

# HANDBOOK

# IMCI

# Integrated Management of Childhood Illness



Department of Child and Adolescent Health  
and Development (CAH)



WHO Library Cataloguing-in-Publication Data

Handbook : IMCI integrated management of childhood illness.

1.Disease – in infancy and childhood 2.Disease management 3.Child health services – organization and administration 3.Delivery of health care, Integrated 4.Community health aides – education 7.Manuals I.World Health Organization

ISBN 92 4 154644 1

(NLM classification: WS 200)

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## How to adapt the Model IMCI Handbook

*Note: Do not include this section in the adapted IMCI Handbook*

The WHO/UNICEF guidelines for *Integrated Management of Childhood Illness* (IMCI) offer simple and effective methods to prevent and manage the leading causes of serious illness and mortality in young children. The clinical guidelines promote evidence-based assessment and treatment, using a syndromic approach that supports the rational, effective and affordable use of drugs. The guidelines include methods for checking a child's immunization and nutrition status; teaching parents how to give treatments at home; assessing a child's feeding and counselling to solve feeding problems; and advising parents about when to return to a health facility. The approach is designed for use in outpatient clinical settings with limited diagnostic tools, limited medications and limited opportunities to practice complicated clinical procedures.

In each country, the IMCI clinical guidelines are adapted:

- To cover the most serious childhood illnesses typically seen at first-level health facilities,
- To make the guidelines consistent with national treatment guidelines and other policies, and
- To make the guidelines feasible to implement through the health system and by families caring for their children at home.

The IMCI charts and related in-service training materials, provided by WHO and UNICEF, are considered to be a "generic" version. This model IMCI handbook is also a generic document. The WHO Department of Child and Adolescent Health and Development (CAH) created this handbook to help teaching institutions incorporate IMCI into academic programmes for doctors, nurses and other health professionals.

Before the handbook can be used, however, it needs to be adapted in two ways:

- **Technical Adaptation:** All text, charts and illustrations in the model handbook should be carefully reviewed and, if needed, revised to make them consistent with the nationally adapted IMCI guidelines.
- **Pedagogical Adaptation:** The model handbook should be modified to correspond to the teaching/learning methods used by a faculty. For example, a faculty may choose to revise or re-format the handbook as a stand-alone document, or to incorporate the contents of the handbook into other materials or textbooks.

The two step process of adaptation will ensure that the content of the handbook is consistent with a country's national IMCI guidelines, and that its style and format are compatible with a faculty's approach to teaching.



## Technical Adaptation

When the IMCI strategy was initially introduced in your country, a national task force adapted the generic IMCI guidelines and created in-service training materials. The in-service training materials normally include an IMCI chart booklet, IMCI mother's card, set of IMCI training modules, photograph booklet, video, and wall charts. The nationally adapted IMCI charts and in-service training modules should be referred to when making technical adaptations to this handbook. In countries where the guidelines have been adapted, the IMCI in-service training materials can be requested from the Ministry of Health.

*Computer diskettes of the model IMCI handbook are available from WHO CAH.\**

Each section of the model IMCI handbook should be adapted in the following ways:

- **Forward.** It is recommended to include some information and/or graphs about the main causes of childhood morbidity and mortality in a country, and to add some country-specific information about the need for, or appropriateness of, the IMCI approach.
- **Part I: Integrated Management of Childhood Illness (IMCI).** This section of the handbook (Chapters 1 through 3) does *not* require technical adaptation.
- **Part II: The Sick Child Age 2 Months Up to 5 Years: Assess and Classify.** The technical guidelines in this section of the handbook (Chapters 4 through 13) should agree with those in the nationally adapted IMCI training module called *Assess and Classify the Sick Child Age 2 Months Up to 5 Years*. Like the module, Part II of the handbook describes the types and combinations of clinical signs used to assess main symptoms of common childhood illnesses, and provides action-oriented classifications for each main symptom. When adapting the IMCI clinical guidelines, it is likely that the national IMCI task force modified the assessment process and the classifications for certain main symptoms. Some changes will therefore be needed in the handbook to make all main symptoms, clinical signs and classifications consistent with those in the national IMCI charts and training modules. The chapter in the handbook on Fever (Chapter 9) may require particular revisions, because common illnesses associated with fever tend to be country specific. In addition to revising the text, pieces of the national IMCI charts should be inserted on the pages indicated in the model handbook. The format of the case recording form used in the examples also should be revised to match the national IMCI recording form.
- **Part III: The Sick Young Infant Age 1 Week Up to 2 Months: Assess and Classify.** The technical information in this section (Chapters 14 through 15) should agree with Chapter 1, Assess and Classify the Sick Young Infant, in the national IMCI module titled *Management of the Sick Young Infant Age 1 Week Up to 2 Months*. This section will require adaptations very similar to Part II in order to ensure that all main symptoms, clinical signs and classifications are consistent with the national IMCI charts and training modules. The format of the case recording form used in the examples should be revised to match the national recording form for young infants.
- **Part IV: Identify Treatment.** The technical guidelines in this section (Chapters 16 through 18) should agree with those in the nationally adapted IMCI module called *Identify Treatment*, AND to Chapter 2, Identify Appropriate Treatment, in the module called *Management of the Sick Young Infant Age 1*

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*Week Up to 2 Months.* The names of classifications in this section should match those in the national IMCI charts. If the national IMCI guidelines do *not* recommend cotrimoxazole for the treatment of both MALARIA and PNEUMONIA, delete the first bullet point under Problems that Require Special Explanation in Chapter 18 of the handbook. It is important to note that the steps for giving urgent pre-referral treatment and referring the child to hospital, found in Chapters 4 and 5 of the *Identify Treatment* module, were moved to Part V (Chapter 20) of the model handbook.

