

**FACILITATOR CUM ORGANIZER GUIDE
TRAINING ON MANAGEMENT OF SEPSIS IN YOUNG INFANTS
BY ANM UNDER SPECIFIC SITUATION**



Management of newborn sepsis to improve newborn survival
under IFHI project in District Saharsa - Bihar



Save the Children



FOREWORD



PREFACE AND PURPOSE OF THE GUIDE

The purpose of this Facilitator cum Organizer Guide is to assist the facilitators in conducting the training of Auxillary Nurse Midwives (ANMs) on sepsis management in young infants. This guide is meant to accompany Government of India (GOI) Operational Guidelines on use of Gentamicin by ANMs for sepsis management under specific situations. The sessions have been planned and divided in accordance to the GOI guideline covering all the technical details and skills required to be learnt by ANMs for management of sepsis in young infants. The entire training is expected to be participatory and dynamic in nature to enhance the learning of the target audience.

The guide contains all the information needed by a facilitator to prepare, organize and lead the training. Step by step guidance is provided in every session clearly outlining the materials and methods to be followed while facilitating the sessions. Relevant sections from the GOI guideline are used as facilitation aids throughout the training attached in the guide as annexures.

As a facilitator, you must read through the GOI Operational Guide and the Facilitator cum Organizer Guide in great detail before conducting the training.

ACKNOWLEDGEMENTS

Many people and organizations have contributed to successful implementation of New Born Sepsis Pilot in District Saharsa, Bihar. The Facilitator cum Organizer Guide for Training on Management of Sepsis in Young Infants by ANM under Specific Situation is a result of the experiences and learnings gathered from the pilot.

First and foremost, special acknowledgement is expressed to all the ANMs who participated in the training undertaken as a part of the pilot. All adaptations and refinements to the guide were based on the needs expressed by and advices given by the training audience.

Sincere thanks to the officials of District Health Society and Block Management Units of 5 pilot blocks of District Saharsa for their immense support and participation in the implementation of the training activities.

Special appreciation is extended to Mr. Jitendra Srivastava, Executive Director, State Health Society, Bihar and Dr. Ashok Kumar Singh, Civil Surgeon, District Saharsa for their constant encouragement and support throughout the project.

Technical and operational support and guidance provided by Dr Sridhar, Technical Director; Dr Hemant, Chief of Party- Bihar Technical Support Unit; Dr. Shakil Jadhav, Innovation Manager and Mr. Ramkrishna, District Manager from Care India is highly appreciated.

Dr Harish Chellani, Professor and Dr. Ashima Gupta, Assistant Professor, Department of Paediatrics, Safdarjung Hospital, New Delhi, have provided invaluable inputs in conceptualizing and formalizing the training module. Deepest gratitude is extended to them for their technical guidance and help at all levels including designing and drafting of this guide.

Contribution of Global Health Media Project (GHMP) is well appreciated who have developed training videos on Sepsis Management in Young Infants. The training videos were locally adapted and converted into a training video package by Swastika Films, New Delhi. The training video package forms the core of the ANM training programme.

A special mention to New Born Sepsis Pilot implementation team members- Mr. Arunendu Jha, District Coordinator and Block coordinators of 5 Pilot blocks- Mr. Raunaq, Ms Jyoti, Dr. Gaurav, Mr. Ajit and Mr. Chandan who have used this guide and provided their experience of implementing it in the field.

The pilot study has been throughout guided and supported by the core team of SNL led by Dr Rajesh Khanna, Senior Technical Advisor, Health and Nutrition, Save the Children, India. Much thanks is expressed to him and his team members including Dr Vinod Kumar Anand, Technical Advisor, Newborn Health; Dr Shiv Shankar, Senior Manager, Implementation Research; Mr. Ratan Kumar, Innovation Coordinator; Mr. Sabyasachi Behera, Monitoring & Evaluation Coordinator and Dr Gursimran Kaur, Health Officer. They have all contributed to the concept, writing, development, translation and production of this guide.

Lastly, much thanks to Bill and Melinda Gates Foundation for providing financial support for this pioneering initiative.

