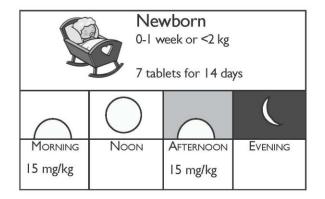
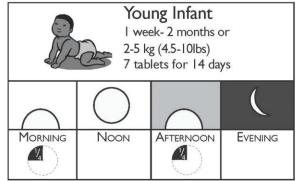
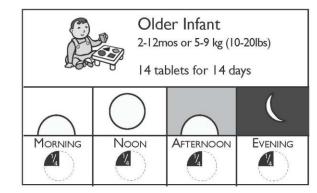
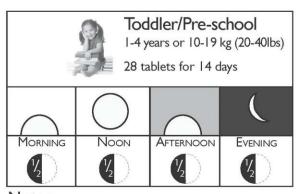
## Metronidazole 250 mg

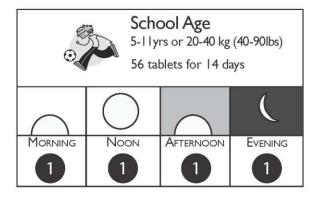
Emergency Early Intervention for Noma and Suspected Pre-Noma Lesions, and other Infections

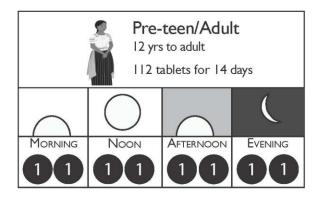












## Notes:

- At first sign of early noma, begin METRONIDAZOLE 250mg/tablet. Continue 14 days.
- Maintain METRONIDAZOLE 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat nerotizing gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Dentifrice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If METRONIDAZOLE is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Also use for eye infection after measles, with Amoxillin.
- Metronidazole is also used for trichomoniasis, bacterial vaginosis, amebic liver abscess, intestinal amebiasis, pelvic and abdominal infections (with other antibiotics), giardiasis, c. difficile diarrhea.
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to give a course of broad spectrum antibiotics such as cotrimoxazole and/or metronidazole and amoxicil-lin while referring to a higher level of care.
- Category B: Safe in Pregnancy