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# UNIT 21 CARING FOR THE SICK CHILD

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## 21.1 INTRODUCTION

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In Unit 14 of Block 4 on “Health Care of the Child”, we saw what it takes to keep a child healthy and to recognise a child’s sickness before she begins to suffer.

In this Unit, we shall deal with sickness in children, and how to manage them. There is some repetition in the procedure of history taking and observing. This is to emphasise the importance of a proper detailed history and recognition of early symptoms of sickness.

We would emphasize once again, that while you are not expected to treat the sick child with medication, it is important for you to know what the various symptoms mean, so that you can take care of the sick child in the time it takes to reach a health worker/hospital. Also, sometimes the parents may not realize that the child is ill and you would need to point this out to them.

### Objectives

After studying this Unit, you should be able to

- recognize the symptoms of illness — mild and severe in the child
- know the general rules in caring for the sick child
- obtain information regarding the child’s present illness from the parents
- make the health card of the child
- examine the sick child and know the symptoms of mild, moderate and severe illness
- take immediate care of the sick child
- know when to refer the child to the hospital
- understand the emotional needs of the sick child
- list the aspects you shall talk of when imparting health education to the parents and the community

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## 21.2 HOLISTIC APPROACH TO CHILD HEALTH

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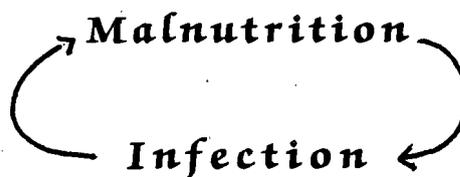
As mentioned in the Unit on “Health Care of the Child” in Block 4, when looking after the health needs of the child, we have to view the child as a whole; as a being that gets affected by physical, psychological and social factors.

Physical factors like lack of nutrition, increased stress, or repeated infections affect the health of a child. Work that produces physical strain like carrying heavy loads, or working in atmospheres that are chemically harmful as in match factories, rolling beedies, glass blowing etc. produce illness in children.

We must also understand that a child's well-being is affected by social and psychological factors. A child who is constantly scolded or threatened, may keep falling ill for no apparent reason. A child who is isolated or rejected by her playmates, or beaten by a drunken father is likely to get sick. If the mother is in poor health, or has another younger baby to attend to and tends to neglect the child, may not realise that her child is feeling deprived of love, and that this shows itself as an illness. Just as food and physical protection are necessary for children, care and affection are also important. There is clearly a connection between nutrition, happiness and good health. When this harmony is disturbed, the child falls sick.

The "holistic approach" to health is when we take all these aspects into consideration. A child who is not able to cope with stress, which may be due to physical, mental, social or psychological causes, shows signs of ill health.

In this Unit, we shall deal with the physical causes of sickness. The two most important physical causes of ill health and sickness are lack of nutrition and exposure to infection. A child who does not get adequate nutrition is more susceptible to infections. When the child gets an infection, it lowers her nutritional status even further, unless appropriate supplementation to the diet is provided. These two causes become a vicious cycle with each one leading to the other. You have read about this aspect in detail in Unit 1 of this Course.



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### 21.3 RECOGNISING THE SICK CHILD

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When children get sick, they look helpless and vulnerable. They may not complain, but become withdrawn and quiet. A child who should be playing will curl up in a corner, or become indifferent to everything around. The reason may be fever, pain or immense tiredness.

The child in your care in the centre may fall sick or the parent may bring a sick child to you for help. You will have to observe the child carefully to see if she is ill and to determine the extent of illness.

**The following are symptoms of mild or moderate illness :**

- When the child becomes inactive and does not play.
- When the child is tired all the time.
- When the child cries continuously, or is irritable.
- When the child refuses feeds, or is vomiting.
- When there is fever with cold and cough.
- When there is pain anywhere.
- When there is a skin rash with or without fever.
- When there is any swelling anywhere.

**The following are symptoms of severe illness:**

- Irritable or listless child, crying or whimpering.
- Difficulty in breathing.
- Fever with rapid breathing. (More than 50 times per minute)

- Drowsy and cannot be roused.
- Has fits (convulsions) with or without fever.
- Dry lips and sunken eyes. Skin dry and wrinkled.
- Not responding to stimuli.
- Looks bluish, yellowish or very pale

Of course, each illness will have its specific symptoms about which you will read in the subsequent Units. But the symptoms described above are general ones, which indicate that the child has some health problem.

