OMNIBUS HEALTH GUIDELINES FOR CHILDREN

2022

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I. Self and Household Care

Purpose: This section aims to provide guidance to individuals and households on recommended lifestyle and household practices, investments at home, community activities, immunization, self-monitoring and self-testing, health-seeking behavior, supportive therapy and symptom relief, and basic emergency care and referral.

A. General Principles

1. Children refer to individuals including newborns, infants, and children below 10 years old.
    a. Newborns are children from the time of complete delivery to 30 days old (Republic Act [RA] No. 9288 "Newborn Screening Act of 2004").
    b. Infants are children within zero (0) to twelve (12) months of age. (RA No. 10028 "Expanded Breastfeeding Promotion Act of 2009").
2. Parents and caregivers are encouraged to be responsive caregivers and role models to their children.

B. Healthy Lifestyle Practices

1. All parents and caregivers of all newborns and infants 0 to 12 months of age are advised the following lifestyle practices related to breastfeeding, nutrition, physical activity, and sleep for their newborns and infants:
    a. Exclusive breastfeeding immediately after birth until 6 months, and introduction of age-appropriate and optimal complementary feeding beginning at 6 completed months using suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely and in a responsive manner, with continued breastfeeding up to two years and beyond (World Health Organization [WHO], 2017a; RA No. 11148 "Kalusugan at Nutrisyon ng Mag-nanay Act").
    b. For mothers with breastfeeding difficulties or encountering infant feeding problems, seek lactation counseling from trained healthcare providers or breastfeeding support groups. Mothers may opt to cup-feed from her breast milk, latch with a healthy wet nurse, cup-feed the infant with donor breast milk, or from a human milk bank when they are in a situation where direct breastfeeding is not possible (American College of Obstetricians and Gynecologists [ACOG], 2021).
    c. Provide age-appropriate micronutrient supplements like Vitamin A, micronutrient powder, and iron supplements (WHO, 2017a,b,f; RA No. 11148).
    d. Encourage infants to do physical activity several times through interactive floor-based play. Infants who are not yet mobile are advised at least 30 minutes of tummy time spread throughout the day (Canadian Society of Exercise Physiology [CSEP], 2017; WHO, 2019b).
    e. Screen time for infants is not recommended (CSEP, 2017; WHO, 2019b).
    f. Ensure that infants aged 0 to 3 months have 14 to 17 hours of sleep in a day, while infants aged 4-11 months have 12 to 16 hours of sleep a day (CSEP, 2017; WHO, 2019b).

2. All parents and caregivers of children aged 12 months to below 10 years old are advised the following lifestyle practices related to breastfeeding, nutrition, physical activity, and sleep for their children:

a. Provide safe drinking water and safe, diverse, and nutrient-dense food following the Nutritional Guidelines for Filipinos and "*Pinggang Pinoy* for Kids (3-12 years old)" developed by the Food and Nutrition Research Institute (FNRI), to avoid excessive consumption of fatty, sugary and salty foods.
b. Ensure provision of age-appropriate micronutrient supplements such as Vitamin A and Micronutrient Powder (MNP) to children under five years of age (WHO, 2017b; RA No. 11148).
c. Deworm children every six months starting age one up to 12 years of age (PPS, 2018).
d. Encourage and allow children aged one to five years old to engage for at least 180 minutes of supervised physical activities, including active screen-based games with physical activity or movement, and energetic play that is spread throughout the day (CSEP, 2017).
e. Encourage and allow children 5 years old and older to engage in supervised moderate to vigorous physical activities for at least 60 minutes per day. Provide them with age-appropriate toys and incorporate vigorous-intensity activities, including those which strengthen muscles and bones, at least three times per week, even during crises and emergencies (WHO, 2020d).
f. Ensure that children aged 1 to 2 years old get 11 to 14 hours of sleep a day, and children aged 3 to 4 years old get 10 to 13 hours of sleep per day with consistent bedtimes and wake-up times (CSEP, 2017; WHO, 2019b).
g. Ensure that children 5 years old and above have a 9 to 11 hours of uninterrupted sleep at night (CSEP, 2016).
h. Limit to less than 1 hour sedentary screen time or the time spent passively watching screen-based entertainment like TV, computer, or mobile devices, for children aged 2 to 4 years old (WHO, 2019b).

3. All parents and caregivers of children are advised the following mental health practices to promote their child's well-being and functioning:
   a. Spend time with their child in enjoyable activities.
   b. Play and communicate with their child.
   c. Listen to the child and show understanding and respect.
   d. Provide support to the children to anticipate major life changes such as birth of a sibling, starting school, or puberty.
   e. Respond to a child's reaction in a supportive and gentle way during crises and emergencies by using honest language, appropriate to the child's age to ease up their anxieties and fears.
   f. Encourage children to actively participate and be involved in decision-making about treatment adherence mechanisms and patient-tracing in case of interrupted treatment.
   g. Advise, encourage, and support children to practice online safety, and to inform their parents and/or caregivers about bullying, including online bullying and harassment (American Academy of Pediatrics [AAP], 2017b; American Family Physician [AFP], 2018a).

4. Parents and caregivers of children are advised the following regarding tobacco, vapor products, heated tobacco products, and alcoholic beverages:
   a. Avoid or reduce the exposure of children to secondhand smoke from parents or caregivers who are smokers and/or vape users. Parents and/or caregivers who are smokers and/or vape users are strongly advised to stop smoking and

vaping, and are encouraged to seek counseling services from a local smoking cessation clinic or DOH quitline.

b. Educate children regarding the harmful effects of using tobacco products, vapor products, and heated tobacco products, and drinking alcoholic beverages.
c. Prohibit children from using, purchasing, selling, trading and distributing tobacco products, heated tobacco products and vapor products, alcoholic beverages and illegal substances, among others (RA No. 9211 "Tobacco Regulation Act of 2003; RA No. 11467 "The National Internal Revenue Code of 1997, as amended").
d. Ensure that children are not provided with, given, compelled, or forced to consume and try to drink alcoholic beverages (AAP, 2019a).

5. All parents and caregivers of all newborns and infants aged 0 to 12 months of age are advised the following hygiene and oral health practices for their newborns and infants:
   a. Delay bathing newborns until 24 hours after birth. If this is not possible at all due to cultural reasons, delay bathing for at least 6 hours. Parents and/or caregivers should make sure that the temperature of the water is tolerable for newborns (WHO, 2017a).
   b. Wash hands with soap and water or if not available, alcohol-based hand rub, before touching the infant to avoid transmission of infectious diseases (DOH and Philippine Society of Microbiology and Infectious Diseases, Inc. [PSMID], 2017).
   c. Ensure good oral hygiene by:
      i. Removing the milk residue after nursing, feeding, and before bedtime, by cleansing the mouth or oral cavity with a damp soft cloth or gauze (Philippine Pediatric Society [PPS], 2018; Illinois Department of Public Health [IPDH], 2021).
      ii. Encouraging infants over 6 months old to drink water and breastmilk only, in between meals, to prevent dental caries (IPDH, 2021).
      iii. Discouraging the infant against prolonged bottle feeding and bottle feeding while sleeping (PPS, 2018; American Academy of Pediatric Dentistry [AAPD], 2021).
      iv. Practicing tooth brushing once with primary or baby teeth, through cradle position with age-appropriate amount of fluoridated toothpaste for not less than two minutes, every morning and before bedtime (PPS, 2018; AAPD, 2018b).
      v. Giving a clean teething ring or wet washcloth, preferably chilled, to relieve the symptoms of teething (AAPD, 2021; IPDH, 2021).

6. All parents and caregivers of children aged 12 months to below 10 years old age are advised the following hygiene and oral health practices for their children:
   a. Educate children on daily bathing using soap and clean water, and personal hygiene.
   b. Teach children proper handwashing using soap and clean water for 40-60 seconds (PSMID, 2017). If facilities for handwashing are not available, alcohol or hand sanitizer may be used for 20-30 seconds (PSMID, 2017).
   c. Teach children cough etiquette by covering the mouth and nose when sneezing or coughing.

d. Perform recommended oral health practices by:
    i. Performing supervised toothbrushing twice a day with appropriate amounts of fluoridated (1000-1500ppm) toothpaste for not less than two minutes. Rinsing with water shall be avoided to optimize the preventive effects of fluoride (PPS, 2018; AAPD, 2018b);
    ii. Checking tooth/teeth surface by "Lift the lip" or "*angat labi*" for early detection of enamel white spot lesions (IPDH, 2021); and
    iii. Discouraging a child to sleep with a bottle. Any bottle taken to bed should only contain water (PPS, 2018; AAPD, 2021).
e. Practice proper toilet use and end open-defecation practices.

7. All parents and caregivers of all newborns and infants 0 to 12 months of age are advised the following additional preventive and protective measures for their newborns and infants:
    a. Newborns and infants should not be separated from their mothers. Keep the baby in the room, on her bed or within easy reach of the mother to facilitate per demand breastfeeding both day and night. Put them to sleep on their back, not on their stomach to decrease risk of sudden infant death syndrome (SIDS) (WHO, 2014).
    b. All preterm and low birth weight infants shall be wrapped in thick clothing and provided with Kangaroo Care (skin-to-skin contact) to prevent hypothermia, reduce infections, foster maternal-infant bonding, neurodevelopment, promote optimal breastfeeding, and aid in weight gain (WHO, 2017a; WHO and International Committee of the Red Cross [ICRC], 2018; RA No. 11148).
    c. With the support of the health care provider during the time of delivery, practice clean and dry cord care for the newborn's umbilical cord by:
        i. Not applying any substances to the umbilical stump.
        ii. Not using binders in the cord stump.
        iii. Washing with soap and water if the remnant of the cord is soiled.
        iv. Keeping the cord stump loosely covered with clean clothes (WHO, 2017a; AAP, 2016).
    d. Appropriate clothing, including bonnet, for newborns and infants shall be provided. This should be 1-2 layers more than what adults are wearing (WHO, 2017a).
    e. Check for presence of urine on the diapers of neonates and infants 6 to 8 times per day to ensure adequate milk intake. Check for bowel movements of the neonates within the first 48 hours to ensure patency of the anus and intestines (ACOG, 2021).

8. All parents and caregivers of children aged 12 months to below 10 years old are advised to educate their children on the importance and practice of the following additional preventive and protective measures:
    a. Provide children with protective covering such as light-colored clothes or long pants and long sleeves, as appropriate, if staying outdoors at night;
    b. Use insect repellent lotion, as appropriate.
    c. Sleep under insecticide-treated nets, as appropriate.
    d. Avoid exposure to or contact with potential sources of infection.

e. Provide eye protection gears like protective hats or sunglasses with UV protection while being outside for the day, and avoidance of looking directly at sunlight.
f. Ensure that children are wearing slippers or protective footwear, as appropriate.

9. All parents and caregivers of children 12 months to below 10 years old are advised the following reproductive and gender health practices for their children:
   a. Educate children on sexual and reproductive health that is age- and development-appropriate and gender-responsive such as but not limited to, sexuality and changes during puberty, "safe and unsafe touch," menstrual health and hygiene for girls, and circumcision hygiene for boys.
   b. Encourage children to develop, determine, and express their gender identity, and to provide emotional support in a non-discriminatory, gender-affirming, developmentally appropriate, safe, and inclusive household and environment (AAP, 2018b).

10. All parents and caregivers of children 12 months to below 10 years old are advised the following injury prevention measures for their children:
    a. Provide children with sports protective gear, including mouthguards, to prevent accidents and injuries during plays and physical activities.

    b. Prevent children from drowning by (AAP, 2019b; WHO, 2017e):
       i. Teaching children swimming and water safety skills.
       ii. Putting on children life jackets whenever aboard boats, ships, and similar water vessels.
       iii. Disallowing children from jumping or diving in the water head first to avoid spinal cord injury.
       iv. Informing children of the depth of the water with location of underwater hazards, as well as the designated areas for swimming, especially for children.
       v. Ensuring that a responsible adult with swimming skills is supervising the children while swimming.

    c. Promote road safety and prevent road crash injuries by:
       i. Practicing road courtesy, following traffic rules, and educating children regarding the proper use of pedestrian crossing (RA No. 4136 "Land Transportation and Traffic Code").
       ii. Disallowing children to sit at the front seat of a motor vehicle with a running engine, or while in transport and placing them at the rear seats of a motor vehicle (RA No. 11229 "The Child Safety in Motor Vehicle Act"; AAP, 2018a).
       iii. Securing the children in vehicles using a child restraint system that is appropriate for his/her age, height, and weight, or if with any medical condition is present warranting child restraint (RA No. 11229).
       iv. Avoiding placing a child onboard motorcycles unless he/she can comfortably reach the standard footpeg of the motorcycle, can reach around and grasp the waist of the motorcycle rider, and is wearing a helmet. Do not place a child onboard a motorcycle during medical

emergencies (RA No. 10666 “Children's Safety on Motorcycles Act of 2015”).

d. Prevent fireworks-related injuries, by (RA No. 7183 “An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices” and its revised 2012 Implementing Rules and Regulations (IRR), EO No. 28 series of 2017 “Providing for the Regulation and Control of the Use of Firecrackers and Other Pyrotechnic Devices”):
   i. Prohibiting children from purchasing fireworks and using them outside the designated fireworks zone.
   ii. Supervising children in the use of fireworks.

C. Household Practices

1. All parents and/or caregivers are advised and encouraged to provide their children with a safe, conducive, and suitable household environment that will promote and nurture growth and development. Parents and/or caregivers are encouraged to show role model behavior to their children (AFP, 2018b).

2. All parents and/or caregivers are encouraged to be responsive caregivers by attending to a child’s signals or cues in an appropriate and timely manner and by actively gaining understanding of a child’s health from reputable healthcare providers, institutions, academe, and other partner organizations. All parents and/or caregivers shall consult healthcare providers on the following:
   a. Mental health and different contributing factors and risks to mental health and wellbeing of children, including substance abuse.
   b. Child’s normal developmental milestones, red flags and early warning signs of developmental delays.
   c. Negative family life events and child abuse or injury.
   d. Palliative and hospice care for chronic diseases in children such as but not limited to HIV, cancer, and congenital anomalies.

3. All parents and/or caregivers are encouraged to use healthy forms of positive parenting interventions towards their children such as positive reinforcement of appropriate behaviors. Use of corporal punishment including other disciplinary strategies such as verbal abuse, shame or humiliation is discouraged (AAP, 2018d; AFP, 2018b).

4. All parents and/or caregivers shall maintain household sanitation through the following:
   a. Keep the environment clean through proper and regular cleaning, observance of proper solid waste segregation, recycling, disposal and composting (RA No. 9003 “Ecological Solid Waste Management Act of 2000”).
   b. Perform regular cleaning and pest control practices, including rodent and vermin control.
   c. Eliminate all open water reservoirs which may become breeding grounds for mosquitoes in the home environment.
   d. Dispose used diapers in a sanitary manner. Flush the feces from the diapers into the toilet.

5. All parents and/or caregivers are advised to observe proper and safe food preparation by keeping a clean food preparation area and cooking utensils, separating raw and cooked food, cooking food thoroughly, keeping food at safe temperatures, and using safe water and raw materials.

6. All parents and/or caregivers shall protect children by avoiding or minimizing indoor and outdoor air pollution, secondhand smoke and vape emissions, stopping of burning garbage and dried leaves, cessation of biomass fuel use, and exposure to exhaust from vehicles (RA No. 8749 "Philippine Clean Air Act of 1999;" Global Initiative for Asthma [GINA], 2022).

7. Parents and/or caregivers shall protect their children from unnecessary exposure to hazardous chemicals and other products through the following (RA No. 9711 "Food and Drug Administration Act of 2009" and its Implementing Rules and regulations):
    a. Properly store household chemicals in a secured place which cannot be reached by children and pets.
    b. Buy household chemicals that are registered with the Food and Drug Administration (FDA).
    c. Check and follow safety and precaution guides of FDA-registered children's toys, teething rings, or any products to be used by children.
    d. Follow the manufacturer's instructions regarding the use, handling, storage and disposal of household chemicals and other products.
    e. Regularly clean children's toys and play areas.

8. Parents and/or caregivers shall help in preventing exposure to rabies and other zoonotic diseases through responsible pet ownership practices and handling of animals in coordination with Local Government Units (LGUs) through the following:
    a. Protect and promote the welfare of pets and animals (RA No. 8485 "Animal Welfare Act of 1998," as amended, and its revised IRR).
    b. Provide pets and animals with food and water that is adequate, clean, appropriate and sufficient, and safe and comfortable shelter or living conditions (RA No. 8485, as amended, and its revised IRR).
    c. Regularly vaccinate pets against rabies and maintain the registration card containing all vaccination-related information conducted for accurate record purposes (RA No. 9482 "Anti-Rabies Act of 2007").
    d. Prevent pets from roaming the streets or any public place without a leash (RA No. 9482).
    e. Immediately notify within twenty-four (24) hours to concerned officials for investigation or appropriate action for any pet-biting incident and for the pet to be placed under the observation of a government or private veterinarian (RA No. 9482).
    f. Assist the bite victim immediately for medical consultation at animal bite centers (RA No. 9482).
    g. Wash hands with soap and water after touching or handling pets and animals and their surroundings (The National Association of State Public Health Veterinarians Animal Contact Compendium Committee, 2017).

D. Household Investments. All parents and/or caregivers are strongly encouraged to invest in the following at home but not limited to:

a. Adequate supply of healthy and diverse food and safe drinking water.
b. Safe and sanitary toilets to abandon open defecation practices.
c. Properly labeled, segregated, appropriate and adequate number of garbage bins, compost areas or containers.
d. Handwashing and toothbrushing facilities.
e. Lighting and electricity.
f. Screens or insecticide-treated screens/curtains in all windows and doors.
g. Adequate ventilation.

E. Community Activities

1. All parents and caregivers are encouraged to allow children to participate in the following school and/or community programs, health promotion, and disease prevention activities including but not limited to:
   a. Nutritional assessment during Operation *Timbang* Plus or regular visit to the health facility for 0-5 years old infants and young children, and monthly growth monitoring of 0-23 months old and undernourished infants and young children to determine progress in their nutritional status, detect growth faltering, and provide the appropriate nutrition education and counseling.
   b. Dietary and Micronutrient Supplementation and/or nutrition education.
   c. Age-appropriate deworming.
   d. School-based immunization/Community-based immunization.
   e. Establishment of "dental home" before 12 months of age, including oral screening, early detection and caries risk assessment, daily handwashing and toothbrushing drill, fluoride varnish application in schools and communities.
   f. Community disaster risk reduction programs and training on age-appropriate basic life support (RA No. 10821 "Children's Emergency Relief and Protection Act;" RA No. 10871 "Basic Life Support Training in Schools Act").

2. All parents and/or caregivers of children are advised and encouraged to participate in the following community activities:
   a. Parenting or caregiving activities and family development sessions.
   b. Health education programs on breastfeeding, age-appropriate complementary feeding, diet, under and over nutrition, physical activity, non-communicable diseases provided by the primary care providers and community health workers.
   c. Activities and Programs on prevention of infectious diseases such as but not limited to:
      i. "Enhanced 4S Strategy" through search and destroy mosquito-breeding sites, employ self-protection measures such as wearing long pants and long sleeved shirts, and daily use of mosquito repellent, seek early consultation, and support fogging/spraying, for the prevention of dengue and other infectious diseases transmitted by *Aedes* mosquitoes
      ii. Rabies and animal bite prevention.
      iii. Preventive chemotherapy for endemic infections including filariasis.
      iv. Active case-finding activities including symptom screening and contact investigation if household or close contact of a person with Tuberculosis disease.

d. Participation in disaster preparedness and response (RA No. 10121 "Philippine Disaster Risk Reduction and Management Act of 2010").
e. Participation in other health programs and advocacies.

F. Immunization

1. All children, with the support and consent of their parents and/or guardians, are encouraged to receive the vaccines recommended for their age.

2. Parents and/or guardians are encouraged to maintain updated immunization records of their children.

3. All children shall receive the following vaccines following the recommended age, schedule and dose:

Table 1. Recommended Vaccines for Children
(RA No. 10152; PPS, 2018; PPS, 2021; DOH DM No. 2022-0041)

Population group or condition	Recommended Vaccines
Vaccines currently available in Expanded Program of Immunization (EPI) in primary care facilities	
All newborns within 24 hours after birth	● Bacille-Calmette Guérin (BCG) ● Hepatitis B
All infants on or before 1 year of age; May also be given to infants aged 13-23 months during catch-up immunization in public health facility	● Oral Polio Vaccine (OPV) ● Pentavalent Vaccine (DPT-HepB-HiB) ● Pneumococcal Conjugate Vaccine (PCV) ● Inactivated Polio Vaccine (IPV) ● Measles Mumps Rubella (MMR)
Vaccines currently available through School-Based Immunization	
All Grade 1 students (5-6 years old) and all Grade 7 students (12 to 13 years old) in school setting	● Measles-Rubella and Tetanus-diphtheria (MR-Td)
All Grade 4 female students in school and all females 9-14 years old in community settings	● Human Papillomavirus Vaccine (HPV)
Vaccines available in COVID-19 vaccination sites	
Children 5 years old and above	● COVID-19 vaccine *Available in COVID-19 vaccination sites*

4. All children may receive the following vaccines based on additional indications or as recommended by their primary care providers:

Table 2. Additional Vaccines for Children
(PPS, 2018; PPS, 2021)

Population group or condition	Recommended Vaccines
Children with HIV	● Annual inactivated influenza vaccine ● Pneumococcal vaccine (both types) ● Hepatitis B Vaccine
All children ≤ 1 year of age	● Rotavirus Vaccine
All children ≥ 1 year of age	● Hepatitis A Vaccine (HAV) ● Varicella Vaccine ● Typhoid vaccine ● Influenza Vaccine ● Japanese Encephalitis Vaccine (JEV) ● Meningococcal vaccine

G. Self-Monitoring and Self-Testing. Parents and/or caregivers are encouraged to monitor their newborns, infants, and children with the following:

a. Length/height and weight using standard and calibrated weight and height measuring devices.
b. Temperature using a thermometer as an accurate gauge to assess for fever. The most accurate measurement of temperature is rectal thermometry; however due to its limitations, axillary or tympanic thermometry may be done in the home setting. A child is found to have fever if the axillary temperature is exceeding the normal temperature range of 36.5 to 37.4°C (Kliegman, R., Stanton, B., St Geme III, J., Schor, N., & Behrman, R., 2016).

H. Health Seeking Behavior

1. All children, as assisted by their parents and/or caregivers, are encouraged to visit their primary care providers for a regular well-child visit with the following schedule: (AAP and Bright Futures, 2022)
   a. Newborn visit
   b. First week visit (3 to 5 days)
   c. 1 month visit
   d. 2 month visit
   e. 4 month visit
   f. 6 month visit
   g. 9 month visit
   h. 12 month visit
   i. 15 month visit
   j. 18 month visit
   k. 2 year visit
   l. 2 ½ year visit
   m. yearly visit for 3-10 years

2. Seek consultation immediately with their primary care providers for signs and symptoms of illnesses or diseases and malnutrition, including either one of the following: 1) rapid muscle/weight loss with development of bilateral pitting edema; 2) marked weight gain; and 3) general growth faltering (no significant changes in weight or height in months), regardless of their scheduled visit,

including treatment interruption.

3. Seek consultation with the primary care providers for any signs of discomfort or anomalies in the oral cavity/mouth that interfere with breastfeeding and eating.

4. Seek help from peers, mental health service providers, and other community support groups when negative family life events occur such as family injury and violence, maltreatment, neglect, bullying, conflict, parental or caregiver loss, abuse, disasters, and emergencies.

5. Seek immediate consultation for rabies vaccination and wound management for children bitten by animals known to harbor rabies virus.

6. Have awareness and knowledge about the child's normal developmental milestones to be able to identify red flags and early warning signs (Table 3) and seek early consultation with a primary care provider.

7. All parents and/or caregivers are encouraged to access the hotlines (Table 4), depending on their concerns for their children.

Table 3. Red Flags in the Developmental Milestones of Infants and Children
(PPS, 2018; Hagan, J., Shaw, J. Duncan, P. 2017)

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
2-3 months				Not alert to mother with special interest	
3 months					Not smiling socially
3 ½ months		Persistence of grasp reflex			
4-5 months		Unable to hold a rattle			
5 months	Does not roll over				
5-6 months	Does not pull up to sit		Not babbling		
6-7 months				Not searching for dropped object	
6-8 months					Not laughing in playful situations
7 months		Unable to hold an object			
7-8 months	Does not sit without support				
8-9 months			Not saying “da” or “ba”	No interest in peek-a-boo	
9-10 months	Does not stand while holding on				
10-11 months		Absence of pincer grasp	Not saying “dada” or “baba”		
12 months				Does not search for hidden objects	Hard to console Stiffens when approached

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
					Doesn't notice or mind when a caregiver leaves or returns
15 months	Not walking	Unable to put in or take out of a container			
15-18 months				No interest in cause-and-effect games	
18 months			Has less than three words with meaning Unable to achieve shared attention		No or poor eye contact or engagement with others
20 months		Unable to remove socks			
2 years	Not climbing up or down the stairs	Unable to stack five blocks Not scribbling	No two-word phrases or repetition of phrases	Does not categorize similarities	Kicks, bites, and screams easily and without provocation Rocks back and forth in crib
2 ½ years	Not jumping with both feet	Not turning a single page of a book	Not using at least one personal pronoun		
3 years	Unable to stand on one foot	Unable to stack eight blocks Unable to draw a straight line		Does not know own full name	In constant motion Resists discipline Does not play with other children
3 ½ years			Speech only half understandable		Does not play pretend or

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
4 years	Not hopping	Unable to stack ten blocks Unable to copy a circle	Does not understand prepositions	Cannot pick shorter or longer of two lines	make believe
4 ½ years		Unable to copy a square		Cannot count sequentially	
5 years	Unable to walk a straight line back and forth Unable to balance on one foot for 5-10 seconds	Unable to build a staircase of blocks Unable to copy a cross	Not using proper syntax in short sentences	Does not know color or any letters	
5 ½ years				Does not know own birthday or address	

Table 4. List of Hotlines

Hotline	Contact Numbers
National Emergency Hotline (including medical emergencies)	911
Crisis Control Hotlines/ Psychosocial Helplines	National Center for Mental Health (NCMH): Nationwide landline toll-free: 1553 Mobile nos.: 09178998727 (0917 899 USAP);09663514518; 09086392672 *Regions/ CHDs have their own psychosocial helplines
Quitline (for smokers)	1558
Poison Control Centers	Baguio General Hospital and Medical Center Poison Control Unit: (074) 6617910 loc 396 East Avenue Medical Center Toxicology Referral and Training Center: (02) 89211212; (02) 8928-0611 loc 707; 09232711183 Rizal Medical Center Poison Control Unit, Pasig City: (02) 88658400 loc 113; 09661783773 Jose B. Lingad Memorial General Hospital Poison Control Unit, Pampanga: (045) 9632279; 09338746600 Batangas Medical Center Poison Control Center: 09218832633; (043) 7408307 loc 1104 Bicol Medical Center Poison Control Unit: 09165354692; 09480161575 Corazon Locsin Montelibano Memorial Regional Hospital Biomarine and Toxicology Unit, Bacolod: 09178694510 Western Visayas Sanitarium Poison Control Unit, Iloilo: 09194980443 Vicente Sotto Memorial Medical Center Poison Control Center, Cebu: 09228496542 Eastern Visayas Regional Medical Center Poison Control Center, Leyte: (053) 8320308 Zamboanga City Medical Center Poison Control Center: (062) 9912934, (062) 9920052 Northern Mindanao Medical Center Poison Control Center, Cagayan de Oro City: (088) 7226263, 09058855645 Southern Philippines Medical Center Poison Control and Treatment Institute, Davao City: 09992250208; (082) 2272731 loc 5065 UP National Poison Management and Control Center: (02) 8-524-1078 (Hotline); 0966-718-9904 (Globe); 0922-896-1541 (Sun)

Violence Against Women and Children (VAWC)/ Gender-based Violence (GBC)	PNP Hotline: 177 Aleng Pulis Hotline: 0919 777 7377; 0966-725-5961 PNP Women and Children Protection Center 24/7 AVAWCD Office: (02) 8532-6690
Additional Government Hotlines are available at this link: https://www.gov.ph/hotlines.html Local emergency hotlines are also available.	

I. **Supportive Therapy or Symptom Relief.** All parents and/or caregivers shall bring their children with signs and symptoms of illnesses or diseases to their primary care providers for appropriate prescription of medications. However, parents and/or caregivers may do the the following therapeutic procedures as initial management:
   a. Give quick, tepid sponge baths for the child who has a fever.
   b. Apply cold compress for any joint pains or inflammation/swelling.
   c. If the child is experiencing fluid loss due to fever, vomiting or diarrhea, increase oral fluid intake by offering clear soups with salt, salted drinks or properly prepared WHO-reformulated oral rehydration solution, complemented by monitoring the urinary frequency.

J. **First Aid and Basic Emergency Care**
   1. All children, together with their parents and/or caregivers, affected during emergencies and disasters shall be provided with the following services but not limited to nutrition assessment, micronutrient supplementation, management of wasting, ensuring proper infant and young child feeding practices, Water, Sanitation and Hygiene (WASH) services, and mental health and psychosocial services (RA No. 10821; RA No. 11036 “Mental Health Act”).

   2. All parents and/or caregivers are strongly encouraged to respond to children in a supportive and gentle way and use honest language to ease up their anxiety and fear during crisis situations and emergencies.

   3. Parents and/or caregivers are encouraged to learn and apply appropriate first aid and basic emergency care to children experiencing emergencies or any life-threatening conditions (AAP, 2019b, WHO, 2017e).

   4. Children are encouraged to participate and learn age-appropriate first aid, basic life support, and disaster preparedness and risk reduction (RA No. 10821; RA No. 10871; RA N0. 10121). All children, as supported and/or assisted by their parents and/or caregivers, are advised to apply first aid measures for minor injuries such as the following:

Table 5. First Aid Measures for Minor Injuries
(American Red Cross, 2016; Merchant et al, 2020; WHO and ICRC, 2018)

Injuries	First Aid Measures
Minor closed wounds (e.g. contusion/bruise)	● Apply a cold compress or cold pack to the area for at least 10-20 minutes. ● Elevate the injured area to a tolerable level to prevent swelling.
Minor open wounds (e.g. abrasion, superficial laceration	● Apply direct pressure while wearing gloves or using properly disinfected hands with soap or alcohol. ● Rinse with running water then wash with soap and water once the bleeding stops. ● Apply antibiotic ointment, cream, or gel as prescribed by their primary care providers. ● Cover with a sterile gauze pad or an adhesive bandage. ● Consult at the nearest health facility if the wound is deep, extensive, persistently bleeding, or at high risk of infection such as puncture wound from a nail.
Minor, superficial or first degree burns burns	● Stop the burning by removing the person from the source or removing the source from the person. ● Cool the burned area with cool or cold water (but not direct ice or ice water application) for at least 10 minutes. ● Avoid removing the cover of the blister to protect the burnt skin. ● Cover with loose sterile dressing. ● As prescribed by their primary care providers, apply silver sulfadiazine for non-infected burns. ● Consult at the nearest health facility if the burn is deep, extensive, involves critical areas (hands, feet, groin, head, face, circumferential burns), a dirty wound is sustained, there are signs of infection such as fever or purulent discharge) or there is associated difficulty of breathing.
Muscle, bone, or joint injuries	● Rest and limit the use of the injured part. ● Immobilize by applying a splint or elastic bandage to limit motion. ● Apply cold compress to the area for at least 10-20 mins every 6-8 hours in the first 24 hours after injury. ● Elevate the injured body part to a tolerable level to reduce swelling. ● Consult at the nearest health facility if any of the following are present: difficulty of breathing, an open fracture, deformity, abnormal movement or inability to move, coldness or numbness, involvement of the head, neck or spine, or the injury is suspected to be significant due to its cause such as fall and vehicular accident.
Poisoning, including ingestion	● Do external decontamination by removing clothes and washing or irrigating the affected area with water. ● Do not induce vomiting. ● Try to identify the poison. ● Seek medical attention immediately.
Animal Bites	● Perform proper wound care, including washing with soap and water. ● Seek consultation with the nearest DOH - Certified Animal Bite Treatment Center/Animal Bite Center for safe and effective post-exposure anti-rabies vaccination, anti-tetanus vaccination, antibiotics, and health education.

5. All newborns should be observed and referred for further evaluation to a higher level of care for any of the following danger signs (WHO, 2017a):
    a. Stopped breastfeeding or not feeding well (unable to suckle)
    b. Convulsions

c. Fast breathing (normal respiratory rate per age group at table 8)
d. Severe chest in-drawing
e. No spontaneous movement
f. Abnormal temperature (normal range: 36.5-37.5 ºC)
g. Any jaundice in the first 24 hours of life, or yellow palms and soles at any age

6. All children presenting with the following signs and symptoms should be immediately referred to a higher level care:

Table 6. Signs and Symptoms Warranting Immediate Referral

Disease	Signs and Symptoms Warranting Immediate Referral
Dengue (PIDSP, 2017)	Fever for at least two (2) days suspecting of dengue and with 2 or more warning signs such as: ● Shortness of breath ● Severe abdominal pain ● Persistent vomiting ● Mucosal bleeding ● Restlessness or lethargy
Diarrhea (WHO, 2017; DOH and Philippine Society for Microbiology and Infectious Diseases [PSMID], 2017)	● Blood in the stool (bloody diarrhea) ● Persistent diarrhea (> 14 days) ● Continuous vomiting ● Unable to tolerate fluids or drinks poorly ● Restless, irritable, lethargic or unconscious ● Abdominal distention ● Respiratory distress ● With symptoms of infection such as pneumonia, meningitis, encephalitis or sepsis ● With moderate to severe acute malnutrition
Asthma (GINA, 2022) or Pneumonia (Philippine Academy of Pediatric Pulmonologists [PAPP], 2021)	● Difficulty of breathing ● Talks in words or phrases ● Prefers sitting or sits hunched forward ● Agitated ● Fast breathing (normal respiratory rate per age group at table 8) ● Head bobbing ● Chest indrawing or retractions ● Apnea ● Altered sensorium ● With signs of malnutrition or dehydration
Acute Severe Hypertension (AAP, 2017)	Symptomatic or acute severe hypertension with any of the following symptoms: ● Neurologic symptoms such as new-onset blurring of vision or loss of vision, lethargy, seizures or changes in sensorium, new onset neurologic deficit ● Symptoms of acute kidney injury such as facial and/or body swelling (edema), decreased urine output ● Cardiac symptoms such as new onset chest pain or difficulty of breathing
Seizure (WHO, 2017)	● Seizure lasting more than 3 minutes or are brief serial seizures ● With fever
Neonatal Stroke (Ferriero DM et al, 2019)	● Focal motor seizure involving only 1 extremity

Childhood Stroke (Ferriero DM et al, 2019)	Acute neurologic symptoms such as: ● Weakness in one side of body or face ● Speech or language disturbance ● Vision disturbance ● Ataxia Nonlocalizing symptoms such as: ● Headache ● Vomiting ● Altered mental status With history of recent minor head or neck trauma
Severe Acute Malnutrition (WHO, 2017)	● Bilateral edema ● Signs of infection
Injuries	● With fractures or dislocations ● Involving eyes ● Dental trauma including avulsed tooth/teeth ● With bruising or hematoma or bleeding ● Suspecting abuse or violence

7. All children presenting with the following additional conditions shall be immediately referred to a higher level of care:
   a. Drowning
   b. Animal bite
   c. Suicidal ideations or self-harm
   d. Poisoning
   e. History of violence, including emotional, physical and sexual.

II. Screening

Purpose: This section aims to provide guidance to primary care providers about risk factor identification, physical examination vital signs, and screening tests for children.

A. Risk Factor Identification from History

1. Primary care providers shall obtain a complete age-appropriate history and physical examination, including breastfeeding, nutrition, diet, oral health, activities and play, developmental milestones, exposure to tobacco smoke and vape emissions, violence and injuries, bullying and harassment assessment of all children who visit the primary care facility.

2. For infants older than 2 months old until 8 years, a detailed history shall include history of immunizations, developmental milestones, dietary and feeding practices, in addition to routine history taking.

3. Primary care providers shall conduct a follow-up examination to newborns within the next 48 hours after birth and assess the general health of the infant, breastfeeding, jaundice, urination and defecation (PPS, 2018).

B. Physical Examination

1. Primary care providers shall conduct initial assessment of the newborn at 1 minute and at 5 minutes immediately after birth using the APGAR Score as follows (Bickley, et al., 2017):

Table 7. APGAR Score

Clinical Sign	**0**	**1**	**2**
Appearance (Color)	Blue	Pink body, Blue Extremities	Pink all over
Pulse (Heart Rate)	Absent	<100	>100
Grimace (Reflex)	No Response	Grimace	Crying vigorously
Activity (Muscle Tone)	Flaccid	Some flexion	Active Movement
Respiratory Effort	Absent	Slow and Irregular	Good, Strong

2. Primary care providers shall conduct regular screening and monitoring of growth and development of newborns, infants and children including the following:

Table 8. Vital Signs Normal Values and Physical Examination Findings
(Bickley, L. et al., 2017; PPS, 2018)

Category	Component	Method	Normal Value/ Normal Findings
Vital signs	Heart/Cardiac Rate	Manual counting auscultation	Refer to Table 9
	Respiratory Rate (RR)	Manual counting	
	Temperature	Use of thermometer(C^{o})	Axillary temperature 36.5 to 37.4°C
	Blood Pressure routine for children more than 3 years old	Blood pressure device with appropriate cuff for children	Less than the 90th percentile for age, gender, and height
Anthropometrics (PPS, 2018)	Head Circumference at birth to 3 years old	Using a tape measure at the maximal occipital frontal circumference	Age percentile ≥2 and <98
	Length for children less than 2 years old	Recumbent length measured and plotted in length-for-age	Z score between above 2 and below -1
	Height for children 2 years old or more	Standing height measured and plotted in height-for-age	Z score between above 2 and below -1
	Weight for Newborn	Weighing scale for infants	≥ 2500 grams (Bates Physical Exam)
	Weight for children less than 2 years old:	Tared weighing	Z score between 0 and below -1
	Weight for children more than 2 years old:	Weigh the child alone in standstill; if child jumps or will not stand still, use tared method	Z score between 0 and below -1
	Body Mass Index (BMI)	BMI computed and plotted in BMI-for-age	Z score between 0 and below -1

Category	Component	Method	Normal Value/ Normal Findings
	Mid-Upper Arm Circumference (MUAC) for 6 to 59 months old	Measurement of the mid-upper arm circumference using a standard MUAC tape	≥125mm (12.5cm)
Skin	Color, lesion	visual examination	Normal color, no lesions inspected, no loss of sensation.
Head and neck	Head Anterior fontanelle for 0-18months Eyes sclera, conjunctiva,	Visual examination	(+/-) Caput 0-18 months: flat, non-bulging anterior fontanelle (+) Red Orange Reflex (ROR) Anicteric sclera Pink Palpebral Conjunctivae
Oral/Dental	Oral Cavity/Mouth	Manual /Visual / Inspection of the oral cavity or mouth including its	No signs of: a. Inclusion cysts b. Epstein's pearl c. Bohn's nodules d. Dental lamina cysts e. Fordyce's spots/granules f. Congenital epulis of the newborn g. Natal/neonatal teeth h. Ankyloglossia/ tongue tie i. Lip tie j. Cleft lip and/or cleft palate
Chest and lungs	Lung sounds, Respiration	Inspection, auscultation using appropriate-sized stethoscope	No gross chest deformities and skin changes Equal chest expansion No retractions Clear and equal breath sounds on bilateral lung fields
Heart	Rate Rhythm Heart sound/murmur	Auscultation using appropriate-sized stethoscope	Physiologic murmurs for newborn Adynamic precordium Normal rate, regular rhythm with no murmurs
Abdomen	Abdominal distention, guarding,	Inspection, auscultation using	Soft abdomen

Category	Component	Method	Normal Value/ Normal Findings
	tenderness Bowel sounds	appropriate-sized stethoscope, palpation	No abdominal distention, normal and reactive bowel sounds, no tenderness on palpation, no organomegaly
Extremities	Movement, lesions and inflammatory changes	Inspection	No visible skin changes, no swelling, warmth or tenderness; able to move with ease
	Pulses		Full, equal pulses Capillary Refill Time (CRT) <2 seconds Warm extremities
	Musculoskeletal examination	observation, palpation, range of motion, strength testing, and functional assessment	Full range of motion 5/5 strength testing
	Bilateral Pitting Edema	Inspection and Palpation by performing Edema check	No bilateral pitting edema
External genitalia and Anus		Inspection, palpation	Newborn: Patent anal opening No sacral dimpling No injury/lesions, No discharge

Table 9. Normal Values per Age for Heart Rate and Respiratory Rate
(Kleinman, K., et al., 2021)

Age	Heart Rate (beats per minute)	Respiratory Rate (cycles per minutes)
0 to 3 months	110 to 160	30 to 60
3 to 6 months	100 to 150	30 to 45
6 to 12 months	90 to 130	25 to 40
1 to 3 years	80 to 125	20 to 30
3 to 6 years	70 to 115	20 to 25
6 to 12 years	60 to 100	14 to 22

C. Screening Tests. Primary care providers shall conduct screening tests on all newborns, infants and children including but not limited to the tests indicated in the following table.

Table 10. Screening Tests

Disease	Age/ Health History Risk Factor	Screening Test
Non-Communicable Diseases		
Anemia (PPS, 2018)	At least once between the following age groups for those at risk: 6 to 24 months, 2 to 6 years and 10 to 19 years old.	Complete Blood Count (CBC)
Autism Spectrum Disorders (PHEX 2 Task Force, 2022))	All children between 18 to 24 months	Screen using Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT R/F) or other
Congenital Heart Disease (Wong, K. et al., 2017)	All newborn between 24 to 36 hours of age	Critical Congenital Heart Disease (CCHD) screening with pulse oximeter
Dental Caries (AAPD, 2018c; AAPD, 2019)	All children as soon as the first primary teeth erupted or at six months of age	Oral screening and caries risk assessment
Dental/Oral Anomalies (AAPD, 2018c)	All children at the time of the eruption of the first tooth and no later than 12 months of age	Infant oral screening
Dyslipidemia (Gonzales-Santos, L., et al., 2021)	Children at risk for development of atherosclerosis and premature cardiovascular disease	Fasting lipid profile
Hearing Impairment (RA No. 9709 "Universal Newborn Hearing Screening and Intervention Act of 2009")	All newborn	Universal Newborn Hearing Screening (UNHS) on or after 24 hours after birth or until before the 1st month or within the first three months after birth if not screened prior to discharge due to the unavailability of devices, equipment, or instruments
Hypertension (PPS, 2018)	All Children starting at age 3 years old and especially those with risk factors such as obesity,	Blood pressure device with appropriate cuff for children plotted on appropriate normative blood pressure tables for children

	taking medications that can increase blood pressure, with kidney or heart disease	
Metabolic Disorders (RA No. 9288)	All newborns	Expanded Newborn Screening (ENBS) immediately after 24 hours after birth; Urgent repeat if done earlier than 24 hours for normal newborns Routine repeat ENBS on the 28th day for Preterm, LBW babies
Visual Defects (PPS, 2018)	For pre-verbal children	Fixes and follows test, corneal light reflex Prematurity Screening Test for Retinopathy Red Orange Reflex Screening Test
	For children starting at 3 years old	Lea chart for children below 5 years old, Snellen's chart for children 5 years old and above
	For children 5 to 9 years old	Assessment of refraction (visual acuity screening), color testing, and vision testing
Infectious Diseases		
HIV and other transplacental STIs	Suspected or HIV positive mothers or PLHIV (regardless of history contact); Mothers with STIs	PCR for infants less than 18 months HIV Rapid Diagnostic Test (RDT) for children older than 18 months STI Syndromic or Etiologic Approach
Leprosy	Prolonged exposure to family member/s with leprosy	Slit Skin Smear
Lymphatic Filariasis	Families living in filaria endemic areas	Rapid test kits for filariasis (Filaria Test Strip)
Malaria	Families living in Malaria endemic areas or families who travelled in Malaria endemic provinces	Malaria RDT; or Malaria microscopy

Tuberculosis	Exposure to family member/s with tuberculosis; With signs and symptoms of tuberculosis for at least 2 weeks: cough or wheezing, fever, night sweats, unexplained weight loss or failure to thrive not responding to nutritional therapy.	Chest X-ray

III. Diagnostics (For Symptomatic Children)

A. Diagnostic Tests. Primary care providers shall conduct the appropriate diagnostic tests based on the presenting symptoms and the condition of the patient.

Table 11. Diagnostic Tests

Disease	Minimum Test Available at Primary Care Facilities	Gold Standard	Additional Tests at Primary Care	Additional Tests at Higher Level of Care
Non-Communicable Diseases				
Acute Lymphoblastic Leukemia	Complete blood count (CBC), Peripheral Blood Smears (PBS)	Bone Marrow Aspiration (BMA) & Bone Marrow Trephine in cases of "dry tap"		Bone marrow flow cytometry is used when there is a need for immunophenotypic assessment.
Asthma (GINA, 2022)	Peak Expiratory Flow Meter in addition to assessing of asthma symptoms, control, comorbidities, risk factors, history of exacerbations, and inhaler use	Spirometry		Exercise Challenge Test, Allergy Tests, Bronchial Provocation Tests
Burkitt Lymphoma	Clinical history & physical	Tissue biopsy establish		Tissue biopsy, immunophenotypic,

Disease	Minimum Test Available at Primary Care Facilities	Gold Standard	Additional Tests at Primary Care	Additional Tests at Higher Level of Care
	examination	histopathological diagnosis		cytogenetic, and molecular tests CT imaging or PET scan for pretreatment staging and monitoring
Chronic Kidney Disease	clinical risk assessment, urinalysis, creatinine Physical Examination	Renal biopsy	Estimated Glomerular Filtration Rate (eGFR); Dipstick Urine test or urinary albumin/creatinine ratio, CBC	Electrolytes, acid- base workup using arterial blood gas (ABG), renal biopsy, renal US, CT angiogram, urodynamic studies, ureteroscopy; renal biopsy with electron microscopy (EM) and immunofluorescence microscopy (IF) assessment
Congenital Heart Disease	History and Physical Examination	Echocardiography	Echocardiography Chest Xray	Echocardiography
Dental caries	Oral screening and caries risk assessment	Apical x ray Oral screening and caries risk assessment	Apical x ray	Panoramic and Apical x ray
Diabetes	CBG clinical signs and symptoms	FBS (Fasting Blood Sugar), HbA1c	FBS, HbA1c, OGTT (Oral Glucose Tolerance Test)	Autoantibodies
Hypertension (AAP, 2017c)	Blood pressure device with appropriate cuff for children plotted on appropriate normative blood pressure tables for children	Ambulatory BP Monitoring	Test for proteinuria, electrolytes, Blood Urea Nitrogen (BUN), Creatinine, Lipid Profile, Hemoglobin A1c (HbA1c), Thyroid Stimulating Hormone (TSH), Aspartate Aminotransferase (AST), Alanine Transaminase (ALT), Drug screening, CBC	Echocardiography, doppler renal ultrasound, vascular imaging

Disease	Minimum Test Available at Primary Care Facilities	Gold Standard	Additional Tests at Primary Care	Additional Tests at Higher Level of Care
Hodgkin Lymphoma	Clinical history & physical examination	Tissue biopsy		Tissue biopsy (preferably excision or incision biopsy) CT imaging or PET scan
Iron Deficiency Anemia	Hemoglobin and Hematocrit Clinical Signs and Symptoms	Hemoglobin and Hematocrit		Peripheral Blood Smear, Serum Ferritin, TIBC, Serum Iron, Transferrin
Low-grade Glioma	History and Physical examination	MRI Brain		MRI Brain
Malnutrition - Stunting - Wasting - Low Birth Weight - Small or Large for Gestational Age - Overweight and Obesity	WFL/WFH MUAC (for wasting of children 6-59 months only) Birth Weight	WFL/WFH Height/Length for Age Average birth weight of 2,500 grams	Test for Severe Bilateral Pitting Edema Appetite Test Assessment of other Medical Complications like parasitism, disability, mental health issues and abuse or neglect	Total Protein and Albumin/ Globulin ratio (TPAG), Complete Blood Count (CBC) and Peripheral Blood Smear
Mental, Neurologic and Behavioral Disorders; Psychiatric Emergencies	Directed Assessment at Primary Care according to WHO mhGAP Intervention Guide – Version 2.0			Electroencephalogram (EEG) Consider Imaging such as CT scan or MRI for patients with signs and symptoms of neurologic emergencies (AHA/ASA, 2019)
Physical Abuse with trauma or injuries (AAP, 2015)	Clinical history & physical examination		Xray if with fracture, CBC if with bruises	Skeletal survey, Brain imaging if with head trauma, Abdominal CT scan for abdominal trauma
Retinoblastoma	Clinical history & physical examination	Ophthalmic examination		MRI or Computerized Tomography (CT) scan of the brain
Stroke, Neonatal and	History and Physical	Magnetic Resonance		CT-Scan, electrolytes, C-Reactive

Disease	Minimum Test Available at Primary Care Facilities	Gold Standard	Additional Tests at Primary Care	Additional Tests at Higher Level of Care
Childhood (Ferriero DM, et al, 2019)	Examination Blood Glucose Test	Imaging (MRI) Brain		Protein (CRP), Coagulation Tests
Wilms Tumor	History and physical examination including blood pressure measurement along with assessment for genitourinary malformations, blood chemistry tests	Abdominal CT or MRI		Abdominal CT or MRI Chest CT
Communicable Diseases				
Anthrax (CDC, 2021)	Clinical diagnosis, Chest x-ray	Bacterial culture followed by confirmatory tests–including phage and penicillin sensitivity, and PCR to detect genes specific to *B. anthracis*		Gram stain and culture of blood, pleural fluid, cerebrospinal fluid (CSF), discharge from skin lesions; tissue biopsy specimens; and Reverse Transcriptase- Polymerase Chain Reaction (RT-PCR) testing (if available)
COVID-19	RT-PCR; COVID-19 RAgTs	RT-PCR		RT-PCR; COVID-19 RAgTs
Dengue (PIDSP, 2017)	Dengue NS1 Rapid Diagnostic Test; Dengue IgM/ IgG Rapid Diagnostic Test; Total White Blood Cell (WBC) count, Platelet, Hematocrit	Nucleic acid amplification tests (NAATs); RT-PCR	Creatinine, AST, ALT	
Ebola Hemorrhagic Fever (CDC, 2019)	Clinical diagnosis	RT-PCR		RT-PCR, Antibody-capture Enzyme-linked Immunosorbent Assay (ELISA) or Antigen-capture

Disease	Minimum Test Available at Primary Care Facilities	Gold Standard	Additional Tests at Primary Care	Additional Tests at Higher Level of Care
				detection tests
Filariasis	Nocturnal Blood Smear; Filaria Test Strip - RDT (FTS-RDT)	NBE; PCR		
Hand, Foot and Mouth Disease (DOH, 2022)	Clinical diagnosis	Viral culture		Routine diagnostics plus ancillary tests Samples for virological investigation: Throat swab, Vesicle swab, Rectal swab/stool and CSF
Highly Pathogenic Avian Influenza A(H5N1)	Clinical diagnosis	Viral culture	None	Real-time RT PCR, Genome Sequencing, Serological Methods
2009 H1N1 (DOH, 2009)	Clinical diagnosis	Real-time RT-PCR		Real-time RT-PCR, viral culture and/or four-fold rise in Influenza H1N1 virus specific neutralizing antibodies
Human Immunodeficiency Virus	HIV rapid diagnostic test (RDT) for 18 months and above	HIV antibody test; Nucleic acid amplification tests (PCR)	CD4, Viral load testing	CD4, Viral load testing
Infectious Diarrhea (DOH and PSMID, 2017)	Fecalysis; RDT for Cholera	Culture; PCR	CBC, Urinalysis, Electrolytes, BUN, Creatinine	Culture; PCR
Leprosy (DOH, 2018)	Slit Skin Smear (SSS), complete blood count and chest x-ray	Slit Skin Smear, Skin biopsy	AST, ALT and renal function tests, and sputum smear microscopy	Glucose-6-phosphate dehydrogenase deficiency (G6PD) deficiency screening prior to treatment and pathological examination of skin biopsies. Electrocardiogram and lipid profile

Disease	Minimum Test Available at Primary Care Facilities	Gold Standard	Additional Tests at Primary Care	Additional Tests at Higher Level of Care
Leptospirosis (PSMID, 2010)	Clinical diagnosis	Culture and isolation		Culture and isolation, RT-PCR, microagglutination Test (MAT), specific IgM Rapid Diagnostic Tests (RDT), nonspecific RDT, rapid diagnostic tests
Malaria	Blood smear microscopy; malaria RDT	Blood smear microscopy		
Meningococcemia (CDC, 2022)	Clinical diagnosis	Culture of blood and CSF		Gram stain and culture of blood and CSF, CSF qualitative and quantitative analysis and quantitative analysis, RT-PCR of CSF
MERS-CoV (CDC, 2019)	Clinical diagnosis	RT-PCR		RT-PCR
Pneumonia (PAPP, 2021)	History and Physical Examination	Sputum Gram Stain, Culture	Chest Xray, CBC	For Severe PCAP: Chest Xray, Point-of-Care Ultrasonography, procalcitonin, CBC
Rabies	None	Viral culture; RT-PCR; Direct Fluorescent Antibody Tests (dFAT)		
Schistosomiasis	Fecalysis/Stool Microscopy	Kato Katz Technique	Ultrasound; Kato Katz Technique	Ultrasound; Histopathology-Biopsy; Kato Katz Technique
Soil Transmitted Helminths (STH)	Fecalysis/Stool Microscopy	Kato Katz Technique	Kato Katz Technique	Kato Katz Technique

Disease	**Minimum Test Available at Primary Care Facilities**	**Gold Standard**	**Additional Tests at Primary Care**	**Additional Tests at Higher Level of Care**
Tuberculosis	Molecular rapid diagnostic test (mRDT) with DST as primary test; secondary options: Smear microscopy or loop-mediated isothermal amplification (TB-LAMP) Use of PPD or tuberculin skin test: 1) together with chest x-ray, support for clinical diagnosis among children if Xpert test is negative or cannot be done; 2) for screening of latent TB infection (LTBI) among household contacts of index TB cases.	TB culture	Chest Xray (if RDT, smear microscopy or LAMP are negative or not available)	Drug susceptibility testing (if with initial resistance in RDT): Line probe assay or XDR RDT, and TB culture/phenotypic DST Baseline eye exam prior to initiation of TB treatment

IV. Management

Purpose: This section aims to provide guidance to primary care providers about chemoprophylaxis, medications, supportive therapy, procedures, emergency care, rehabilitation, palliation and general advice for children.

A. Chemoprophylaxis. All newborns, infants or children shall be given the following age- and dose- appropriate chemoprophylactic medications:

Table 12. Chemoprophylaxis and Supplements

Condition	Risk Factor	Chemoprophylaxis
Non-Communicable Diseases		
Anemia (WHO, 2017f)	Low-Birth Weight and Preterm Infants	Iron drops
	Pre-school Children (24 - 59 months old) and School-age children (5–9 years old) in settings with prevalence of anemia 20% or higher	Age appropriate iron formulation (Iron drops or syrups, tablets or capsules)
Micronutrient Deficiency	Older infants and children (6 months- 59 months)	Age-appropriate micronutrient supplements based on existing protocols such as but not limited to Vitamin A and Micronutrient powder (MNP)
Communicable Diseases		
Highly Pathogenic Avian Influenza A(H5N1) (DOH, 2022)		Age and weight appropriate dose of Oseltamivir or Zanamivir
HIV-exposed infants		Antiretroviral prophylaxis; Cotrimoxazole prophylaxis
2009 H1N1 (CDC, 2022)		Age and weight appropriate dose of Oseltamivir or Zanamivir
Leptospirosis (PSMID, 2010)		Age, weight, and exposure appropriate dose of Doxycycline, Amoxicillin or Erythromycin
Leprosy (DOH, 2018; DOH, 2020; DOH, 2021)		Single Dose Rifampicin (children 2 years and above) after excluding leprosy and tuberculosis disease and in the absence of other contraindications
Meningococcemia (CDC, 2021)		Age and weight appropriate dose of Rifampin, Ceftriaxone or Ciprofloxacin
Ophthalmia Neonatorum	All newborn	Erythromycin Ointment
Pulmonary Tuberculosis (DOH, 2020)	Children with HIV; Children (of any age)	After ruling out active TB disease, Any of the available TB Preventive Treatment

	who are close contact of bacteriologically diagnosed Pulmonary Tuberculosis; Children (less than 5 y/o) who are household contacts of clinically diagnosed TB cases.	(TPT) Regimens: Weekly Isoniazid/Rifapentine for 12 weeks, Daily Isoniazid for 6 months, Daily Isoniazid/Rifampicin for 3 months, Daily Rifampicin for 4 months.
Rabies	Animal bite	Post exposure prophylaxis Rabies Vaccine and/or Rabies Immunoglobulin depending on animal bite category