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GLOSSARY

ANM	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
FLW	Frontline Workers
GHMP	Global Health Media Project
GOI	Government of India
IMNCI	Integrated Management of Neonatal and Childhood Illness
JSSK	Janani Shishu Suraksha Karyakaram
MCTS	Mother and Child Tracking System
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
NRHM	National Rural Health Mission
PSBI	Possible Serious Bacterial Infection
RCH	Reproductive and Child Health
WHO	World Health Organization

CHECKLIST OF MATERIALS REQUIRED FOR ORIENTATION SESSION

- ★ One room to accommodate 15-20 persons.
- ★ One LCD and laptop
- ★ Facilitator cum Organiser Guide (regional language)
- ★ GOI Gentamicin Guideline (regional language) for each participant
- ★ GHMP video series on Sepsis Management in Young Infants
- ★ Additional stationary for each participant: note pad, ball pen, and marker, name tag.
- ★ Wall charts and Facilitation/Job aids.
- ★ Summary sheet of antibiotic treatment for sepsis in young infant
- ★ Flow chart: Management of sepsis in young infants by ANM.
- ★ Manikin (infant)
- ★ Injection Gentamicin vials 80 mg/ 2 ml i.e. 40mg / ml or 20mg/2ml i.e. 10mg/ml
- ★ Syrup Amoxicillin 125mg / 5ml
- ★ Disposable syringes 1 ml size with 0.1 ml marking
- ★ Disposable hypodermic needles 23 gauge
- ★ Copies of pre-test and post-test questionnaires

AGENDA FOR ORIENTATION SESSION

Duration -4 Hours
Venue- Block Headquarters



Session	Method& Tools	Time
General Session <ul style="list-style-type: none"> - Registration - Introduction and welcome - Introduction of GOI Gentamicin Guideline - Role of ANM in sepsis management in young infants 	Facilitation and discussion by using PPT and Gentamicin Guideline	15mins
Pretest	Pretest questionnaire	15mins
Technical Session I		
Who is a sick young infant? <ul style="list-style-type: none"> - Introduction to Possible Serious Bacterial Infection (PSBI) based on Health Workers Module of Integrated Management of Neonatal and Childhood Illness (IMNCI) 	Video on Clinical severe infection, Facilitation/ Job aid I, group discussion	90mins
Steps for management of sepsis in young infants by ANM	Facilitation/ Job aid II	
Referral & Pre-referral Treatment <ul style="list-style-type: none"> - What to do if referral not possible or refused - Introduction to referral slip 	Discussion , role play and wall chart	
Technical Session II		
Sepsis management by ANM <ul style="list-style-type: none"> - Supporting treatment - Specific treatment (Oral Amoxicillin & Injection Gentamicin) 	Discussion using Facilitation /Job aid II	60mins
Preparation and administration of Injection Gentamicin	Video on Preparation and administration of Injection Gentamicin	
Preparation and administration of Oral Amoxicillin	Video on Preparation and administration of Oral Amoxicillin	
Oral drill on sepsis management in young infants	Facilitation/Job aid III	
Hands on training on calculation & administration of Injection Gentamicin	Demonstration and practice by using Manikin	

Technical Session III	30 mins	
Follow up of young infant with sepsis Record keeping and reporting	Treatment card	
Case exercises	Case studies	
Post-test	Post-test questionnaire	15mins
Share the result of pretest and post test scores end of training	Analyzed pre-post test score	15mins

ROLE OF A FACILITATOR

A facilitator is a person who helps the participants learn the skills presented in the training. The facilitator spends much of his time in discussion with participants, either individually or in small groups. As a facilitator, you need to be familiar with the material being taught. It is your job to give the introduction, do demonstration, answer questions and organize clinical demonstration.



What should a facilitator do?

- Show enthusiasm for the topics covered in the training.
- Be attentive to each participant's questions and needs.
- Encourage the participants to ask questions and give comments.
- Offer individual help if a participant is looking troubled.
- Promote a friendly, cooperative relationship.
- Always take enough time with each participant to answer his/her questions completely.



What should a facilitator not do?

- Do not discuss matters not related to the training.
- Avoid using facial expressions or making comments that could cause participants to feel embarrassed.
- Avoid being too much of a showman.
- Do not treat participants as if they are children. They are adults.
- Do not talk too much. Encourage the participants to talk.

SESSIONS

I. General Sessions

Introduction & welcome

If participants do not know you or do not know each other, introduce yourself as a facilitator of this course and write your name on the black board or flipchart. Ask the participants to introduce themselves, write their names on the black board or flipchart. Leave the list of names in a place where everyone can see it to help you and the participants learn each other's names.



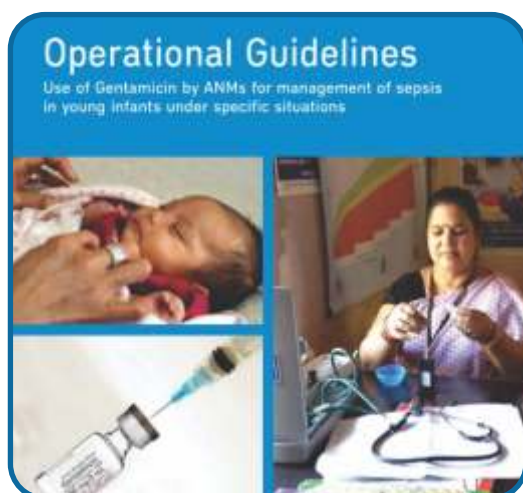
Introduction of Gentamicin Guideline

Neonatal sepsis is a clinical syndrome characterized by systemic signs of circulatory compromise (e.g., poor peripheral perfusion, pallor, hypotonic, poor responsiveness) generally caused by bacterial invasion during the first month of life. It is also often referred as Possible Serious Bacterial Infection (PSBI) and this document uses both terms interchangeably.

