

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

# EMERGENCY HEALTH KIT

Treatment guidelines  
for  
basic kit





## Treatment Guidelines for Basic Kit

### Introduction

These treatment guidelines are intended to give simple guidance to primary health care workers using the Basic Kit. In the dosage guidelines four age groups have been distinguished. When dosage is shown as 1 tab. x 2, one tablet should be taken in the morning and one before bedtime. When dosage is shown as 2 tab. x 3, two tablets should be taken in the morning, two should be taken in the middle of the day and two before bedtime.

For the diagnosis and treatment of diarrhoea fully detailed schedules have been included as Annex 1 and 2. For the diagnosis and treatment of respiratory tract infections separate schedules are being used for children under five

The Basic Kit contains the following essential drugs:

acetylsalicylic acid (ASA)	tablets 300 mg
aluminium hydroxyde	tablets 500 mg
chloroquine	tablets 150 mg base
cotrimoxazole	tablets 400 mg sulfamethoxazole + 80 mg trimethoprim
ferrous sulphate + folic acid	tablets 200 mg + 0.25 mg
mebendazole	tablets 100 mg
oral rehydration salts	sachets for 1 litre solution
paracetamol	tablets 100 mg
benzyl benzoate lotion 25%	bottle 1 litre
chlorhexidine, solution 5%	bottle 500 ml
gentian violet	powder 25 g
tetracycline eye ointment 1%	tube 5 g

The Treatment Guidelines contain the following diagnostic groups:

Anaemia	page 2
Diarrhoea	2
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Fever	3
Pain	3
Prevention in pregnant women	4
Respiratory tract infections	4
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Skin conditions	6
Urinary tract infections	6
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Special instructions as to the dilution of chlorhexidine and benzylbenzoate are given as footnotes to the text.

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over
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#### ANAEMIA

ANAEMIA moderate (pallor and tiredness)	ferrous sulph. + folic acid 1 tab. daily	ferrous sulph. + folic acid 2 tab. daily	ferrous sulph. + folic acid 3 tab. daily	ferrous sulph. + folic acid 3 tab. daily
ANAEMIA severe (oedemas, dizziness, shortness of breath)	Refer			

#### DIARRHOEA

DIARRHOEA no dehydration	Continue (breast)feeding, give more fluids than usual, Return to health worker in case of frequent stools, increased thirst, sunken eyes, fever, or when the patient does not eat or drink normally, or does not get better.			
DIARRHOEA moderate dehydration	Treat with oral rehydration salts, 50-100 ml/kg in first 4-6 hours, reassess the condition after 4-6 hours. For exact dosage of ORS, see Annex 2B			
For exact diagnosis see Annex 1	500 ml within 6 hours	1 litre within 6 hours	2 litres within 6 hours	3 litres within 6
DIARRHOEA severe dehydration	Oral rehydration salts, 100 ml/kg as soon as possible, and refer patient for nasogastric tube and/or IV treatment			
DIARRHOEA bloody stools (check stools)	cotrimoxazole 1/4 tab. x 2 for five days	cotrimoxazole 1/2 tab. x 2 for five days	cotrimoxazole 1 tab. x 2 for five days	cotrimoxazole 2 tab. x 2 for five days
DIARRHOEA lasting more than two weeks, or patient malnourished or in poor condition	Give ORS as in diarrhoea with moderate dehydration, and refer			

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#### EYE

RED EYE (conjunctivitis)	Apply tetracycline eye ointment 3 times a day for 5 days If not improved after three days, or if in doubt: refer			
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#### FEVER

