

Non-specific signs may be present in a baby with a serious illness. In some cases, the mother may just think the baby “looks ill.” The most common serious problems causing these non-specific signs are sepsis and asphyxia. Lethargy, drowsiness, and reduced activity may also be seen after a baby has had a convulsion. In most cases, other signs are present to indicate these diagnoses. **If any other specific clinical sign is noted in a baby in addition to lethargy or another non-specific sign**, or the baby has two or more non-specific signs, use the chapter *Multiple Findings (Most Often Sepsis or Asphyxia)* (**page F-35**).

PROBLEM

- The baby has a non-specific sign, such as:
 - lethargy;
 - drowsiness;
 - reduced activity;
 - floppiness;
 - irritability;
 - jitteriness;
 - “looks ill.”

FINDINGS

- Review the findings from the general history (**page F-7**) and examination (**Table F-2, page F-11**), and use this information to determine the probable diagnosis.
- Ask the mother if she received opiate drugs for pain relief during labour and birth.
- Measure blood glucose (**page P-13**). If the **blood glucose is less than 45 mg/dl (2.6 mmol/l)**, treat for low blood glucose (**page F-91**).

GENERAL MANAGEMENT

- Allow the baby to breastfeed (**page C-11**). If the **baby cannot be breastfed**, give expressed breast milk using an alternative feeding

method (**page C-14**).

- Assess the baby's muscle tone and activity at least once daily.
- If the **baby is floppy or lethargic**, handle and move the baby gently to prevent injury when the baby's muscle tone is low. Support the baby's entire body, especially the head.
- Use **Table F-19 (page F-89)** to determine the probable diagnosis.
- If a **specific problem still is not found**:
 - Assess the baby for additional signs every two hours for the next six hours;
 - Ensure that the baby is fed and kept warm;
 - If a **specific problem is noted during the observation period**, follow instructions in the appropriate chapter;
 - If the baby seems well at the end of the observation period, discharge the baby (**page C-67**), and tell the mother to bring the baby back if a problem is suspected.

DIFFERENTIAL DIAGNOSIS

TABLE F-19 Differential diagnosis of non-specific signs

Findings ^a		Probable Diagnosis
History	Examination	
<ul style="list-style-type: none"> • Opiate drug given to mother during labour or birth • Time of onset at birth 	<ul style="list-style-type: none"> • Lethargy • Respiratory rate less than 30 breaths per minute 	Drug-induced lethargy, below
<ul style="list-style-type: none"> • Complicated or difficult labour or birth (fetal distress) • Failure of baby to spontaneously breathe at birth • Resuscitation at birth • Maternal uterine infection or fever any time from the onset of labour to three days after birth, or rupture of membranes for more than 18 hours before birth 	<ul style="list-style-type: none"> • Baby looks ill 	Suspected asphyxia or sepsis, page F-35

^a The diagnosis cannot be made if a finding listed in bold is absent. The presence of a finding listed in bold, however, does not guarantee the diagnosis. Findings in plain text are supportive findings; their presence helps to confirm the diagnosis, but their absence cannot be used to rule out the diagnosis.

SPECIFIC MANAGEMENT

DRUG-INDUCED LETHARGY

- Provide general care.
- If the **baby's respiratory rate is less than 30 breaths per minute**, give oxygen (**page C-25**) at a moderate flow rate.
- If the **baby is not breathing at all, is gasping, or has a respiratory rate less than 20 breaths per minute**, resuscitate the baby using a bag and mask (**page P-1**).
- If the **baby is still lethargic after six hours**, suspect sepsis or asphyxia (**page F-35**).