**A SICK CHILD IS ONE WHO DOES NOT EAT OR SLEEP WELL, DOES NOT PLAY AND IS LISTLESS**

## 21.4 CARING FOR THE SICK CHILD

Whatever the child's illness, you must first make the child comfortable. Try to reduce the child's distress and make her rest.

The general rules for treating any child who is sick are :

- 1) Never leave the child alone in a room. Tell the mother or older sibling to stay with the child and talk to her. If the child is not too sick, an older sibling or friend can play with her.
- 2) See that the room is well ventilated. There should not be any draught, but at the same time there should be fresh air.
- 3) The child's clothes and bed clothes should be light and clean, preferably of cotton. Warm clothes, if necessary, should be used over the cotton clothes.
- 4) Give plenty of liquids to the child to drink to prevent dehydration. If the child has high fever and/or is breathing rapidly, this will add to dehydration.
- 5) There should be no strong smells in the room.
- 6) Treat the symptoms of the illness.
  - If there is high fever, bring the temperature down with sponging. Put a wet cloth over the forehead, and when the cloth gets hot, wet it in cold water again. Repeat until the temperature comes down. If the temperature is very high, tepid (room temperature) sponging of the whole body will help. Gently rub the whole body with a wet towel, taking care to see that there is no draught in the room.
  - If there is diarrhoea, start on oral rehydration.
  - If there is shivering or fits, keep the child well covered.
  - If there is difficulty in breathing, raise the head with a pillow.
  - In fever, keep the feet covered and warm.
  - If there is vomiting, see that the child does not choke on the liquid she brings up. Turn the head to one side.
  - If there is vomiting, give a spoonful of sugar.
  - If there is a wound, clean and dress it.
- 7) If the child is hungry, give light easily digestible food. Avoid fried and oily food.
- 8) Keep the child clean. Clean the mouth with a swab of cotton dipped in glycerine or even plain water.
- 9) Give medication only if you are sure about what has to be given. If needed contact the doctor, the Primary Health Centre, the Lady Health Visitor or the Auxiliary Nurse, Midwife.
- 10) Watch for worsening symptoms.
- 11) Ensure proper disposal of waste (stools, vomitus) so that the infection does not spread.
- 12) If an infant falls ill and the mother has been breast feeding the child, encourage her to continue doing so. Many mothers believe that breast feeding the child during illness is harmful. But this is a wrong notion.

**IF A BABY GETS ILL, ENCOURAGE THE MOTHER TO CONTINUE  
BREAST FEEDING**

**Check Your Progress Exercise 1**

1) Why is it important to take a holistic approach to health care of children?

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2) In the absence of symptoms of some specific illness, what are some of the signs that will indicate to you that the child is unwell?

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3) What are some of the symptoms that indicate severe illness?

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4) State whether the following statements are correct or incorrect.

- a) When an infant falls ill, the mother should stop breast feeding the child. ( )
- b) Fits can occur in high fever and are similar to shivering. ( )
- c) High fever should be brought down with tepid sponging. ( )
- d) If there is diarrhoea, start on oral rehydration. ( )

**21.5 FINDING OUT ABOUT THE ILLNESS**

Having taken some measures to relieve the child's distress and having sent for the doctor or the LHV or ANM, if you feel they are needed, **talk to the mother/parent to find out about the child's illness.** This will help you to give an accurate picture to the doctor LHV/ANM. Even if the illness is minor and a medical treatment is not needed, knowing how the illness came about will help you to advise the mother better.

**LISTEN TO THE MOTHER. SHE WILL KNOW WHEN HER CHILD IS ILL**

Find out if the illness has been acute (sudden) in onset, or whether the illness came on gradually, being too mild in the beginning to be noticed. If the illness came about suddenly, it indicates that the child is otherwise healthy, but succumbed to some acute (sudden) infection. If the illness came on gradually, this will indicate that the child has not been in good health for sometime, though the symptoms of ill health were not evident. Examples of illnesses that gradually show themselves over a period of time are tuberculosis or worm infestations.

The severity of the illness will depend also on the duration of the illness. For example, in the case of diarrhoea, if not treated early enough and the condition is prolonged, there will be dehydration and the condition becomes serious.

Therefore, taking the history of the present illness is very important. Ask the following questions:

- What is the major complaint?
- How distressing is it?
- How is the child feeling?
- What is the duration of the present illness?