FEVER no chills	Younger than 1 month: paracetamol 1/4 tab. x 3 Older than 1 month: paracetmol 1/2 tab. x 3 1 to 3 days	paracetamol 1 tab. x 3 for 1-3 days	paracetamol 2 tab. x 3 for 1-3 days	ASA 2 tab. x 3 for 1.3 days
FEVER with chills: assume it is MALARIA	chloroquine 1/2 tab. once, 1/4 tab. after 6, 24 and 48h	chloroquine 1 tab. once, 1/2 tabs after 6, 24 and 48h	chloroquine 2 tab. once, 1 tab. after 6, 24 and 48h	chloroquine 4 tab. once, 2 tab. after 6, 24 and 48h
FEVER with cough	see COUGH		see LOW RESP. TRACT INFECTION	
FEVER and patient malnourished or in poor condition, or when in doubt	Refer			

#### PAIN

PAIN headache, joint pain, toothache, etc	Older than one month: paracetamol 1/2 tab x 3	paracetamol 1 tab. x 3	paracetamol 2 tab. x 3	ASA 2 tab. x 3
PAIN IN THE STOMACH	Refer		aluminium hydroxyde 1/2 tab. x 3 for 3 days	aluminium hydroxyde 1 tab. x 3 for 3 days



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#### PREVENTION IN PREGNANT WOMEN

PREVENTION OF ANAEMIA (for treatment, see under Anaemia)				ferrous sulph. + folic acid 1 tab. daily in pregnancy
PREVENTION OF MALARIA (for treatment, see under Fever)				chloroquin 2 tab. weekly in pregnancy

#### RESPIRATORY TRACT INFECTIONS

SORE THROAT with fever and enlarged tender neck glands	Refer	cotrimoxazole 1/2 tab. x 2 for 5 days	cotrimoxazole 1 tab. x 2 for 5 days	cotrimoxazole 2 tab. x 2 for 5 days
EAR ear pain with fever or ear discharge for less than 2 weeks	Younger than 2 months: Refer Older than 2 months: cotrimoxazole 1/4 tab. x 2 for 5 days	cotrimoxazole 1/2 tab. x 2 for 5 days	cotrimoxazole 1 tab. x 2 for 5 days	cotrimoxazole 2 tab. x 2 for 5 days
EAR ear discharge for more than 2 weeks	Once daily clean the ear by syringe without needle using lukewarm water; repeat until the water comes out clean. Dry repeatedly with absorbent paper			

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over
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**RESPIRATORY TRACT INFECTIONS (cont'd)**

COUGH (children 0-4) no fast breathing no chest indrawing child able to drink	Continue (breast)feeding, give fluids, do not allow the child to become too cold or too hot, clear the nose to facilitate breathing, avoid smoke, treat fever if present.	
COUGH (children 0-4) fast breathing (more than 50 breaths per minute but less than 70 per minute) no chest indrawing child able to drink	Younger than 2 months: Refer Older than 2 months: cotrimoxazole 1/4 tab. x 2 for 5 days	cotrimoxazole 1/2 tab. x 2 for 5 days
COUGH (children 0-4) fast breathing (more than 70 breaths per minute) or chest indrawing or child unable to drink	Refer	
COMMON COLD (children over 5 and adults) malaise, fatigue, slight cough no or moderate fever, no or watery sputum	ASA 1 tab. x 3	ASA 2 tab. x 3
LOWER RESP. TRACT INFECTION (children over 5 and adults) cough with fever, yellow sputum	cotrimoxazole 1 tab. x 2 for 5 days	cotrimaoxazole 2 tab. x 2 for 5 days
COUGH Lasting over 30 days	Refer	

**SEXUALLY TRANSMITTED DISEASE**

VENERAL DISEASE (syphilis, gonorrhoea)	Refer
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DIAGNOSIS/SYMPTOM	0 to 11 months 1 to 4 years	5 to 14 years 15 and over
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#### SKIN CONDITIONS

