte imbalance, anaemia and other vitamin and mineral deficiencies are corrected.
- **Restoring nutritional status:** Dietary Management from locally available foods - inexpensive, easily digestible, evenly distributed throughout the day and increased number of feedings gradually to increase the quantity of food.
- **Rehabilitation:** practical nutritional training for mothers to learn feeding their children back to health under supervision and using local foods.

2. Iron deficiency anaemia

AETIOLOGY:

- Low intake of iron rich foods
- Infection, particularly parasitic diseases and diarrhoea causing agents
- Prematurity

Prevention:

- Food containing iron starting by age of 5-6 months
- Iron fortified formula
- Iron supplementation for breastfeeding infants at 4 months of age
- Avoid cows milk before 1 year of age
- Control of parasitic diseases

Treatment:

Iron supplementation

2. Infections

- **(Acute Respiratory Infections) ARI**
- **Diarrhoeal diseases**
- **Malaria**

About two-thirds of child deaths are preventable through practical, low-cost intervention

1. Acute respiratory infections

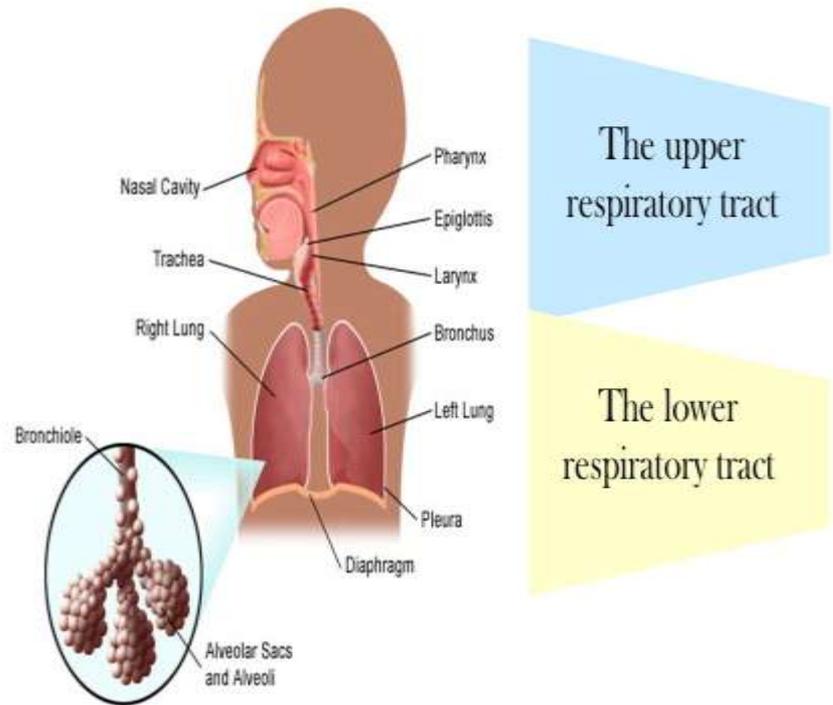
An episode of acute symptoms and signs resulting from infection of any part of the respiratory tract or related structures (extending for less than 30 days).

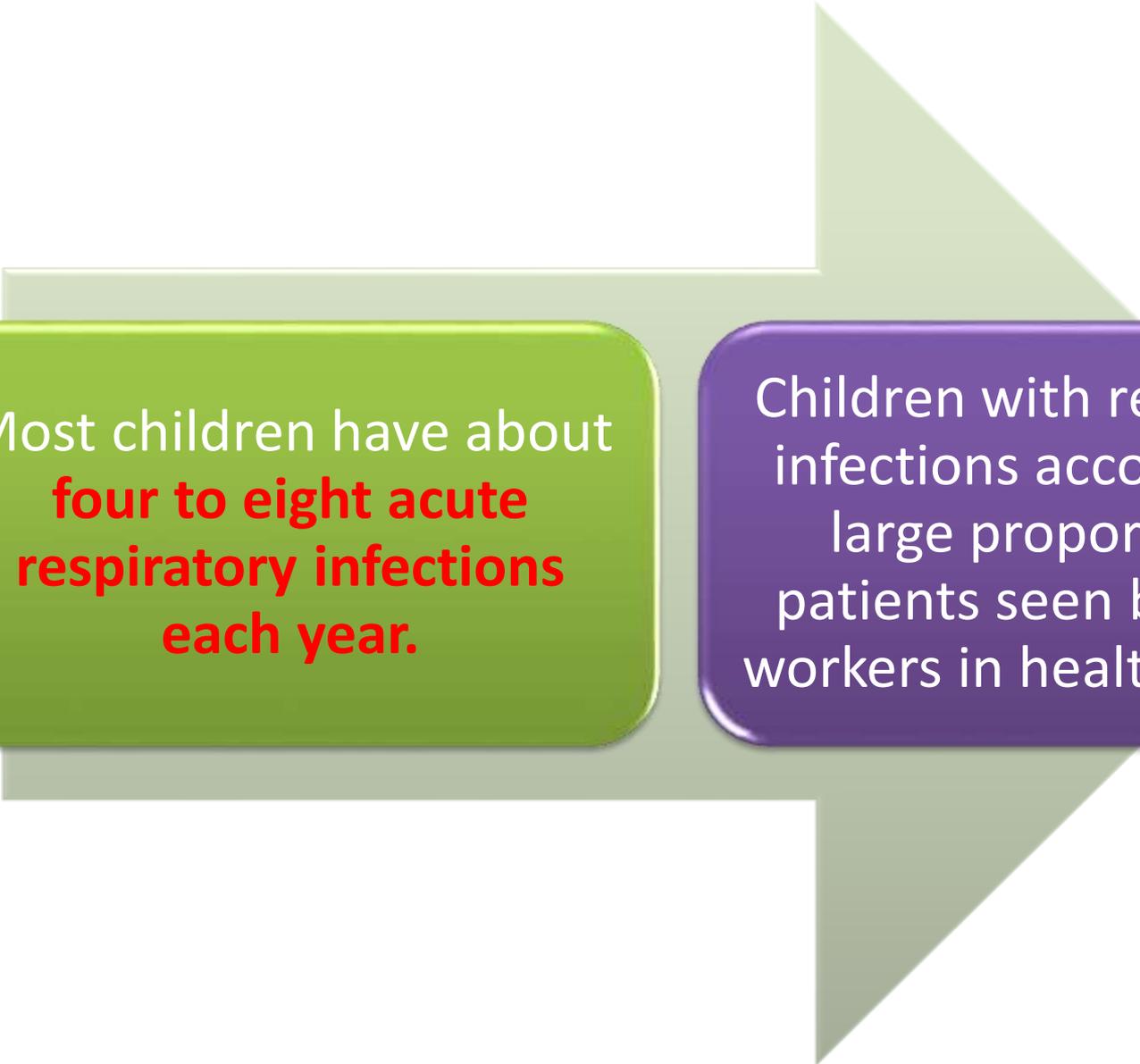
ARIs are classified according to the site of infection into:

❖ Acute upper respiratory tract infections (AURIs): these are common cold, pharyngitis, and otitis media

❖ Acute lower respiratory infections (ALRIs): these are epiglottitis, laryngitis; trachilitis, bronchitis, bronchiolitis alveolitis and pneumonia.

Anatomical characteristics of respiratory system





Most children have about
**four to eight acute
respiratory infections
each year.**

Children with respiratory
infections account for a
large proportion of
patients seen by health
workers in health centres.

Ecology of ARI

Viral agents are responsible for over 90% of cases of AURIs and a considerable proportion of ALRIs.

The most frequent viral agents of ARI in infants and young children are:

- a. **Respiratory syncytial virus**,
- b. Adenoviruses,
- c. Para influenza and influenza A, B viruses,
- d. Measles, mumps, and German measles.

Bacterial agents include:

Pertussis, Streptococcal pyogenes .

Streptococcus pneumonia and Haemophilus influenza are the commonest causes of pneumonia in children.



The clinical features are: fever, running nose, cough, sore throat, difficult breathing and ear problems.



Mortality:



The main causes of ARI deaths for children under five are: Pneumonia, bronchopneumonia and bronchiolitis.

ARIs are common in urban areas than in rural ones.



The death rates are 20-50 times higher in the developing ones.

Prevention

1. Immunization

2. Chemoprophylaxis:

- o Used in prevention of recurrent streptococcal infections by penicillin.

- o It is possible to prevent some viral infections by anti-viral agents e.g. Tamiflu for influenza.

3. Non specific measures:

Improvement of socio-economic and health status in general e.g. control of malnutrition, encouraging breast feeding, control of air pollution ...etc

Home Care

- Keep the baby warm
- Continue breast feeding and feeding the child
- To increase feeding after recovery
 - To clear the nose if it interferes with feeding
- Cough can be relieved by home made decoctions
- To watch for danger signs

2. Diarrheal disease

Diarrhoea is defined as the passage of three or more loose or liquid stools in a 24-h period (or more frequent passage than is normal for the individual). However, it is the consistency of the stools rather than the number that is.

Diarrhoea is usually a symptom of an infection in the intestinal tract.

Viruses are the most common cause of a child's diarrhoea in the first 5 years of life.

Most common virus is rotaviruses.

Others: noroviruses and adenoviruses.

Bacterial pathogen: Campylobacter jejuni, yersinia, salmonella, shigella, pathogenic E. coli, or clostridium difficile).

Parasites are the cause in fewer than 5% (lamblia, cryptosporidia, Entamoeba histolytica, and others).



Diarrhoeal disease is the second leading cause of death in children under five years old.

In low-income countries, children under three years old experience **on average three episodes of diarrhoea every year.**

Each episode deprives the child of the nutrition necessary for growth. As a result, diarrhoea is a major cause of malnutrition, and malnourished children are more likely to fall ill from diarrhoea.

Types of diarrhea:

Three main clinical types of diarrhea

- **Acute watery diarrhea:** This refers to acute diarrhea, lasts less than 14 days (average 7 days) and involves the passage of frequent loose or watery stools without visible blood.
- **Dysentery:** It is diarrhea with **visible blood** in faeces accompanied by anorexia, rapid weight loss and damage to the intestinal mucosa by the invasive bacteria.

- **Persistent diarrhea:** Diarrhea that begins acutely but is usually of long duration (more than 14 days). It may begin either as watery diarrhea or dysentery with risk of dehydration.

Persistent diarrhea should not be confused with ***chronic diarrhea*** which is recurrent or long lasting diarrhea due to non infectious causes such as food sensitivity or metabolic disorders.

Prevention

- access to safe drinking-water;
- use of improved sanitation;
- hand washing with soap;
- exclusive breastfeeding for the first six months of life;
- good personal and food hygiene;
- health education about how infections spread; and
- Rotavirus vaccination
- **Measles immunization is a very cost effective measure for reducing diarrhea morbidity and mortality.** Measles vaccine given at the recommended age can prevent up to 25% of diarrhea-associated deaths in children under 5 years of age.

Types of dehydration

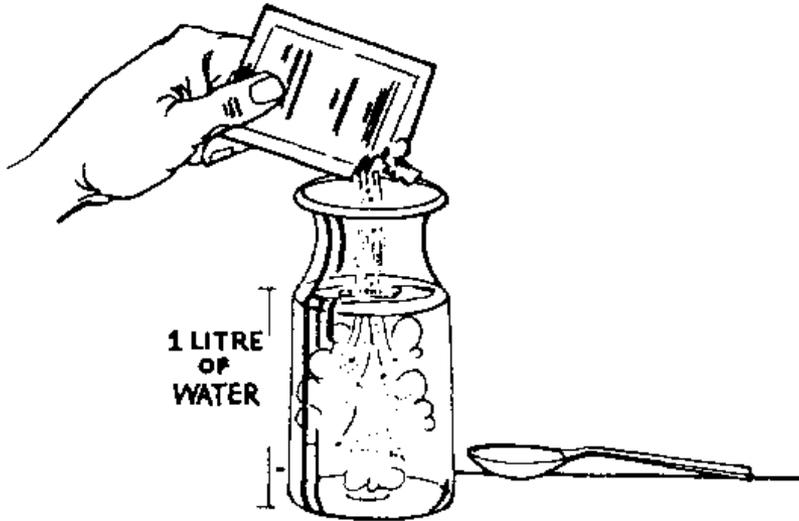
Based on severity:

- Mild : when the total fluid loss reaches 5% or less
- Moderate : when the total fluid loss reaches 5_10% .
- Severe : when the total fluid loss reaches more than 10%, considered an emergency case

Possible Complications:

- Permanent brain damage • Seizures • hypernatremia • Hyponatremia • hypovolemic shock • Kidney failure • Coma and death

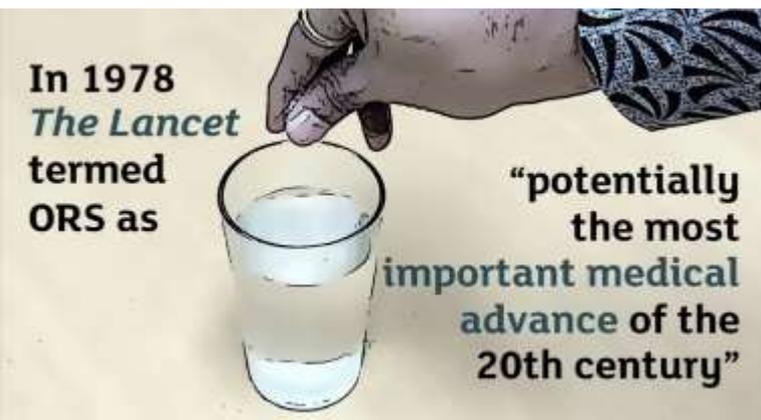
Treatment



1. Treat the cause.
2. Continue breastfeeding
3. For mild and moderate dehydration:

Oral rehydration solution (ORS): This solution (glucose & electrolytes) can be taken by cup and spoon to prevent or correct dehydration. Glucose is added in optimal amount (2%) to promote sodium absorption.

4. Zinc supplement



In 1978
The Lancet
termed
ORS as

“potentially
the most
important medical
advance of the
20th century”

Contraindications for ORS:

1. Severe dehydration.
2. Unconsciousness.
3. Frequent vomiting attacks

Treatment

- **A child classified with SEVERE Diarrhoea (DEHYDRATION) needs fluids quickly. Treat with IV (intravenous) fluids.**

Home treatment :

- Notify physician immediately in case of continues vomiting and diarrhea.
- Teach the mother how to prepare ORS at home in case of mild and moderate dehydration if Oral rehydration solution (ORS) was not available : (6 tea spoon) of sugar+ (1/2 tea spoon) of salt+ (4.25 Cups) of water
- Return immediately if the child develops danger signs, drinks poorly, or has blood in stool

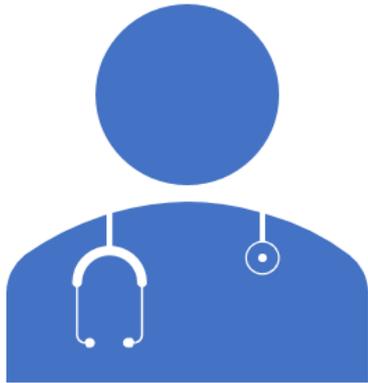


Integrated Management of Childhood Illness (IMCI).

- WHO and UNICEF developed a strategy known as Integrated Management of Childhood Illness (IMCI).
- The strategy includes preventive and curative interventions, which aim to improve practices both in the health facilities and at home.



Why is IMCI better than single-condition approaches?



1. Children brought for medical treatment in the developing world are often suffering from **more than one** condition.
2. A single diagnosis may not be possible or appropriate
3. Treatment may need to combine therapy for several conditions.

“Looking to The Child as a Whole”.

Diseases Covered By IMCI

1-Acute respiratory infections

2-Diarrhoeal diseases

3-Malaria

4-Measles

5-Malnutrition.

- **Age Groups Covered By IMCI**

IMCI guidelines recommend case management procedures based on two age categories:-

- Young infants age up to 2 months
- Children age 2 months up to 5 years.



BASIS FOR CLASSIFYING THE CHILD'S ILLNESS

- The child's illness is classified based on a **color-coded triage system**:
- **PINK-** indicates urgent hospital referral or admission
- **YELLOW-** indicates initiation of specific Outpatient Treatment
- **GREEN —** indicates supportive home care

The Integrated Case Management Process

Check for danger signs

1. Convulsions
2. Lethargy/ unconsciousness
3. Inability to drink/breastfeed
4. Vomiting

Assess main symptoms

1. Cough/difficulty in breathing
2. Diarrhoea
3. Fever
4. Ear problems

Assess

- Nutrition
- Immunization status and
- Potential feeding problems

Check for other problems

Classify the condition of the child and assign to one of the three color codes and
Identify the treatment actions as per the actions listed in that color band

Urgent referral

1. Pre – referral treatments
2. Advise parents
3. REFER the child

At the referral facility

1. ETAT
2. Diagnosis, treatment and
3. Monitoring and follow up

Treat at the OPD

1. Treat local infection
2. Give oral drugs
3. Advise and teach mother
4. Follow – up

Dr Poonima Tiwari

Home Management

Counsel care taker on how to:

1. Give oral drugs
2. Treat local infections at home
3. Continue feeding
4. Danger signs
5. Follow – up

- **THANK YOU**

- Following on past lecture:

