



# Friends of Barnabas



## Medical Handbook

2025

[www.fobf.org](http://www.fobf.org)

# Friends of Barnabas Contact Information

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Medical Professionals,

Friends of Barnabas is very grateful to you for your gift of time, sharing your talents and your knowledge with the people of Honduras. We hope that participating in our Mountain Medical Team program will be a rewarding and enriching experience for you. We depend on your expertise, assessments and treatment decisions. None of our programming is possible without your help.

Please know that a Honduran physician is available for consultation and questions, to complete the referrals you make and is ultimately responsible for all care given during the clinic day. Please remember that while in Honduras you are working under that Honduran physician's license, so keep the Honduran team abreast of all issues that arise.

Our programs make a difference in the lives of the Honduran people. Our care doesn't end once the clinic day closes. Friends of Barnabas continues to care for these patients, providing long term support, education and resources to the communities we serve. Our Mountain Medical Team is the centerpiece of this ongoing effort. In order to assist you in your care of these patients, we have provided guidance and references in this handbook. Our medical teams are comprised of volunteer medical professionals from a variety of backgrounds and differing skill sets. We hope this handbook, as well as collaboration with team members will allow you to make the best care decisions for your patients. Friends of Barnabas is appreciative of your compassionate care and here to support you in this endeavor.

Blessings,

The FOBF Medical Advisory Committee

10/2/2024

## **WHAT TO PACK FOR CLINIC DAY**

Wear layers as the mountain weather can be cooler than at the Barnabas House, a hat and sunglasses, a small umbrella or a rain poncho.

Wear sturdy, close-toed, comfortable shoes that will allow you to navigate hilly or rocky terrain, as well as cushioned socks.

Pack stethoscope, otoscope, small flashlight, bandage scissors and your medical handbook as a reference.

Additional essentials: insect repellent, hand sanitizer.

Any medications you take as prescribed by your personal physician.

Do not bring valuables (electronics), large sums of cash or credit cards to the communities.

A first aid box is available at Alfredo's House for illness that may develop within the team. Please let our Medical Director know if any medications are used from the box so that we can replace them for the next team.

### **Prayers as you begin your clinic day**

As I care for my patients today, be there with me, O Lord, I pray. Make my words kind – It means so much. And in my hands place Your healing touch. Let Your love shine through in all I do, so those who are in need may hear You, feel You, See You in me. AMEN. Give to my heart, O Lord... Compassion and understanding. Give to my hands, skill and tenderness. Give to my ears, the ability to listen. Give to my lips, words of comfort. Give to me, O Lord... Strength for this selfless service. And enable me to give hope to those I am called to serve. AMEN

Lord, please help me to bring Comfort where there is pain, courage where there is fear, hope where there is despair, acceptance when the end is near. and a gentle touch with tenderness, patience and love. AMEN

Prayers for families in need: A few thoughts--Ask families if you may pray for them. Ask them if they have particular concerns that they would like to pray for. Keep prayers short.

Lord, we lift up this family who are facing various hardships. Give them the hope and courage that they need to face today and every day. Comfort their pain, calm their fears and surround them with your peace.

Lord, grant wisdom to parents in raising these children, give them faith and a sense of calm during difficult times. Provide for them the resources they need, the strength to meet the challenges and the love to sustain them.

“Dear friend, I pray that you may enjoy good health and that all may go well with you”. 3 John 1:2

## **POLICY AND PROCEDURES MMT**

### **TITLE: ESTABLISHMENT OF WORKING AREAS IN VILLAGE**

#### 1. Purpose Statement:

To establish consistency, clarity, safety and efficiency for MMTs upon arrival in a community.

#### 2. Responsible Persons

All MMT members and FOB Honduran Staff

#### 3. Policy Statement

The FOB Honduran staff will direct and organize the establishment of clinical work areas in each community.

#### 4. Procedure

1. A site plan with photographs has been made for each community FOB serves. These will be labeled with the location of each clinic area, as well as the best location for the EMR router. Please follow the set plan.
2. A representative of FOB will address the residents of the village. This person will give a welcome and brief overview of the purpose of the MMT presence. The leader of the US MMT may also be asked to give a welcome from the team.
3. A Honduran medical staff member will give a brief health education presentation to the community people.
4. Work areas will be divided into Medical Clinic, Eye Clinic-pediatric and adult, Dental Clinic, Deworming/Vitamins and a Weights and Measures area.
5. Containers of supplies will be taken to their respective areas.
6. People to be seen in a clinic will be organized by a Honduran staff with a number system. Orderly intake and output of patients from each clinic will be managed by a Honduran staff "gatekeepers".
7. Please be sure all team members assist in taking down and cleaning up at the end of the clinic day.

## Title: PPE Policy for Mountain Medical Teams

1. Purpose Statement:  
To provide guidelines for all Mountain Medical team members concerning the appropriate use of, and minimal requirements for, the use of PPE in a clinic setting.
2. Responsible Persons:  
All Mountain Medical team members, including Friends of Barnabas staff and in-country volunteers.
3. Policy Statement:  
All Mountain Medical team members, Friends of Barnabas staff and volunteers are required to wear the appropriate PPE for the clinic area for which they are assigned to work.
4. Procedure:
  - a. The minimally required PPE to be worn indoors in all clinic areas is a face mask **(surgical mask)**.
  - b. When a team member must perform any type of procedure, gloves should be worn.
  - c. Dental clinic assistants are required to always wear mask and gloves when caring for patients.
  - d. Team members are free to wear more than the minimally required PPE, if they desire, in any given clinic area.
  - e. Taking mask breaks is highly recommended throughout each day.
  - f. Requirements may change as the mandates from the Honduran Minister of Health's office change, or the FOB medical staff make changes according to the illness rates in both Honduras and the US.

10/2/24



## **Hints for your Clinic Day**

- All patients will go through a detailed triage procedure, done by Honduran nurses, after registering for the clinic. They will determine who needs medical attention by an advanced practitioner, if available. Sick patients will be seen first.
- Patients who are identified as potentially needing a prescription level medication or may need a referral will be directed toward the advanced practitioners on the team.
  - All families:
    - A pre-packed bag of over-the-counter medications is to be given to each family. This bag will contain anti-biotic, anti-fungal and anti-itch cream, TUMS, tooth powder or paste and Tylenol 325mg.
    - Additional medications are available as needed by the family-children's Tylenol, muscle rub, diaper rash cream, infant vitamins, saline nasal spray and saline eye drops, etc.
    - Educational materials about usage and dosing will be in each bag and must be reviewed with the head caregiver in the family.
  - More complicated patients:
    - All patients identified as needing further follow-up or treatment should be referred to the Honduran Staff Physician after visit is completed.
    - A sick patient and their entire family will be seen together.
  - Less complicated patients
    - Do a basic assessment on each child. Listen to heart, lungs, review the growth curve and the developmental screening results done at Measuring. Provide relevant anticipatory guidance to the family for each child.
    - Infant vitamins will be dispensed from the vitamins station. Please ensure this has been done when seeing a family with a child under 3yo.
    - If you are an RN and you have a patient that needs a prescription level medication, please ask an advanced practitioner to consult with you.
- RN's should ALWAYS consult an advanced practitioner about appropriate medications and dosing for pregnant or nursing mothers.
- You are encouraged to teach medication safety, and natural methods of disease care. We give a limited amount of medication to each family. Dispel myths and encourage those appropriate treatment methods. An education booklet is given to each family at intake which contains the most common education topics that may need to be discussed.
- Referrals can be made for any health issue that cannot be handled in the MMT clinic. If you wish to refer a patient (adult or child), please have the Honduran physician come to

your station so she/he can decide the correct referral path for that patient. Adults will be given a referral slip, giving them priority access at the closest Health Center. We do not provide long term medications or health care for adults. Please complete your visit with them, educating about and treating all other issues found, prior to their seeing the Honduran physician for their referrals instructions.

➤ **Referral for children can include:**

- **Cardiac issues**
  - **Neurological issues**
  - **Chronic Asthma or respiratory issues that are not being managed well.**
  - **Failure to thrive or growth retardation (refer to provided growth chart)**
  - **Any developmental delay**
  - **Any surgical needs**
  - **Syndromes**
  - **Eye issues-this includes glasses, corrective treatments and potential surgical needs.**
  - **Dental problems**
- **Referral hints:** Hypertension: New onset; if the blood pressure is greater than 140/90, a referral should be made to Dr. Moncada. Please call her to your station to discuss whether she needs to assess the patient at her station or whether a FOB nurse can complete the referral for the patient.
- To diagnosis hypertension, at least two readings should be obtained. At least one of these should be a manual blood pressure reading.
- **Referral hints:** Diabetes: All diabetic patients should have a glucose test. All diabetic patients should have a referral to Dr. Moncada. If the Glucose is a 2-hour post prandial then any reading over 180 should be considered abnormal. For non-diabetics any glucose of 120 should be considered abnormal. (it is best if the patient is NPO for 4 hours before the glucose is taken)
- If the patient needs prescriptions for their diabetic medications, discuss with Dr. Moncada.
- **Other Medical Conditions:** This would include heart disease, developmental disabilities, kidney disease, lung disease, the strange and bizarre, and other medical conditions that would require long term treatment and monitoring. These should all be referred to Dr. Moncada. If they have already established care with a Honduran provider, Dra. Moncada will complete the referral back to the established specialist.
- Rehydration instructions can be found in the education booklet for children with diarrhea, nausea and vomiting issues.
- Please remember your pharmacy members do not speak "medical-ese". When giving them medication requests, please write it down.
- Any child who has been exposed to a mosquito borne illness, or who the parent states has had a high fever, followed by a rash, should be referred to the Honduran physician for follow-up.
- Most common issues you will see include: URI (cough and cold symptoms), skin issues (fungus, bugs bites, rashes), headaches (often chronic dehydration), diarrhea and stomach pain (from poor

quality water), ear infections, gastritis, high blood pressure, arthritis and muscle pain, allergic or dry eyes.

- If there are medications that you have brought with you to use, please be sure to take them back to the U.S. or give them to the Barnabas House for use by our physician. DO NOT ADD THEM INTO THE TUB INVENTORY PLEASE.
- Spend some time in the medication bodega (storage room) before our clinic week begins. This will help you get a better idea of how things are stocked and what is available. Use your inventory list in this handbook as a reference. All medications available are listed in the EMR.
- If a medication in the formulary is not available in the strength listed, please use your medical judgment in deciding an alternative. We do not ship medications to Honduras on a monthly basis. There may be times when you will run out of a medication or a strength. Please adapt.
- If there is a child who you refer for further follow-up and you wish to obtain information later, you will need to provide the child's name, community and parent's name, along with the date you saw them in the clinic. Without this information, it is difficult to track down patients to get follow-up. Keep in mind, just because they were given a referral, it does not mean they made their way to the Barnabas House for further treatment.

## Handling of Positive COVID cases on a Mountain Medical Team

### Purpose Statement:

To provide clinical guidance for the handling of a MMT member with a positive COVID test while in Honduras.

### Responsible Persons:

Dra. Maria del Carmen Moncada, Martha Lidia Cano, Team Leader(s), Lead Medical Professional on the team.

### Policy Statement:

The disposition of a positive COVID case on a Mountain Medical team will be handled by a pre-determined set of the leadership team.

### Procedure:

- 1) Any team member who is suspected of having COVID or presents possible COVID-like symptoms should be tested, if a test kit is available.
- 2) If the test is positive, the team member should be isolated in a room at the Barnabas House or an unused room at Alfredo's House. They must have meals delivered to them.
- 3) Any team member testing positive must remain at the Barnabas House compound and not go out to clinics.
- 4) If a second team member develops symptoms and tests positive, the entire team and Honduran staff/supporting team staff should be tested before going out on the next day's clinics.
- 5) If the team has three or more team members testing positive, the team can no longer go out to hold clinics for the week.
- 6) Masks must be worn in Alfredo's House if a team member tests positive, only to be removed for meals, sleeping and bathing.
- 7) Tasks will be given to a team to do if the team or team members must stay back at Alfredo's House.

## EXTENDED CARE PROGRAM

The Extended Care Program (ECP) was developed to be an extension of our Community Health Development Program and attends to the medical needs of **children**, whom you may encounter as a volunteer on a Mountain Medical Team. The needs of these children, whether acute or chronic, cannot be met in the daily clinics set up in the rural communities of Honduras that we serve. Our staff at the Barnabas House provides the necessary arrangements for follow up care and referrals as indicated for each individual child. We provide transportation, home visits, medications, medical equipment, and any surgery or treatment deemed necessary at no cost to the family.

### 11 Important Things to Remember About ECP:

1. Referrals to the ECP can only be made for children. (However, in the communities our medical staff can write referrals to the public health care system for adult patients.)
2. Referrals can be made to the ECP for children with Down's Syndrome. We work with another organization to provide conferences twice a year specific to this population at the BH.
3. Referrals can be made to the ECP for palliative care.
4. Referrals can be made to the ECP for children with surgical needs.
5. Referrals can be made to the ECP for children who are unable to purchase meds needed for chronic disorders or diseases (i.e. seizure meds).
6. Referrals can be made to the ECP for children who are thought to have chronic or poorly managed respiratory issues (i.e. asthma).
7. Referrals can be made to the ECP for children with severely stunted growth, any developmental delay or chronic malnutrition.
8. Referrals can be made for children who present **severely ill or compromised and need further medical attention ASAP**. If needed, FOB can arrange transportation for this child directly from the community to the closest hospital or clinic. The community leader will be involved in this process to ensure all resources are used.
9. Referrals are made from the pediatric eye screening station for children who have a "referral" reading. These could be a need for glasses, corrective treatments or surgery. These patients will see the Honduran physician for instructions on how to proceed for further assistance through FOB.
10. Often our hearts are heavy in the communities we visit as we experience the unimaginable daily suffering of so many. MMT providers can make a referral to ECP for a specific family follow up / home visit just because our heart and our instinct tell us to. Never leave a community or end a day wondering if something else for a child can be done....don't be afraid to ask.
11. The Barnabas House has two main purposes. First, it is used as a medical clinic on a daily basis. The children who are referred to, or who are presently in, our Extended Care Program come here for exams, medication dispensing and sick visits. Second, it is used as a stopover place on the way to or from appointments with specialists. Our patients are provided with a clean place to sleep, meals as needed, rest and healing.

## The Importance of Our Electronic Medical Records Program

FOBF now has an electronic medical record system which offers benefits to patients and caregivers alike. Please understand that use of the EMR and following the documentation policies of FOBF are an expectation of participation on a mountain medical team.

- Continuity of care- We can see all previous visits with any given patient in the EMR. This allows the practitioner caring for a patient to follow-up on any previous or reoccurring issues documented. Friends of Barnabas previously used small paper trifold charts to document patient encounters. These paper charts were only kept for one year. Due to lack of storage space, they were disposed of at the end of each year. It is impossible to go back and look at previous visits to a community or with an individual patient.
- Quality of care-the quality of care for any patient will be improved due to the ability to view previous visit notes. We can see when a patient was referred, see what steps were taken to address the referral issue and continue to track improvements and compliance.
- Tracking program effectiveness-having the means to monitor patient encounters over a long term, we can prove that our involvement with a patient, a family and a community are making a difference. This allows us to show grantors, donors, and supporters that their support of our programs makes a difference in the lives of those we serve.
- Track more than just numbers- We receive a written summary from the EMR company for each medical team the week following the team's activities. It allows us to monitor medications dispensed, education provided and fine tune our referral process. These are things we could not previously review. Our Honduran staff previously spent every November hand counting the basic information from each paper chart for the year. This was an "all hands on deck" activity for two to three weeks. We can now use this time to plan according to the trends we are seeing.
- Meeting the specific needs of each community-We are now able to see disease trends within any given community. This will allow us to plan our education opportunities for that community to address the issues that they have, better serving their specific health needs.

### Tips:

- **Use the drop-down lists.** Type the first three letters of what you are looking for and it will pop up. Then click of the item. Typing it all in takes too much time. You have the lists in your medical manual to which you can refer.
- Only add explanatory comments to treatment choices, if necessary.
- Use the templates, if you desire, and make changes to the template as needed.

Friends of Barnabas appreciates your willingness to serve as well as your willingness to help us improve our care. We pride ourselves on searching out ways to improve the care and support

we provide to individuals, families, communities, and the country of Honduras as large. Your help, cooperation and support allow us to continue to do all those things.

### Use of Backpack EMR program

In-person training will be done with the FOB Medical Director prior to your leaving for your mission week. It is a required training, so if you cannot meet during the time that the rest of the team is being trained, please let the Medical Director know and the training will be recorded for you. Once in Honduras, you will again have a training session with our Honduran staff.

You will be given an iPad each morning prior to the start of clinic and return it at the end of the day. You cannot use your personal iPad for documenting.

iPad PIN number for opening the iPad is the same for each device. **0507**

Each person assigned to document with an iPad for their area will be given a **separate PIN number** to get into the EMR program. You will see your picture on the main screen. Select the picture icon, enter your personal PIN number and the program will open.

The iPads use both touchscreen and keyboard for entering information.

Please ensure that you are connected to the router as well as to the other iPads by finding the green < in the top right-hand corner of the screen. The number beside the arrow indicates how many other iPads you are connected to. One green arrow must be seen, which indicates you are connected to the other iPads.

An FOB staff member will ensure that your iPad is set to the correct campaign and community for each day.

#### Using of device

The ON button is on the top left-hand side of the device. You will need to hold the button down until you see the apple icon pop up on the screen.

Gain access to the iPad using the **0507 PIN** number.

Choose the Backpack EMR icon to open the EMR program.

Choose the icon with your photo.

Enter your personal PIN number.



## Using the EMR Program

Each patient family will have a card that lists all the names of the family members present at clinic that day. This will be given to the head of the family. Each individual patient will also have a card identifying which clinic areas they need to attend (well clinic, sick clinic, eyes, dental, etc).

Every patient will be entered into the program at the intake station. Two Honduran nurses will be gathering and documenting intake data. As patients are completely registered, you can see them listed with photo, name, age, date of birth, gender, and a random EMR generated ID number.

To find a patient's chart, type the last four digits of the EMR generated patient number, listed on their patient card. You may also use the beginning letters of their first or last name into the search block. Choose the chart for your patient.

On the first screen you will see a list down the left side of the screen of all the visits they have had with an FOB MMT, as well as a **History** tab. The **History** tab will have the patient's history (medical alerts, chronic illness, allergies, etc). Across the top of the History tab, you will see an **Immunization** tab (this will be used to document whether the patient has had any COVID vaccines), a **Family** tab (this can be used to document any significant family medical history), and a **Visit Summary** tab that will show you what happened on all previous visits. A **Social** and **Maternal** tab are also listed, but we do not use them at this point. If there is significant information you feel should be documented in any of these tabs, please do so.

Choose the visit for today's date. It should be at the top of the list. Across the top you will see a list of all the available documentation tabs. (Public Health, Complaint, Immunizations, Vitals, Labs, Vision, Exam, Pharmacy and Virtual Care. You will not be using the Virtual Care tab.

## Who completes what information:

**History Tab-Medical Alerts** will be completed by **Intake**. If they are not, please do so. **Medical History** will be completed by the **Medical Stations**.



**Public Health Tab**-the COVID questions will be asked at **Intake**. If there is any suspicion of a patient having COVID, they will be sent directly to the local COVID clinic and not be allowed to enter the MMT clinic. The answers to other COVID questions will be listed in the comments box at the bottom of this page.

**Complaint Tab**-will be completed at **Intake**. These are general complaints, not necessarily what you need to address unless the patient restates them to the practitioner.

**Vitals Tab-Measurement Station** will complete height, weight, and head circumference. Vitamins and deworming station will take a B/P and pulse reading. **Temperatures** will be done at **Intake**. **Medical stations** will take O2 saturation as needed, and verify any elevated b/p. Height, weight and head circumference percentages will be matriculated onto the Growth Charts in the program. If there is a team member who understands early developmental screenings, they should be assigned to the measuring station. Developmental screening findings should be documented on the notes line.

**Labs Tab**-Labs are those done in clinic as indicated by the **medical professional seeing the patient**. These include urine dip, glucometer, pregnancy tests. You will see a drop-down list of labs. There are more listed than what we have available. Please document the results, for Lab Facility write MMT, check when lab is completed and who completed the test.

**Vision Tab**-this will be completed in the **Adult or Pediatric Eye Clinic**.

**Adult Eye Clinic**-use the drop-down list to document findings and treatment. If given glasses, sunglasses or eye drops, please be sure to check **Patient Received**.

**Pediatric Eye Clinic**-please use the **Eye Rx Notes** to write down referral findings. If the reading is normal, write screening normal.

The screenshot shows a patient's medical record for Peter Parker (ID: 3250-6313, Male, 22 years, DOB: 04/30/1997). The record is dated August 30, 2019, at 8:53 AM. The patient is currently 'Waiting' in the 'Glasses' department. The record is categorized as 'Primary Care - Demo' and was last saved a minute ago. The 'Exam' tab is active, showing a 'Provider Exam' note: 'Wakes up with severe lower back pain, esp after working late into the night'. There is an 'Add Photo' button and a photo of a person in a Spider-Man costume. The 'Diagnosis' section shows 'Back Pain' with a dropdown arrow and 'Potential slipped disc'. The 'Treatment Plan' section has a dropdown arrow and radio buttons for 'Medication', 'In Office', and 'Follow-up'.

**Exam Tab**-To be completed by the **Medical Professional at the Medical station**. Enter your name as the Exam Doctor. Exam notes should be simple and concise. Use the templates for Adult, Pediatric or Infant patients, if you desire. Edit information to reflect abnormal findings. **These are to be done in English for future team use.** You can take photos of rashes, wounds, etc. You can add multiple diagnoses by

pressing the little + icon beside the last entered diagnosis. You must enter a diagnosis to be able to enter a treatment plan. The drop-down list is extensive. You will see it listed as English then Spanish. **Treatment Plan** includes medications (this has our entire formulary listed), in office (this includes wound care, nebulizer treatments as well as all education topics. Please be sure to document all education given), and follow-up for referrals. **PLEASE use the drop-down lists unless what you need is not listed. Refer to the back of this manual for a complete list of all options.**

Please document all education done in the In-Office drop down list. All education areas are essential.

Please review the height and weight with the parent of a child being seen at your station. All abnormal findings that are growth and development related need to be referred.

**Vitamin and Deworming station** will enter any anti-parasite administration done that day and the amount of vitamins distributed. They will enter using the “Prevention Measures” diagnosis so that medication administration can be entered.

Dental patients will have their care documented under the **Exam Tab**. Dental diagnoses are found in the “Diagnosis” drop down list, then treatments are found in the “in-patient” drop-down list. Dental clinic will also need to document any fluoride treatments that are done. Fluoride treatments are documented under “Prevention Measures” and found in the “in-patient” list.

**Pharmacy Tab**-here you will find a list of all the medications you have given, as well as a list of education done and any referrals. It is a good way to review and confirm you have completed all you wish to do with a patient.

All documentation is automatically saved. If you need to go back and change something, press **Edit** found in the top right-hand side under the tabs. When you have completed your charting, press the back button to go out of the patient’s chart before closing the iPad or turning it off. This will ensure that all is saved properly.

Keep watch on the green arrows in the top right-hand corner to be sure you are staying connected. If you can’t find a patient’s name, this may be the issue. Ask an FOB staff member for assistance (Lidia or Fernando). Do not start a **New Visit**.

Please take the time to familiarize yourself with all the options listed in each drop-down list, so you can chart with ease.



## PHARMACY & CLINIC INSTRUCTIONS

To be read by EACH team member serving in the medical clinic and pharmacy (including translators).

### Policies:

- **FOB does not give expired medicines to patients.** When you find expired medicines, give them to FOB staff.
- FOB does not endorse the use of lice shampoo. The official treatment for lice is mayonnaise.
- FOB recommends that no more than 2 medicines per patient per chief complaint be given. This recommendation is given to eliminate confusion and does not include vitamins or Tums.

### Prior to the Start of Clinics:

- **Children and prenatal vitamins should be divided into packets of a SIX MONTH SUPPLY** (empty bottles and zip lock bags can be used) on Saturday or Sunday afternoon, after your arrival in Honduras.
- Adult vitamins should be divided into packets of a three-month supply. **They should be taken every other day.**
- Well clinic bags should be prepared with antibiotic, anti-fungal and anti-itch creams, Tylenol 325mg bag, and TUMS as well as an education sheet.
- "Extras" (clothing, flip flops, etc) will NOT be left in communities. Diapers, slings, flip flops, etc. will be utilized as needed from the medical stations. Larger community needs are addressed by FOB Honduran staff on an ongoing basis.
- Please remember that FOB inventory for teams is sent on a rolling basis. Therefore, any vitamins. Well bags (or other medications) remaining at the end of the week are to be used by the following team. **DO NOT PROVIDE THESE ITEMS TO COMMUNITY REPRESENTATIVES OR OTHER COOPERATING ORGANIZATIONS.**

### General Clinic Setup:

- **Each medical professional and pharmacy volunteer MUST review the team's inventory thoroughly prior to the first clinic day.** FOB provides medical professionals with a copy of the medical handbook, which includes our inventory listing which medicines are available for use and contains helpful notes for practitioners.
- At the end of each day, all leftover medicines at your station should be placed in a box provided for you.

### Pharmacy Instructions:

- Open one bottle at a time and use completely before opening another.
- MAINTAIN THE ORDER OF THE MEDICINES BY TUB CATEGORIES. SUGGESTIONS AND CONCERNS CAN BE RECORDED ON THE EVALUATION FORMS. DO NOT CHANGE THE TUB SYSTEM.

### **Medications:**

- All medications should be given in zip-top bags. Do not use other types of bags which must be knotted.

- All medications must be labeled in SPANISH with the following information: (1) Patient's first name, (2) Name of medication and dosage, e.g. Amoxicillin 250 mg, (3) Directions for taking the medication, e.g. "1 tablet 2 times per day", (4) Any special instructions, e.g. "Take with food"
- After dispensing all medicines to a family, the parent or eldest sibling should repeat the instructions of each medicine to the translator to ensure that all directions have been understood.
- Medications which are pre-bagged such as vitamins, Tums, and Tylenol should have a label on the bag rather than writing on the bag with a sharpie.
- Minimize the amount of pre-bagged medications left for the next team.
- When amoxicillin powder is not available, use amoxicillin capsules for children as well as adults. Medical staff can teach parents to open capsules and mix the powder with beans or a liquid.

## INVENTORY LIST

<b>Tub</b>	<b>Category</b>	<b>Item</b>	<b>Strength</b>
1	Analgesic	ASPIRIN	81MG
1	Analgesic	ACETAMINOPHEN CHILD LIQUID	160mg/5ml
1	Analgesic	ACETAMINOPHEN CHEWABLE	80 MG
bulk	Analgesic	ACETAMINOPHEN(TYLENOL)	325 MG
bulk	Analgesic	ACETAMINOPHEN(TYLENOL)	500 MG
2	Antibiotic	CIPROFLOXACIN TAB	500mg
2	Antibiotic	AZITHROMYCIN	500 MG
2	Antibiotic	AZITHROMYCIN	200mg/5ml
2	Antibiotic	AZITHROMYCIN	250mg
2	Antibiotic	AMOXICILLIN TABLET CHEWABLE	250 mg
2	Antibiotic	AMOXICILLIN TABLET	500 MG
2	Antibiotic	AMOX FOR SUSP 250mg/5ml 100ml bottle	250mg/5ml
3	Antibiotic	CEPHALEXIN (KEFLEX)(tabs)	250 mg
3	Antibiotic	CEPHALEXIN (KEFLEX)	250MG/5ML
3	Antibiotic	CEPHALEXIN (KEFLEX)	500 MG
3	Antibiotic	BACTRIM 800/160 SMX (SEPTRA) (sulfamethazole and trimethoprim)	800/160
3	Antibiotic	BACTRIM 400/80 (SEPTRA) (sulfamethazole and trimethoprim)	400/80
3	Antibiotic	BACTRIM 200/40 (SEPTRA) (sulfamethazole and trimethoprim)	SUSP
1	Antibiotic	METRONIDAZOLE (FLAGYL)	250MG/5ML
4	Antibiotic	METRONIDAZOLE (FLAGYL)	250 mg
4	Antibiotic	METRONIDAZOLE (FLAGYL)	500 MG
4	Antibiotic	FLUCONAZOLE (DIFLUCAN)	150MG
5	Skin	WART REMOVER	0
5	Skin	TUCKS	
5	Team	SUNSCREEN	'
5	Vaginal	PREGNANCY TESTS	'
5	Skin	PERMETHRIM (GAMESAN)	
5	Skin	MUSCLE RUB	
5	Skin	HYDROCORTIZONE CREAM	