<b>WOUNDS</b> limited and superficial	Clean with diluted chlorhexidine solution (1) Apply gentian violet once daily	
<b>WOUNDS</b> extended, deep or on face	Refer	
<b>BURNS</b> mild, moderate	Immerse immediately in cold water, or use a cold wet cloth Continue until pain ceases, then treat as WOUNDS	
<b>BURNS</b> severe (on face or very extensive)	Treat as for MILD BURNS, and refer	
<b>BACTERIAL INFECTION</b> mild	Clean with diluted chlorhexidine solution (1) Apply gentian violet two times daily If not improved after 10 days: refer	
<b>BACTERIAL INFECTION</b> severe (with fever)	Refer	
<b>FUNGAL INFECTION</b>	Apply gentian violet once daily for five days	
<b>SCABIES</b>	Apply diluted benzyl benzoate (2)	Apply benzyl benzoate 25%
<b>SCABIES</b> infected	Bacterial infection: clean with diluted chlorhexidine (1) Apply gentian violet twice daily. When infection is cured, apply benzyl benzoate	

#### URINARY TRACT INFECTION

<b>URINARY TRACT INFECTION</b>	Refer
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DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over
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# WORMS

ROUNDWORM (ascaris) PINWORM (enterobius)		mebendazole 2 tab. once	mebendazole 2 tab. once	mebendazole 2 tab. once
HOOKWORM, OTHER WORMS TAPEWORM (taenia)		mebendazole 2 tab. x 2 for 3 days	mebendazole 2 tab. x 2 for 3 days	mebendazole 2 tab. x 2 for 3 days

- 1 Chlorhexidine 5% must always be diluted before use: take the one-litre plastic bottle supplied with the kit. Fill 20 ml of chlorhexidine solution into the bottle by using the 10 ml syringe supplied with the kit (20 ml is two full syringes). Fill up the bottle with boiled or clean water.
- 2 Dilute by mixing one half litre benzyl benzoate 25% with one half litre clean water in the one litre plastic bottle supplied with the kit.



# HOW TO ASSESS YOUR PATIENT

## FOR DEHYDRATION

## FOR OTHER PROBLEMS

		A	B	C		
1 ASK ABOUT:	DIARRHOEA  VOMITING THIRST URINE	Less than 4 liquid stools per day  None or a small amount Normal Normal	4 to 10 liquid stools per day  Some Greater than normal A small amount, dark	More than 10 liquid stools per day  Very frequent Unable to drink No urine for 6 hours	Longer than 14 days duration Blood in the stool	
2 LOOK AT:	CONDITION  TEARS EYES MOUTH and TONGUE BREATHING	Well, alert  Present Normal Wet  Normal	Unwell, sleepy or irritable  Absent Sunken Dry  Faster than normal	Very sleepy, unconscious, floppy or having fits Absent Very dry and sunken Very dry  Very fast and deep	Severe undernutrition	
3 FEEL:	SKIN PULSE  FONTANELLE (in infants)	A pinch goes back quickly Normal  Normal	A pinch goes back slowly Faster than normal  Sunken	A pinch goes back very slowly Very fast, weak, or you cannot feel it Very sunken		
4. TAKE TEMPERATURE					Fever – 38.5°C (or 101°F) or greater	
5. WEIGH IF POSSIBLE		Loss of less than 25 grams for each kilogram of weight	Loss of 25-100 grams for each kilogram of weight	Loss of more than 100 grams for each kilogram of weight		
6 DECIDE		The patient has <b>no</b> signs of dehydration   Use Plan A	If the patient has 2 or more of these signs, he has <b>some</b> dehydration   Use Plan B	If the patient has 2 or more of these danger signs, he has <b>severe dehydration</b>   Use Plan C	IF YOUR PATIENT HAS:	THEN:
					Blood in the stool and diarrhoea for less than 14 days	Treat with an appropriate oral antibiotic for shigella dysentery  If this child is also – dehydrated, – severely undernourished, or – less than 1 year of age, reassess the child's progress in 24 - 48 hours. For the severely undernourished child, also refer for treatment of severe undernutrition
					Diarrhoea for longer than 14 days with or without blood	Continue feeding and refer for treatment
					Severe undernutrition	
					Fever – 38.5°C (or 101°F) or greater	Show the mother how to cool the child with a wet cloth and fanning.  Look for and treat other causes (for example, pneumonia, malaria).

