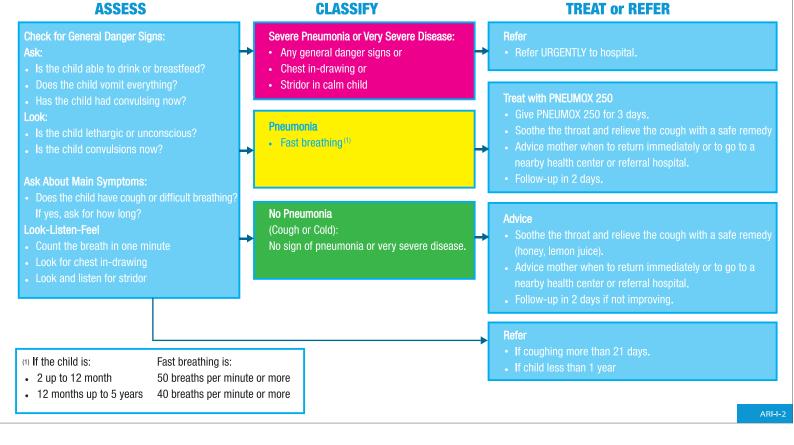
Don't just treat pneumonia with a drug cocktail, follow the updated national guidelines!

A C CLASSIFY

T R
TREAT

REFER



Don't just treat pneumonia with a drug cocktail, follow the updated national guidelines!



ASSSESS THE SICK CHILD AND CLASSIFY HIS/HER DISEASE

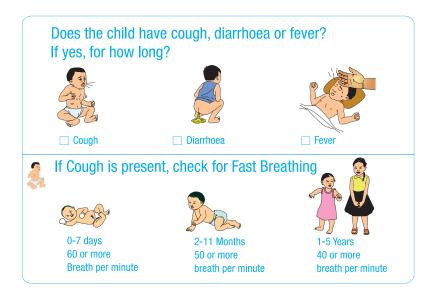
FACT: Infant and children under-five mortality rates are decreasing but still high, 124/1000 live births in 2000 and 54/1000 in $2010^{(1)}$

Always Assess the Sick Child and Classify the Disease Before Treating

1. ASK THE CAREGIVER



2. ASK CHILD'S PROBLEMS

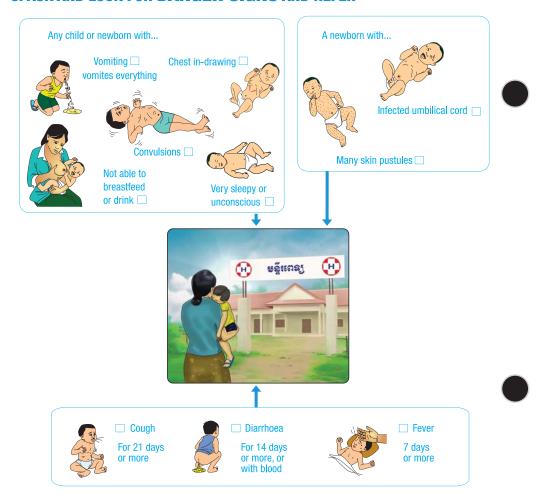


⁽¹⁾ Cambodia Demographic Health Survey 2000 and 2010

FACT: ARI including pneumonia remains one of major causes of child morbidity and mortality. (2)

FACT: Pneumonia is an infection of the lungs that accounts for 90% of deaths related to ARI in children under five in developing countries.

3. ASK AND LOOK FOR DANGER SIGNS AND REFER



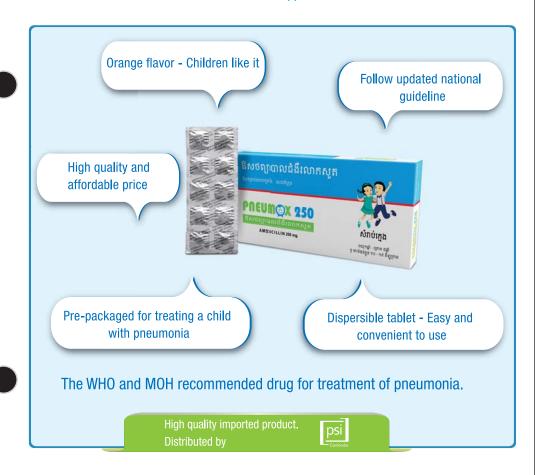
⁽²⁾ Cambodia Demographic Health Survey 2010



TREAT PNEUMONIA WITH PNEUMOX 250

Don't just treat pneumonia with a drug cocktail, follow the updated national guidelines!

Treat with PNEUM®X 250



- Only give PNEUMOX 250 to a child between 1 to 5 years who you are sure has pneumonia i.e 40 breathing per minute without chest in-drawing!
- Advise care giver to give complete full 3-day course of treatment even if they start to feel better!

Feel confident and secure that you are providing the correct drug!

Don't just treat pneumonia with a drug cocktail, follow the updated national guidelines!

Treat with PNEUM®X 250

Chest In-Drawing or Fast Breathing with a Danger Sign

☐ If you are not eligible to provide treatment, please refer the sick child URGENTLY to a nearby referral hospital.

Dosage and Administration of PNEUMOX 250

For children only aged 1 to under 5 years or weighing 10 to 19 kg.

Body	Day 1		Day 2		Day 3	
Weight						
(Kg)	Morning	Evening	Morning	Evening	Morning	Evening
10 - 14						
15 - 19	00		00		00	

- Body weight 10 14 kg: Give 1 tablet per time, 2 times per day,1 in the morning and 1 in the evening, for 3 days full course.
- Body weight 15 19 kg: Give $1\frac{1}{2}$ tablets per time, 2 times per day, $1\frac{1}{2}$ in the morning and $1\frac{1}{2}$ in the evening, for 3 days full course.

The WHO and MOH recommend Amoxicillin for treatment of pneumonia.

High quality imported product.

Distributed by



Don't just treat pneumonia with a drug cocktail, follow the updated national guidelines!



GIVE FOLLOW UP CARE AND REFER

Don't just treat pneumonia with a drug cocktail, follow the updated national guidelines!

GIVE FOLLOW UP CARE

PNEUMONIA

After 2 days:

Check the child for general danger signs.

Assess the child for cough or difficult breathing.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

See ASSESS & CLASSIFY chart.

WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:				
Any sick child:	Not able to drink or breastfeedBecomes sickerDevelops a fever			
If child has NO Pneumonia: Cough OR COLD, also return if:	Fast breathing Difficult breathing			
If child has Diarrhoea, also return if:	Blood in stoolDrinking poorly			
If child has FEVER: POSSIBLE DENGUE	Any sign of sock orIrritable or lethargic orAny sign of mucosal bleeding orVomitting			

SMART PROVIDERS ARE TRUSTED BY THEIR CLIENTS



- 1- I always count the breathing rate and check for chest in-drawing in child presenting with cough!
- 2- I always treat pneumonia with the MoH recommended oral antibiotic, Pneumox 250!
- 3- I always refer a sick child if:
 - Less than 1 year
 - Severe pneumonia or very severe disease
 - Cough more than 21 days.
- 4- I do not give unnecessary antibiotic for simple cough without fast breathing.