5	Skin	HEMORROID CREAM	
5	Skin	DIAPER RASH OINTMENT with ZINC	
5	Skin	DANDRUFF SHAMPOO	
5	Vaginal	CLOTRIMAZOLE VAGINAL DAILY OVULOS	500 MG
5	Skin	CLOTRIMAZOLE 1%	20gm
5	Skin	BACITRACIN CREAM/ TRIPLE ANTIBIOTIC	0.5 oz
6	Eye	STERILE EYE IRRIGATION	
6	Nose	SALINE NASAL SPRAY	1.5 oz
6	Ear	NEOMYCIN EARDROPS	0
6	Eye	HYDROGEN PEROXIDE	0
6	Ear	EAR WAX REMOVAL DROPS (carbamide peroxide)	
6	Eye	ARTIFICIAL TEARS	0
6	Eye	OPHTHALMIC OFLOXACIN	0.30%
7	GI Acid Prevent	OMEPRAZOLE	20mg
7	GI Laxative	MILK OF MAGNESIA	4 oz
7	GI Laxative	SENNOSIDE	8.6mg
7	GI Anti Diahrea	LOPERAMIDE TABS	2 mg
7	GI Acid Releif	FAMOTIDINE	20mg
8	Allergy/Respiratory	PREDNISONE TABS	10 mg/ 20mg
8	Allergy/Respiratory	PREDNISOLONE SYRUP	15mg/5ml
8	Allergy/Respiratory	DIPHENHYDRAMINE(BENADRYL)TAB	25 MG
8	Allergy/Respiratory	BENADRYL SYRUP	120 ml
9	Allergy/Respiratory	CETIRIZINE	5mg/5ml
9	Allergy/Respiratory	CETIRIZINE	10mg
9	Allergy/Respiratory	ALBUTEROL NEBS	0.083%
9	Allergy/Respiratory	ALBUTEROL INHALER	0
11	Vitamins	INFANT VITS: SALUVIT for babies 6-36 months	2 bottles for 6-12month babies; 3 bottles for 13-36 month babies
11	Cough	GUAIFENESIN SYRUP	16 oz
bulk	Vitamins	PRENATAL VITAMINS	180 per bottle
bulk	Vitamins	CHILD VITS	180 per pack
bulk	GI	ANTACIDS(TUMS)	30 per pack
bulk	Vitamins	ADULT VITS	30 per pack
bulk	Vitamins	INFANT VITS POLYSOLVIT for babies under 6 months	3 bottles per baby

## Pediatric Dosing Guide

DRUG	SPANISH	DOSE	INTERVAL	OB	LACT	NOTES
<b>amoxicillin</b>	Amoxicilina	50-100mg/kg/day	BID	YES	YES	
<b>azithromycin</b>	Azitromicina	10mg/kg/day day1, then 5 mg/kg/day day 2-5	QD	YES	YES	
<b>ciprofloxacin</b>	Ciprofloxacina	20-40 mg/kg/day	BID	NO	NO	Use with caution under age 18 years
<b>sulfamethoxazole/trime thoprim</b>	Sulfametoxazol	8-10 mg/kg/day based on TMP	Q6-12H	NO	NO	Caution under 2 months
<b>cephalexin</b>	Cefalexina	25-50 mg/kg/day	Q6-12H	YES	YES	
<b>metronidazole</b>	Metronidazol	500mg/dose	Q12H	YES	CAU T	consult peds for <12 years old
<b>doxycycline</b>	Doxiciclina	>8 yo 2-4 mg/kg/day GU 100mg/dose	Q12H	CAU T	NO	
<b>omeprazole</b>	Omeprazol	10 mg/dose	QD	CAU T	YES	limit to 4 weeks
<b>loperamide</b>	Loperamida	2-5 years 1 mg/dose 6-8 years 2 mg/dose 8-11 years mg/dose 12 years 4 mg/dose	max 3 doses/day	NO	YES	
<b>magnesium citrate</b>	Citrato de Magnesio	2-5 years 2-4 mL/kg/day* note dose is mL/kg* 6-11 years 100-150 mL/day 12 years 150-300 mL/day	BID	CAU T	YES	
<b>diphenhydramine</b>	Difenhidramina	2-5 yo 6.25 mg /dose 6-11 yo 12.5-25 mg/dose 12 yo 25-50 mg/dose	Q6H	YES	CAU T	
<b>prednisolone</b>	Prednisolona	1-2 mg/kg/day	BID	NO	YES	
<b>prednisone</b>	Prednisona	1-2 mg/kg/day	BID	NO	YES	
<b>cetirizine</b>	Cetirizina	6mo-5 yo 2.5 mg 6-11 yo 5 mg 12 yo 10 mg	QD	YES	CAU T	
<b>guaifenesin</b>	Guaifenesina	50-100mg	Q4H	YES	CAU T	give with water



<b>Senna</b>	Sennosides	2-5yo-½-1tab 6-11yo-1-2 tab 12yo-adult 2-4 tabs	qd	yes	yes	Use smallest dose needed
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OB/LACTATION:

YES: Drug is approved for use in pregnancy and lactation

NO: Drug is contraindicated in pregnancy and lactation, teratogenic or infant side effects possible

CAUT: Drug should be used with monitoring if no alternative available

These are references only. If any questions, consult a pediatric provider.

### Acetaminophen Dosage Chart

When possible, dose acetaminophen based on a child's weight, **using 10-15 mg/kg/dose**. Give PO every 4-6 hours and do not exceed more than 5 doses (2.6 g) in 24 hours. **When weight is unknown, the following guidelines based on age may be used.** FOB stocks 160mg/5ml liquid and 80mg chewable, along with 325mg and 500mg tablets.

Age 0-3 months (weight, 6-11 lbs [2.7-5.3 kg])  
Dose: 40 mg/dose

Age 4-11 months (weight, 12-17 lbs [5.4-8.1 kg])  
Dose: 80 mg/dose

Age 12-23 months (weight, 18-23 lbs [8.2-10.8 kg])  
Dose: 120 mg/dose  
Chewable tablets (80 mg/tab): 1.5 tablets

Age 2-3 years (weight, 24-35 lbs [10.9-16.3 kg])  
Dose: 160 mg/dose  
Chewable tablets (80 mg/tab): 2 tablets

Age 4-5 years (weight, 36-47 lbs [16.4-21.7 kg])  
Dose: 240 mg/dose  
Chewable tablets (80 mg/tab): 3 tablets

Age 6-8 years (weight, 48-59 lbs [21.8-27.2 kg])  
Dose: 320 mg/dose  
Chewable tablets (80 mg/tab): 4 tablets

Age 9-10 years (weight, 60-71 lbs [27.3-32.6 kg])  
Dose: 400 mg/dose  
Chewable tablets (80 mg/tab): 5 tablets

Age 11-12 years (weight, 72-95 lbs [32.7-43.2 kg])  
Dose: 480 mg/dose  
Chewable tablets (80 mg/tab): 6 tablets

## Adult Dosing Suggestions

<b><u>Amoxicillin 25mg/kg/day-can be used for URI, ENT or UTI sx</u></b>	500mg tab	
80 lbs and over	1 tab bid	
<b><u>Cephalexin/Keflex 25-50mg/kg/day-can be used for URI, otitis, skin and UTI sx</u></b>	250mg tab	500mg tab
90 lbs and over	1 tab qid	½ qid
<b><u>Trimethoprim/Sulfamethoxazole Bactrim/Septra 10mg/kg/day-can be used for UTI, otitis media, pneumonia, diarrhea</u></b>	Single Strength tab 80mg/400mg	
76 lbs and over (34kg)	2 tabs bid	
<b><u>Flagyl/Metronidazole-can be used for vaginal infection and intestinal parasites/diarrhea</u></b>		
Adult dose	500mg BID	
<b><u>Prednisone Syrup</u></b>		
5mg/5ml	1-2 mg/kg/day	
<b><u>Diflucan 150mg- Uncomplicated vaginal yeast</u></b>	150mg po as a single dose	
66 lbs and over (30kg)	2 capsules	

## Growth and Developmental Milestones

- Start with the set of milestones that correspond to the child’s age.
- Use the notes section of the EMR exam tab to note the growth and development assessment. Document “normal G and D for age” or “meets milestones for age...”
- If there are more than two age-appropriate milestones that have not been reached, please refer this child to the Honduran physician for a more detailed screening.
- Each child is individual in the way they grow and develop. Understand that this tool is to be used as a screening tool only. It also gives an opportunity to encourage the parent/s to interact with their child in age-appropriate ways. This can be a very empowering discussion for the parent.

### DEVELOPMENTAL MILESTONES

Age	Gross Motor	Visual-Motor/Problem-Solving	Language	Social/Adaptive
1 mo	Raises head from prone position	Visually fixes, follows to midline, has tight grasp	Alerts to sound	Regards face
2 mo	Holds head in midline, lifts chest off table	No longer clenches fists tightly, follows object past midline	Smiles socially (after being stroked or talked to)	Recognizes parent
3 mo	Supports on forearms in prone position, holds head up steadily	Holds hands open at rest, follows in circular fashion, responds to visual threat	Coos (produces long vowel sounds in musical fashion)	Reaches for familiar people or objects, anticipates feeding
4 mo	Rolls over, supports on wrists, shifts weight	Reaches with arms in unison, brings hands to midline	Laughs, orients to voice	Enjoys looking around
6 mo	Sits unsupported, puts feet in mouth in supine position	Unilateral reach, uses raking grasp, transfers objects	Babbles, ah-goo, razz, lateral orientation to bell	Recognizes that someone is a stranger
9 mo	Pivots when sitting, crawls well, pulls to stand, cruises	Uses immature pincer grasp, probes with forefinger, holds bottle, throws objects	Says “mama, dada” indiscriminately, gestures, waves bye-bye, understands “no”	Starts exploring environment, plays gesture games (e.g., pat-a-cake)
12 mo	Walks alone	Uses mature pincer grasp, can make a crayon mark, releases voluntarily	Uses two words other than “mama, dada” or proper nouns, jargonizing (runs several unintelligible words together with tone or inflection), one-step command with gesture	Imitates actions, comes when called, cooperates with dressing
15 mo	Creeps up stairs, walks backward independently	Scribbles in imitation, builds tower of 2 blocks in imitation	Uses 4–6 words, follows one-step command without gesture	15–18 mo: uses spoon and cup
18 mo	Runs, throws objects from standing without falling	Scribbles spontaneously, builds tower of 3 blocks, turns two or three pages at a time	Mature jargonizing (includes intelligible words), 7–10 word vocabulary, knows 5 body parts	Copies parent in tasks (sweeping, dusting), plays in company of other children
24 mo	Walks up and down steps without help	Imitates stroke with pencil, builds tower of 7 blocks, turns pages one at a time, removes shoes, pants, etc.	Uses pronouns (I, you, me) inappropriately, follows two-step commands, 50-word vocabulary, uses 2-word sentences	Parallel play
3 yr	Can alternate feet going up steps, pedals tricycle	Copies a circle, undresses completely, dresses partially, dries hands if reminded, unbuttons	Uses minimum of 250 words, 3-word sentences, uses plurals, knows all pronouns, repeats two digits	Group play, shares toys, takes turns, plays well with others, knows full name, age, gender
4 yr	Hops, skips, alternates feet going down steps	Copies a square, buttons clothing, dresses self completely, catches ball	Knows colors, says song or poem from memory, asks questions	Tells “tall tales,” plays cooperatively with a group of children
5 yr	Skips alternating feet, jumps over low obstacles	Copies triangle, ties shoes, spreads with knife	Prints first name, asks what a word means	Plays competitive games, abides by rules, likes to help in household tasks

