



Supportive Clinical Information Initial Management of Malaria In Children Greater than 6 months

Criteria for severe falciparum malaria:

The presence of one or more of the clinical or laboratory features classifies the patient as having severe malaria

Clinical manifestation	Laboratory test
Prostration / impaired consciousness	Severe anemia (hematocrit < 20%; Hb ≤ 70 g/L)
Respiratory distress	Hypoglycemia (blood glucose < 2.2 mmol/L)
Multiple convulsions	Acidosis (arterial pH < 7.25 or bicarbonate < 15 mmol/L)
Circulatory collapse	Renal impairment (creatinine > 265 umol/L)
Pulmonary edema (radiological)	Hyperlactatemia
Abnormal bleeding	Hyperparasitemia a. ≥ 2% for children < 5 years b. ≥ 5% for non-immune children ≥ 5 years c. ≥ 10% for semi-immune children ≥ 5 years
Jaundice	
Hemoglobinuria	

Some young children with parasitemia >2-5% who have had several previous malaria infections, meet no other criteria for severe malaria and are being observed in hospital may be candidates for atovaquone-proguanil treatment if they can be monitored closely and parenteral therapy is available should their condition change.
 Non-immune individuals would include those born in non-endemic countries or low-transmission settings, such as travelers.
 In addition, those who have previously lived in endemic settings would be considered to have lost their immunity after a period of time away

Adapted from [Treatment of malaria: Canadian recommendations for the prevention and treatment of malaria](#)

Artesunate

- Procure from NSH (HI) (120 mg per vial) via the SAP Pharmacy Technician zahra.mohammad@nshealth.ca, Office: 902-473-3667 Cell: 902-229-2873. If after hours, contact NSH Central Zone pharmacist on call.
- NSH IV Monograph and kit accompanies the drug with required diluents – sodium bicarbonate and sodium chloride. It takes several minutes (close to 10 min) for the powder to completely dissolve and solution to become clear, final concentration: 10 mg/mL

Atovaquone/Proguanil:

- Do not use as follow-on oral therapy if used as malaria chemoprophylaxis or creatinine clearance <30 ml/min: in this situation consult Infectious Diseases for additional options for follow on oral therapy.

Hemolysis:

- Post artesunate delayed hemolysis is characterized by a decrease in hemoglobin with laboratory evidence of hemolysis (e.g., decreased haptoglobin, increased LDH) occurring greater than or equal to 7 days after initiation of artesunate. Patients with higher parasite density may have a higher likelihood of delayed hemolytic anemia after treatment.