



PRINCIPLES OF IMCI (2)

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PRINCIPLES OF IMCI (2): Outline

- ✦ **Case Management training.**

- ✦ **Principles of integrated care.**

- ✦ **Assessing the main symptoms.**

- ✦ **Assessing nutrition and malnutrition**

- ✦ **Identifying conditions and treatment actions.**

- ✦ **Counseling the mother.**

- ✦ **Referral.**

- ✦ **Areas for Research.**

PRINCIPLES OF IMCI (2): Case Management Training

In-Service Course

- ✚ The 11 day Case Management Course for Health Workers (Clinical Practitioners).**
- ✚ Course takes 93 hours.**
 - 64 hours theoretical: use of modules.**
 - 29 hours clinical experience: 9 outpatient sessions and 10 inpatient sessions.**
- ✚ Clinical portion takes 31% of the whole course.**

PRINCIPLES OF IMCI (2): Case Management Training

In-Service Course

- ✚ **Six days course for physicians.**
- ✚ **Course takes 48 hours.**
 - **Theoretical portion takes 35 hours: also use of modules.**
 - **Clinical portion takes 13 hours: 3 outpatient sessions and 4 in-patient sessions.**
- ✚ **Clinical portion takes 27% of the whole course.**

PRINCIPLES OF IMCI (2): Case Management Training

In-Service Course

- ✘ **Very expensive and slow course.**
- ✘ **Heavily dependent on donor support.**
- ✘ **Not sustainable in the long term.**
- ✘ **Pre-Service training a better option.**

PRINCIPLES OF IMCI (2): Case Management Training

Pre-Service Training

- ✦ The most cost-effective and sustainable approach for IMCI training.**
- ✦ Still in development or pilot stage: Combinations of block sessions of training and training scattered within the course of the students, of varying durations.**



PRINCIPLES OF IMCI (2): Principles of Integrated Care

- ✦ All sick children must be examined for general danger sign.**
- ✦ All sick children must be routinely assessed for major symptoms.**
- ✦ All sick children must be assessed for nutrition and immunisation status, feeding problems and other potential problems.**



PRINCIPLES OF IMCI (2): Principles of Integrated Care

- ✦ Only a limited number of carefully-selected clinical signs are used, based on performance in terms of their sensitivity and specificity to detect disease.**

● PRINCIPLES OF IMCI (2): Principles of Integrated Care

Sensitivity and Specificity

✦ Sensitivity: Proportion of people with disease who have a positive test for the disease.

✦ Specificity: Proportion of people without disease who have a negative test for the disease.

● PRINCIPLES OF IMCI (2): Principles of Integrated Care

Examples of Classification

- ✚ **Very Severe Disease, Severe Pneumonia, Pneumonia.**
 - General danger sign, chest indrawing, fast breathing, stridor in a calm child.
- ✚ **Severe Dehydration.**
 - Lethargy/unconsciousness, sunken eyes, not able to drink or drinking poorly, slow skin pinch.
- ✚ **Malaria.**
 - Fever in a malaria risk area.
- ✚ **Severe Malnutrition.**
 - Visible wasting and oedema.

● PRINCIPLES OF IMCI (2): Principles of Integrated Care

- ✦ A combination of individual signs leads to a child's classification rather than diagnosis.
- ✦ Classifications are colour coded.
 - Pink suggests hospital referral or admission.
 - Yellow indicates initiation of treatment
 - Green calls for home treatment.
- ✦ IMCI guidelines address most, but not all, the major reasons a sick is brought to the clinic.



PRINCIPLES OF IMCI (2): Principles of Integrated Care





- ✦ IMCI management procedures use a limited number of essential drugs and encourage active participation of caretakers in treatment of children.**
- ✦ Counseling of caretakers about home management, including giving feeds and fluids, and when to return for follow up, is an essential component of IMCI.**

PRINCIPLES OF IMCI (2): Check for Danger Signs

- ☛ **Convulsions**
- ☛ **Lethargy/Unconsciousness**
- ☛ **Inability to breastfeed**
- ☛ **Vomiting**



PRINCIPLES OF IMCI (2): Assessing the Main Symptom

-  **Cough and difficulty of breathing**
-  **Diarrhoea**
-  **Fever**
-  **Ear problems**

PRINCIPLES OF IMCI (2): Nutrition and Immunisation

- ☛ **Check for features of malnutrition – for classification.**
- ☛ **Check for immunisation, using age, immunisation schedule and the card.**
- ☛ **Check for vitamin A supplementation.**

● PRINCIPLES OF IMCI (2): Assessing 1 week to 2 months

- ✚ Possible serious bacterial infection
- ✚ Local bacterial infection
- ✚ Diarrhoea
 - Dehydration
 - Persistent diarrhoea
- ✚ Possible serious abdominal problem
- ✚ Feeding problem or low birth weight



PRINCIPLES OF IMCI (2): Identifying treatment

Pink Urgent Referral (Outpatient)

- **Pre-referral treatment**
- **Advise parents**
- **Refer**



PRINCIPLES OF IMCI (2): Identifying treatment

Referral Facility

Emergency Triage and Management

- Diagnosis
- Treatment

Monitoring and follow-up



PRINCIPLES OF IMCI (2): Identifying treatment

Yellow (Treatment at Outpatient Facility)

- ✚ **Treat local infection**
- ✚ **Give oral drugs**
- ✚ **Advise and teach caretaker**
- ✚ **Follow-up**



PRINCIPLES OF IMCI (2): Identifying treatment

Green (Home Treatment)

Caretaker is counseled on:

- ☀ Home treatments(s).
- ☀ Feeding and fluids.
- ☀ When to return immediately.
- ☀ Follow-up



PRINCIPLES OF IMCI (2): Counseling the mother

- ✦ Use words that he/she understands**
- ✦ Use teaching aids that are familiar**
- ✦ Give feedback when he/she practices, praise what is done well and make corrections**
- ✦ Allow more practice if needed**
- ✦ Allow the caretaker to ask questions**
- ✦ Check caretaker's understanding**

PRINCIPLES OF IMCI (2): Referral

- ✚ All children and infants with severe classification (**pink**) are referred to a hospital
- ✚ Successful referral of severely ill children depends on effective counseling of the caretaker
- ✚ A short but clear referral note should be given on referral, with adequate information
- ✚ If referral is not possible, treatment at facility should be considered.

PRINCIPLES OF IMCI (2): Areas for Research

- ✦ **Research is vital for IMCI implementation**
- ✦ **Virtually every aspect needs to be considered**
 - **Antibiotic sensitivity; offending organisms; compliance; improvement in classifications and management options; strategies for improvement of family practice; improvement in functioning of health facility**
- ✦ **Every health worker should be actively involved in such research**