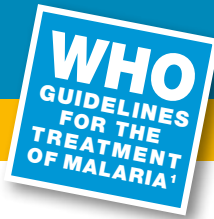


Administer rectal artesunate and refer

for children between 6 months to less than 6 years old



World Health Organization (WHO) recommends single rectal dose of artesunate for the pre-referral treatment of severe malaria¹

→ WHAT IS SEVERE MALARIA?

Severe malaria is what happens when uncomplicated malaria is left untreated.

In children, uncomplicated malaria can develop rapidly into severe malaria. Children are at greater risk since they have little or no immunity to the parasite. If untreated, severe malaria can lead to death.

Severe malaria is a medical emergency and requires urgent and intensive medical care. Malaria caused over 438,000 deaths in 2015, mainly in children².

→ WHAT IS RECTAL ARTESUNATE?

Rectal artesunate is a 100 mg suppository dosed at 10 mg/kg of body weight, as a pre-referral treatment of presumptive or confirmed severe *P. falciparum* malaria. A patient with suspected severe malaria no longer able to take oral medication should be treated with rectal artesunate and immediately referred to a facility where full diagnosis and complete treatment with effective antimalarials can be instituted.

→ WHEN AND FOR WHO CAN IT BE USED?

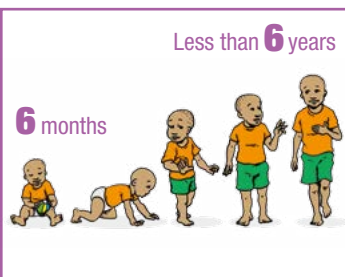
As advised by the WHO, rectal artesunate can be administered

- to children from 6 months and less than 6 years who present with danger signs,
- when a complete course of severe malaria treatment is not available and patient cannot take oral medication.

Rectal artesunate is only the first STAGE of treatment. The patient should be immediately referred to the nearest hospital or health care facility where the full required treatment for severe malaria can be provided.

Note: If the child is conscious and can drink or eat, administer the recommended antimalarial treatment by the oral route. It will not be necessary to administer the rectal artesunate.

→ REMEMBER



ASSESS AGE AND WEIGHT

Between 6 months to less than 6 years.

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.....
.....



RECOGNIZE THE DANGER SIGNS

A febrile child or a child with recent history of fever with one or many danger signs:

- and/or → Unconscious or Lethargic
- and/or → Not able to drink or eat
- and/or → Vomits everything
- Seizing or Convulsing

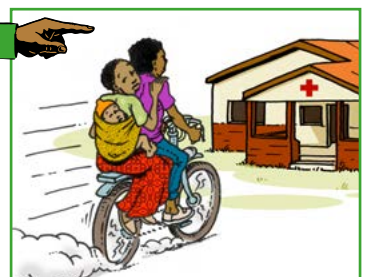
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ADMINISTER RECTAL ARTESUNATE

The community health worker prepares the child and administers **rectal artesunate**.

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TRANSFER URGENTLY

The child must be referred **immediately** to the nearest hospital or health care facility for a full course of antimalarial medicine by IV or IM.

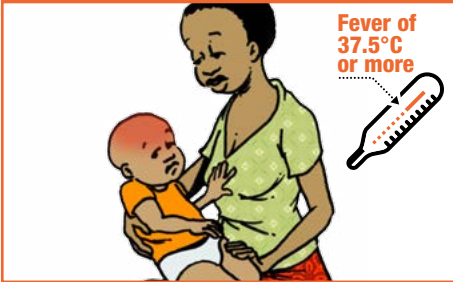
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NOTE: Please, use these lines for your note

¹ World Health Organization (WHO) Guidelines for the treatment of malaria – 3rd edition – April 2015. Available at <http://www.who.int/malaria/publications/atoz/9789241549127/en/>
² WHO, World Malaria Report 2015 available at <http://www.who.int/malaria/publications/world-malaria-report-2015/report/en/>

→ HOW TO DETECT THE DANGER SIGNS?

IF IN ADDITION TO FEVER OR RECENT HISTORY OF FEVER, YOU NOTICE ONE OR MORE OF THESE DANGER SIGNS, ADMINISTER RECTAL ARTESUNATE.



OBSERVE if the child is **FEBRILE** or **ASK** the caregiver if the child has had history of fever recently.

UNUSUALLY SLEEPY, UNCONSCIOUS or in a COMA



OBSERVE if the child is **LETHARGIC**. This means the child is limp, does not make eye contact with anyone, does not show any interest in anyone or anything around and does not communicate in sounds or words.



OBSERVE if the child is **UNCONSCIOUS**. Is the child unarousable and cannot be awakened? Does the child not respond when touched, shaken or spoken to? Does the child not respond when a loud noise is made nearby or when a toe is pinched?

REFUSAL TO FEED



ASK the caregiver if the child **CANNOT DRINK OR EAT**. What happens when the child is offered something to drink? Does the child reject any breast milk, food or liquid of any kind?



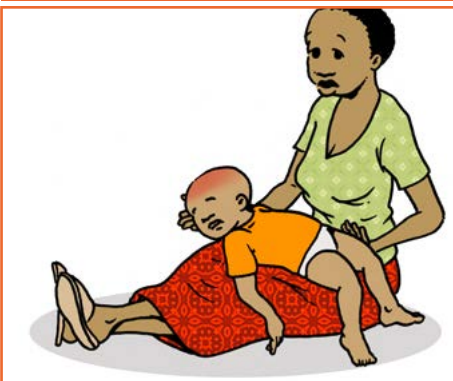
OBSERVE if the child is **ABLE TO SWALLOW**, by requesting the caregiver to offer the child clean drinking water or breast milk.

