

SOP 5: Paediatric Services

1. Purpose:

To develop a system for ensuring care of newborns & Children up to 18 years. Ensure tender care of acutely ill children. It includes a comprehensive approach to reduce mortality and to protect them from likely health risks they may face.

2. Scope: It covers new born and the child upto 18 years

3. Responsibility: Superintendent In Chief / Chief Medical Superintendent, Pediatrician, Medical officer and staff nurse.

4. Procedure:

S.No.	Activity	Responsibility	Reference
4.1	Integrated Management of Neonatal & Childhood Sickness Patients under the age of 2 months are classified as sick young infants and patients under 5 year of age are classified as sick child. Their management is done as per Integrated Management Neonatal and Childhood Illness approach. This includes: <ul style="list-style-type: none">• Urgent Referral Services at facility (Pink)• Urgent Referral Facility at OPD (Pink)• Treatment Facility at OPD (yellow)• Home Management (green)	MO	IMNCI Guidelines
4.2	Emergency Triage Assessment & Treatment- Any sick young infant or child received in hospital is promptly attended and standard	MO/ Pediatrician/ Nursing Staff	WI- Steps in Management of Sick young Infants and Children

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	ETAT procedure is followed for management.		
4.3	<p>Triage- Triage of all young infants and children is done in following categories as soon as they arrive at the hospital:</p> <ul style="list-style-type: none"> • with Emergency signs (E) requiring Emergency Treatment • with Priority Signs (P) requiring rapid assessment and action • Non urgent (N) cases those who can wait <p>Triage is done by assessing Airway, Breathing, Circulation, Coma, Convulsion & Dehydration (ABCD). If no emergency sign is seen than priority signs are looked for.</p>	MO/ Pediatrician/ Nursing Staff	WI- Triage
4.4	<p>Assessment & Management of Emergency Signs- Assessment and management of Emergency signs done as per standard FIMNCI Protocols. If any signs of hypothermia or hypoglycaemia are present their management is done simultaneously.</p> <p>This includes -</p> <ul style="list-style-type: none"> • Assessment for breathing, central cyanosis and severe respiratory distress is done and Basic Life Support is given if required. • Assessment & treatment of shock in young infant & children with or without severe acute malnutrition. • Assessment and treatment of coma and convulsions. • Assessment and treatment of severe dehydration • Assessment and treatment of Hypoglycemia & Hypothermia 	MO/ Pediatrician/ Nursing Staff	<ul style="list-style-type: none"> • WI Basic life support • Management of Shock in a child with SAM • Management of Shock in a child without SAM • WI for Assessment & Management of Coma & Convulsion • WI for Assessment & Management of severe dehydration • Management of Hypoglycemia • Management of Hypothermia

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4.5	<p>Facility based care Sick Young Infant This includes fluid management, Management of Hypoglycemia, Post resuscitation care of Asphyxiated newborn, management of septicemia, meningitis, diarrhea, tetanus neonatorum, Jaundice and monitoring of sick young infant.</p>	MO/ Pediatrician/ Nursing Staff	<ul style="list-style-type: none"> • Management of sick young infants • Checklist for monitoring of Young Infants • Guidelines for management of Neonatal Jaundice
4.6	<p>Management of Low birth Weight Neonates All neonates are given Vit. K intramuscular at birth. Neonates with birth weight less than 1800 gms are admitted in the hospital. Normal body temperature of neonates maintained through Kangaroo Mother care or through radiant warmer / incubator as advised by the pediatrician. Fluids and nutrition is provided as per birth weight or gestation of the neonate.</p>	MO/ Pediatrician/ Nursing Staff	<ul style="list-style-type: none"> • WI for modes of providing fluid and feeding, feeding volumes and rates of increments in LBW (Low birth weight) neonates • Indication of Discharge of LBW neonates
4.7	<p>Referral and Transport of Neonates- If management of newborn cannot be done at the hospital either due to lack of facilities (neonatal care unit) or due to need of tertiary care management, neonate is referred to higher center or other hospital. Receiving facility is communicated about the patient. Neonate is stabilized with respect to temperature, airway, breathing, circulation and blood sugar. A doctor/nurse/health worker is arranged for accompanying the neonate to receiving hospital if possible.</p>	MO/ Pediatrician/ Nursing Staff	

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	Parents / attendants of newborn are communicated about the condition of new born sympathetically and instructions are given for care of newborn during transport. A referral note is prepared and given to patient's attendants describing condition of new born, reason for referral and treatment given.		
4.8	Facility Based care of Sick Child		
4.9	Children Presenting with cough or difficult breathing – Careful assessment of patient is done to arrive at a diagnosis that may be due to respiratory or non respiratory causes. Once a diagnosis is established management is done as per standard treatment guidelines.	MO/ Pediatrician/ Nursing Staff	Treatment for very severe and severe Pneumonia Management of Acute Asthma
4.10	Management of Children presenting diarrhea Assessment of child is done and case is classified as acute/persistent diarrhea or dysentery. Following cases are admitted in the hospital- <ul style="list-style-type: none"> • Children with severe dehydration • Children with SAM 	MO/ Pediatrician/ Nursing Staff	Classification and management of Dehydration
4.11	Management of children presenting with fever Initial assessment of children is done and causes of fever are identified according fever with, without localized signs or rashes and symptoms. Diagnostic tests are done to confirm the cause. Cases of are managed as per standards treatment guidelines.	MO/ Pediatrician/ Nursing Staff	WI Management of severe and complicated malaria
4.12	Management of Children with severe Acute Malnutrition- Initial assessment of children is done	MO/ Pediatrician/	<ul style="list-style-type: none"> • Management of Severe

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