For example, if the child has diarrhoea, ask how many times she has passed a loose motion, what is the consistency of the stools, does she cry with pain, is the diarrhoea getting worse etc. Listen carefully. Often the mother will describe symptoms accurately. Then ask questions regarding what symptoms the child did not have. For example, in the case of diarrhoea did the child have vomiting or fever, or did she pass blood or mucus with the stools? This will indicate the severity of the condition.

In case of very high fever, the child may have fits. These are called febrile fits, which means that they occur in fever, and are similar to shivering or rigor in adults. On the other hand, the temperature may be below normal. For example, the child may be in a state of shock as in typhoid, or be in very poor health, with resulting drop in temperature below normal.

In the case of cough, note the type of cough, duration of each bout of cough, and whether it is dry and rasping or "wet" with the child producing "sputum" (secretions). Also note whether or not there is a whooping sound while coughing; whether or not there is a wheeze, which indicates asthma.

**ASK SIMPLE QUESTIONS REGARDING THE COURSE OF ILLNESS. TAKE TIME TO GET ALL THE DETAILS**

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## 21.6 HISTORY OF PAST ILLNESS

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**Finding out about past illnesses is also very important to diagnose or rule out certain illnesses.** It helps to check whether the present condition is a result of long standing illness, or is a continuation of a chronic illness.

It is also important to note what treatments the child has had, so that we do not give too many medicines or give medicines that counteract each other. Quite often, the mother or the parent may not tell you that she has already shown the child to a doctor and that the child is under treatment.

You have read about this aspect in detail in the Unit on "Health Care of the Child" in Block 4.

**ASK FOR DETAILS. THE MOTHER MAY NOT VOLUNTEER INFORMATION AS SHE MAY NOT THINK IT IS IMPORTANT**

## 21.7 MAKING THE HEALTH CARD

You have read about how to make the child's health card in the Unit "Health Care of the Child" in Block 4. If the sick child has been attending your centre, then her health card would already have been made by you. To recapitulate, the following should be the entries on your health card.

- The card should have the correct name, sex, family name, address and date of birth of the child.

If the parent does not know the postal address, some means of contacting her or him has to be recorded.

The date of birth should be recorded at least to the nearest month and date. You should be familiar with the Indian calendar months because very often the parent will tell you the date of birth in the Indian month. Or she will remember the child's birth date in relation to an event or a festival. If, for instance, the mother says that the child was born soon after Diwali of the previous year, you will know the date approximately.

- The health card should have details of the child's past illnesses, history of immunizations and medication given.

## 21.8 EXAMINING THE SICK CHILD

**Having asked the mother about the child's present and past illness, examine the child.** This examination will tell you about the seriousness of the child's condition. Of course, you are not expected to treat or medicate the child, but **the examination will help you to decide what the mother must do next** — whether the child's condition indicates emergency and immediate treatment without delay or whether the child can be cared for at home. You will also be able to reassure the mother.

The child should be comfortable, preferably on her mother's lap before you examine the child. Explain to the mother what you are going to do. You have read about the aspects to be kept in mind while examining the child in Unit 14 and signs of moderate and severe illness in Section 21.3. We shall recapitulate them here, as well read about some more symptoms of moderate and severe illness.

**OBSERVE THE CHILD CAREFULLY.  
POSTURE AND RESPIRATION CAN TELL YOU A LOT**

**General Posture :** The child may be very limp or very stiff. See if the child can move all the limbs. Paralysis of one or more limbs occurs in polio.

General stiffness may be due to spasticity.

In tetanus, the child will lie arched backwards and the body will be stiff.

A stiff neck bending backwards is the earliest sign of meningitis.

Look for abnormal movements like fits. In high fevers children get fits.

**Breathing :** See if the child has any difficulty in breathing. Rapid breathing of more than 50 times per minute is serious.

**Indications of Serious Illness :** The child is seriously ill if she has any of the following symptoms :

- Looks ill or toxic. In this condition the eyes will be congested, the face flushed, tongue coated and the respiration rapid.
- Complains of severe headache.
- Child is cold and clammy with a feeble pulse.
- Child has very high fever or is very cold.
- Child is muttering and the words make no sense (Delirium).

- The eyes are sunken, with rapid breathing and wrinkled skin. These are signs of dehydration.
- There is difficulty in breathing, or a wheeze. The latter is indicative of asthma.
- Child turns blue. This may be due to a heart or lung problem or due to block in the air passages as in diphtheria.
- The neck is stiff and painful.
- There are continuous fits or paralysis of the limbs.
- The respiratory rate is more than 50 per minute.
- Does not respond to painful stimuli.
- Is not conscious.
- Has uncontrolled vomiting.
- Has a smelly wound with high fever.

