A Mother Will Trust You If You Save Her Child’s Life

Don’t just treat pneumonia with a drug cocktail, follow the updated national guidelines!
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**ASSESS**

Check for General Danger Signs:
- Ask:
  - Is the child able to drink or breastfeed?
  - Does the child vomit everything?
  - Has the child had convulsions now?
- Look:
  - Is the child lethargic or unconscious?
  - Is the child convulsions now?

Ask About Main Symptoms:
- Does the child have cough or difficult breathing?
  - If yes, ask for how long?
- Look—Listen—Feel
  - Count the breath in one minute
  - Look for chest in-drawing
  - Look and listen for stridor

**CLASSIFY**

Severe Pneumonia or Very Severe Disease:
- Any general danger signs or
- Chest in-drawing or
- Stridor in calm child

Pneumonia
- Fast breathing
d

No Pneumonia (Cough or Cold):
No sign of pneumonia or very severe disease.

**TREAT or REFER**

Refer
- Refer URGENTLY to hospital.

Treat with PNEUMOX 250
- Give PNEUMOX 250 for 3 days.
- Soothe the throat and relieve the cough with a safe remedy
- Advice mother when to return immediately or to go to a nearby health center or referral hospital.
- Follow-up in 2 days.

Advice
- Soothe the throat and relieve the cough with a safe remedy (honey, lemon juice).
- Advice mother when to return immediately or to go to a nearby health center or referral hospital.
- Follow-up in 2 days if not improving.

Refer
- If coughing more than 21 days.
- If child less than 1 year

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If the child is:
- 2 up to 12 month
- 12 months up to 5 years

Fast breathing is:
- 50 breaths per minute or more
- 40 breaths per minute or more
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ASSESS THE SICK CHILD AND CLASSIFY HIS/HER DISEASE
**FACT:** infant and children under-five mortality rates are decreasing but still high, 124/1000 live births in 2000 and 54/1000 in 2010 \(^1\)

Always Assess the Sick Child and Classify the Disease Before Treating

### 1. ASK THE CAREGIVER

<p>| | | | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>0-7 days</td>
<td>2-11 Months</td>
<td>1-2 years</td>
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</tbody>
</table>

### 2. ASK CHILD’S PROBLEMS

Does the child have cough, diarrhoea or fever?
If yes, for how long?

- **Cough**
- **Diarrhoea**
- **Fever**

If Cough is present, check for Fast Breathing

- **0-7 days**
  - 60 or more breath per minute

- **2-11 Months**
  - 50 or more breath per minute

- **1-5 Years**
  - 40 or more breath per minute

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\(^1\) Cambodia Demographic Health Survey 2000 and 2010
FACT: ARI including pneumonia remains one of major causes of child morbidity and mortality. (2)

FACT: Pneumonia is an infection of the lungs that accounts for 90% of deaths related to ARI in children under five in developing countries.

3. ASK AND LOOK FOR DANGER SIGNS AND REFER

Any child or newborn with...
- Vomiting □
  vomites everything
- Chest in-drawing □
- Convulsions □
- Not able to breastfeed or drink □
- Very sleepy or unconscious □

A newborn with...
- Infected umbilical cord □
- Many skin pustules □

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(2) Cambodia Demographic Health Survey 2010
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TREAT PNEUMONIA WITH PNEUMOX 250
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Treat with PNEUMOX 250

Orange flavor - Children like it
Follow updated national guideline
High quality and affordable price
Pre-packaged for treating a child with pneumonia
Dispersible tablet - Easy and convenient to use

The WHO and MOH recommended drug for treatment of pneumonia.

High quality imported product.
Distributed by

• Only give PNEUMOX 250 to a child between 1 to 5 years who you are sure has pneumonia i.e 40 breathing per minute without chest in-drawing!
• Advise care giver to give complete full 3-day course of treatment even if they start to feel better!

Feel confident and secure that you are providing the correct drug!
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Treat with Pneumox 250

Chest In-Drawing or Fast Breathing with a Danger Sign

☐ If you are not eligible to provide treatment, please refer the sick child URGENTLY to a nearby referral hospital.

Dosage and Administration of Pneumox 250

For children only aged 1 to under 5 years or weighing 10 to 19 kg.

<table>
<thead>
<tr>
<th>Body Weight (Kg)</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morning</td>
<td>Evening</td>
<td>Morning</td>
</tr>
<tr>
<td>10 - 14</td>
<td>![Table Cells]</td>
<td>![Table Cells]</td>
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<tr>
<td>15 - 19</td>
<td>![Table Cells]</td>
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</table>

- Body weight 10 - 14 kg: Give 1 tablet per time, 2 times per day, 1 in the morning and 1 in the evening, for 3 days full course.
- Body weight 15 - 19 kg: Give 1½ tablets per time, 2 times per day, 1½ in the morning and 1½ in the evening, for 3 days full course.

The WHO and MOH recommend Amoxicillin for treatment of pneumonia.

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GIVE FOLLOW UP CARE AND REFER
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GIVE FOLLOW UP CARE

PNEUMONIA

After 2 days:
Check the child for general danger signs.
Assess the child for cough or difficult breathing.

Ask:
- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

See ASSESS & CLASSIFY chart.

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:

| Any sick child: | . Not able to drink or breastfeed |
| . Becomes sicker |
| . Develops a fever |

| If child has NO Pneumonia: Cough OR COLD, also return if: |
| . Fast breathing |
| . Difficult breathing |

| If child has Diarrhoea, also return if: |
| . Blood in stool |
| . Drinking poorly |

| If child has FEVER: POSSIBLE DENGUE |
| . Any sign of sock or |
| . Irritable or lethargic or |
| . Any sign of mucosal bleeding or |
| . Vomitting |
SMART PROVIDERS ARE TRUSTED
BY THEIR CLIENTS

I’m a good provider, I never give cocktails or injections for pneumonia treatment!

1- I always count the breathing rate and check for chest in-drawing in child presenting with cough!
2- I always treat pneumonia with the MoH recommended oral antibiotic, Pneumox 250!
3- I always refer a sick child if:
   - Less than 1 year
   - Severe pneumonia or very severe disease
   - Cough more than 21 days.
4- I do not give unnecessary antibiotic for simple cough without fast breathing.