REPEATED VOMITING



ASK the caregiver if the child is **UNABLE TO KEEP ANY FOOD OR LIQUID DOWN?** Is everything that is swallowed vomited back up?

CONVULSIONS



OBSERVE if the arms and legs **STIFFEN** and the child **LOSES CONSCIOUSNESS** or does not respond to the caregiver.



ASK the caregiver if the child has had **CONVULSIONS** during the current illness.



NOTE: Please, use these lines for your note

HOW TO ADMINISTER RECTAL ARTESUNATE : 4 STEPS

1. Prepare

Confirm that the child is eligible to receive artesunate treatment



Age	From 6 months to less than 3 years	From 3 years to less than 6 years
Weight	From 5kg to less than 14kg	From 14kg to 20kg
Dose 10 mg/kg	1 suppository (1 x 100mg) 	2 suppositories (2 x 100mg) 



Weigh the child or establish an approximate weight

Check the dosage relative to the child's age and weight

Wash your hands with soap and water

Put on disposable gloves

→ If there are no gloves the mother can insert the suppository after washing her hands..



Prepare the patient

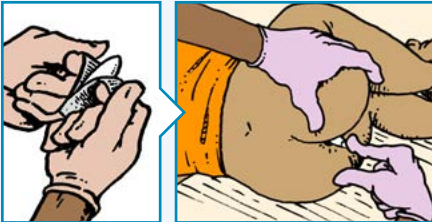
- Explain the procedure and what it will involve to the caregiver or parent.
- Rule out any contraindications – primarily if the child has reacted badly to artesunate in the past.
- Ensure privacy for the procedure.



Place the child in the side or lateral position

- Ask the caregiver to hold the child in the position.
- Lay the child on the left side with the top leg bent towards the stomach. Lift the upper buttocks to expose the rectal area. The position allows easiest access especially when the child is unconscious.

2. Administer



Remove the suppository from the wrapper and insert it

Gently, but firmly insert the suppository, the larger rounded side, pushing with one of your fingers, into the anus with one finger as far as suppository can go, until it passes the rectal muscular sphincter; about ½ to 1 inch in children. This is to ensure that it does not come out easily.



1-2 minutes

Cover the buttocks

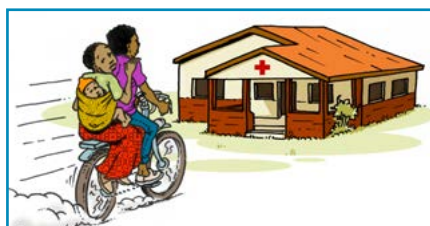
Cover the buttocks and hold the buttocks together for 1-2 minutes. (See note 1 on the next page)

3. Transfer



Complete the referral form

Complete the referral form for the caregiver to take with her/him to the nearest hospital or health care facility. Provide as much detail as you can following the guidelines (See note 2 on the next page).



Urgent transportation

The child must be **immediately** transported to the nearest hospital or health care facility, by any available means, where a full course of severe malaria medication is available. Further suggestions are given (See note 3 on the next page).

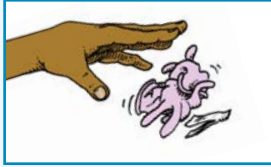
4. Follow up



Follow up within a few hours and ensure that the caregiver has indeed travelled to the nearest hospital or health care facility with the child. Once the child has returned, be sure to follow up at least once per week for up to one month until the child has fully recovered. Check if the child is anemic, feverish, his appetite and general condition.

1. Hygiene

- Discard any used materials safely and wash hands after completing the procedure.



2. Referral

- Key documentation for the nearest hospital or health care facility staff to be sent with the caregiver and the sick child.**

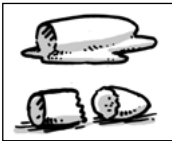
Use your usual referral form or if not available, be sure to include the following information:

- | | |
|------------------------------------|-------------------------|
| → Name of the sick child | → Date of the treatment |
| → Age of the child | → Time of the treatment |
| → Child's condition | → Your Name |
| → Treatment and dose that you gave | → Your Community |

3. Transportation

- REMEMBER** – Rectal artesunate is only the **FIRST STAGE** of treatment. Support the family as best you can to access advanced hospital care quickly.
- DELAYED TRANSPORTATION = DANGER!**
The child's life remains in DANGER until the child accesses treatment at the hospital.
- HELP TO SOLVE DIFFICULTIES to support the caregiver to get the child to care**
→ Know all possible transport possibilities – motor bikes, bicycles, missionary vehicles, government ambulances, donkey cart, other vehicles.

→ TROUBLE SHOOTING



- What happens if the suppository bursts?**
- What happens if the suppository is melted?**
Insert a fresh one.



- What happens if the suppository slips out (is expelled)?**
If the suppository that slips out is still intact, reinsert the same one.
If the suppository that slips out has burst or partially melted, reinsert a new one.



- What happens if the child has diarrhoea?**
If the diarrhea is within half an hour to one hour of insertion, wait for the episode of diarrhoea to pass and insert a new suppository and hold the buttocks closed for 5 to 10 minutes.

→ WHERE TO REFER?

Acknowledgements

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