The World Health Organization (WHO) estimates that 1 million deaths per year (10% of all under-five mortality) are due to neonatal sepsis and that 42% of these deaths occur in the first week of life. In the Indian context, it is not uncommon that many neonates die because of sepsis or other ailments without ever coming into contact with the formal healthcare services. The best approach towards management of neonatal sepsis is early diagnosis and aggressive treatment with antibiotics and good supportive care at the health facility.

WHO recommends parenteral antibiotic therapy (e.g.: benzyl penicillin or ampicillin plus an aminoglycoside such as gentamicin) in a health facility as the standard treatment for serious neonatal infections (i.e. septicemia, pneumonia, and meningitis) in developing countries. In communities where care-seeking at facilities for new born danger signs is not commonly practiced,

the best approach is a combination of community mobilization and home visits by Front Line Workers (FLWs) who can identify PSBI using a standard algorithm, initiate oral antibiotics and refer them to a higher facility for injectable antibiotics. However, there are challenges in the referral and management of such cases at the health facilities, which leads to delay in care.

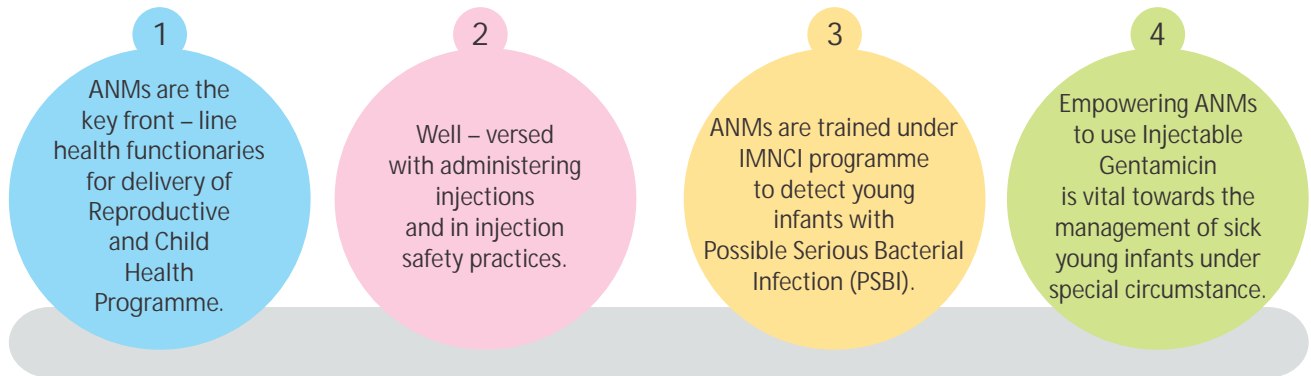


Hence where referral to appropriate health facilities is not possible, it is important to equip the Auxiliary Nurse Midwives (ANMs) with appropriate knowledge and skills to treat young infants with sepsis with injectable and oral antibiotics. Guidelines on use of Injection Gentamicin by

ANMs for the management of sepsis in young infants under specific situations have been developed by Government of India (GOI) in consultation with technical experts and released for implementation for the same. The guideline provides stepwise approach to initiate and manage sepsis in young infants by ANM under specific condition.

Role of ANM in sepsis management in young infants-

Emphasize on following points:



II. Technical Sessions

Technical Session I:

Technical Session I comprises of 4 components i.e.-

1. Who is a sick young infant?

- Introduce 'PSBI' based on Health Workers Module of IMNCI. Explain signs and symptoms of PSBI by using Facilitation Aid/Job Aid I(Annexure 2.1)
- When all the participants are ready, arrange for them to move to where the video will be shown.



Video exercise:



- Tell participants that they will watch a video on how to assess a young infant for PSBI. The video will show 7 danger signs indicating serious infection in young infants.
- Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
- Pause the video and give explanations or discuss what the participants are seeing as needed to be sure that the participants understand how to assess these signs.
- At the end of the video, lead a short discussion. If the participants are not clear about the assessment of any sign, rewind the video and show the relevant portions again.

