COMMUNITY HEALTH NURSING

I - Definition of Terms

Community - derived from a Latin word “comunicas” which means a group of people.
- a group of people with common characteristics or interests living together within a territory or geographical boundary
- place where people under usual conditions are found

Health - is the OLOF (Optimum Level of Functioning)

Community Health - part of paramedical and medical intervention/approach which is concerned on the health of the whole population

Aims:
1. health promotion
2. disease prevention
3. management of factors affecting health

Nursing - both profession & a vocation. Assisting sick individuals to become healthy and healthy individuals achieve optimum wellness

II - Community Health Nursing

- The utilization of the nursing process in the different levels of clientele-individuals, families, population groups and communities, concerned with the promotion of health, prevention of disease and disability and rehabilitation.

Goal: “To raise the level of citizenry by helping communities and families to cope with the discontinuities in and threats to health in such a way as to maximize their potential for high-level wellness”

MISSION OF CHN
- Health Promotion
- Health Protection
- Health Balance
- Disease prevention
- Social Justice

PHILOSOPHY OF CHN
- The philosophy of CHN is based on the worth and dignity on the worth and dignity of man.

Principles of Community Health:

1. The community is the patient in CHN, the family is the unit of care and there are four levels of clientele: individual, family, population group (those who share common characteristics, developmental stages and common exposure to health problems – e.g. children, elderly), and the community.
2. In CHN, the client is considered as an ACTIVE partner NOT PASSIVE recipient of care
3. CHN practice is affected by developments in health technology, in particular, changes in society, in general
4. The goal of CHN is achieved through multi-sectoral efforts
5. CHN is a part of health care system and the larger human services system

Role of CH Nurse:
- Clinician - who is a health care provider, taking care of the sick people at home or in the RHU
- Health Advocator – speaks on behalf of the client
- Advocate – act on behalf of the client
- Supervisor - who monitors and supervises the performance of midwives
- Facilitator - who establishes multi-sectoral linkages by referral system
- Collaborator – working with other health team member

COMMON PROCEDURE IN CHN:
- HOME VISIT
- BAG TECHNIQUE
• STERILIZATION
• SPECIMEN COLLECTION
  - URINE
  - FECES
  - SPUTUM

Levels of Client in CHN:

1. Application of Nursing Process to:

1.a Family

1.a.1 Family Coping Index
• Physical Independence - ability of the family to move in & out of bed & performed activities of daily living
• Therapeutic Independence - ability of the family to comply with the therapeutic regimen (diet, medication & usage of appliances)
• Knowledge of Health Condition- wisdom of the family to understand the disease process
• Application of General &Personal Hygiene- ability of the family to perform hygiene & maintain environment conducive for living
• Emotional Competence – ability of the family to make decision maturely & appropriately (facing the reality of life)
• Family Living Pattern- the relationship of the family towards each other with love, respect & trust
• Utilization of Community Resources – ability of the family to know the function & existence of resources within the vicinity
• Health Care Attitude – relationship of the family with the health care provider
• Physical Environment – ability of the family to maintain environment conducive for living

1.a.2 Family Life Cycle
• Stage I – Beginning Family (newly wed couples)
  TASK: compliance with the PD 965 & acceptance of the new member of the family
• Stage II – Early Child Bearing Family(0-30 months old)
  TASK: emphasize the importance of pregnancy & immunization & learn the concept of parenting
• Stage III –Family with Pre- school Children (3-6yrs old)
  TASK: learn the concept of responsible parenthood
• Stage IV – Family with School age Children (6-12yrs old)
  TASK: Reinforce the concept of responsible parenthood
• Stage V - Family with Teen Agers (13-25yrs old)
  TASK: Parents to learn the concept of “let go system” and understands the “generation gap”
• Stage VI – Launching Center (1st child will get married up to the last child)
  TASK: compliance with the PD 965 & acceptance of the new member of the family
• Stage VII -Family with Middle Adult parents (36-60yrs old)
  TASK: provide a healthy environment, adjust with a new lifestyle and adjust with the financial aspect
• Stage VIII – Aging Family (61yrs old up to death)
  TASK: learn the concept of death positively