Source: Treatment of diarrhoea; WHO/CDD, 1987

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# TREATMENT PLAN A TO TREAT DIARRHOEA

## EXPLAIN THE THREE RULES FOR TREATING DIARRHOEA AT HOME:

1. GIVE YOUR CHILD MORE FLUIDS THAN USUAL TO PREVENT DEHYDRATION.  
SUITABLE FLUIDS INCLUDE:
  - The recommended home fluid or food-based fluids, such as gruel, soup, or rice water.
  - Breastmilk or milk feeds prepared with twice the usual amount of water.
2. GIVE YOUR CHILD FOOD
  - Give freshly prepared foods. Recommended foods are mixes of cereal and beans, or cereal and meat or fish. Add a few drops of oil to the food, if possible.
  - Give fresh fruit juices or bananas to provide potassium.
  - Offer food every 3 or 4 hours (6 times a day) or more often for very young children.
  - Encourage the child to eat as much as he wants.
  - Cook and mash or grind food well so it will be easier to digest.
  - After the diarrhoea stops, give one extra meal each day for a week, or until the child has regained normal weight.
3. TAKE YOUR CHILD TO THE HEALTH WORKER IF THE CHILD HAS ANY OF THE FOLLOWING:
 

<ul style="list-style-type: none"> <li>• passes many stools</li> <li>• is very thirsty</li> <li>• has sunken eyes</li> <li>• has a fever</li> <li>• does not eat or drink normally</li> <li>• seems not to be getting better.</li> </ul>	}	These 3 signs suggest your child is dehydrated.
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## TEACH THE MOTHER HOW TO USE ORS SOLUTION AT HOME, IF:

- The mother cannot come back if the diarrhoea gets worse,
- It is national policy to give ORS to all children who see a health worker for diarrhoea treatment, or
- Her child has been on Plan B, to prevent dehydration from coming back.

### SHOW HER HOW TO MIX AND GIVE ORS

#### SHOW HER HOW MUCH TO GIVE

- 50-100 ml ( $\frac{1}{4}$  to  $\frac{1}{2}$  large cup) of ORS solution after each stool for a child less than 2 years old.
- 100-200 ml ( $\frac{1}{2}$  to 1 large cup) for older children.
- Adults should drink as much as they want.

TELL HER IF THE CHILD VOMITS, wait 10 minutes. Then continue giving the solution but more slowly – a spoonful every 2 - 3 minutes.

### GIVE HER ENOUGH PACKETS FOR 2 DAYS

Note: While a child is getting ORS, he should be given breastmilk or dilute milk feeds and should be offered food. Food-based fluids or a salt and sugar solution should **NOT** be given in addition to ORS.

## EXPLAIN HOW SHE CAN PREVENT DIARRHOEA BY:

Giving only breastmilk for the first 4 - 6 months and continuing to breastfeed for at least the first year.

Introducing clean, nutritious weaning foods at 4 - 6 months.

Giving her child freshly prepared and well-cooked food and clean drinking water.

Having all family members wash their hands with soap after defecating, and before eating or preparing food.

Having all family members use a latrine.

Quickly disposing of the stool of a young child by putting it into a latrine or by burying it.



# TREATMENT PLAN B TO TREAT DEHYDRATION

## 1. AMOUNT OF ORS SOLUTION TO GIVE IN FIRST 4 TO 6 HOURS

Patient's age *	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> 2 4 6 8 10 12 18 months </div> <div style="text-align: center; margin-right: 20px;"> 2 3 4 6 8 15 years </div> <div style="text-align: center;">adult</div> </div>											
Patient's weight in kilograms	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;">3 5 7 9 11 13 15 20 30 40 50</div> </div>											
Give this much solution for 4-6 hours	in ml:	200-400	400-600	600-800	800-1000	1000-2000	2000-4000					
	in local unit of measure:											

\* Use the patient's age only when you do not know the weight.