## **FOB DEWORMING POLICY**

### **Vitamins and Deworming**

**Persons administering deworming medications to patients should wear an N95 or KN95 mask. If you must administer medication to a small child, a faceshield is also advised.**

#### **DEWORMING MEDICATION IS FOR PATIENTS OVER 2 YEARS OLD**

- Look up the patient's name in the Search bar in the Electronic Medical Records Program.
- **Ask the following questions of each female over 12 years old:**
  - **When was your last menstrual period?**
  - **Are you pregnant? -should not get deworming medication**
  - **Are you nursing? -should not get deworming medication**
- **Of all patients ask:**
  - **When did you receive your last dose of deworming medication? If it has been less than 6 months, they cannot receive a dose. Explain to the patient when they are eligible to receive a repeat dose.**
- Go to the "Exam" tab.
- Under "Diagnosis", choose "Prevention Measures".
- Under "Treatment Plan", choose "Medication", then scroll through the drop down list until you find, Albendazole 400mg. Beside "Dispense", document 1. Under dose, document 400mg
- Add a second "Treatment Plan" by clicking on the + sign beside "Treatment Plan #1".
- Choose "Medication", scroll through to the bottom of the list until you find Vitamins. Choose the appropriate choice for that patient (Children's, Adults or Prenatals).
  - Children receive 180 vitamins to be taken once a day. (dispense-180, dose-qd or one daily)
  - Females ages 12-45 receive 180 prenatal vitamins to be taken once a day. (dispense-180, dose-qd or daily)
  - All males over 12 years of age and all women over 45 years of age will receive 90 adult vitamins to be taken EVERY OTHER DAY. (dispense-90, dose-qod or every other day)
- Please explain that all vitamins should be kept out of the reach of children.
- When you have completed your tasks with a patient, change the "Queue" for that patient to indicate the next clinic area they are to be seen in. Press "Waiting" for that clinic area. (Remember Medical Clinic should come before Dental clinic. If it is a child, be sure they have been to the Eye Clinic for screening before going elsewhere.)
- Blood pressures and pulses should be taken at this station on all patients over 30 years old. These are recorded under the Vitals Signs Tab in the EMR.

## **FLUORIDE APPLICATION INSTRUCTIONS**

*Fluoride treatments are made available for children 4-12 years of age.*

- **Wear gloves, gown, and mask during fluoride application process.**  
Gloves can be cleaned in between patients with hand sanitizer. Please do not throw away face shields.
- Place Fluoride gel in plastic dappen dish.
- Take a 2 x 2 gauze and dry all the teeth (if possible).
- Have patient keep mouth open and scoop up gel on the cotton tipped applicator.
- Gently pull the lips back to be able to wipe the gel over all tooth surfaces on the upper and lower teeth especially the chewing surfaces.
- Use a minimal amount of gel so patient does not have to spit or so there is no worry if the patient should swallow any gel.
- Tell patient not to eat or drink for 1 hour.
- **Please be sure to document the fluoride application date in the patient's electronic chart.** If a "Prevention Measures" diagnosis is already charted, just add a treatment by clicking the + sign beside the last listed treatment. Choose "in-office treatment", then find "Fluoride" and choose that.

***Some operators have become proficient enough that they do not have to use one dappen dish per patient but can get an amount of gel on one scoop that will cover all the teeth. There should be no "double dipping" if the dappen dish is used with more than one patient.***

## Mosquito-Borne Illnesses in Honduras

WHO has a wonderful page on mosquito-borne diseases. We highly recommend that you visit the site and make yourself familiar with each disease. Those most seen in the areas of Honduras that we serve include Malaria, Dengue, and Chikungunya.

If you see a patient that reports having any of these diseases in the previous 2-4 months, please report this to our Honduran physician and make a note on their patient file.

[http://www.who.int/neglected\\_diseases/vector\\_ecolog](http://www.who.int/neglected_diseases/vector_ecolog)

	ZIKA	CHIKUNGUNYA	DENGUE	MALARIA
RASH	91%	56%	50%	0
CONJUNCTIVITIS	81	76	72	0
HXOFFEVER	80	90	90	FEVER, CHILLS
HEADACHE	79	63	69	YES
BONE/JOINT PAIN	70	69	66	0
MUSCLE PAIN	64	53	58	MALaise BODY ACHE
EYE PAIN	48	40	<b>42</b>	0
NAUSEA	27	41	43	YES
VOMITING	0	10	14	YES
ABDOMINAL PAIN	11	17	<b>38</b>	ENLSPLEEN, LIVER, JAUNDICE
HEMORRHAGE	6	3	9.5	0

**SICKLE CELL DISEASE : SIGNS AND SYMPTOMS BEGIN EARLY IN LIFE AND ARE CHRONIC AND EPISODIC ANEMIA, JAUNDICE, ABDOMINAL PAIN, FATIGUE**

ZIKA	CHIKUNGUNYA	DENGUE	
FEVER	FEVER	SEVERE HEADACHE	
RASH	JOINT PAIN/SEVERE	SEVERE EYE PAIN	
HEADACHE	HEADACHE	JOINT PAIN	
JOINT PAIN	MUSCLE PAIN	MUSCLE/BONE PAIN	
CONJUNCTIVITIS	JOINT SWELLING	RASH	
MUSCLE PAIN	RASH	BLEEDING	
DAYTOWKS	1WEEK		SYMPTOMS PERSISTS
MILDER SYMPTOMS	JOINT PAIN> WKS		
VIRUS ACTIVE IN BLOOD 1 WK	ONE WEEK		INFECTIOUS

Dengue without signs of alarm or <b>DSSA</b>	Dengue with signs of alarm or <b>DCSA</b>	Acute dengue or <b>DG</b>
<p><b>Reasons to suspect:</b> A person that lives or has traveled to zones where cases of dengue were suspected, in the last 2 weeks and has the following symptoms:</p> <ol style="list-style-type: none"> <li>1. Fever: 2 to 7 days, plus two or more symptoms</li> <li>2. Headache</li> <li>3. Sharp pain on eyes, when closed and pressed</li> <li>4. Myalgia</li> <li>5. Arthralgia</li> <li>6. Rash</li> <li>7. Patient doesn't want to get up</li> </ol> <p>Occasionally the patient will also have. Nausea or sporadic episodes of vomiting. Petechial Leukopenia</p> <p>Can also be consider a suspected case: Newborn Infants Pre-scholar</p> <p>Also residents of zones with a high risk contagious of dengue that show the following symptoms: Acute fever from 2 to 7 days, without any signs of apparent infection</p>	<p><b>Reasons to suspect:</b> Every case with a sudden drop of temperature, more than 2 degree of change in relation to previous days, even as close as hypothermia. Special care between the 4<sup>th</sup> and 6<sup>th</sup> day since the illness started, and with a day or more of the following symptoms:</p> <ol style="list-style-type: none"> <li>1. Sustained sharp abdominal pain, generally more than 4 hours or pain to the touch of the abdominal area.</li> <li>2. Vomiting 3 times in one hour or more than one time vomiting per hour between 4 – 6 hours</li> <li>3. Ascites, Pleural effusion, pericardial effusion.</li> <li>4. Mucous bleeding</li> <li>5. Lethargy and irritability</li> <li>6. Lipotomy, postural hypotension.</li> <li>7. Hepatomegaly 2 cm</li> <li>8. Progressive increase of hematocrit with or without sudden decent of platelets</li> </ol>	<p><b>Reasons to suspect:</b> All dengue cases which have one or more symptoms of the following conditions:</p> <ol style="list-style-type: none"> <li>1. Weak pulse, or not traceable, tachycardia, feeling of cold limbs, capillary filling higher than 2 seconds, pulse pressure less than 20mmhg, late-phase hypotension</li> <li>2. Dyspnea, due to acute extravasiveness of plasma</li> <li>3. Massive bleeding: evaluation of the doctor that is currently treating the patient, can be as follows: <ol style="list-style-type: none"> <li>a. Digestive: Bleeding of the mouth, blood on stools</li> <li>b. GO: abundant and irregular hypermenorrhea metrorrhagia</li> <li>c. Respiratory insufficiency</li> </ol> </li> <li>4. Organic failure Hepatic damage (hepatitis) Meningoencephalitis, which can happened due to alterations of the state of conscience Heart: Myocarditis Pancreas: pancreatitis Kidney: glomerulonephritis</li> <li>5. Multi organic failure</li> </ol>

## Friends of Barnabas

### POLICY AND PROCEDURE MOUNTAIN MEDICAL TEAM

#### **TITLE: Ear Irrigation Policy**

1. Purpose statement:  
To provide clinical guidelines for medical professionals performing ear examination and ear irrigation
2. Responsible Persons:  
Mountain Medical Team Medical Professionals (MD, PA, NP, RN, LPN)
3. Policy Statement:  
Mountain Medical Team medical professionals will perform basic ear irrigation based on their assessment and patient consent.
4. Procedure
  - a. Medical professionals will examine and determine, based on assessment, if removal of ear wax (cerumen) is necessary. This should be restricted to complaints where the tympanic membrane needs to be visualized. **Impaction should be treated with Debrox, when available.** Please notify the Honduran physician when you feel an irrigation needs to be performed.
  - b. Gather ear irrigation kit from inventory
  - c. Provide a private, comfortable area for procedure
  - d. Explain procedure to patient
  - e. Perform irrigation by pulling the pinna upward and outward, and gently inserting tip of ear applicator into ear canal.
  - f. Gently instill Normal saline into ear canal. If patient complains of pain, states they feel water in the back of their mouth, or there is a return of bloody irrigation fluid, stop the procedure and refer the patient to the Honduran doctor.
  - g. Repeat the procedure as needed until ear wax is removed or patient requests the procedure be stopped.
  - h. Only Normal saline will be used for irrigation. No other medications, solutions or solvents will be used for ear irrigation.
  - i. Appropriately dispose of irrigation contents. Give used equipment to pharmacy workers for appropriate cleaning.
  - j. Document the procedure and all pertinent information onto the patient medical card.