1.b Community

COMMUNITY ASSESSMENT:
• Status
• Structure
• Process

TYPES OF COMMUNITY ASSESSMENT:

1. COMMUNITY DIAGNOSIS
• A process by which the nurse collects data about the community in order to identify factors which may influence the deaths and illnesses of the population, to formulate a community health nursing diagnosis and develop and implement community health nursing interventions and strategies.
2 Types:

<table>
<thead>
<tr>
<th>Comprehensive Community Diagnosis</th>
<th>Problem-Oriented Community Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>- aims to obtain general information about the community</td>
<td>- type of assessment responds to a particular need</td>
</tr>
</tbody>
</table>

**STEPS:**

- **Preparatory Phase**
  1. site selection
  2. preparation of the community
  3. statement of the objectives
  4. determine the data to be collected
  5. identify methods and instruments for data collection
  6. finalize sampling design and methods
  7. make a timetable

- **Implementation Phase**
  1. data collection
  2. data organization/collation
  3. data presentation
  4. data analysis
  5. identification of health problems
  6. priority zation of health problems
  7. development of a health plan
  8. validation and feedback

- **Evaluation Phase**

**BIOSTATISTICS**

2.1 DEMOGRAPHY - study of population size, composition and spatial distribution as affected by births, deaths and migration.

**Sources:** Census – complete enumeration of the population

**2 Ways of Assigning People:**

1. *De Jure* - People were assigned to the place where assigned to the place they usually live regardless of where they are at the time of census.
2. *De Facto* - People were assigned to the place where they are physically present at are at the time of census regardless, of their usual place of residence.

**Components:**

1. Population size
2. Population composition
   * Age Distribution
   * Sex Ratio
   * Population Pyramid
   * Median age - age below which 50% of the population fall and above which 50% of the population fall. The lower the median age, the younger the population (high fertility, high death rates).
   * Age – Dependency Ratio - used as an index of age-induced economic drain on human resources
   * Other characteristics:
     - occupational groups
     - economic groups
     - educational attainment
     - ethnic group
3. Population Distribution
* Urban-Rural - shows the proportion of people living in urban compared to the rural areas
* Crowding Index - indicates the ease by which a communicable disease can be transmitted from 1 host to another susceptible host.
* Population Density - determines congestion of the place

**VITAL STATISTICS**
- the application of statistical measures to vital events (births, deaths and common illnesses) that is utilized to gauge the levels of health, illness and health services of a community.

**TYPES:**

**FERTILITY RATE**

**A. CRUDE BIRTH RATE**

\[
\text{total # of livebirths in a given calendar year} \times 1000 \quad \text{estimated population as of July 1 of the same given year}
\]

**B. GENERAL FERTILITY RATE**

\[
\text{total # of livebirths in a given calendar year} \times 1000 \quad \text{Total number of reproductive age}
\]

**MORTALITY RATE**

**A. CRUDE DEATH RATE**

\[
\text{Total # of death in a given calendar year} \times 1000 \quad \text{Estimated population as of July 1 of the same calendar year}
\]

**B. INFANT MORTALITY RATE**

\[
\text{Total # of death below 1 yr in a given calendar year} \times 1000 \quad \text{Estimated population as of July 1 of the same calendar year}
\]

**C. MATERNAL MORTALITY RATE**

\[
\text{Total # of death among all maternal cases in a given calendar year} \times 1000 \quad \text{Estimated population as of July 1 of the same calendar year}
\]

**MORBIDITY RATE**

**A. PREVALENCE RATE**

\[
\text{Total # of new & old cases in a given calendar year} \times 100 \quad \text{Estimated population as of July 1 of the same calendar year}
\]

**B. INCIDENCE RATE**

\[
\text{Total # of new cases in a given calendar year} \times 100 \quad \text{Estimated population as of July 1 of the same calendar year}
\]

