**IMCI: Empiric Antibiotic for Common Childhood Illness**

Case:

BB is a 4-year old female who was brought to the local health center for cough. 4 days prior to consultation, the patient had colds with watery nasal discharge. 3 days prior, the patient had cough followed with undocumented high-grade fever. They self-medicated with Paracetamol which noted lysis of fever. On day of consult, patient still had fever and cough.

On physical examination, weight 18.5 kgs, height 103 cm. Heart rate was 110 bpm, respiratory rate was 40 breaths per minute, with temperature of 38 C. You noted that patient had dry lips and oral mucosa. On examining the chest, you heard coarse crackles on the left lower lung fields.

\*lifted from IMCI

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| What else would you like to ask in the history? | Ask about other signs and symptoms (1 episode of diarrhea [soft yellowish stools, non-bloody], status of appetite or intake [decreased]; absent vomiting, respiratory distress, rashes, seizures)  Ask if there were previous consults done and medications given (None)  Past Medical History: previous hospitalizations for similar illness (None)  Immunization |
| What else would you look for in the Physical Examination? | Other vital signs (Blood pressure, oxygen saturations)  Other signs of dehydration (tears, skin turgor, warmth and smoothness, and pulses)  Status of the sensorium (awake, irritable)  Other chest findings (no retractions or stridor, occasional wheezes) |
| What are your differential diagnosis and basis for each? | Pneumonia: fever, cough, tachypnea, coarse crackles on left lower lung fields  Cough or Colds: colds and cough, fever  Bronchial asthma: cough, tachypnea, occasional wheezes (ruled out due to presence of fever, and acuteness cough) |
| What tests will you ask for and why? What do you expect to find? | CBC: to look for infection – increased white blood cell counts (with neutrophilic predominance)  Chest xray: to look for signs of pneumonia or asthma – (Pneumonia: infiltrates on the left lower lung; Asthma: no significant chest findings or signs of hyperinflation) |
| What is your primary working impression? | Pneumonia |
| What will be your management? | Oral Amoxicillin for 5 days  Inhaled bronchodilator |
| How will you advise the parents or primary caregivers? What anticipatory guidance will you give? | Correct dose and schedule of intake of antibiotics  Steps in giving an inhaler with spacer (patient is <5 years old)  Signs and symptoms to watch out for and when to return immediately  Proper feeding techniques to avoid aspiration  Schedule for follow-up care  Proper hand and body hygiene  Immunization  Nutrition  Child Safety  Preparation of child to school |