Points to emphasize :

- ✓ It is particularly difficult to count breathing rate in a young infant because of periodic breathing. Repeat any count, which is 60 or more.
- ✓ Mild chest in drawing is normal in young infants, but severe chest in drawing is sign of PSBI

2. Steps for management of sepsis in young infants by ANM –

- Ask the participants what did they learn about sepsis management from the video. Encourage few participants to give responses. Add to the left out points.
- Now using Job Aid II (Annexure 2.2) explain all steps involved in management of sepsis in young infants



3. Referral and pre-referral treatment including referral slip

- Emphasize that ANM must make every possible effort to refer young infants with sepsis to a health facility for providing standard antibiotic treatment and supportive care. Make every effort to contact the doctor to examine and start treatment.
- Discuss pre-referral treatment which must include supportive treatment (warmth and treating to prevent low blood sugar) using wall chart
- Explain how to make referral slip (Sample referral slip attached as annexure 3)
- Explain them about the arrangement of transport facility using Janani Shishu Suraksha Karyakram (JSSK) scheme.
- Facilitate a role play on referral of sick young infant



Role – Play exercise: Explaining to the mother that her child needs urgent referral. The characters in the role play are the mother and the health worker. Ask 2 participants to volunteer, enacting as mother and ANM respectively.

Description for the actors-

Geeta has brought her 14 days old baby Deepa to the health center. She tells the ANM that the baby has not accepted breastfeed since yesterday and is inactive. Geeta also feels that the child is having difficulty in breathing.

The health worker examines Deepa and tells the mother that the baby has serious illness and must be immediately taken to a hospital. Geeta is reluctant to take Deepa to the hospital since her husband is not here and she doesn't have money. Her husband, however can be contacted on phone.



Tips for the health worker during referral

- ☆ Praise the mother for bringing Deepa and tell her that Deepa is quite sick and should be taken to the hospital. The child would need special care including oxygen and medicines by injections which you cannot provide.
- ☆ Give one or two example of children who have been sent from her village who got better and support her to get rid of her fears about the hospital.
- ☆ Ask the mother to contact her husband on phone and offer to talk to him to explain Deepa's illness.
- ☆ Explain that under the JSSK Scheme, baby's transport to the hospital and treatment in the hospital is totally free.
- ☆ Prepare a referral card explaining the illness and why the child is being referred.
- ☆ Provide the pre-referral dose of antibiotics.
- ☆ The mother must keep the baby warm while transporting to the hospital. Advise the mother to keep the baby well covered during the journey

Points to be observed while watching the role play by observer-

- ✓ Is the mother convinced that Deepa has a serious illness?
- ✓ Is she convinced regarding the need for urgent referral?
- ✓ Has the health worker solved the mother's concern regarding the quality of care in the referral hospital?
- ✓ Does the mother know what to do while taking Deepa to the hospital?
- ✓ Were the questions raised by the mother, answered?
- ✓ Did the health worker prepare the referral card?

Summarize the role play by highlighting the following points:

- Immediate referral to the hospital is necessary for a child who has danger signs or serious illness.
- The health worker must provide all the necessary information regarding referral and be able to convince the mother to go the referral facility.
- Family support is essential in successful referral.
- A referral card should be given to the mother by writing in it the condition and all treatment that was given.
- Advice regarding care during the transport must be explained properly.

- Any treatment that is required before referral must be provided e.g. pre referral antibiotic (Oral Amoxicillin and Gentamicin), warming the hypothermic baby or giving physical stimulation to apneic baby.
- Stress that referral often fails but if the health worker spends some time in convincing the mother/ caretaker, and in solving her problem, more referral will be possible.
- In case referral is not successful, ANM would inform the doctor and would initiate the treatment with Oral Amoxicillin and Injection Gentamicin.

4. What to do if referral not possible or refused

Under this special situation where referral is not possible or is refused, the ANM will continue to give treatment for 7 days which will be discussed in detail in subsequent sessions.

Technical Session II

Technical Session II comprises of the following components-

1. Sepsis management by ANM

- Reiterate the management of sepsis by ANM when referral is not possible or refused.
- Emphasize that a combination of Injection Gentamicin with Oral Amoxicillin for 7 days is an appropriate choice of treatment for young infants with sepsis in a community setting where referral is not possible or is refused.



2. Preparation and administration of Injection Gentamicin

- Discuss the importance of preparing and administering correct doses of medicine to a young infant with sepsis.