Reviewed 10/2/24



## Friends of Barnabas

### POLICY AND PROCEDURE MOUNTAIN MEDICAL TEAM

#### **TITLE: Wounds Suturing Policy and Procedure**

1. Purpose statement:  
To establish guidelines for Mountain Medical Team medical members who are competent in suturing and wound closure.
2. Responsible Persons:  
Mountain Medical Team Medical Professionals (MD, PA, NP) competent and proficient in suturing procedures.
3. Policy Statement:  
The preference of FOB is for our Honduran physician to care for any situations where suturing is needed. If a situation arises where the physician is unable to care for a patient needing surgical closure of a wound, a Mountain Medical Team medical professionals can perform suturing of uncomplicated wounds (not involving suturing of muscle, nerve, fascia, or tendon) based on their proficiency and competency level.
4. Procedure
  - a. Wounds may be sutured based on the thorough assessment by MD, PA or NP to ensure there is no evidence of extensive damage to other structures, and no foreign body present.
  - b. Explain procedure to the patient and obtain their consent for the procedure.
  - c. Provide a private, comfortable area for the procedure.
  - d. Secure and use equipment provided by the FOB formulary
  - e. Clean the wound using aseptic technique.
  - f. Apply or inject local anesthetic to the wound area
  - g. Suture wound area ensuring adequate number of sutures for wound closure.
  - h. Apply appropriate dressing to wound, using supplies found in pharmacy.
  - i. Review with patient any potential complications, dressing changes, signs and symptoms of infection. If needed, make arrangements for suture removal. Refer to FOB doctor for referral needs.
  - j. Properly dispose of all equipment and supplies.
  - k. Document the procedure and all relevant information on the patient's medical card.

Reviewed 10/2/24



## **BLOOD EXPOSURE PROTOCOL FOR MOUNTAIN MEDICAL TEAMS**

*Effective July 14, 2011*

**Standard Precautions:** "Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources.

They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. **Hand hygiene** is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with healthcare. In addition to hand hygiene, the use of **personal protective equipment** should be guided by **risk assessment** and the extent of contact anticipated with blood and body fluids, or pathogens."

(WHO)

**First aid:** For a potential exposure to HIV, "first aid" refers to the actions that should be taken immediately after the potential exposure. The aim of first aid is to reduce contact time with the source person's body fluids (including blood) and tissues, and to clean and decontaminate the exposure site to reduce the risk of infection.

### **IF SKIN IS BROKEN AFTER AN INJURY WITH A USED NEEDLE OR SHARP INSTRUMENT:**

- Wash the injury immediately, using soap.
- Encourage the puncture wound to bleed freely under running water for several minutes or until bleeding ceases.
- If running water is not available, clean site with a gel or hand cleaning solution.
- **Do not** use any strong solutions, such as alcohol, bleach or iodine, as they may irritate the wound and make the injury worse.
- **Do not** squeeze or rub the injury site.
- **Do not** suck a puncture wound.

### **FOR A SPLASH OF BLOOD OR BODY FLUID ON UNBROKEN SKIN:**

- Wash the area immediately. If running water is not available, clean the area with a gel or hand rub solution.
- **Do not** use any strong solutions, such as alcohol, bleach or iodine, as they may irritate the affected area  
use mild disinfectants, such as Chlorhexidine gluconate 2–4%.
- **Do not** rub or scrub area.
- **Do not** use a dressing.

### **FOR A SPLASH OF BLOOD OR BODY FLUID IN THE EYE:**

- Irrigate the exposed eye immediately with water or normal saline. Sit in a chair, tilt the head back and have a colleague gently pour water or normal saline over the eye, gently pulling the eyelids up and down to make sure the eye is cleaned thoroughly.
- If wearing contact lenses, leave them in place while irrigating, as they form a barrier over the eye and will help protect it; once the eye has been cleaned, remove the contact lenses and clean them in the normal manner, which will make them safe to wear again.
- **Do not** use soap or disinfectant on the eye.

### **FOR A SPLASH OF BLOOD OR BODY FLUID IN THE MOUTH:**

- Spit the fluid out immediately.
- Rinse the mouth thoroughly, using water or saline, and spit out again. Repeat this process several times.
- **Do not** use soap or disinfectant in the mouth.

### **EVALUATION OF THE EXPOSURE SOURCE**

- When feasible, the person whose blood or body fluid is the source of potential exposure should be evaluated for HIV.
- If an exposure source is known and available, testing the source person for HIV is recommended as soon as possible, or testing the suspected exposure material (blood, tissue, etc) if the person is unavailable.
- Procedures that should be strictly followed for testing the source person include:
  - **obtaining informed consent (included with this protocol),**
  - referral if positive for appropriate post-test counseling, care and treatment. This will involve FOBF staff making transportation arrangements and providing written referral to clinic in San Pedro Sula or Tegucigalpa, whichever is closer for the person/family.
- A rapid HIV-antibody test is preferred in situations where enzyme-linked immunosorbent assay (ELISA) tests cannot be completed within 24–48 hours.
- **Two positive ELISA or rapid HIV-antibody tests (the rapid tests are what the team will have available in the field) are considered to be highly suggestive of infection, whereas a negative result is an excellent indicator of the absence of HIV antibody.** In the event of an exposure, the exposure source should be tested twice if first result indicates a positive test.
- The exposure source should also be tested for hepatitis C and B viruses (HCV and HBV). These tests will need to be run at a lab in Honduras. The Friends of Barnabas Staff will make arrangements for these test at the expense of FOB. **In the event there is a positive result/exposure – Patti Wagner – Medical Operations Coordinator for FOB should be notified by email ASAP.**
- Information to consider when evaluating an exposure source includes:
  - clinical symptoms - acute syndrome suggestive of primary HIV infection and history of possible HIV exposure within the last three months or personal history suggesting possible exposure to HIV.

## **EVALUATION OF THE EXPOSED PERSON**

- Evaluation of exposed persons has to be done as soon as possible if indicated by test results of exposure source. Ideally, this would happen within hours after an exposure. The following evaluations are recommended: **In the event this becomes necessary, Patti Wagner will make arrangements with Cemesa Hospital to have the testing completed. Exposed person will be transported to San Pedro Sula for the testing that is indicated below.**
  - an HIV serological baseline test to establish infection status at the time of exposure
  - baseline laboratory testing to monitor for adverse reactions:
    - complete blood count (CBC) with differential and platelets
    - liver function tests (LFTs) (asparate aminotransferase (AST), alanine aminotransferase (ALT), bilirubin)
    - urea or serum creatinine; and baseline serological tests for hepatitis C and B (HCV antibodies and Hepatitis B surface antigen (HBsAg)).

**Please email any concerns or questions directly to Patti Wagner and Erin Caldwell.**

(patti@fobf.org, erin@fobf.org)

**Informed Consent Form for Source Person**

*(Informed consent to perform an HIV test and authorization for release of HIV-related information for purposes of providing post-exposure care to a person accidentally exposed occupationally or non-occupationally\*)*

A person has been exposed to your blood or a body fluid in a manner that may pose a risk for the transmission of a blood borne infection. Many individuals may not know whether they have a blood borne infection because people can carry these viruses without having any symptoms. We are therefore asking for your consent to test for the presence of human immunodeficiency virus (HIV). You will also be tested for Hepatitis B virus (HBV) and Hepatitis C virus (HCV). HIV testing is voluntary and requires your consent in writing; consent can be withdrawn for the test at any time. Your blood will be tested by a rapid or enzyme immunoassay serological test. The test result will be used to help determine whether the exposed person is actually at risk for HIV and requires treatment for that exposure.

We will inform you of the test results, helping you understand their implications as well as assisting you in accessing any services you may need.