**In all the above cases, refer to the hospital immediately.**

If the illness is mild, and the parents can manage the child at home, instruct them in detail about what has to be done — the fluid intake, the food, ventilation, and the medication to be given. The medication has to be taken after consulting the doctor or the LHV or ANM. If the child is severely ill, and needs to be treated in a hospital, explain this to the parents and reassure them.

**Check Your Progress Exercise 2**

1) When finding out about the child's present illness, what are the questions you will ask the mother?

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2) Why is it important to take the history of past illness of the child?

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3) What can posture tell you about a child?

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4) How do you know when a child is seriously ill?

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## 21.9 REFERRING THE CHILD TO THE HOSPITAL

Before you refer the child to the hospital, you will need to talk to the parents in detail about this. It is possible that they may have apprehensions about admitting the child to the hospital. Clarify the parents' doubts and soothe their apprehensions. Help them understand that it is important for the child's well-being to be admitted to the hospital. Let them know about the approximate expenditure they will incur. Tell them that one person will need to stay with the child in the hospital.

The following are the aspects you must consider and discuss with the parents before referring to them to the hospital.

- 1) Is it possible to manage the child at home?
- 2) Will the parent take the child to the hospital?
- 3) Can the mother/parents communicate with the hospital staff?
- 4) Will the circumstances at home permit her to stay with the child in the hospital?
- 5) Can she afford the transport?
- 6) Does she have faith in the hospital system?
- 7) If referring for laboratory tests, will it tell you more than you already know?
- 8) What does the parent want to do?

Find out if the parents can afford the time and money. Sometimes the parents may agree in front of you and then not take the child because there is nobody to stay with the child. So before you refer, make sure that you have given them all the information.

You need to refer the child to the hospital in the following situations:

- When the child is seriously ill
- When the illness is getting worse.
- When you do not have the medicines needed.
- When you need to do laboratory tests for diagnosis.
- When the child needs an intravenous drip, as in severe dehydration.
- When the child needs observation and close monitoring.

When referring the child to the hospital, write a detailed note for the doctor. The note should include the following:

- Address the note to the doctor.
- Write the child's name, father's name and address clearly.
- Note the date of birth as accurately as possible.
- Describe briefly the history of the illness.
- Write the past history or the family history, if relevant.
- Write the treatment already given, if any.
- If there is a diagnosis, write it down.
- Make a note of the social support system available — like if the initial treatment is given, whether it can be followed up at home, or at the centre.
- Indicate if the parents can afford to pay.

**SEND A DETAILED NOTE TO THE DOCTOR WHEN YOU REFER**

When the child is taken to the hospital, the doctor may ask for certain tests. You can explain to the mother that usually the blood, urine and stools will be examined. The doctor will make a diagnosis after seeing the reports. Sometimes, the doctor may have to give an injection like a Mantoux test for diagnosis. You will have to reassure the mother that these procedures are not harmful.

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## 21.10 FOLLOW UP

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It is important to **follow up every child's progress** with regard to the illness, treatment given and further instructions.

- 1) Ask the mother to bring the child for regular check-ups to the PHC or to your centre when the LHV or the ANM visit the centre or to the local doctor.
- 2) If the child has been referred to the hospital, find out what treatment has been given, and what further needs to be done. This is particularly so for conditions needing long-term treatment. If the child had been referred to the hospital, the doctor may recommend regular check-ups at the hospital.
- 3) Give the mother health education so that she is able to prevent illness in her family in the future.
- 4) See if any other member in the family needs treatment.

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## 21.11 ADVISING THE PARENTS

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The parents or the caregiver should be advised on care of the sick child as well as prevention of illnesses in children. The following are aspects you must talk about to the parents. Besides talking to the parents about these aspects when the child is ill, they should be a part of the health education you would be imparting to the parents and other community members as a part of your regular activities.

- Have discussions on the activities of normal children and what happens in sickness.
- List the common illnesses that affect children and talk about the symptoms.
- Discuss the causes of illness and what can be done to prevent them.
- Talk about traditional practices in health and sickness and try and explain them.
- Discuss superstitions, especially in the case of infectious diseases, and try to convince the mother about the importance of proper treatment. For example, many mothers feel that they should not treat cases of chicken-pox or measles. Without condemning their blind belief, tell them that symptomatic treatment of the fever or the dehydration will not interfere with the virus that has to run its course.

