ASSESSMENT OF ADD

GOALS OF ASSESSMENT

1. Determine the type of diarrhea(a/c watery/dysentery/persistent)
2. Look for dehydration and other complications
3. Assess for malnutrition
4. Rule out nondiarrhoeal illness esp systemic infections
5. Assess feeding,both preillness and during illness

HISTORY

- Ask the mother or caretaker about

i. Onset of diarrhoea:;duration and number of stools per day

ii. Blood in stools

iii. Number of episodes of vomiting

iv. Presence of fever,cough or other significant symptoms(convulsions,recent measles)

v. Type and amount of fluids(inc.breast milk) and food taken during the illness and pre-illness feeding practices

vi. Drugs or other local remedies taken(inc opioids or antimotility drugs like loperamide that may cause abdominal distension)

vii. Immunization history

EXAMINATION

- Assess for dehydration

Table 11.8: Assessment of dehydration in patients with diarrhea

Look at			
Condition[1]	Well alert	Restless, irritable	Lethargic or unconscious; floppy
Eyes[2]	Normal	Sunken	Very sunken and dry
Tears	Present	Absent	Absent
Mouth and tongue[3]	Moist	Dry	Very dry
Thirst	Drinks normally; not thirsty	Thirsty, drinks eagerly	'Drinks poorly' or is not able to drink
Feel			
Skin pinch[4]	Goes back quickly	Goes back slowly	Goes back very slowly
Decide	The patient has no signs of dehydration	If the patient has two or more signs, there is some dehydration	If the patient has two or more signs, there is severe dehydration
Treat	Use treatment **Plan A**	Weigh the patient, if possible, and use treatment **Plan B**	Weigh the patient and use treatment **Plan C** urgently

[1]A lethargic child is not simply asleep; the child cannot be fully awakened; has a dull mental state and the child may appear to be drifting into unconsciousness

[2]In some infants and children the eyes normally appear somewhat sunken. It is helpful to ask the mother if the child's eyes are normal or more sunken than usual

[3]Dryness of the mouth and tongue can also be palpated with a clean finger. The mouth may be dry in a child who habitually breathes through the mouth. The mouth may be wet in a dehydrated child owing to recent vomiting or drinking

[4]The skin pinch is less useful in infants or children with marasmus (severe wasting), kwashiorkor (severe malnutrition with edema) and in obese children

Degree of dehydration	*Assessment of fluid loss*
No dehydration	<50 mL/kg
Some dehydration	50–100 mL/kg
Severe dehydration	>100 mL/kg

- Examine for

1. Features of malnutrition;Anthropometry for weight and height;examination for wasting,edema and signs of vitamin deficiency
2. Systemic infection:presence of cough,high grade fever,fast breathing or chest indrawing(pneumonia);high grade fever with splenomegaly(malaria)
3. Fungal infections:oral thrush or perianal satellite lesions

LABORATORY INVESTIGATIONS

- Can be managed without investigations
- STOOL MICROSCOPY
- STOOL CULTURE
- BLOOD TESTS

Thanks...
But it's not the end !!