**I understand the purpose for which I am being asked to submit a specimen for HIV testing. My questions about the HIV test were answered. I agree to be tested for HIV.**

---

Name of Person to be Tested

Date

---

Signature of Person to be Tested (or of the person consenting if different from the person to be tested)

**I provided pretest counseling and have offered referral services through the Friends of Barnabas Foundation. I answered the above individual's questions about the test and offered him/her an unsigned copy of this form.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Signature of witness (FOB Staff)  
\_\_\_\_\_

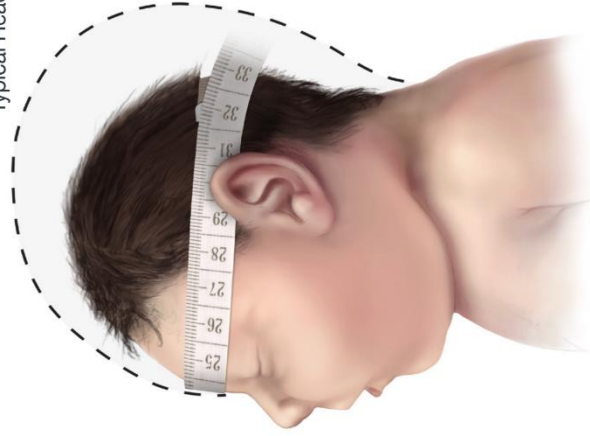
CDC's Response to **Zika**

# MEASURING HEAD CIRCUMFERENCE



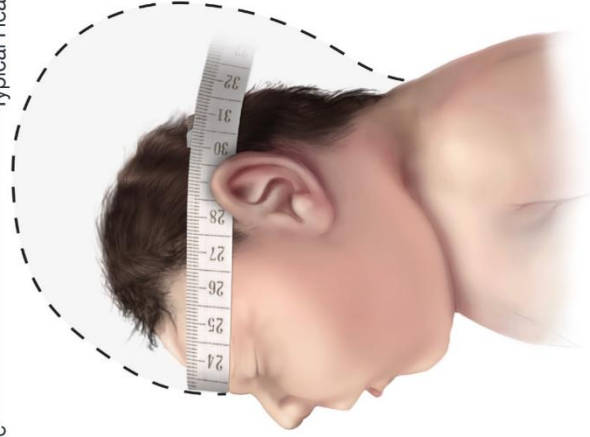
**Baby with Typical Head Size**

Typical Head Size



**Baby with Microcephaly**

Typical Head Size



**Baby with Severe Microcephaly**

- Use a measuring tape that cannot be stretched
- Securely wrap the tape around the widest possible circumference of the head
  - » Broadest part of the forehead above eyebrow
  - » Above the ears
  - » Most prominent part of the back of the head

- Take the measurement three times and select the largest measurement to the nearest 0.1 cm
- Head circumference measurements should be taken on the first day of life because commonly-used birth head circumference reference charts by age and sex are based on measurements taken before 24 hours of age

**For more information: [www.cdc.gov/zika](http://www.cdc.gov/zika)**



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# The Honduran Health Care System

The Honduran health care system follows very strict guidelines for who gets medical care and where they can obtain said care.

## **Private System: (for 10% of the population)**

The private system can be accessed only by those who have private insurance (2.9%) and the finances to pay any costs over and above what insurance does not pay. In many cases, patients must pay upfront and receive reimbursements from insurance companies after services have been given. These hospitals and clinics tend to be smaller, well-staffed, and fairly well supplied. Supplies are much more expensive, though. People who can access this level of care often can afford to go to the US for care, also. This system includes con non-profit clinics and hospitals, which usually charge on a sliding scale. The private sector has 1,131 establishments, which include medical centers, clinics, laboratories, pharmacies, and medical offices.

## **Social Security System: (for 12% of the population)**

The Social Security system is totally funded by mandatory contributions from registered employers and employees (the formal working sector of the country). This system is in the most crisis, due to misallocation of funds over the past eight years. There are only two Social Security hospitals in the country, with only seven clinics, one dental center and two rehabilitation centers. All facilities are located in either San Pedro Sula or Tegucigalpa. These hospitals and clinics can only be accessed by the formal working-class citizens who get insurance from their employers.

## **Public System: (for 60% of the population)**

The public system is funded totally by the Minister of Health's office of the government. It serves the indigent population or those without any type of insurance. Due to poor government funding, government level corruption, and aging facilities, medical care for this sector of the population is sub-par. There is not enough medical equipment, medications, or staffing.

Primary health care is provided mainly through the Rural Health Centers (CESAR) and in the Health Centers with Physician and Dentistry (CESAMO). The public health network has 1,635 establishments: 7 national hospitals (located in Tegucigalpa and San Pedro Sula), 6 regional hospitals, 16 area hospitals, 436 CESAMO, 1,078 CESAR, 74 maternal and child clinics, 3 peripheral emergency clinics, and 15 dental school centers. Often, rural health centers are not staffed full time, may only have a physician once a month, and lack medications and supplies needed for basic care.

## **No Access: (for 18% of the population)**

In Honduras almost 9 out of 10 people are not covered by any kind of health insurance and it is estimated that 18% of the population (more than 1.5 million Hondurans) do not have access to health services.

FOB serves individuals from each sector through the Extended Care Program. FOB's Community Health Development Program and Early Childhood Development Program provide care to the population generally served by the public system or who are in the 18% without access to services from the Honduran government.

## **Role of Medical Providers:**

Physicians are required to see patients in either the public or Social Security facilities in the morning hours (7 AM – 1 PM) and can work in a private practice or private facility in the afternoon hours. This leaves nursing staff and medical students to care for patients in the evenings, nights, and weekends (except in emergency and ICU areas) in the public facilities. It is estimated that there are 10.1 doctors/10,000 patients with as few as 2/10,000 in some departments (states). The official human resources minimal target for physician to patient ratio is 25/10,000. There is an unemployment rate of 46% of the 10,995 doctors registered in the country.

For nursing staff, there are 2 professional nurses (RN)/10,000 and 8 auxiliary nurses (LPN, LVN)/10,000. The World Health Organization standard is 50/10,000. Nursing staff often work in two different facilities (private and public or private and Social Security) in one 24-hour period. This is due to personal income needs as well as staffing needs.

Currently, attempts are being made by the government for health care reform (i.e. thoughts of universal health care, privatization of care), but are being met with great opposition and skepticism due to previous mishandling of finances, the fear of job cuts, and the tremendous number of the population being below or in extreme poverty.

### **Six Facts About Health Care in Honduras**

1. Access to healthcare for families in Honduras is determined by poverty level, socioeconomic status and whether or not they live in a rural or urban environment. Poverty is a major issue in Honduras where over 66 percent of the population lives in poverty with one in five people living in extreme poverty. In rural environments, healthcare is much harder to access despite efforts to improve these conditions. The Ministry of Health in Honduras provides care to almost 90 percent of the population, but these services are mainly available in developed cities making it hard for rural populations to receive good care.
2. One of the major barriers to receiving good healthcare in Honduras is lack of access to physicians. The CDC reports that there are around 0.37 physicians per 1,000 people in Honduras. This number is far too low according to the Millennium Development Goals\* estimates for providing sufficient primary healthcare to a nation. Although primary healthcare is insufficient in Honduras, the country still has high immunization coverage for children with between 88 to 93 percent of children receiving vaccinations.
3. The Honduran health system is made up of a private and public sector. The public sector includes the Ministry of Health, which provides services to the majority of the population, and the Honduran Institute of Social Security. There is also a private sector that includes nonprofit organizations as well as for-profit businesses.
4. Unfortunately, the current health system is experiencing a crisis due to poor management, weak government leadership, and poor human resource administration. This has led to bad coordination between different institutions which provide health care and has only made gaining access to healthcare harder. A shocking nine out of ten people are not covered by any health insurance and at least 18 percent of the population cannot access healthcare.
5. As a result of the challenges mentioned above, Honduras implemented a different national health model in 2015. This model would provide services to impoverished and rural areas and use preventative care to improve health. Care has improved in some ways but the use of this model has been sporadic and not consistent enough to have a big enough impact. However, there is good news.
6. The Millennium Challenge Corporation (MCC)\*\* has started a \$15.6 million Threshold Program in Honduras that is trying to improve government efficiency and transparency. Part of this program includes social audits of healthcare clinics in rural areas by nonprofits and grassroots organizations in Honduras. These audits show whether or not clinics are providing adequate care to communities then the results are delivered to health center managers who come up with new plans to fix these problems. Real change has been seen as a result of these audits and clinics are starting to be more transparent about what they offer and improve doctor-patient relationships. This has also allowed for a more successful and consistent implementation of the new health model in many rural communities.

*\*Millennium Development Goals (MGDs) – A series of goals, which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, that form a blueprint agreed to by all the world's countries and all the world's leading development institutions*

*\*\*Millennium Challenge Corporation (MCC)- An innovative and independent U.S. foreign assistance agency that is helping lead the fight against global poverty.*

*\*\*\*For more information, please visit <https://borgenproject.org/healthcare-in-honduras/>*



## Natural Remedies to Suggest

The following natural treatments can be suggested in the communities. They can be used along with medications dispensed or as an alternative when medication is not available.

**For cough or cold:** Chamomile tea, Ginger, lemon and honey tea. Drink these throughout the day.

**For a sty:** warm compresses to the affected eye 7 times a day.

**For anxiety or nerves:** Valerian tea

**For menstrual pain and cramps/colic:** Anise Tea for dysmenorrhea. Small sips of Anise Tea can also be used for intestinal colic in infant.

**For Gastritis:** Drink liquid made with raw potato on an empty stomach before each meal.

**Colitis and Irritable Bowel:** fresh oatmeal, water with flaxseed and soft fruits such as papaya, guava and ripe bananas.

**Bumps anywhere on skin:** Use liquid árnica applied to the skin with cotton balls or a soft cloth

**Wound cleansing:** boil the flowers of the Quina plant and use the liquid to cleanse the wound.

**Skin Ulcers:** the sap from the Piñón plant is applied to the ulcer or lesion.

**Diarrhea:** sips of rice water or water made with plantain peels taken throughout the day to keep hydrated.

**Burns:** apply toothpaste, raw potato or a salt paste to small simple burns

**Athlete's foot:** use 2 TBLS white vinegar in 1 pt of water to soak foot twice daily. Especially if there is extensive inflammation. Wash with soap and water before soaking. Dry thoroughly. Once the skin has healed, use white vinegar on the foot daily before putting on shoes. This prevents sweating. Remove shoes immediately upon returning home from work and apply vinegar again.

**Dermatitis:** 1 cup of shortening, 11 cups of water and 1 TBS of dish soap-apply to wet skin. If the skin is very inflamed, leave out the dish soap. White vinegar can be applied to heat rash.