**C. ATTACK RATE**

\[
\text{Total # of person who are exposed to the disease} \times 100 \quad \text{Estimated population as of July 1 of the same calendar year}
\]
III - Epidemiology

- the study of distribution of disease or physiologic condition among human population and the factors affecting such distribution
- the study of the occurrence and distribution of health conditions such as disease, death, deformities or disabilities on human populations

a. Patterns of disease occurrence

Epidemic
- a situation when there is a high incidence of new cases of a specific disease in excess of the expected,
- when the proportion of the susceptibles are high compared to the proportion of the immunes

Epidemic potential
- an area becomes vulnerable to a disease upsurge due to causal factors such as climatic changes, ecologic changes, or socio-economic changes

Endemic
- habitual presence of a disease in a given geographic location accounting for the low number of both immunes and susceptibles
  e.g. Malaria is a disease endemic at Palawan.
- the causative factor of the disease is constantly available or present to the area.

Sporadic
- disease occurs every now and then affecting only a small number of people relative to the total population
- intermittent

Pandemic
- global occurrence of a disease

Steps in EPIDEMIOLOGICAL INVESTIGATION:
1. Establish fact of presence of epidemic
2. Establish time and space relationship of the disease
3. Relate to characteristics of the group in the community
4. Correlate all data obtained

b. Role of the Nurse
- Case Finding
- Health Teaching
- Counseling
- Follow up visit

IV. Health Situation of the Philippines

Philippine Scenario:
- In the past 20 years some infectious degenerative diseases are on the rise.
- Many Filipinos are still living in remote and hard to reach areas where it is difficult to deliver the health services they need
- The scarcity of doctors, nurses and midwives add to the poor health delivery system to the poor

VITAL HEALTH STATISTICS 2005

* PROJECTED POPULATION :
  MALE  - 42,874,766
  FEMALE - 42,362,147
  BOTH SEXES - 85,236,913

*LIFE EXPECTANCY
  FEMALE  - 70 yrs. old
  MALE    - 64 yrs. Old

LEADING CAUSES OF MORBIDITY
- Most of the top ten leading causes of morbidity are communicable disease
- These include the diarrhea, pneumonia, bronchitis, influenza, TB, malaria and varicella
• Leading non CD are heart problem, HPN, accidents and malignant neoplasms

LEADING CAUSES OF MORTALITY
• The top 10 leading causes of mortality are due to non CD
• Diseases of the heart and vascular system are the 2 most common causes of deaths.
• Pneumonia, PTB and diarrheal diseases consistently remain the 10 leading causes of deaths.

V. Health Care Delivery System
• the totality of all policies, facilities, equipments, products, human resources and services which address the health needs, problems and concerns of the people. It is large, complex, multi-level and multi-disciplinary.

HEALTH SECTORS
• GOVERNMENT SECTORS

Department of Health

Vision: Health for all by year 2000 ands Health in the Hands of the People by 2020
Mission: In partnership with the people, provide equity, quality and access to health care esp. the marginalized

5 Major Functions:
1. Ensure equal access to basic health services
2. Ensure formulation of national policies for proper division of labor and proper coordination of operations among the government agency jurisdictions
3. Ensure a minimum level of implementation nationwide of services regarded as public health goods
4. Plan and establish arrangements for the public health systems to achieve economies of scale
5. maintain a medium of regulations and standards to protect consumers and guide providers

• NON GOVERNMENT SECTORS
• PRIVATE SECTORS

PRIMARY STRATEGIES TO ACHIEVE HEALTH GOALS
• Support for health goal
• Assurance of health care
• Increasing investment for PHC
• Development of National Standard

MILESTONE IN HEALTH CARE DELIVRY SYSTEM
• RA 1082 - RHU Act
• RA 1891 - Strengthen Health Services
• PD 568 - Restructuring HCDS
• RA 7160 - LGU Code

VI – National Health Plan

• National Health Plan is a long-term directional plan for health; the blueprint defining the country’s health – PROBLEMS, POLICY THRUSTS STRATEGIES, THRUSTS

GOAL :
• to enable the Filipino population to achieve a level of health which will allow Filipino to lead a socially and economically-productive life, with longer life expectancy, low infant mortality, low maternal mortality and less disability through measures that will guarantee access of everyone to essential health care

OBJECTIVES:
• promote equity in health status among all segments of society
• address specific health problems of the population
• upgrade the status and transform the HCDS into a responsive, dynamic and highly efficient, and effective one in the provision of solutions to changing the health needs of the population
• promote active and sustained people’s participation in health care

"MAJOR HEALTH PLANS TOWARDS “HEALTH IN THE HANDS OF THE PEOPLE IN THE YEAR 2020”

A. MAJOR HEALTH PLAN
- 23 IN 93
- Health for more in 94
- Think health…… Health Link
- 5 in 95

B. PRIORITY PROGRAM IN YEAR 2000
- Plan 50
- Plan 500
- Women’s health
- Children’s health
- Healthy Lifestyle
- Prevention & Control of Infectious Disease

C. PRIORITY PROGRAM IN THE YEAR 2005
- Ligtas Buntis Campaign
- Mag healthy Lifestyle tayo
- TB Network
- Blood Donation Program (RA 7719)
- DTOMIS
- Ligtas Tigdas Campaign
- Murang Gamot
- Anti Tobacco Signature Campaign
- Doctors to the Barrios Program
- Food Fortification Program
- Sentrong Sigla Movement

D. NATIONAL HEALTH EVENTS FOR 2006

JANUARY
- National Cancer Consciousness Week - (16-22)

FEBRUARY
- Heart Month
- Dental Health Month
- Responsible Parenthood Campaign National Health Insurance Program

MARCH
- Women’s Health Month
- Rabies Awareness Month
- Burn Injury Prevention Month
- Responsible Parenthood Campaign
- Colon and Rectal Cancer Awareness Month
- World TB Day - (24)

APRIL
- Cancer in Children Awareness Month
- World Health Day - (7)
- Bright Child Week Phase I -
- Garantisadong Pambata (11-17)

MAY
- Natural Family Planning Month
• Cervical Cancer Awareness Month
• AIDS Candlelight Memorial Day - (21)
• World No Tobacco Day - (31)

JUNE
• Dengue Awareness Month
• No Smoking Month
• National Kidney Month
• Prostate Cancer Awareness Month

JULY
• Nutrition Month
• National Blood Donation Month
• National Disaster Consciousness Month

AUGUST
• National Lung Month
• National Tuberculosis Awareness Month
• Sight-Saving Month
• Family Planning Month
• Lung Cancer Awareness Month

SEPTEMBER
• Generics Awareness Month
• Liver Cancer Awareness Month

OCTOBER
• National Children's Month
• Breast Cancer Awareness Month
• National Newborn Screening Week (3-9)
• Bright Child Week Phase II Garantisadong Pambata (10-16)

NOVEMBER
• Filariasis Awareness Month
• Cancer Pain Management Awareness Month
• Traditional and Alternative Health Care Month
• Campaign on Violence Against Women and Children

DECEMBER
• Firecracker Injury Prevention Campaign:
  • “OPLAN IWAS PAPUTOK”

VII - INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES (IMCI)

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES (IMCI)

• IMCI is an integrated approach to child health that focuses on the well-being of the whole child.
• IMCI strategy is the main intervention proposed to achieve a significant reduction in the number of deaths from communicable diseases in children under five

Goal:
• By 2010, to reduce the infant and under five mortality rate at least one third, in pursuit of the goal of reducing it by two thirds by 2015.

AIM:
• to reduce death, illness and disability, and to promote improved growth and development among children under 5 years of age.
• IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.

IMCI OBJECTIVES:
• To reduce significantly global mortality and morbidity associated with the major causes of disease in children
• To contribute to the healthy growth & development of children

IMCI COMPONENTS OF STRATEGY:
• Improving case management skills of health workers
• Improving the health systems to deliver IMCI
• Improving family and community practices

**For many sick children a single diagnosis may not be apparent or appropriate
Presenting complaint:
- Cough and/or fast breathing
- Lethargy/Unconsciousness
- Measles rash
- “Very sick” young infant

Possible course/ associated condition:
- Pneumonia, Severe anemia, P. falciparum malaria
- Cerebral malaria, meningitis, severe dehydration
- Pneumonia, Diarrhea, Ear infection
- Pneumonia, Meningitis, Sepsis

Five Disease Focus of IMCI:
- Acute Respiratory Infection
- Diarrhea
- Fever
- Malaria
- Measles
- Dengue Fever
- Ear Infection
- Malnutrition

THE IMCI CASE MANAGEMENT PROCESS
- Assess and classify
- Identify appropriate treatment
- Treat/refer
- Counsel
- Follow-up

THE INTEGRATED CASE MANAGEMENT PROCESS
Check for General Danger Signs:
- A general danger sign is present if:
  - the child is not able to drink or breastfeed
  - the child vomits everything
  - the child has had convulsions
  - the child is lethargic or unconscious

ASSESS MAIN SYMPTOMS
- Cough/DOB
- Diarrhea
- Fever
- Ear problems

ASSESS AND CLASSIFY COUGH OR DIFFICULTY OF BREATHING
- Respiratory infections can occur in any part of the respiratory tract such as the nose, throat, larynx, trachea, air passages or lungs.

Assess and classify PNEUMONIA
- cough or difficult breathing
- an infection of the lungs
- Both bacteria and viruses can cause pneumonia
- Children with bacterial pneumonia may die from hypoxia (too little oxygen) or sepsis (generalized infection).

** A child with cough or difficult breathing is assessed for:
- How long the child has had cough or difficult breathing
- Fast breathing
- Chest indrawing
- Stridor in a calm child.

REMEMBER:
** If the child is 2 months up to 12 months the child has fast breathing if you count 50 breaths per minute or more
** If the child is 12 months up to 5 years the child has fast breathing if you count 40 breaths per minute or more.

**IMCI COLOR CODING**

<table>
<thead>
<tr>
<th>PINK  (URGENT REFERRAL)</th>
<th>YELLOW (Treatment at outpatient health facility)</th>
<th>GREEN (Home management)</th>
</tr>
</thead>
</table>
| OUTPATIENT HEALTH FACILITY | • Pre-referral treatments  
• Advise parents  
• Refer child | OUTPATIENT HEALTH FACILITY  
• Treat local infection  
• Give oral drugs  
• Advise and teach caretaker Follow-up | HOME  
Caretaker is counseled on:  
• Home treatment/s  
• Feeding and fluids  
• When to return immediately Follow-up |
| REFERRAL FACILITY | SEVERE PNEUMONIA OR VERY SEVERE DISEASE |  
• Give first dose of an appropriate antibiotic  
• Give Vitamin A  
• Treat the child to prevent low blood sugar  
• Refer urgently to the hospital  
• Give paracetamol for fever > 38.5°C |
| • Any general danger sign or  
• Chest indrawing or  
• Stridor in calm child | PNEUMONIA | • Give an appropriate antibiotic for 5 days  
• Soothe the throat and relieve cough with a safe remedy  
• Advise mother when to return immediately  
• Follow up in 2 days  
• Give Paracetamol for fever > 38.5°C |
| Fast breathing | NO PNEUMONIA : COUGH OR COLD | • If coughing more than more than 30 days, refer for |
Assess and classify DIARRHEA

A child with diarrhoea is assessed for:
- how long the child has had diarrhoea
- blood in the stool to determine if the child has dysentery
- signs of dehydration.

Classify DYSENTERY
- child with diarrhea and blood in the stool

<table>
<thead>
<tr>
<th>Two of the following signs?</th>
<th>SEVERE DEHYDRATION</th>
<th>If child has no other severe classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormally sleepy or difficult to awaken</td>
<td></td>
<td>- Give fluid for severe dehydration (Plan C) OR</td>
</tr>
<tr>
<td>Sunken eyes</td>
<td></td>
<td>- If child has another severe classification:</td>
</tr>
<tr>
<td>Not able to drink or drinking poorly</td>
<td></td>
<td>- Refer URGENTLY to hospital</td>
</tr>
<tr>
<td>Skin pinch goes back very slowly</td>
<td></td>
<td>with mother giving frequent sips of ORS on the way</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Advise the mother to continue breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If child is 2 years or older and there is cholera in your area, give antibiotic for cholera</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Two of the following signs:</th>
<th>SOME DEHYDRATION</th>
<th>Give fluid and food for some dehydration (Plan B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restless, irritable</td>
<td></td>
<td>If child also has a severe classification:</td>
</tr>
<tr>
<td>Sunken eyes</td>
<td></td>
<td>- Refer URGENTLY to hospital</td>
</tr>
<tr>
<td>Drinks eagerly, thirsty</td>
<td></td>
<td>with mother giving frequent sips of ORS on the way</td>
</tr>
<tr>
<td>Skin pinch goes back slowly</td>
<td></td>
<td>- Advise mother when to return immediately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Follow up in 5 days if not improving</td>
</tr>
</tbody>
</table>

• Home Care
<table>
<thead>
<tr>
<th>Dehydration status</th>
<th>Diarrhea type</th>
<th>Action</th>
</tr>
</thead>
</table>
| No dehydration     | No dehydration | Give fluid and food to treat diarrhea at home (Plan A)  
  • Advise mother when to return immediately  
  • Follow up in 5 days if not improving |
| Dehydration present| Severe persistent diarrhea | Treat dehydration before referral unless the child has another severe classification  
  • Give Vitamin A  
  • Refer to hospital |
| No dehydration     | Persistent diarrhea | Advise the mother on feeding a child who has persistent diarrhea  
  • Give Vitamin A  
  • Follow up in 5 days |
| Blood in the stool  | Dyentery (blood in stool) | Treat for 5 days with an oral antibiotic recommended for Shigella in your area  
  • Follow up in 2 days  
  Give also referral treatment |

**Does the child have fever?**

**Decide:**
- Malaria Risk
- No Malaria Risk
- Measles
- Dengue

**Malaria Risk**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Action</th>
</tr>
</thead>
</table>
| Any general danger sign or stiff neck | Give first dose of quinine  
(under medical supervision or if a hospital is not accessible within 4hrs)  
• Give first dose of an appropriate antibiotic  
• Treat the child to prevent low blood sugar  
• Give one dose of paracetamol in health center for high fever (38.5°C) or above  
• Send a blood smear with the patient  
• Refer URGENTLY to hospital |
| Blood smear (+) if blood smear not done: NO runny nose, and NO measles, and NO other causes of fever | Treat the child with an oral antimalarial  
• Give one dose of paracetamol in health center for high fever (38.5°C) or above  
• Advise mother when to return immediately  
• Follow up in 2 days if fever persists |
<table>
<thead>
<tr>
<th>If fever is present everyday for more than 7 days, refer for assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEVER : MALARIA UNLIKELY</strong></td>
</tr>
<tr>
<td>• Blood smear (-), or</td>
</tr>
<tr>
<td>• Runny nose, or</td>
</tr>
<tr>
<td>• Measles, or</td>
</tr>
<tr>
<td>Other causes of fever</td>
</tr>
<tr>
<td>• Give one dose of paracetamol in health center for high fever (38.5°C) or above</td>
</tr>
<tr>
<td>• Advise mother when to return immediately</td>
</tr>
<tr>
<td>• Follow up in 2 days if fever persists</td>
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<tr>
<td>• If fever is present everyday for more than 7 days, refer for assessment</td>
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</table>

### No Malaria Risk

<table>
<thead>
<tr>
<th>No signs of very severe febrile disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEVER : NO MALARIA</strong></td>
</tr>
<tr>
<td>• