



**RAMA**  
**UNIVERSITY**

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**FACULTY OF NURSING**

# **IMNCI**

## **INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS**

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# Introduction

- Over the last 3 decades the annual number of deaths among children less than 5 years of age has decreased by almost a third.
- However, this reduction has not been evenly distributed throughout the world. Every year more than 10 million children die in developing countries before they reach their fifth birthday.

Cont...

- Seven in 10 of these deaths are due to acute respiratory infections (mostly pneumonia), diarrhoea, measles, malaria, or malnutrition - and often to a combination of these illnesses.
- In India, common illnesses in children under 3 years of age include fever (27% ), acute respiratory infections (17% ), diarrhoea (13% ) and malnutrition (43%) - and often in combination (National Family Health Survey .

# COMPONENTS

- The IMNCI strategy includes both preventive and curative interventions that aim to
- improve practices in health facilities, the health system and at home. At the core of the
- strategy is integrated case management of the most common neonatal and childhood
- problems with a focus on the most common causes of death.

## **The strategy includes three main components:**

- 1.** Improvements in the case-management skill health staff through the provision of locally-adapted guidelines on Integrated Management of Neonatal and Childhood Illness and activities to promote their use;
- 2.** Improvements in the overall health system required for effective management of neonatal and childhood illness;
- 3.** Improvements in family and community health care practices.

# PRINCIPLES

- Therefore, the IMNCI 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

## The IMNCI guidelines are based on the following principles:

- ❖ All sick young infants up to 2 months of age must be assessed for “**possible bacterial infection / jaundice**”. Then they must be routinely assessed for the major symptom “**diarrhoea**”.
- ❖ All sick children age 2 months up to 5 years must be examined for “**general danger signs**” which indicate the need for immediate referral or admission to a hospital. They must then be **routinely assessed for major symptoms**: cough or difficult breathing, diarrhoea, fever and ear problems.
- ❖ All sick young infants and children 2 months up to 5 years must also be routinely assessed for **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. These signs were selected considering the conditions and realities of first-level health facilities.
- ❖ A combination of individual signs leads to an infant's or a child's **classification(s) rather than a diagnosis**. Classification(s) indicate the severity of condition(s). They call for specific actions based on whether the infant or child **(a)** should be urgently referred to a higher level of care, **(b)** requires specific treatments (such as antibiotics or anti malarial treatment), or **(c)** may be safely managed at home.

The classifications are colour coded :

- “**Pink**” suggests hospital referral or admission
- “**Yellow**” indicates initiation of specific treatment, and
- “**Green**” calls for home management.

