

Module 9B : Identifying treatment and giving treatment before referral

Session 7 : Home care

Day : 2

Time Required : 2 hours

Objectives

At the end of the session ASHAs will be able to:

1. Explain the home care for a child with cough and cold
2. Explain the home care for a child with diarrhoea but no dehydration
3. Identify 2 local home fluids that can be given during diarrhoea to prevent dehydration

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Home Care for Cough and Cold'

Activity - 2 : Group Discussion on 'Home Made Safe Cough Remedies'

Objectives :

1. To determine the effectiveness of locally available cough remedies being used by parents or grandmother or others in the family for treating a child having cough or difficult breathing.
2. To make ASHAs aware that home made safe cough remedies are beneficial to a child with cough.
3. To inform ASHAs that cough medicines, which are available in the market, are often harmful to a child having cough or difficult breathing.

Issues to be raised :

1. Safe home remedies, e.g., sugar with water, tea, lemon water, tulsi water are good, because of the following reasons:
 - easily available;
 - traditionally used for centuries without harmful effect;
 - mothers/grandmothers have faith in them;
 - cheap;
 - these are sweet, the child will take it.
2. Cough mixtures, available in the market, can be harmful because of the following reasons:
 - contain the medicine that makes the child drowsy (sleepy);
 - the taste is not good and the child may vomit;
 - costs money and are harmful;
 - are not available in the village.

Some home made remedies are not safe, e.g., preparation containing menthol are harmful. **Safe cough remedies are those cough remedies which do not produce harmful effects, i.e., do not cause vomiting, do not produce drowsiness (sleepiness) and are easily available at home without costing a lot.**

Activity - 3 : Role Play - Advising Home Care for a Child with Cough or Difficult Breathing: No Pneumonia

Objectives :

To practice communication skills in advising home care for a child with cough or difficult breathing with special emphasis on home made cough remedy.

Case Scenario for the Mother

A mother brought her 7-months-old girl Tina who had cough for 4 days. The ASHA assessed Tina and found that she has no general danger sign, no chest in-drawing and no fast breathing. The ASHA classified her as having NO PNEUMONIA: Cough or Cold. The ASHA decided to give HOME CARE to Tina. The mother has travelled 10 kms to reach the clinic. This is her first child and she is worried that this cough may 'become' pneumonia. She wants the ASHA to give some medicine in a bottle which relieves the cough. Tina's nose is blocked.

Give a copy of the description to both the persons performing the role play

Use of Chart :

The ASHA consults the box on Counsel the mother on Home Treatment for 'cough or cold' (no pneumonia) in the case management chart (green box). She marks the section feed the child, give increased fluids, soothe the throat and watch for signs to return quickly. The facilitator should monitor the process of using the case management chart.

Tips for the ASHA :

1. Praises the mother for having traveled so far to consult her.
2. Assures her that Tina does not have pneumonia and the cough will most probably not lead to pneumonia if she follows the advice given to her.
3. Determines what she has given to treat cough in the past. Explains that cough medicines, though available in the market, are not safe in children.
4. Discusses with her how to make a local safe cough remedy at home to soothe the throat. Checks with her if she has all the ingredients available at home or within her village.
5. Determines whether the mother will be able to give the safe cough remedy.
6. Advises her and demonstrates how to clear the nose using saline nose drops (water in which salt is dissolved - a medicine which can be prepared at home). This will also help the child eat well.
7. Explains all the signs regarding when to return immediately.

What the participants should check while watching the role play?

- Did the ASHA praise the mother for bringing Tina?
- Was he/she able to convince the mother regarding the role of home made safe cough remedy and the harmful effects of most cough medicines purchased from the market?

- Did she ask the mother about the safe cough remedy used by her in the past at home?
- Did she explain how to clear the nose and how to prepare saline drops?
- Did the ASHA explain to the mother when to return immediately?
- Were checking questions asked?
- Was the mother convinced and satisfied?

Summarize the Role Play

- Continue breast feeding.
- Home made safe cough remedy should be given to soothe the throat. Discuss with the mother 1 or 2 safe cough remedies which she can prepare at home.
- Increase fluids to loosen the secretions. This will help the child bring out secretions easily while coughing.
- Clear the nose by using saline nose drops.
- Advise the mother about signs to observe and when to return immediately:
 - Breathing becomes difficult.
 - Breathing becomes fast.
 - Difficulty in feeding

Activity - 4 : Participants read 'Home Care for Diarrhoea with No Dehydration'

Activity - 5 : Conduct Group Discussion on "Home Available Fluids"

Objectives:

1. To help the participants learn about the locally available fluids which can be given by the mother at home to her child during diarrhoea.
2. To decide on a list of fluids not recommended during diarrhoea.

Points for Discussion :

- Discuss the importance of giving home available fluids during diarrhoea.
- Ask the participants, one by one, to list the fluids which are commonly available at home in their area.
- Discuss which fluids can be given during diarrhoea. Emphasize that the fluids selected should not be too sweet, or spicy or salty.
- List fluids which should be avoided during diarrhoea. Discuss the reasons for avoiding these fluids.
- Discuss the method of giving home available fluids.

Summarize Key Points

- Home available fluids are important to prevent dehydration during diarrhoea.
- Encourage the mother to give locally available fluids which she can afford and which are readily available.
- Do not give fluids like aerated drinks, sweetened fruit, juices, spicy drinks coffee, etc. These can worsen the diarrhoea.
- NEVER DILUTE A FLUID. If you feel that a fluid is too strong, then after giving it, offer the child plain clean water to drink.
- Give home available fluids by a cup or a spoon. Do not use a bottle.

- Give small quantities at frequent intervals.
- Continue to feed the child with foods as well.
- As far as possible, give a variety of fluids. This helps to balance out the salt and sugar intake.
- The presence of food in the home available fluid helps in its absorption.

Examples of available home fluids

Fluids to be given	Fluids not to be given
• Rice Kanji (Mand, Peech) • Vegetable • Buttermilk (Dahi ki Lassi) • Water • Lemon water with Salt and Sugar (Shikanji) • Milk • Dal • Fresh fruit juice(not sweetened)	• Aerated drinks like Coke, Fanta, etc. • Fruit juices (sweetened) • Coffee

Do not add any additional water to a fluid. If the ASHA feels that the fluid may be too strong, ask the mother to give plain clean water after giving the fluid drink to the child. **The practice of dilution during illness should be discouraged.**

Activity - 6 : Role Play on the Advice regarding Home Treatment of Diarrhoea and No Dehydration

Objectives:

The objective of this role play is to discuss with the mother, home care of a child with diarrhoea and no dehydration.

The characters in this role play are the mother and a ASHA.

Description for the Mother

Gopal is an 11 month old child who is brought to the ASHA with diarrhoea of 2 days duration. The ASHA has examined Gopal and has found no dehydration. The role play starts with the ASHA explaining to the mother that Gopal does not have dehydration and needs treatment at home. The mother is from a village. She is illiterate. The family is poor and the earnings are made by daily wage labour. Gopal is the fourth child. Gopal is continuing on breast feed and the mother thinks that the child is not fully satisfied with her milk. She also gives him half diluted cow's milk. Before Gopal got sick he was getting two teaspoons of porridge but this has been stopped ever since diarrhoea began. The mother wants the ASHA to give the child some medicine to cure the illness.

Use of Case Management Chart :

The ASHA selects the box Counsel the Mother on Home Treatment for 'Diarrhoea - no dehydration' (green box) on the case management chart , chooses the home available fluids in consultation with the mother, marks out relevant portions of advice on breast feeding, home available fluids, how much to give (half cup per stool), how to give, to continue feeding and when to return. The facilitator should monitor the process of using the case management chart.

Tips for the ASHA :

1. Praises the mother for bringing Gopal to the ASHA.
2. Assures the mother that the child has no dehydration. Praises her for bringing the child early in the onset of disease.
3. Identifies the fluids available at home.
4. Encourages the mother to give home available fluids in amounts larger than given normally and gives some idea about how much is to be given.
5. Discourages the mother from diluting cow's milk. Emphasizes that breast milk is good for Gopal and it must be continued during diarrhoea.
6. Emphasises continued feeding during the illness.
7. Teaches the mother, danger signs of illness she should look for. If any of these signs are noted the mother should bring Gopal immediately.
8. Convinces the mother that medicines are not required.

What the observers of the role play should check while watching the role play?

- Did the ASHA praise the mother for bringing Gopal to her?
- Has the ASHA advised the correct fluids available at home for giving to Gopal?
- Has the ASHA answered the questions of the mother to her satisfaction?
- Was the ASHA successful in correcting the feeding problems identified?
- Was any advice given for increasing the amounts of fluids?
- How well were the signs of illness taught?
- Was the mother convinced that medicines should not be given?
- Identify one checking question that was asked?
- What was done well in the role play?
- How could you improve the communication with the mother?

Summarize the Role Play

- Only home management is required in the treatment of child with diarrhoea and no dehydration.
- The three rules of home care are to give increased amount of fluids, to continue feeding and observe for signs of when to return to the ASHA.
- Medicines are generally not required in the treatment of diarrhoea with no dehydration.
- Home available fluids, which are safe, should be advised.
- Do not dilute home available fluids in treatment of illness.

Summary

- Ask a participant to explain the basics of home care for the child with a cough and cold, but not pneumonia
- Ask a participant to explain the basics of home care for a child with diarrhoea and dehydration
- *Ask what is the care advice for a child with diarrhoea but no dehydration?*

Evaluation of the session

Objectives	Assessment Method
Explain home care of the child with a cough or cold	Role play and discussion
Explain home care for the child with diarrhoea but no dehydration	Role play and discussion
Identify 2 local fluids available at home that can be given during diarrhoea to prevent dehydration	Questions and answers