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## 21.12 EMOTIONAL NEEDS OF THE SICK CHILD

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Children who are sick are sometimes left alone. This makes them feel more insecure and worried about their condition.

Unless the child has a strongly infectious illness like diphtheria (in which case she should be in hospital), an older child or mother should stay with the child at all times. Sometimes the child may want a sip of water or some help to turn over, and somebody should be available to help.

Chronically sick children (i.e. children who have been ill for a long time) will want to play, but may not have the energy. They will feel very sorry for themselves. Such children should always be cheered up with songs, stories or games. They should be treated gently and with love and care.

Children who have to be isolated (i.e. kept away from others) have to be given sufficient activities to keep their mind away from the illness.

As we have said earlier, the health care of the child must take the total child into consideration. If the child does not feel emotionally secure, the healing process will take longer. Therefore, **along with providing physical care ensure that the child is getting love and nurturance, more than she would get when in good health.**

## 21.13 EFFECT OF THE SICK CHILD ON OTHERS

In a family or in a centre when one child gets sick, all the others feel lost. Suddenly all the activities change, and the attention is focussed on the sick child. If the child is very ill, all the others are asked to keep silent so as not to disturb her. This makes the other children very restless. As it is, they miss their playmate, and now are asked not to make a noise.

One way of dealing with this is to involve the older children in nursing the sick child. They can be given simple tasks like bringing water or cleaning the room. They can be asked to sing simple songs or play desk games with the child.

The older children should be told about the illness and given guidelines on how to protect themselves from getting the same infection.

In cases where the child has an infectious disease and the child has to be isolated, the parents and the other children have to be told about it. They have to clearly understand how the infection spreads. If the child should not be brought to the centre, the parents should be told why.

Some infectious diseases like measles, mumps, chicken-pox and rubella are all one time diseases (i.e., occurring only once in a lifetime) and it is better for children to get them when they are young, when the severity of the disease will be less. As the person gets older, the disease becomes more difficult to cope with.

The child should be isolated in the following cases :

- 1) If there is an outbreak of an infectious disease, malnourished children should be protected against exposure to the infection. This is because if they get the infection, it will be in a severe form. Such diseases are measles, mumps, rubella, whooping cough and diphtheria.
- 2) If the child has a severe case of diphtheria, tuberculosis or lower respiratory infection, the infection could spread when the child coughs. In such cases, the sick child should be isolated.
- 3) When the child is very ill, and needs peace and quiet.

### Check Your Progress Exercise 3

- 1) What are the aspects to be kept in mind and to be discussed with the parents while referring the child to the hospital ?

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- 2) In which situations should you refer the child to the hospital?

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- 3) Why is it important to take care of the sick child's emotional needs?

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 4) What may be the role of other children in caring for the sick child?

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 5) State whether the following statements are correct or incorrect.

- a) It is important to follow up every child's progress with regard to the illness, treatment given and further instructions. (            )  
 b) In case of severe illness, first take a detailed history. (            )  
 c) Cases of diarrhoea need never be referred to the hospital. (            )

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## 21.14 SUMMING UP

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In this Unit you have read about how to deal with sickness in children. The causes of sickness are not always physical causes such as lack of proper nutrition or exposure to infection. A child's health is also affected by social and psychological factors. A child who feels that she is not loved may keep falling ill, for no apparent reason. When caring for a child — whether healthy or sick — one must take a holistic approach, taking care of a child's, physical, emotional and mental needs.

A child's behaviour will indicate to you whether she is ill, even if there are no symptoms of a particular illness. Such a child will be listless and may not play or eat or sleep properly. You have also read about the symptoms of mild/moderate and severe illness in the Unit.

When a sick child is brought to you, the first step is to make the child comfortable. Subsequently, treat the symptoms of the illness as described in the Unit. Based on the symptoms decide whether the illness is severe or moderate. If the former, call for the ANM/LHV or refer the child to the PHC/hospital or call for a private doctor — whatever is appropriate to the situation. If the illness can be managed at home, explain to the parent what has to be done.

Once symptomatic treatment of the child has been done, ask the mother questions to find out how the illness came about. Ask simple questions and take time to find out all the details. Ask also about the past illness and make the health record of the child.