# CLASSIFICATION TABLES -

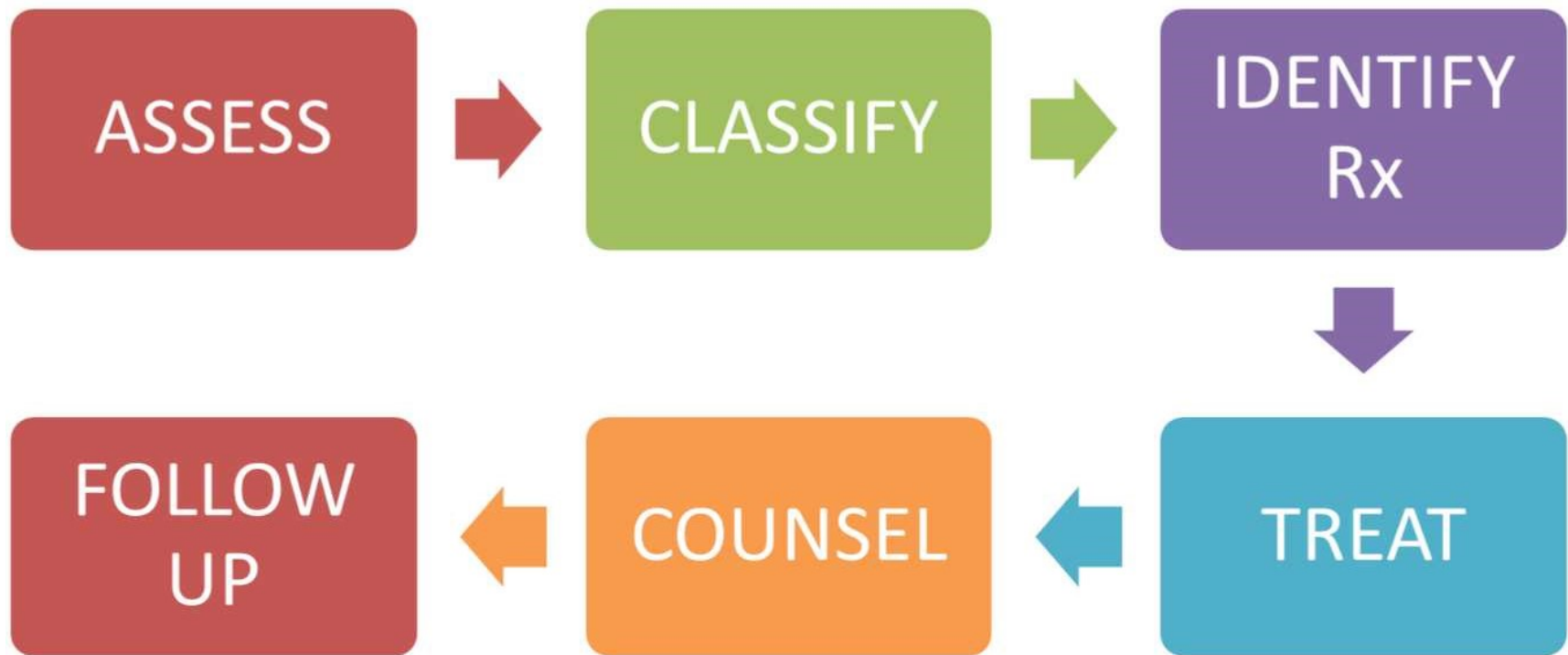
c

r ^	URGENT HOSPITAL REFERRAL	
L J		

**INITIATION OF TREATMENT**

r ^	ADVICE & SENT HOME	
L J		

# IMNCI Case Management Process



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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 illness: Use a colour-coded triage system to classify the child's main symptoms and his or her nutrition or feeding status.



Cont...

**IF URGENT REFERRAL**  
is needed and possible

**IDENTIFY URGENT  
PRE-REFERRAL  
TREATMENT(S)**  
Needed for the child's  
classifications.

**TREAT THE CHILD:** Give  
urgent pre-  
referral treatment(s)  
needed.

**IF NO URGENT REFERRAL is**  
needed or possible

**IDENTIFY TREATMENT**  
needed for the  
child's classifications:  
identify specific  
medical treatments  
and/or advice.

**TREAT THE CHILD:** Give the first dose  
of oral drugs in the clinic ad/or advise  
the child's caretaker. Teach the  
caretaker how to give oral drugs and  
how to treat local infections at home. If  
needed, give immunizations.

## Cont...

**REFER THE CHILD:** Explain to the child's caretaker the need for referral. Calm the caretaker's fears and help resolve any problems. Write a referral note. Give instructions and supplies needed to care for the child on the way to the hospital.

**COUNSEL THE MOTHER:** Assess the child's feeding, including breastfeeding practices, and solve feeding problems, if present. Advise about feeding and fluids during illness and about when to return to 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.