Video exercise:



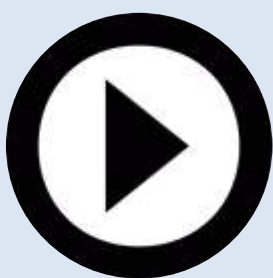
- Tell the participants that they now going to watch a video which will help them understand step by step method of preparing the right dose of Injection Gentamicin followed by its administration to a baby.
- Pause the video after the section on preparation of dose is over. Ask few participants to reiterate the steps as shown in the video.
- Highlight that the dose of the medicine is always based on the weight of the baby. A dosage chart always helps in determining how much medicine is needed to be given to the young infant.
- Continue the video. Discuss the steps of administration again with the group.
- At the end of the video, ask the group if they have any questions. If the participants are not clear about any step, rewind the video and show the relevant portions again.

3. Preparation and administration of Oral Amoxicillin

- Highlight that like Gentamicin, Oral Amoxicillin also needs to be prepared in right amounts to ensure it is safe for the young infant.
- Also emphasize that since the completion of treatment by Oral Amoxicillin involves mother and/other family members, it is also important for ANM to counsel them on the right method of preparing and giving the medicine at home continuously for 7 days twice in a day.



Video exercise:



- Tell the participants that they now going to watch another video wherein they will learn how to prepare and give Oral Amoxicillin to a young infant with sepsis and also counsel the mother/family members on the same.
- Pause the video in between and give explanations or discuss if any step is not clear to them.
- At the end of the video, lead a short discussion. Ask few participants to tell about their learnings from the video.
- Reiterate the steps as shown in the video. Emphasize that dose of Oral Amoxicillin is decided based on the weight of the baby. Making use of a dosage chart simplifies the process.

4. Oral drill on antibiotic treatment for sepsis in young infant

- Conduct an oral drill with the participants. Tell the participants that in this drill, they will review important points about antibiotic treatment for sepsis in young infant. Participants are free to refer to chart of summary of antibiotic treatment for sepsis in young infants (Annexure 2.3 - Facilitation/Job aid III)

Oral drill – Sample

Q.1 What is the amount of Gentamicin in one vial?

Ans: 2ml vial contains 80 mg Gentamicin or 40mg/ml.

Q2. What is the route of administration of Gentamicin?

Ans: Intra-muscular.

Q3. What is the amount of Gentamicin to be given to following infants?

Infant's weight	Amount of Gentamicin
a. 3.3 kg	a. 0.4 ml
b. 2.6 kg	b. 0.3 ml
c. 4 kg	c. 0.5 ml
d. 1.2 kg	d. To be referred to higher facility
e. 1.5 kg	e. 0.2 ml

Q4. What is the amount of Amoxicillin in syrup?

Ans: Amoxicillin syrup contains 125 mg/5 ml.

Q5. What is the route of administration of Amoxicillin?

Ans: Oral.

Q6. What is the amount of Amoxicillin to be given per – orally twice daily to following infants?

Infant's weight	Amount of Amoxicillin
a. 3.3 kg	a. 3 ml
b. 2.6 kg	b. 2.5 ml
c. 4 kg	c. 4 ml
d. 1.2 kg	d. To be referred to higher facility
e. 1.5 kg	e. 2 ml

5. Hands on training on calculation and administration of Injection Gentamicin

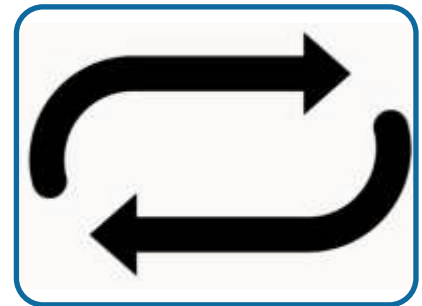
- Ask 2-3 participants to volunteer for a demonstration exercise. Give them an infant manikin, gentamicin vials, disposable syringes, disposable needles, cotton swab, spirit, weighing machine.
- Ask them to demonstrate to the rest of the group method of preparing and giving injection Gentamicin. Ask the rest of the group to carefully observe and share their feedback.
- Encourage the rest of the group to practice individually after the demonstration exercise.

Technical Session III

Third technical session mainly comprises of following components -

1. Follow up of young infants with sepsis

- Explain the components of follow up of young infant with sepsis using wall chart/Facilitation Aid II.
- Emphasize on the full course of antibiotics for 7 days by ANM.
- Discuss that the ANM should inform the Medical Officer (MO)/Nurse at the health facility about the young infant's condition and the treatment. ANM would also inform the ASHA about the young infant's condition and ensure regular follow up.



2. Record keeping and reporting



- Show the Treatment Card to the participants – Annexure 4
- Explain the different sections and use of the card to the group.
- Highlight that records of young infants with sepsis and their antibiotic treatment should be maintained by the ANM using the Treatment Card provided by the Block MO. Counter slips of the Treatment Card should be collected by the ANM and compiled at each block level. This key information should be then transferred from the compiled records to the existing Mother and Child Tracking System (MCTS).

Treatment Card – discussion points

- Treatment Card is an instrument to be used for monitoring the intervention and support collect data. The card should be filled by the ANM.
- Section A is to be kept at the health facility by the ANM so that follow-up is ensured while Section B (main card) should be given to the mother/family before referral.
- If a referral is refused, ANM should provide daily antibiotic treatment including Injection Gentamicin to the young infant for a total of 7 days, and record daily treatment and progress in the Treatment Card. In case 7-day treatment is not completed, the reason for incomplete treatment should be provided in the remarks column.
- The card contains details about the symptoms, diagnosis, treatment and duration of treatment. The counter slips (Section A) should be used for record keeping and reporting
- These counter slips should be compiled at the block level. In addition, ANMs can record the details of the young infant in their register for reference.

3. Case exercises –

- Give participants following case exercises to practice the steps of management of sepsis in young infants by ANM. Discuss with them how they will manage the following cases.



Case exercises –1

CASE- Sita, 6 days old infant brought with complaint of difficult breath. On examination, baby feels cold to touch and has fast breathing (68/min). How will you manage? Weight of the infant is 2.5 kg. Baby is able to breast feed but slowly.

Management of case I -Steps

Step- 1

Classify the sick infant

Due to 'feels cold to touch' and 'fast breathing', infant is classified to have PSBI.

Step-2

Pre referral dose and refer

- Give first dose of Inj. Gentamicin 0.3 ml immediately and syrup Amoxicillin 2.5 ml orally.
- Counsel the mother/ caregiver for urgent referral to the nearest health facility.
- Arrange transport facility using JSSK scheme.
- Fill up the Treatment Card, and give counter slip to mother/ caregiver to take them to the health facility

Step-3

Action to be taken by the ANM before and during referral to health facility

- Warm the young infant by skin to skin contact with mother/ caregiver while referral and during transport.
- Treat to prevent low blood sugar – give 25 ml of expressed breast milk before departure.



Case exercises –2

CASE- Arjun, 2 weeks old, infant brought with complaint of fever for 2 days. On examination, baby feels hot to touch but is able to breast feed. Infant's weight is 3.2 kg. Mother has refused to get referral.

Management of case II - Steps

Step-1

Classify the sick young infant

Due to 'fever' and 'feels hot to touch', infant is classified to have PSBI.

Step-2

Manage if referral not possible.

- Inform Medical Officer/ Nurse at health facility about the young infant's condition and the treatment.
- Teach mother to give Oral Amoxicillin 3 ml twice daily
- Administer Inj. Gentamicin 0.4ml daily for total of 7 days.
- Counsel the mother to breastfeed frequently.
- Fill up the treatment card.
- Inform concerned ASHA about the young infant's condition and the treatment, and plan for follow-up.

Step-3

Follow – up

- Ensure daily administration of 0.4 ml of Inj. Gentamicin intramuscularly and Oral Amoxicillin for total 7 days.
- In case the young infant is unable to visit health facility, the ANM should visit the home of the infant and administer Inj. Gentamicin.
- Check young infant's condition and presence of danger signs.
- Inform MO / nurse at the nearest health facility about the progress.
- In case the young infant's condition worsens or there is no improvement within 24-48 hours of starting treatment, refer to health facility immediately using JSSK scheme.

Pretest/Post-test Questionnaire on Sick Young Infants (0-2 months) and PSBI Management

QUESTION		RESPONSES
1.	What are the common causes of newborn deaths in first 28 days of life?	
2.	Which of the following features suggest Possible Serious Bacterial Infection?	<ul style="list-style-type: none"> a Fast breathing (60 breaths per minute or more) b Convulsions c Regurgitation of milk d Not able to feed
3.	What is the pre-referral treatment for young infant with sepsis?	
4.	How will you warm the young infant if infant feels cold to touch?	
5.	How will you prevent low blood sugar if baby is able to feed?	
6.	How will you prevent low blood sugar if baby is not able feed but able to swallow?	
7.	If referral is not possible, or is refused, what is the appropriate choice of treatment for young infants with sepsis?	
8.	What is the dose of Injection Gentamicin for sick young infant?	
9.	What is the route of administration of Injection Gentamicin?	
10.	What is the site of injection for Injection Gentamicin?	
11.	What is the amount of Injection Gentamicin in one vial?	
12.	What is the dosage of syrup Amoxicillin for young infant?	
13.	What is the amount of Amoxicillin in syrup?	
14.	What is the duration of treatment with Injection Gentamicin and Oral Amoxicillin?	
15.	In case you have to provide the full course of treatment, whom should you inform?	

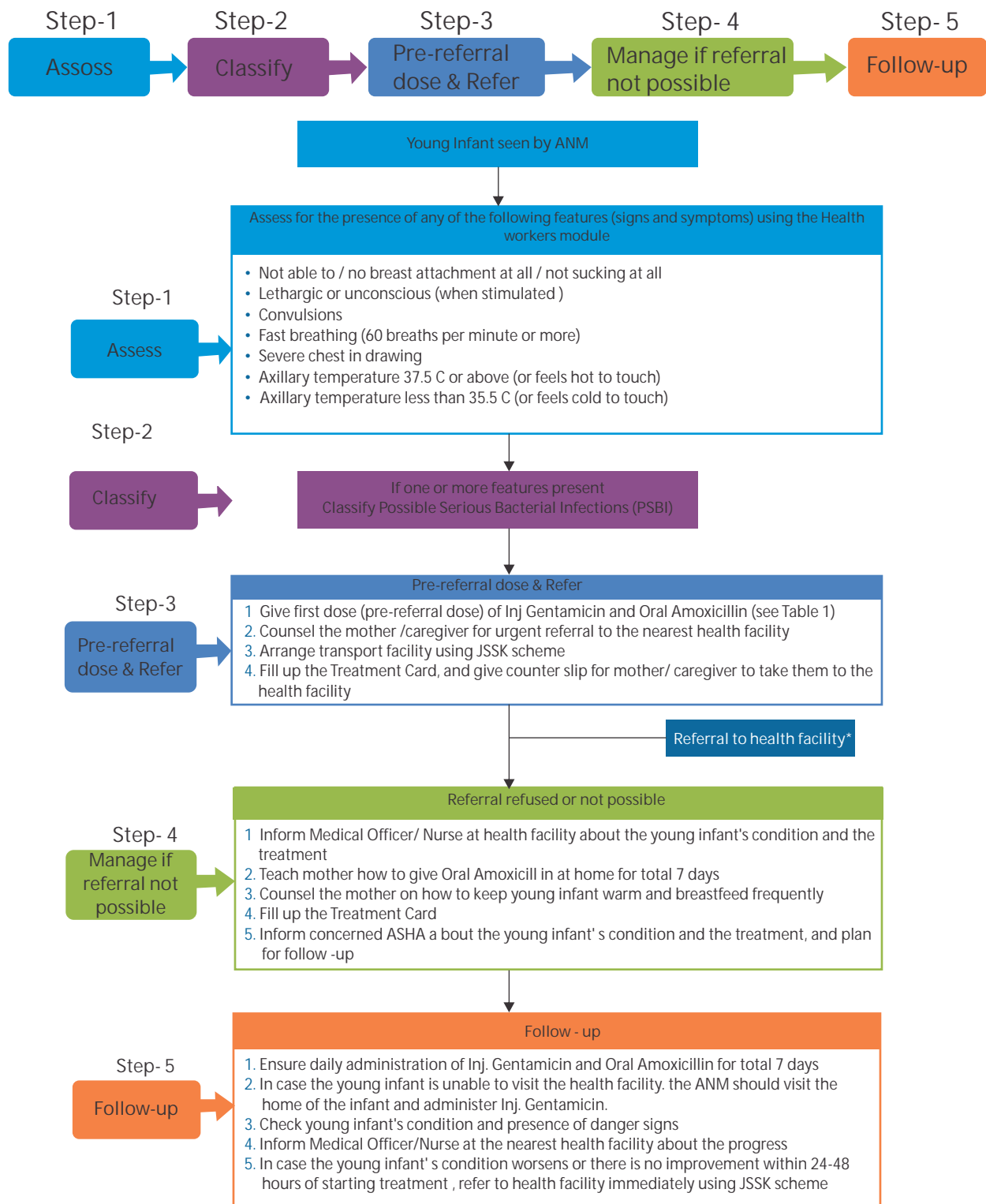
List of Job Aids

2.1 Facilitation Aid/Job Aid I

ANM assesses for the presence of following features (signs and symptoms) of PSBI using the Health workers module of IMNCI-

1. Not able to feed / no breast attachment at all / not suckling at all
2. Lethargic or unconscious (when stimulated)
3. Convulsions
4. Fast breathing (60 breaths per minute or more)
5. Severe chest in drawing
6. Axillary temperature 37.5 C or above (or feels hot to touch)
7. Body temperature less than 35.5 C (or feels cold to touch)

2.2 Facilitation Aid /Job aid II- Steps for management of sepsis in young infants by the ANM



*Steps to be taken by the ANM before and during referral to health facility

1. Warm the young infant by skin to skin contact with mother/care giver if temperature less than 35.5 (or feels cold to touch) while arranging referral and during transport
2. Treat to prevent low blood sugar using Health Workers module of IMNCI
 - If the child is able to breastfeed: Ask the mother to breastfeed the child.
 - If the child is not able to breastfeed but is able to swallow: Give 20-50 ml (10ml/kg) expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10ml/kg) sugar water.
 - To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.

2.3 Facilitation Aid/Job aid III

Summary of antibiotic treatment for sepsis in a young infant

Young infant's weight	Amount of Gentamicin to be given intramuscularly as Injection (contains 80 mg in 2 ml vial)	Amount of Amoxicillin to be given per - orally as Syrup (contains 125 mg / 5ml)
Less than 1.5 kg	To be referred to higher facility	
Above 1.5 kg - upto 2.0 kg	0.2 ml	2ml
Above 2.0 kg - upto 3.0 kg	0.3 ml	2.5 ml
Above 3.0 kg - upto 4.0 kg	0.4 ml	3ml
Above 4.0kg - upto 5.0kg	0.5 ml	4 ml
Route of administration	Intramuscular	Oral
Dosage	5 mg/kg/dose* Once a day	25 mg/kg/dose** Twice a day

* Precaution: If the treatment is to be continued same vial can be reused for the entire course of 7 days, provided it is stored properly and its contents do not change colour or have turbidity. In case of any doubt it is better to use a new vial.

** The ANM will instruct the mother how to reconstitute the syrup if it is in powder form .

Referral Card

Name	Age	Sex	Date
Complaints			
Pre-referral treatment given			
			Signature

Treatment Card

Treatment Card: Management of sepsis in young infants		Treatment Card: Management of sepsis in young infants	
Section A: This part is to be filled by ANM, preserved and compiled at health facility			
District _____	Block _____	Section B: This part is to be filled by ANM; kept with mother	
Village _____	Sub-Centre _____	Young Infant's Name _____	Age of the baby (Days/months) _____
Weight (in kg) _____	Sex of the baby (Male /Female) _____	Father's /Mother's Name _____	Address with contact number _____
Feature of Sepsis		Treatment Given	
Not able to feed or breastfeeding attachment at all or not sucking at all	Y/N	Date	Day of treatment
Lethargic or unconscious (when stimulated)	Y/N/..	Day 1
Convulsions	Y/N/..	Day 2
Fast breathing (60 breaths per minute or more)	Y/N/..	Day 3
Severe chest in drawing	Y/N/..	Day 4
Axillary temperature 37.5 C or above (or feels hot to touch)	Y/N/..	Day 5
Axillary temperature less than 35.5 (or feels cold to touch)	Y/N/..	Day 6
	/..	Day 7
		Outcome after treatment	Survive/Dead
Feature of Sepsis		Treatment Given	
Not able to feed or no breastfeeding attachment at all or not sucking at all	Y/N	Inj.Gentamicin Dose:m l once a day (Check when given)	Syrup Amoxicillin Dose:.....ml. twice a day (Check when given)
Lethargic or unconscious (when stimulated)	Y/N	Mar.	Eve.
Convulsions	Y/N	Remarks or Sign.	
Fast breathing (60 breaths per minute or more)	Y/N	Action taken by the ANM (Check all that apply)	
Severe chest in drawing	Y/N	Advice on referral to nearest HF and care during referral	Y/N
Axillary temperature 37.5 C or above (or feels hot to touch)	Y/N	Pre-referral doses of antibiotic given	Y/N
Axillary temperature less than 35.5 (or feels cold to touch)	Y/N	Inform young infant's condition to MO/SN	Y/N
		Patient refuses referral	Y/N
		Completion of 7-days of treatment	Y/N
		Outcome after treatment	Survive/Dead
		Remarks	

Answers for Pre-test and Post-test Questionnaire

1. Sepsis, Birth asphyxia, Prematurity/Low Birth Weight and Hypothermia
2. a,b and d suggest PSBI
3. First dose of Injection Gentamicin and Oral Amoxicillin
4. Skin to skin contact with mother/caregiver.
5. Frequent breast feeding.
6. Give 10 ml/kg of expressed breast milk or locally appropriate animal milk with added sugar.
7. Combination of Injection Gentamicin with Oral Amoxicillin is appropriate choice of treatment.
8. Dose is 5 mg/kg body weight once a day.
9. Intramuscular
10. Antero-lateral aspect of thigh.
11. Amount of Gentamicin in vial is 80mg/2ml or 40mg/ml
12. Dose of Amoxicillin is 15-25mg/kg per dose given 12 hourly.
13. Amount of Amoxicillin in syrup is 125 mg/5ml.
14. Duration of treatment is 7 days.
15. Inform the MO/Nurse at the health facility about the young infant's condition and the treatment.

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