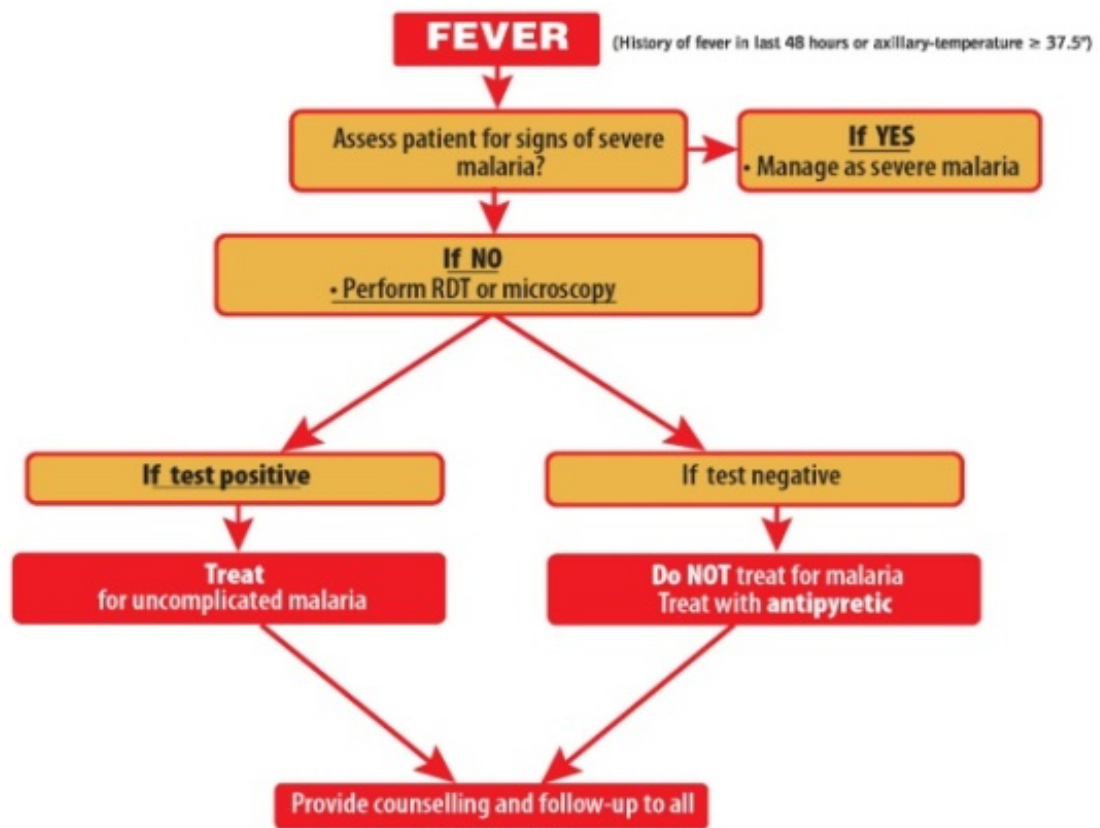




## Malaria outpatient algorithm for older Children (>5 years) and Adults



**FOR THE UNDER 5 REFER TO IMCI ALGORITHMS**



# SEVERE MALARIA TREATMENT



## QUININE ADMINISTRATION IN CHILDREN AND ADULTS

### DOSING SCHEDULE FOR QUININE TABLETS

**Quinine 300mg salt  
(Sulphate, Dihydrochloride, Hydrochloride)**

WEIGHT	NO. OF TABS
6 - 11 Kg	¼
12 - 17 Kg	½
18 - 23 Kg	¾
24 - 35 Kg	1
36 - 47 Kg	1½
48 Kg and Above	2

**Quinine Sulphate 200mg salt**

WEIGHT	NO. OF TABS
4 - 7 Kg	¼
8 - 11 Kg	½
12 - 15 Kg	¾
16 - 23 Kg	1
24 - 31 Kg	1½
32 - 39 Kg	2
40 - 47 Kg	2½
48 and Above	3

Tablets are to be taken three times a day every 8 hrs for a total of seven days.

## ARTEMETHER-LUMEFANTRINE (AL) DISPENSING PROCEDURE

1. Weigh the patient
2. Withdraw the treatment pack that corresponds with the patients weight.
3. Assign the dosing times according to the dosing schedule for Artemether-lumefantrine (AL) and record the times on the treatment pack.
4. Give and observe the first dose, if vomiting occurs within 30 minutes of administration, repeat the dose.
5. Artemether-lumefantrine (AL) should be taken preferably with a meal.
6. Advise the patient that all six doses should be taken without fail and that he/ she should return if their condition deteriorates or if symptoms do not resolve in 3 days.
7. Record the Artemether-lumefantrine (AL) dispensed in the dispenser's book.



## Artemether Lumefantrine (AL) Dosing Schedule



### ARTEMETHER - LUMEFANTRINE (AL) DOSING SCHEDULE

WEIGHT: 5 to less than 15 KG			
DAY	HOURS		
	0 HOURS	8 HOURS	12 HOURS
ONE	1	1	
TWO	1		1
THREE	1		1

WEIGHT: 15 to less than 25 KG			
DAY	HOURS		
	0 HOURS	8 HOURS	12 HOURS
ONE	2	2	
TWO	2		2
THREE	2		2

WEIGHT: 25 to less than 35 KG			
DAY	HOURS		
	0 HOURS	8 HOURS	12 HOURS
ONE	3	3	
TWO	3		3
THREE	3		3

WEIGHT: 35 KG and ABOVE			
DAY	HOURS		
	0 HOURS	8 HOURS	12 HOURS
ONE	4	4	
TWO	4		4
THREE	4		4

**NOTE:** The second dose on the first day should be given 8 hours after the first dose. Dosage on the second and third day should be given twice a day (12 hours apart)

1

Mtoto akipata dalili za joto mwilini mfikishe kwa kliniki



2

Pata tiba maalum ya AL



3

Maliza kipimo kamili cha dawa ya AL hata kama joto imepungua



Tuna furaha mtoto amepata nafuu



**Kupata tiba ya malaria mapema huokoa maisha.**



**Mobilize Against Malaria**  
Pfizer Investments in Health



**Na fahamu kuwa joto  
jingi mwilini kwa  
mtoto huenda  
ikawa ni malaria**



**Fika kliniki haraka!**  
**Uliza daktari kuhusu tiba ya AL**



**Tunafahamu kuwa joto jingi mwilini  
kwa mtoto huenda ikawa ni malaria**



**Fika kliniki haraka!**  
**Uliza daktari kuhusu tiba ya AL**



# REMEMBER

Any child under 5 with fever or history of fever should be treated for malaria with AL



- Presumptive treatment with AL is the official MOH policy for under 5 children
- Lab tests for malaria are not mandatory for children under 5
- AL is safe and effective
- Counsel Patients to complete treatment as directed even if they feel better

National Guidelines for Diagnosis, Treatment and Prevention of Malaria for Health Workers in Kenya, 2016, p. 12-17

## Treating malaria early saves lives

