

The Role of ASHAs/ASHA Facilitators in Prevention and Management of Acute Encephalopathy Syndrome

What is Acute Encephalopathy Syndrome (AES)?

AES can occur because of many causes including inflammation of the brain. There can be many causes of AES. In this brochure we will discuss a particular form of AES seen in some districts of the country, particularly where there are Litchi orchards.

What is the cause of AES?

Children less than 15 years and especially between two to five years of age, who consumed litchi within the last 24 hours, could get AES. Litchis have a chemical that lowers blood sugar level. This reduced blood sugar level leads to AES.



When is it most likely to occur?

The outbreak of AES occurs in the dry, hot months of May to July; which is also the time when the Litchi fruit is in season.

Signs and Symptoms

- The main symptoms are fits and altered mental status such as confusion and drowsiness.
- There may or may not be a fever.
- The onset of these symptoms is sudden. They are mostly seen early in the morning (between 3:00-5:00 AM). The reason the symptoms are severe in the morning is because the levels of sugar in the blood are low at that time (because of the gap between the evening meal and the time the child wakes up).
- The patient can go very quickly into a coma.
- The symptoms are more severe in children who are malnourished



What is your role as an ASHA?

As an ASHA your role is to

- Create awareness in the community about causes and prevention of AES,
- Teach parents and family the need for early recognition, prevention and immediate support,
- Know which are the nearest referral sites,
- Enable immediate referral to an appropriate facility.

Prevention Messages:

The Village Health and Nutrition Day (VHND) platform should be utilized to increase general community awareness. During the season (May to July) you must undertake household visits where there are children less than 15 years and where there are families living in the vicinity of Litchi farms, so as to enable parents to remain alert.

Key messages include:

1. Advise families to minimize consumption of litchis by children.
2. Provide information on causes and signs/symptoms of the disease.
3. Counsel parents on feeding children with a bedtime meal that includes locally available vegetables and cereals like potato curry, rice and chapattis. If available, night time meal should comprise of carbohydrate rich cereals (barley/pearl millets Jowar/Bajra). This would ensure maintenance of normal levels of glucose through the night.
4. If the child consumed Litchi in the day time, parents should wake the child at mid night and feed him with the high carbohydrate diet.
5. Night meals should not be missed.
6. Nothing should be given orally in the case of a child having fits/seizures. Between fits if a child can drink orally, sugar water solution should be given.



Management:

Once you suspect that a child has AES, you should ensure following:

- Child to be immediately referred to a nearby designated health facility, a PHC where round the clock MO is on duty and facility for glucose testing and correction is available (designated PHC list to be provided to ASHA)
- Use patient transport ambulance – such as 108 for transferring cases
- Nothing should be given orally in the case of a child having fits/seizures
- During transportation to primary health care patient should be positioned in such way to prevent mouth secretions going into respiratory passage (Fig. 1)

Fig 1. Position of the Patient

- Turn the patient on the side to reduce risk of aspiration.
- Keep the chin up and stabilize by placing cheek on one hand
- Bend one leg to stabilize the body position.