- **Part V: Treat the Sick Child or the Sick Young Infant.** The technical guidelines in this section (Chapters 19 through 24) should agree with those in the national IMCI module called *Treat the Child, AND to Chapter 3, Treat the Sick Young Infant and Counsel the Mother*, in the module called *Management of the Sick Young Infant Age 1 Week Up to 2 Months*. Chapter 20, Urgent Referral, of the handbook combines selected chapters from three different modules—*Identify Treatment, Treat the Child* and *Management of the Sick Young Infant Age 1 Week Up to 2 Months*. In this section of the handbook, some changes may be needed to the names of classifications, the names of drugs, drug doses, and schedules to correspond with those in the national IMCI charts and training modules. It should be noted that Annexes C-1 through C-4 of the *Treat the Child* module were combined and moved to Annex A, *Treat Severe Dehydration Quickly*, of the handbook. It is also important to note that information from the national training modules on teaching and advising a mother about treatment and feeding was incorporated into Part VI, *Communicate and Counsel*, of the model handbook.
- **Part VI: Communicate and Counsel.** The technical information in this section (Chapters 25 through 30) should agree with the national IMCI module called *Counsel the Mother, AND to selected sections of the Treat the Child and Management of the Sick Young Infant Age 1 Week Up to 2 Months* modules. The feeding recommendations described in Chapter 29 of the handbook may need revision to make them consistent with the recommendations in the national IMCI charts. In addition, common local feeding problems should be taken from the national IMCI charts and inserted into the section in Chapter 29 called *Identify Feeding Problems*.
- **Part VII: Give Follow-Up Care.** The technical guidelines in this section (Chapter 31 through 32) should agree with those in the national IMCI module called *Follow-Up*. The names of classifications, number of days to a follow-up visit, and the guidelines for each type of follow-up visit should coincide with those in the national IMCI charts and training modules.
- **Annexes.** Annex A corresponds to Annexes C-1 through C-4 in the IMCI module called *Treat the Child*. Copies of the national IMCI case recording forms for the *Management of the Sick Young Infant Age 1 Week Up to 2 Months* and the *Management of the Sick Child Age 2 Months Up to 5 Years* should appear in Annex B. An example of a local Mother's Card may be attached as Annex C. It is also recommended to attach a copy of the Glossary from the IMCI module called *Introduction* as well as a copy of the national IMCI chart booklet.



## Pedagogical Adaptation

Each faculty will need to determine how to incorporate IMCI into the relevant certificate, diploma or degree programme(s). Because this process takes time and consideration, many faculties have chosen to begin IMCI teaching using a draft version of the technically adapted IMCI handbook. The draft handbook serves as an intermediate step, giving a faculty time to gain experience with IMCI teaching in order to effectively modify the handbook to suit their own approach to teaching, and to identify other appropriate materials, already used by the faculty, in which to incorporate elements of the handbook.

Pedagogical adaptation may also involve adding to or reorganizing the contents of the handbook. For example, a faculty might decide to add the scientific basis for the IMCI guidelines. If this is the case, the faculty may refer to the section of the *IMCI Adaptation Guide* called *Technical Basis for Adapting Clinical Guidelines, Feeding Recommendations, and Local Terms* (also available from WHO CAH). This section of the adaptation guide provides technical justification for the generic IMCI guidelines. To reinforce student learning, some faculties have developed student notes based on the model IMCI handbook, some have adapted exercises from the IMCI in-service training modules, and others have created IMCI problem-solving exercises and case studies.

# Contents

Foreword	ix
<b>PART I: Integrated Management of Childhood Illness (IMCI)</b>	<b>1</b>
1 The integrated case management process	3
2 Selecting the appropriate case management charts	6
3 Using the case management charts and case Recording Forms	8
<b>PART II: The sick child age 2 months up to 5 years: Assess and classify</b>	<b>11</b>
4 Assess and classify the sick child	13
5 When a child is brought to the clinic	14
6 General danger signs	17
7 Cough or difficult breathing	19
8 Diarrhoea	25
9 Fever	32
10 Ear problem	43
11 Malnutrition and anaemia	47
12 Immunization status	53
13 Other problems	56
<b>PART III: The sick young infant age 1 week up to 2 months: Assess and classify</b>	<b>57</b>
14 Overview of assess and classify	59
15 Assess and classify the sick young infant	61
<b>PART IV: Identify treatment</b>	<b>73</b>
16 Choose treatment priorities	75
17 Identify urgent pre-referral treatment	78
18 Identify treatment for patients who do not need urgent referral	80
<b>PART V: Treat the sick child or the sick young infant</b>	<b>83</b>
19 Overview of the types of treatment	85
20 Urgent referral	86
21 Appropriate oral drugs	90
22 Treating local infections	94
23 Extra fluid for diarrhoea and continued feeding	95
24 Immunizations	101

<b>PART VI: Communicate and counsel</b>	<b>103</b>
25 Use good communication skills	105
26 Teach the caretaker to give oral drugs at home	109
27 Teach the caretaker to treat local Infections at home	112
28 Counsel the mother about breastfeeding problems	116
29 Counsel the mother about feeding and fluids	119
30 Counsel the mother about when to return and about her own health	127
<b>PART VII: Give follow-up care</b>	<b>129</b>
31 Follow-up care for the sick child	131
32 Follow-up care for the sick young infant	140
ANNEX A: Plan C—Treat severe dehydration quickly	143
ANNEX B: Sample case recording forms	151
ANNEX C: Example mother's card	155
Glossary	157
IMCI Chart Booklet	

预览已结束，完整报告链接和二维码如下：

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