When referring the child to the doctor/PHC, send a detailed note stating the present illness, past illness, treatment given if any, date of birth, address and name of parents and whether the parents will be able to pay for the treatment and continue it at home. You would need to seek the parent's opinion when referring the child to the hospital, discuss and clarify their doubts.

Your role does not end here. You have to follow up the sick child's progress, and also give health and nutrition education to the parents to prevent such illnesses in future.

Along with caring for the health needs of the sick child, it is also important to look after her emotional needs. She must not feel unloved and isolated. The other children in the house/centre must be explained what has happened to the child. There are many ways in which they can be involved in caring for the sick child. Appropriate measures should be taken to protect them against infection.

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## 21.15 GLOSSARY

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- Spasticity** : Stiffness of all the muscles because of brain damage. Also called cerebral palsy.
- Delirium** : Rambling words that the person utters when unconscious. The words seem to make no sense

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## 21.16 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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### Check Your Progress Exercise 1

- 1) This is important because a child's health is influenced not only by physical factors like nutrition and exposure to infection, but also by psychological and social factors. A child who feels neglected may keep falling ill, even though there is adequate nutrition and safe and clean environment. Similarly, satisfying a sick child's emotional needs, along with physical needs will help her to recover faster.
- 2)
  - When the child is tired always
  - When the child is tired all the time.
  - When the child cries continuously, or is irritable.
  - When the child refuses feeds, or is vomiting.
  - When there is fever with cold and cough.
  - When there is pain anywhere.
  - When there is a skin rash with or without fever.
  - When there is any swelling anywhere.
- 3)
  - Irritable or listless child, crying or whimpering.
  - Difficulty in breathing.
  - Fever with rapid breathing. (More than 50 times per minute)
  - Drowsy and cannot be roused.
  - Has fits (convulsions) with or without fever.
  - Dry lips and sunken eyes. Skin dry and wrinkled.
  - Not responding to stimuli.
  - Looks bluish, yellowish or very pale
- 4)
  - a) Incorrect. Breast feeding should continue.
  - b) Correct
  - c) Correct
  - d) Correct

### Check Your Progress Exercise 2

- 1)
  - a) Whether the onset of illness was sudden or it came about gradually?
  - b) What has been the duration of illness?
  - c) Specific questions to find about the severity of the illness.
  - d) What have been the symptoms?
  - e) How distressed the child is?
  - f) Has any medication been given?
- 2) This is important to find out so as to rule out certain illnesses. It helps to check whether the present condition is a result of a previous illness. This will also help you to know the treatment the child has had previously and this may affect the present course of treatment.

- 3) It can reflect paralysis due to polio, spasticity, meningitis, tetanus or fits.
- 4) ● Looks ill or toxic. In this condition, the eyes will be congested, the face flushed, tongue coated and the respiration rapid.
- Complains of severe headache.
  - Child is cold and clammy with a feeble pulse.
  - Child has very high fever or is very cold.
  - Child is muttering and the words make no sense (Delirium).
  - The eyes are sunken, with rapid breathing and wrinkled skin. These are signs of dehydration.
  - There is difficulty in breathing, or a wheeze. The latter is indicative of asthma.
  - Child turns blue. This may be due to a heart or lung problem or due to block in the air passages as in diphtheria.
  - The neck is stiff and painful.
  - There are continuous fits or paralysis of the limbs.
  - The respiratory rate is more than 50 per minute.
  - Does not respond to painful stimuli.
  - Is not conscious.
  - Has uncontrolled vomiting.
  - Has a smelly wound with high fever.

### Check Your Progress Exercise 3

- 1) ● Is it possible to manage the child at home?
- Will the parent take the child to the hospital?
  - Can the mother/parents communicate with the hospital staff?
  - Will the circumstances at home permit her to stay with the child in the hospital?
  - Can she afford the transport?
  - Does she have faith in the hospital system?
  - If referring for laboratory tests, will it tell you more than you already know?
  - What does the parent want to do?
- 2) ● When the child is seriously ill.
- When the illness is getting worse.
  - When you do not have the medicines needed.
  - When you need to do laboratory tests for diagnosis.
  - When the child needs an intravenous drip, as in severe dehydration.
  - When the child needs observation and close monitoring.
- 3) This is important because the recovery of the child does not solely depend upon medical treatment and eating proper food, but also on how far she feels secure emotionally.
- 4) They may be involved in nursing the sick child, playing desk games with her, explaining what has happened to the child to others, protecting themselves and others from infection.
- 5) a) Correct  
b) Incorrect  
c) Incorrect