# EMR Diagnosis List

## Cardiac/Circulatory

Anemia  
(Chest Pain) Dolor torácico  
(Heart Murmur) Soplo en el corazón  
(Heart Palpitations) Palpitaciones cardíacas  
(Hypertension) Hipertensión  
(Sickle Cell Anemia) Anemia drepanocítica

## Dental

(Dental Abscess) Absceso dental  
(Dental Caries) Caries dental  
(Dental Plaque) Placa dental

## ENT

(Abnormal Hearing) Audiencia anormal  
(Allergic Rhinitis) Rinitis Alérgica  
(Cerumen Impaction) Impactación de cerumen  
(Ear drainage) drenaje de oído  
(Ear pain) dolor de oído  
(Hearing Loss) Pérdida auditiva  
(Nasal Congestion) Congestión nasal  
(Oral Candidiasis) Candidiasis oral  
(Otitis Externa, Acute) Otitis Externa Aguda  
(Otitis Media) Serosa Aguda  
(Perforated Tympanic Membrane) Membrana timpánica perforada  
(Sinusitis, Acute) Sinusitis Aguda  
(Tonsillar Hypertrophy) Hipertrofia tonsilar  
(Tonsillitis, Acute) Amigdalitis Aguda  
(Viral Pharyngitis, Acute) Faringitis Viral Aguda

## Endocrine

(Goiter) Bocio  
(Suspected Hypothyroidism) Hipotiroidismo sospechosa  
(Type 1 Diabetes Mellitus) Diabetes mellitus tipo 1  
(Type 2 Diabetes Mellitus) Diabetes Mellitus tipo 2

## Gastrointestinal

(Abdominal Pain) Dolor Abdominal  
(Constipation) Estreñimiento  
(dark colored stool) excremento de color oscuro  
(Diarrhea) Diarrea  
(Gastroenteritis, Acute) Gastroenteritis Aguda  
(Gastroesophageal Reflux) Reflujo gastroesofágico  
Hernia

(Irritable Bowel Syndrome) Síndrome del intestino irritable  
(Parasitic Infection) Infección parasitaria  
(Suspected Peptic Ulcer) úlcera péptica sospechosa  
(Vomiting) Vómitos

### **Genitourinary**

(Dysmenorrhea) Dismenorrea  
(Dysuria) Disuria  
Hematuria  
(Menorrhagia) menorragia  
(Suspected Sexually Transmitted Disease) Enfermedad de transmisión sexual sospechosa  
(Urinary Tract Infection) Infección del tracto urinario  
(Uterine prolapse) prolapse uterino  
(Vaginal Candidiasis) Candidiasis vaginal  
(Vaginitis, Acute) Vaginitis Aguda

### **Viral Diseases/Vector Borne Diseases**

(Allergic Reaction) Reacción Alérgica  
(Allergy to Food) Alergia Alimentaria  
Chikungunya  
(Coxsackie Viral Infection) Infección viral de Coxsackie  
Dengue  
(Herpes Zoster/Shingles) Culebrilla  
(History of Human Immunodeficiency Virus) Historia del VIH  
(Influenza Infection) Infección por gripe  
(Lymphadenitis, Acute) Linfadenitis Aguda  
(Lymphadenopathy, localized) Linfadenopatía localizada  
Malaria  
Varicella (Chicken Pox) / Varicela  
(Viral Illness) Enfermedad viral

### **Musculoskeletal**

(Ankle Sprain) Esguince de tobillo  
(Arthritis) Artritis  
(Back Pain) Dolor de Espalda  
(Fracture) Fractura  
(Injury of Lower Extremity) Trauma a extremidad inferior  
(Injury of Upper Extremity) Trauma a extremidad superior  
(Knee Injury) Trauma de rodilla  
(Knee Pain) dolor de rodilla  
(Muscle Strain) Cepa muscular  
(Musculoskeletal Injury) lesión musculoesquelética  
(Myalgia) Mialgia  
(Neck Pain) dolor de cuello  
(Scoliosis) Escoliosis  
(Wrist Injury) Trauma de la muñeca

**Neurological**

(Autism Spectrum Disorder) Trastorno del Espectro Autista

Cerebral Palsy

(Dizziness) Mareo

(Febrile Seizure) Convulsiones febriles

(Headache) Dolor de cabeza

(Seizures) Convulsiones

(Syncope) Síncope

**Growth and Development**

(BMI Pediatric, > or Equal to 95% for Age (Obesity)) IMC Pediátrico > 95% o igual a edad, Obesidad

(BMI Pediatric, 85% to < 95% for Age (Overweight)) IMC Pediátrico 85% a <95% para la edad, Demasiado Gordo

(BMI Pediatric, Less Than 5% for Age (Underweight)) IMC Pediátrico menos del 5% para la edad, bajo peso

(Dehydration) Deshidratación

(Feeding Difficulties) Dificultades de alimentación

(Malnutrition) Desnutrición

**Vision**

(Abnormal Vision) Visión anormal

(Allergic Conjunctivitis) Conjuntivitis Alérgica

(Burning eyes) ojos irritados

(Cataract) Catarata

(Dry eyes) Ojos secos

(Hordeolum) Orzuelo

(Injury of Eye) Traumatismo del ojo

(Mucopurulent Bacterial Conjunctivitis, Acute) Conjuntivitis Bacteriana Mucopurulenta Aguda

(Periorbital Cellulitis) Celulitis periorbital

Pterygium

(Viral Conjunctivitis, Acute) Conjuntivitis Viral Aguda

**Other**

(Chromosomal Abnormality) Abnormalidad cromosómica

(Developmental Delay) retraso en el desarrollo

(Failure to Thrive) fracaso para prosperar

(Fever) Fiebre

(Injury of Head) Trauma en la cabeza

(Insomnia) Insomnio

(Lack of knowledge-medication administration)-falta de conocimiento-administración de medicamentos

(Prevention Measures) Medidas de Prevención

(Short Stature Disorder) Trastorno por estatura corta

(Wellness visit) Chequeo

**Respiratory**

(Asthma exacerbation) Asma, Exacerbación

(Asthma, Uncomplicated) Asma sin complicaciones

(Bronchitis) Bronquitis  
(Common cold) Resfriado común  
(Cough) Tos  
(Pneumonia) Pulmonía  
(Upper Respiratory Infection) Infección del tracto respiratorio superior  
(Wheezing) Silbidos al respirar

### **Skin**

(Abscess) Absceso  
(Allergic Dermatitis) Dermatitis Alérgica  
(Birthmark) Mancha de Nacimiento  
(Burn of Skin and Subcutaneous Tissue) Quemadura de piel y tejido subcutáneo  
(Candidiasis of Skin and Nail) Candidiasis de la piel y las uñas  
(Cellulitis) Celulitis  
Dermatitis  
(Ecchymosis) morado  
Eczema  
(Folliculitis, acute) Folliculitis Aguda  
(Impetigo) Impétigo  
(Insect Bite, Nonvenomous) Mordedura de insectos, sin veneno  
(Laceration of Mouth) Laceración de la boca  
(Laceration of Skin and Subcutaneous Tissue) Laceración de la piel y del tejido subcutáneo  
(Localized Skin Infection) Infección cutánea localizada  
(Melanocytic Nevus) Nevo melanocítico  
(Molluscum Contagiosum) molusco contagioso  
(Pediculosis Capitis-head lice) Piojos con cabeza  
(Scabies) Sarna  
(Tinea Capitis) tiña del cuero cabelludo  
(Tinea Coporis) tiña corporal  
(Tinea Cruris) tiña genital  
(Tinea Pedis) tiña de pie  
(Tinea Versicolor) tina versicolor  
Urticaria  
(Wart) Varruga

### **Mental Health**

(Anxiety) Ansiedad  
(Depression) Depresión  
(History of Abuse) Historia del abuso  
(Learning Difficulties) Dificultades de aprendizaje  
(Lethargy) Letargo  
(Pregnancy) Embarazo

## **IN-OFFICE TREATMENTS**

(Adjustment applied to affected area) ajuste aplicado al area afectada  
(Assisted Stretching applied to affected area) Estiramiento asistido aplicado al area afectada  
(Dental cleaning) limpieza dental  
(Education-Activities of Daily Living) Educacion-actividades de la vida  
(Education-Admission Orientation)-Educacion-guia de admision  
(Education-Biosecurity measures) Educacion-Medidas de bioseguridad  
(Education-Dental Hygiene) Educacion-Higiene dental  
(Education-Diabetes) Educacion-Diabetes  
(Education-Gastrointestinal health) Educacion-Salud Gastrointestinal  
(Education-Hypertension) Educacion-Hipertension  
(Education-Medication Safety) Educación-seguridad de los medicatmentos  
(Education-natural treatment options) Educación-Opciones de tratamiento natural  
(Education-Nutrition) Educación-Nutricion  
(Education-Pregnancy/Maternal Health) Educacion-Embarazo/Salud Materna  
(Education-Proper Hydration) Educación-una hidratación adecuada  
(Education-Respiratory Health/Woodstove precautions) Educación-Precauciones para la salud respiratoria y la madera  
(Education-Stretching and Toning) Educacion-estiramiento y tonificacion  
(Education-Symptoms of Alarm)-Sintomas de alarma  
(Education-Water Purification methods) Educación-métodos de purificación dek agua  
(Emotional support/Encouragement) Apoyo Emocional/Estimulo  
(Filling) Empaste dental  
(Fluoride Application) aplicacion de fluor  
(Nebulizer treatment) Tratamiento del nebulizador  
(Prayer) Oración  
(Sealant Application) Aplicacion de sellador  
(TENS machine application) Tratamiento con maquina TENS  
(Tooth Extraction)-Extraccion dental  
(Trigger Point Treatment) Tratamiento de puntos gatillo  
(Wound Care) Cuidado de las heridas