NOTE: ENCOURAGE THE MOTHER TO CONTINUE BREASTFEEDING.

If the patient wants more ORS, give more.

If the eyelids become puffy, stop ORS and give other fluids. If diarrhoea continues, use ORS again when the puffiness is gone.

If the child vomits, wait 10 minutes and then continue giving ORS, but more slowly.

## 2. IF THE MOTHER CAN REMAIN AT THE HEALTH CENTRE

- Show her how much solution to give her child.
- Show her how to give it – a spoonful every 1 to 2 minutes.
- Check from time to time to see if she has problems.

## 3. AFTER 4 TO 6 HOURS, REASSESS THE CHILD USING THE ASSESSMENT CHART. THEN CHOOSE THE SUITABLE TREATMENT PLAN.

NOTE: If a child will continue on Plan B, tell the mother to offer small amounts of food.

If the child is under 12 months, tell the mother to:

- continue breastfeeding or
- if she does not breastfeed, give 100-200 mls of clean water before continuing ORS.

## 4. IF THE MOTHER MUST LEAVE ANY TIME BEFORE COMPLETING TREATMENT PLAN B

- Give her enough ORS packets for 2 days and show her how to prepare the fluid.
- Show her how much ORS to give to finish the 4-6 hour treatment at home.
- Tell her to give the child as much ORS and other fluids as he wants after the 4-6 hour treatment is finished.
- Tell her to offer the child small amounts of food every 3-4 hours.
- Tell her to bring the child back to the health worker if the child has any of the following:
 

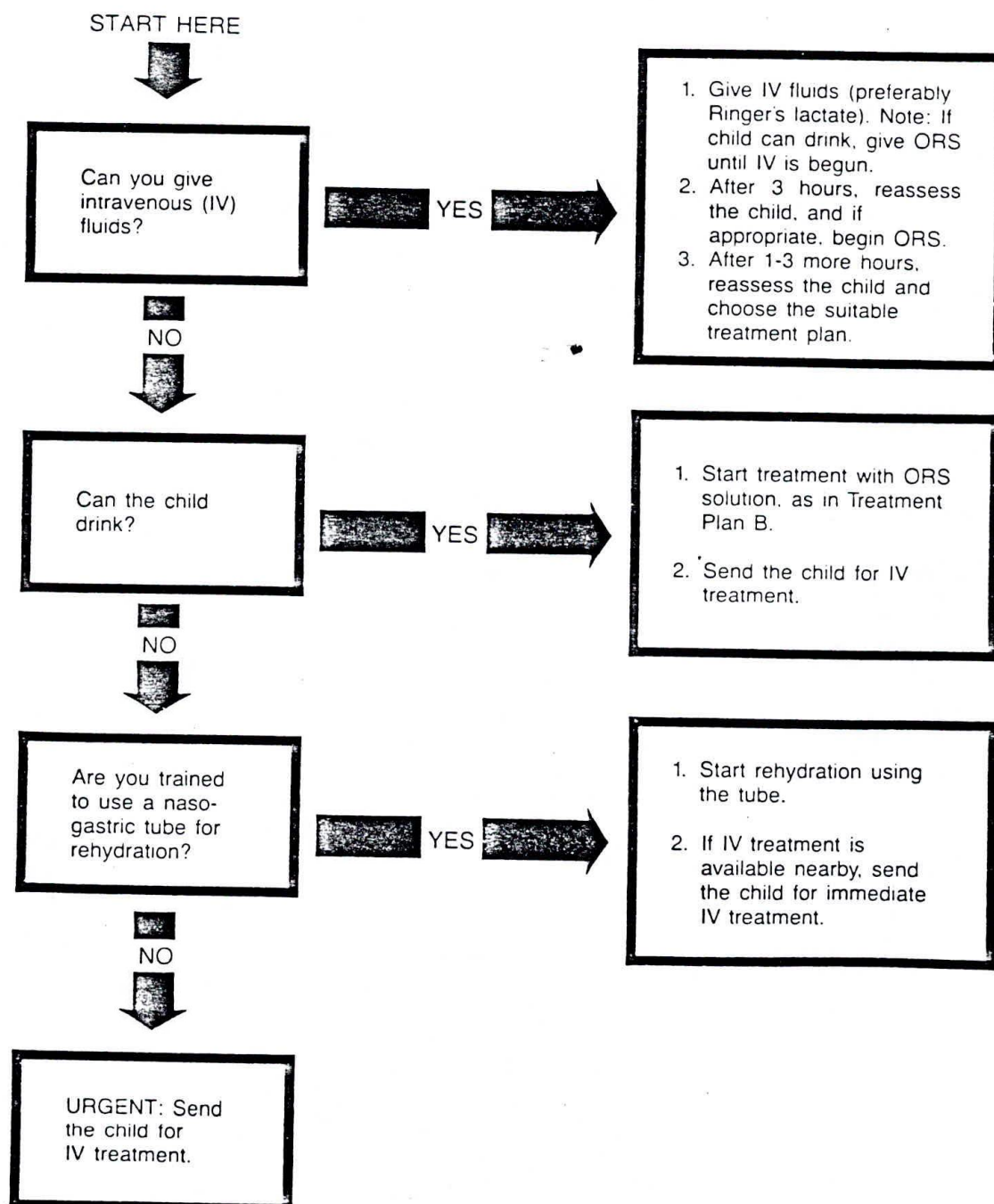
- passes many stools
  - is very thirsty
  - has sunken eyes
  - has a fever