# **OUTPATIENT MANAGEMENT OF YOUNG INFANTS (age up to 2 months)**



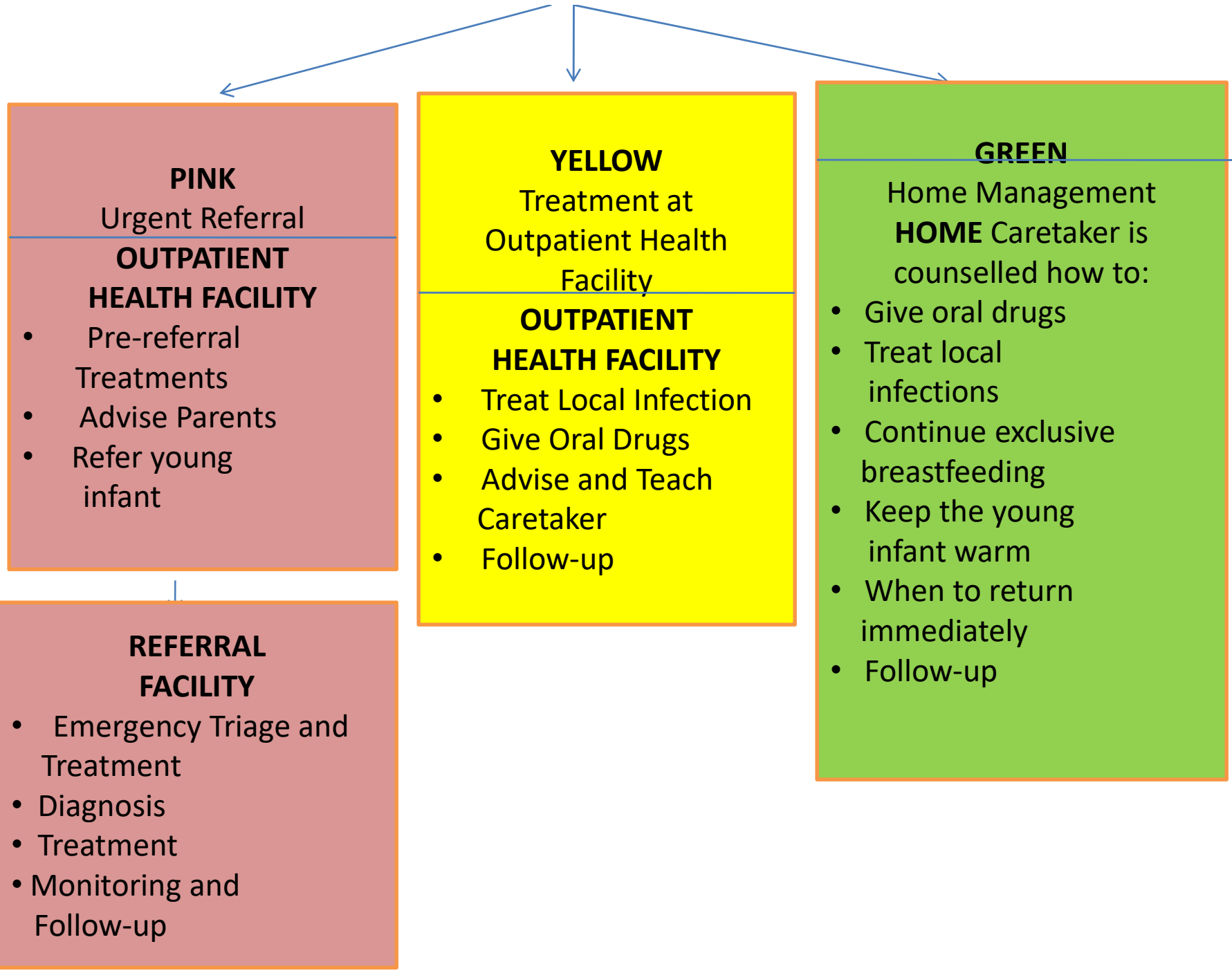
OUTPATIENT HEALTH FACILITY

CHECK FOR POSSIBLE  
BACTERIAL INFECTION/  
JAUNDICE

**Assess the SYMPTOM**  
? Diarrhoea

Check for **FEEDING  
PROBLEM** or  
**MALNUTRITION** and  
**IMMUNIZATION STATUS**

**CLASSIFY CONDITIONS** and  
**IDENTIFY TREATMENT  
ACTIONS**  
According to Colour-Coded  
Treatment Charts





# **OUTPATIENT MANAGEMENT OF SICK CHILD ( Age 2 months - 5 years)**

## OUTPATIENT HEALTH FACILITY

### **CHECK FOR DANGER SIGNS**

- > Convulsions
- > Lethargy/Unconsciousness
- > Inability to Drink/Breastfeed
- > Vomiting

### **Assess MAIN SYMPTOMS**

- > Cough/Difficulty Breathing
- > Diarrhoea
- > Fever
- > Ear Problems

Assess NUTRITION and  
IMMUNIZATION STATUS and  
POTENTIAL FEEDING  
PROBLEMS

Check for OTHER PROBLEMS

**CLASSIFY CONDITIONS and  
IDENTIFY TREATMENT  
ACTIONS**

According to Colour-Coded  
Treatment Charts

**PINK**

Urgent Referral

OUTPATIENT

HEALTH FACILITY

- Pre-referral Treatments
- Advise Parents
- Refer Child

**YELLOW**

Treatment

OUTPATIENT

HEALTH FACILITY

- Treat Local Infection
- Give Oral Drugs
- Advise and Teach Caretaker
- Follow-up

**GREEN**

Home Management

HOME Caretaker is

counseled on how

to:

- Give oral drugs
- Treat local infections at home
- Continue feeding
- When to return immediately
- Follow-up



**PINK**  
Urgent Referral

**REFERRAL  
FACILITY**

- Emergency
- Triage and Treatment (ETAT)
- Diagnosis
- Treatment
- Monitoring and
- Follow-up

# EFFECTIVE COMMUNICATION & COUNSELLING

## ^APAC

○ **Ask and *listen***

○ **Praise**

○ **Advise**

○ **Check**



**THANK YOU**