Malaria Treatment Protocol (ver 1.4)  Produced OCT 2012, updated OCT 2013

**Note:** Always treat all fevers in Malarial areas as malaria until proven otherwise. Always treat dehydration and nausea if present.

**Note:** Always finish TX for malaria with Primaquine, even if the PT was not evacuated and will remain in country.

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**Patient has clinical signs of Complicated Malaria:**
- *Begin Treatment*
  - Call Higher Level for Consultation
  - Prep for Evacuation
  - Administer Rapid Diagnostic Test – Binax
  - *And if trained:*
    - Take Thick and Thin Blood Smears

**Patient has clinical signs of Uncomplicated Malaria:**
- *Treat for Uncomplicated Malaria*
  - Administer Rapid Diagnostic Test – Binax
  - *And if trained:*
    - Take Thick and Thin Blood Smears

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**Treat for Complicated Malaria:**
- *1st Line: IV ARTESUNATE:*
  - 2.4 mg/kg initial dose, then 2.4 mg/kg dose 12 hours later, then 2.4 mg/kg dose Q 24 hrs once daily for a total of 4 doses or until pt can tolerate oral artemisinin-based combination therapy (ie, Coartem)
- *2nd Line: IV QUININE:*
  - 20 mg/kg loading dose over 4 hours, followed by 10 mg/kg every 8 hours given over 2 to 4 hours.
  - Once parasite density <1%, patient can take oral medication. **CAUTION:** Do not give loading dose if pt has received quinidine or mefloquine within last 24 hrs

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**Treat for Uncomplicated Malaria:**
- *1st Line: COARTEM*  
  - 4 tablets initial dose. Then 4 more tabs after 8 hours and then 4 tablets twice daily for 2 days (total 24 tabs)
- *2nd Line: MALARONE:*
  - 4 Tabs orally per day x 3 days
  - Use Anti-emetics liberally to ensure tolerance of PO meds

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**Complicated Malaria SSX:**
- Unarousable Coma
- Seizures
- Severe Anemia
- Severe Bleeding
- Abnormalities
- Pulmonary Edema/ARDS
- Renal Failure
- Hemoglobinuria
- Hypoglycemia
- Hypotension/shock
- Acid Base Disturbances

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**Uncomplicated Malaria SSX:**
- Fever of 101 degrees
- Shaking Chills
- Sweats
- Headache
- Muscle Aches
- Exhaustion
- Nausea/Vomiting
- Diarrhea
- Anemia
- Jaundice

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*Continue Treatment (Coartem or Malarone)*
- Capture blood drop on filter paper and send to NAMRU in Egypt
- Continue Blood Smears to check for improvement

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PT Condition?
- Improving
- Worsening or no change

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Consider other Diagnoses and Treatments/Call Higher Level Consultation