}

These 3 signs suggest the child is dehydrated.
- does not eat or drink normally
- seems not to be getting better.

# TREATMENT PLAN C TO TREAT SEVERE DEHYDRATION QUICKLY

Follow the arrows. If the answer to the questions is 'yes', go across. If it is 'no', go down.



NOTE: If the child is above 2 years of age and cholera is known to be currently occurring in your area, suspect cholera and give an appropriate oral antibiotic once the child is alert.



HCR 184															HEALTH CARD CARTE DE SANTE										CARD No. CARTE No.																																												
SITE LIEU															SECTION/HOUSE No. SECTION/HABITATION No.										DATE OF REGISTRATION DATE D'ENREGISTREMENT																																												
FAMILY NAME NOM DE FAMILLE															GIVEN NAMES PRENOMS										DATE OF ARRIVAL AT SITE DATE D'ARRIVEE SUR LE LIEU																																												
DATE OF BIRTH OR AGE DATE DE NAISSANCE OU AGE															CR OU	YEARS ANS	SEX SEXE	M/F	NAME COMMONLY KNOWN BY NOM D'USAGE HABITUEL																																																		
CHILDREN ENFANTS	MOTHER'S NAME NOM DE LA MERE															FATHER'S NAME NOM DU PERE																																																					
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WOMEN FEMMES	PREGNANT ENCEINTE															YES/NO OUI/NON	No. OF PREGNANCIES No. DE GROSSESSES															No. OF CHILDREN No. D'ENFANTS										LACTATING ALAITANTE				YES/NO OUI/NON																							
	TETANUS TETANOS															DATE				FEEDING PROGRAMME PROGRAMME D'ALIMENTATION																																																	
GENERAL GENERALES															(Family circumstances living conditions etc.) (Circonstances familiales conditions de vie etc.)															COMMENTS OBSERVATIONS										HEALTH MEDICALES										(Brief history present condition) (Bref resume des conditions actuelles)																			
DATE															CONDITION (Signs/symptoms/diagnosis)  ETAT (Signes/symptômes diagnostic)															TREATMENT (Medication/dose time)  TRAITEMENT (Médication/dose durée)															COURSES (Medication due/ given)  APPLICATION (Médication requise/ effectuée)															OBSERVATIONS (Change in condition/ NAME OF HEALTH WORKER)  OBSERVATIONS (Changement d'état/ NOM DE L'AGENT DE SANTE)									