B. Medications. All newborns, infants or children shall be given the following age, dose, and disease appropriate medications at primary care level**:**

Table 13. Medications

Condition	First line	Second line
Non-Communicable Diseases		
Asthma (GINA, 2022)	Pressurized metered dose inhaler and spacer with face mask for <3 years old and mouthpiece for 3 to 5 years old As needed Inhaled Short Acting Beta2 Agonist as a reliever Low dose inhaled corticosteroid whenever Short Acting Beta2 Agonist is taken for children 6 years old and above with symptoms less than 2x/ month.	Daily low dose inhaled corticosteroid as initial controller treatment for children 5 years old and younger and for children 6 years old and above with symptoms more than 2x/ month.
Anaphylaxis (DOH, 2015; DOH, 2021)	Put the patient in a reclining position with legs up. Administer age and dose appropriate epinephrine IM to the midpoint of the anterolateral aspect of the 3rd of the thigh immediately.	
Hypertension (AAP, 2017c)	Initiation of pharmacologic treatment with a single drug at the lowest initial dose or at an age-specific dose of hypertension in children: Angiotensin-converting enzyme Inhibitors (ACEI), Angiotensin Receptor Blockers (ARBs), Calcium Channel Blockers (CCBs), or Thiazide type diuretic	
Iodine Deficiency Disorders	Iodized Salt/ Iodine Capsules	Surgery and/or other condition-appropriate (goiter, cretinism) medications
Iron Deficiency Anemia	Iron drops for Infants Iron syrup for older children (12-23 months)	
Infectious Diseases		
Acute Infectious Diarrhea and Typhoid & Paratyphoid, with no signs, mild to moderate signs of dehydration (PSMID, 2017)	Oral Rehydration Solution Zinc supplementation for >6 months old	IV Fluids (Lactated Ringer's Solution or 0.9% NaCl) Antibiotic may be recommended for the following conditions: suspected cholera, bloody diarrhea, and

Condition	First line	Second line
		diarrhea associated with other acute infections such as pneumonia
Acute Otitis Media (WHO, 2017b)	Amoxicillin	
Bacterial Conjunctivitis	Erythromycin eye ointment or tobramycin eye drop	
Dengue without warning signs	Oral rehydration solution (ORS) Paracetamol	
Pediatric Community Acquired Pneumonia Non-Severe (PAPP, 2021)	Amoxicillin	Amoxicillin-clavulanic acid, Cefuroxime Azithromycin/Clarithromycin
Hand, Foot and Mouth Disease (DOH, 2020)	Symptomatic treatment (Paracetamol, ORS)	
2009 H1N1 (CDC, 2022)	Age and dose appropriate Oseltamivir or Zanamivir	
Highly Pathogenic Avian Influenza A(H5N1) (DOH, 2022)	Age and dose appropriate Oseltamivir or Zanamivir	
HIV	First line regimen for infants aged 4 weeks and/or weighing ≥3 kg and children up to 30 kg: Abacavir (ABC) + Lamivudine (3TC) + Dolutegravir (DTG) (using optimal DTG formulations) Alternative first line regimen: ABC + 3TC + Lopinavir/ritonavir (LPV/r) Zidovudine (AZT) if ABC is not available First line regimen for neonates AZT + 3TC + Nevirapine (NVP) Alternative first line regimen is AZT + 3TC + LPV/r ABC if AZT is not available	Second line regimen for children and infants aged 4 weeks and/or ≥3 kg: From Nucleoside Reverse Transcriptase Inhibitor (NRTI): Tenofovir (TDF) or ABC + 3TC to NRTI: AZT + 3TC From NRTI: AZT + 3TC to NRTI: TDF or ABC + 3TC From 2 NRTI + DTG to 2 NRTI + LPV/r From 2 NRTI + NNRTI or PI to 2 NRTI + DTG (using optimal formulations)

Condition	First line	Second line
Leprosy (DOH, 2021) Multi-drug treatment (MDT) Paucibacillary (PB) Leprosy Multibacillary (MB) Leprosy	1. PB - rifampicin, dapsone and clofazimine blister packs. For 6 months and must be completed within 9 months. 2. MB - rifampicin, dapsone and clofazimine blister packs. For 12 months and must be completed within 18 months.	
Leptospirosis (CDC, 2015) Mild Moderate to severe leptospirosis	Doxycycline (hydrochloride, hyclate) Penicillin G	Amoxicillin and azithromycin dihydrate, Parenteral ampicillin, 3rd generation cephalosporin (cefotaxime, ceftriaxone), and parenteral azithromycin dihydrate
Lymphatic Filariasis	Diethylcarbamazine and Albendazole	
Malaria (DOH, 2019)	Artemether Lumifantrine (AL) and Primaquine (PQ)	
Meningococcemia (DOH, 2018)	Ceftriaxone	
MERS-CoV When suspecting other etiologies or co-infections Treatment for suspected pathogens, including community-acquired pathogens	Presumed Bacterial: Amoxicillin Presumed Atypical: Azithromycin	Presumed Bacterial: Co amoxiclav Presumed Atypical: Clarithromycin or Erythromycin
Rabies (DOH, 2018)	Post exposure prophylaxis (Purified Vero Cell Rabies Vaccines, Purified Chick Embryo Cell Rabies Vaccines & Equine Rabies Immunoglobulin)	
Schistosomiasis	Praziquantel for 5 yrs old and above	
Soil-transmitted Helminthiasis	Albendazole	
Tuberculosis (TB) (WHO, 2022)	For drug-susceptible TB: ● Regimen 1: 2HRZE/4HR ● Regimen 2: 2HRZE/10HR (for Extra Pulmonary TB) Abbreviations: (H) Isoniazid, (R)Rifampicin, (Z) Pyrazinamide, (E)	Drug resistant TB regimen Individualized Treatment Regimen

Condition	First line	Second line
	Ethambutol Note: In children between **3 months and 16 years old with non-severe tuberculosis** (peripheral lymph node TB, intrathoracic lymph node TB without airway obstruction, uncomplicated TB pleural effusion or paucibacillary, non-cavitary disease, confined to one lobe of the lungs and without miliary pattern) and **without suspicion or evidence of tuberculosis drug resistance**, treatment regimen duration can be shortened to 4 months with 2HRZ(E)/2HR.	

C. Supportive Therapy. All newborns, infants or children shall be given the following age, dose, and symptom appropriate supportive treatment at primary care level:

Table 14. Supportive Therapy
(Kleinman, K. et al., 2021; DOH and PSMID, 2017; DOH, 2019)

Indication	Medication	Examples with Dosage	Precautions	Contra indications	Side Effects/ Adverse Events
Fever or chills or mild pain	Antipyretics	Paracetamol 10 to 15 mg/kg/dose (maximum of 4 grams/ 24 hours, daily)	Avoid large doses (>4 grams/day). Observe precautions or decrease dosing in patients with phenylketonuria; alcohol dependence; overdosage; G6PD deficiency; hepatic impairment; renal impairment.	Known hypersensitivity to paracetamol or any component of the formulation; severe active liver disease; prolonged or repeated administration in patients with anemia, or cardiac, pulmonary, hepatic and renal disease.	Common: Increased aminotransferases. Rare: Acute hepatitis, drug fever, hepatocellular necrosis, hypersensitivity reactions, hypotension, mucosal lesions, leukopenia, neutropenia, pancytopenia, renal tubular necrosis, thrombocytopenia, urticarial or erythematous rash.
Dehydration (no signs to mild to moderate) with Diarrhea	Reduced Osmolarity Oral Rehydration Solution (ORS)	Age and degree of dehydration appropriate reduced osmolarity ORS	Children should be checked frequently during rehydration to reassess the degree of dehydration	Children with severe dehydration and signs and symptoms of shock, worsening dehydration	Hypernatremia, vomiting

D. Procedures

1. Primary care providers shall ensure provision of mother and baby-friendly practices during labor and delivery, and immediate newborn care. (RA No. 10028; EO No. 51 series of 1986 "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement and Other Related Products")

2. All newborns shall be provided with essential intrapartum newborn care (EINC) following the four core steps of Unang Yakap within ninety (90) minutes after birth:
   a. Immediate and thorough drying within the first 30 seconds
   b. Early and uninterrupted skin-to-skin contact
   c. Properly timed cord clamping
   d. Non-separation of the mother and baby right after birth until they are roomed-in to stimulate early onset of full milk production and promote bonding of mother and child (RA No. 11148)

3. All newborns shall receive preventive measures after completion of the first breastfeed which includes, application of eye ointment, Vitamin K injection, birth dose of immunization (BCG and Hepatitis B Vaccines).

4. Primary care dental providers shall provide to children at 1 year of age 1 to prevent dental caries the following dental interventions but not limited to:
   a. Fluoride varnish application
   b. Glass ionomer cement as fissure sealant

5. Primary care providers shall provide counseling and referral to the next level of care or appropriate authorities, as appropriate, to children suspected of abuse, neglect or maltreatment. (RA No. 9262 "Anti-Violence Against Women and Their Children Act of 2004"; RA No. 7610 "Special Protection of Children Against Abuse, Exploitation and Discrimination Act")

6. Primary care providers shall provide the following primary care procedures to children with the following conditions:

Table 15. Primary Care Procedures

Condition	Primary care procedures
Preterm or Low birth weight	Kangaroo Care and appropriate referral
Severe Acute Malnutrition (uncomplicated)	Complete blood count, urinalysis, fecalysis, serum electrolytes, height and weight monitoring, MUAC measurement, edema monitoring and nutrition counseling
Generalized pallor	Complete blood count with platelet count
Enamel White spot lesions on tooth/teeth surface	Oral risk assessment, early detection, fluoride varnish application and counseling
Dental caries	Oral risk assessment, early detection 1. Silver diamine fluoride application non-restorative treatment, arresting untreated dentin caries, and

	2. Atraumatic restorative treatment (oral disease management intervention)
Gingivitis	Professional cleaning or oral prophylaxis
Oral Urgent Treatment (OUT)	Relief of pain, removal of unsavable tooth, referral of complicated cases to higher levels of care
Animal Bite, Wounds, and Injuries	Wound Care in addition to appropriate vaccines

E. Emergency Care

1. All newborns who do not breathe spontaneously despite thorough drying and additional stimulation, or with APGAR score 0 to 3 shall be provided with immediate newborn resuscitation (Kliegman et al., 2016; WHO, 2017a).

2. All children without any signs of life, or pulseless or bradycardic (<60 beats/min) with poor perfusion should be provided with high-quality cardiopulmonary resuscitation with the sequence of compression-airway-breathing (Kleinman et al, 2021; AHA, 2020).

3. All children presenting with potentially life-threatening conditions shall be provided with the following appropriate medications and procedures at primary care:

Table 16. Emergency Care

Condition	First Line Medication	First Line Procedure or procedures that can be done at primary care
Cardiac Arrest (AHA, 2020)	Epinephrine, IV Fluids	High-quality cardiopulmonary resuscitation
Potentially life-threatening conditions		
Acute Asthma Exacerbation (GINA, 2022; WHO and ICRC, 2018)	Inhaled Short Acting Beta2 Agonist, Oxygen	Rapid assessment (ABCDE), quick focused history taking and PE, Pulse Oximetry
Acute Bacterial Meningitis (WHO, 2017b)	IV Ceftriaxone (loading dose)	Rapid assessment (ABCDE), quick focused history taking and PE, IV access
Dengue with Shock (PIDSP, 2017)	IV Fluids	Rapid assessment (ABCDE), quick focused history taking and PE, IV access
Severe Dehydration (DOH and PSMID, 2017)	IV Fluids	Rapid assessment (ABCDE), quick focused history taking and PE, IV access
Poisoning or Envenomation (WHO and ICRC, 2018)	Antidote if available, IV fluids and oxygen support as needed	Rapid assessment (ABCDE), quick focused history taking and PE, External decontamination, Wound cleaning as applicable
Severe Acute Malnutrition with signs of shock or severe dehydration (WHO, 2013; WHO, 2017b)	IV Fluids IM/IV Benzyl Penicillin and IM/IV Gentamicin (loading dose) if with infection	Rapid assessment (ABCDE), quick focused history taking and PE, IV access
Acute Severe Hypertension (AAP, 2017c)	Short acting antihypertensive	Rapid assessment (ABCDE), quick focused history taking and PE, blood pressure measurement
Severe Pediatric Community-Acquired Pneumonia regardless of immunization status against *Streptococcus pneumoniae* (PAPP, 2021)	Unless with known hypersensitivity to penicillin, loading dose of: ● Penicillin G if with complete *Haemophilus influenzae* type b (Hib) vaccination Or Ampicillin if no or	Rapid assessment (ABCDE), quick focused history taking and PE, IV access

	incomplete Hib vaccination ● Cefuroxime Or Ampicillin-sulbactam in settings with high-level penicillin resistant microorganisms ● Add Clindamycin when suspecting *Staphylococcal* pneumonia IV Fluids if with shock or severe dehydration Oxygen if with difficulty of breathing	
Acute Ischemic Stroke in Neonates (Ferriero DM et al, 2019)	IV Fluids if with dehydration Seizure control	Rapid assessment (ABCDE), quick focused history taking and PE, IV access
Childhood Stroke - Acute Ischemic Stroke (Ferriero DM et al, 2019)	Insulin for hyperglycemia Antipyretics for fever control Seizure control	Rapid assessment (ABCDE), quick focused history taking and PE, IV access, Blood glucose test
Childhood Seizure (WHO, 2017b)	IV Diazepam or Lorazepam (non-parenteral routes when IV access is not available)	Rapid assessment (ABCDE), quick focused history taking and PE, IV access, blood glucose test
Neonatal Seizure (WHO, 2017a)	IV Phenobarbital	Rapid assessment (ABCDE), quick focused history taking and PE, IV access, blood glucose test
Neonatal Sepsis (WHO, 2017a)	Ampicillin and Gentamicin (loading dose) IV fluids if with shock or severe dehydration	Rapid assessment (ABCDE), quick focused history taking and PE, IV access
Physical Abuse with trauma or injuries (AAP, 2015)	IV fluids and oxygen support as needed	Rapid assessment (ABCDE), quick focused history taking and PE, Wound cleaning as applicable

F. Rehabilitation. Primary care providers shall refer for rehabilitation management and care of children with disabilities, perceived delays, loss of function for optimal attainment of developmentally appropriate functional skills, prevent complications and provide family and caregiver support (AAP, 2019c).

G. Palliation

1. Primary care providers shall refer newborns, infants, and children needing special procedures, management of complications, palliative and hospice care to the next level of care.

2. Primary care providers shall advise anticipatory guidance and provide emotional support to expectant parents of an unborn child in utero diagnosed with a serious illness.

3. Primary care providers together with the parents and/or caregivers are encouraged to support children with serious illness, chronic diseases or life-threatening conditions to access and to actively participate in decision-making about treatment, palliative care and hospice care (National Coalition for Hospice and Palliative Care, 2018).

4. Parents and/or caregivers are advised to provide home-based care on nutrition, emotional support, spiritual support, and symptom management of children with serious illness, chronic diseases or life-threatening conditions.

5. An interdisciplinary palliative care team shall provide spiritual and psychosocial care with active compassion, and support for patient/family values and beliefs that inform decision-making about health care and quality of life.

6. Parents and/or caregivers are encouraged to consult health care providers and legal services for advance care directives. All health facilities shall honor the advance directive provided. It must be signed, dated, and notarized. An advance directive may be revoked by a new and notarized advance directive.

H. General Advice

1. Primary care providers shall educate, or counsel the parents, caregivers and children on age-appropriate, disease-relevant information, and risk and benefit on the prevention of diseases through breastfeeding, age-appropriate complementary feeding and recommended diet, intake of supplements, oral health, deworming, safe food preparation, physical activity, screen time, and sleep.

2. Primary care providers shall educate parents and/or caregivers of children with the following parenting advice (WHO, 2016):
   a. Parents and caregivers should be kind, supportive, nurturing, and positive role models for their children.
   b. Parents and caregivers should promote, protect and be vigilant in maintaining the dignity and human rights of the person and the family.
   c. Parents and caregivers of a child with an emotional, behavioral or developmental delay or disorder are advised that parenting and caring can be

rewarding but also challenging. Parents and caregivers are advised that they should have realistic expectations and are encouraged to contact other parents and carers of children with similar conditions for mutual support.

d. Parents and caregivers of children with mental health conditions or children with developmental delay or disorders are advised that the children should not be blamed for having the condition or disorder.

3. Primary care providers shall advice and educate the parents and/or caregivers of children with developmental delay/disorders including the following (WHO, 2016):
   a. Learn what the child's strengths and weaknesses are and how they learn best, what is stressful to the child and what makes him/her happy, and what causes problem behaviors and what prevents them.
   b. Learn how the child communicates and responds (using words, gestures, non-verbal expression, and behaviors).
   c. Help the child develop by engaging with her/him in everyday activities and play.
   d. Children learn best during activities that are fun and positive.
   e. Involve them in everyday life, starting with simple tasks, one at a time. Break complex activities down into simple steps so that the child can learn and be rewarded one step at a time.
   f. Make predictable daily routines by scheduling regular times for eating, playing, learning, and sleeping.
   g. Keep their environment stimulating: avoid leaving the child alone for hours without someone to talk to and limit time spent watching TV and playing electronic games.
   h. Keep them in the school setting for as long as possible, attending mainstream schools even if only part-time.
   i. Use balanced discipline. When the child does something good, offer a reward.
   j. Distract the child from things they should not do.
   k. Do not use threats or physical punishments when the behavior is problematic.

4. Primary care providers shall educate the parents and /or caregivers of children with behavioral disorders about guidance for improving their behavior including the following (WHO, 2016):

   a. Give loving attention, including playing with the child every day.
   b. Provide opportunities for the child to talk to them.
   c. Be consistent about what the child is allowed and not allowed to do.
   d. Give clear, simple, and short instructions on what the child should and should not do.
   e. Give the child simple daily household tasks to do that match their ability level and praise them immediately after they do the task.
   f. Find ways to avoid severe confrontations or foreseeable difficult situations.
   g. Respond only to the most important problem behaviors and make punishment mild and infrequent compared to the amount of praise.
   h. Put off discussions with the child until they are calm. Avoid using criticism, yelling, and name-calling.

i. Do not use threats or physical punishment, and never physically abuse the child.

5. Primary care providers shall educate and advise parents and/or caregivers on injury prevention for children and dangers of shaking, striking or impacting the head of an infant. (AAP, 2020)

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