

WHO charts for everyone caring for children in hospital

This is the second chart from **'Pocket Book of Hospital Care for Children - Guidelines for the Management of Common Illnesses with Limited Resources'** (WHO 2005). This is **'Chart 2. Triage of all sick children'** [page 4-5].

We plan to publish more charts from this book in future issues of the Journal. We hope you will find them useful.

You can use these charts in different ways. For example, you can print them and display them in relevant wards or clinics (laminated if possible), use them as a 'memory aid' in your pocket or use them as handouts or visual aids when training staff. Please let us know if you find the charts useful and how you use them.

You can download the whole book from <http://www.ichrc.org/>.

We thank the WHO for permission to reproduce these charts, and Dr O'Hare who gave us the idea of making the charts more widely available.

CHART 2. Triage of all sick children

EMERGENCY SIGNS

If any sign positive: give treatment(s), call for help, draw blood for emergency laboratory investigations (glucose, malaria smear, Hb)

ASSESS

Airway and breathing

- Obstructed breathing,
or
- Central cyanosis,
or
- Severe respiratory distress

ANY SIGN
POSITIVE

Circulation

Cold hands with:

- Capillary refill longer than 3 seconds,
and
- Weak and fast pulse

ANY SIGN
POSITIVE

*Check for
severe
malnutrition*

TREAT

Do not move neck if cervical spine injury possible

If foreign body aspiration

- Manage airway in choking child (Chart 3)

If no foreign body aspiration

- Manage airway (Chart 4)
- Give oxygen (Chart 5)
- Make sure child is warm

- Stop any bleeding

- Give oxygen (Chart 5)
- Make sure child is warm

If no severe malnutrition:

- Insert IV and begin giving fluids rapidly (Chart 7)
If not able to insert peripheral IV, insert an intraosseous or external jugular line
(see pages 310, 312)

If severe malnutrition:

If lethargic or unconscious:

- Give IV glucose (Chart 10)
- Insert IV line and give fluids (Chart 8)

If not lethargic or

unconscious:

- Give glucose orally or by NG tube
- Proceed immediately to full assessment and treatment

CHART 2. Triage of all sick children (*continued*)

EMERGENCY SIGNS

If any sign positive: give treatment(s), call for help, draw blood for emergency laboratory investigations (glucose, malaria smear, Hb)

ASSESS

Coma/convulsing

- Coma
or
- Convulsing (now)

**IF COMA OR
CONVULSING**

TREAT

Do not move neck if cervical spine injury possible

- Manage airway (Chart 3)
- If convulsing, give diazepam or paraldehyde rectally (Chart 9)
- Position the unconscious child (if head or neck trauma is suspected, stabilize the neck first) (Chart 6)
- Give IV glucose (Chart 10)

Severe dehydration

(only in child with diarrhoea)

Diarrhoea plus any two of these:

- Lethargy
- Sunken eyes
- Very slow skin pinch

**DIARRHOEA
plus**

**TWO SIGNS
POSITIVE**
*Check for
severe
malnutrition*

- Make sure child is warm.
- If no severe malnutrition:**
- Insert IV line and begin giving fluids rapidly following Chart 11 and Diarrhoea Treatment Plan C in hospital (Chart 13, page 114)

If severe malnutrition:

- Do **not** insert IV
- Proceed immediately to full assessment and treatment (see section 1.3, page 18)

PRIORITY SIGNS

These children need prompt assessment and treatment

- Tiny baby (<2 months)
- Temperature very high
- Trauma or other urgent surgical condition
- Pallor (severe)
- Poisoning (history of)
- Pain (severe)
- Respiratory distress
- Restless, continuously irritable, or lethargic
- Referral (urgent)
- Malnutrition: visible severe wasting
- Oedema of both feet
- Burns (major)

Note: If a child has trauma or other surgical problems, get surgical help or follow surgical guidelines

NON-URGENT

Proceed with assessment and further treatment according to the child's priority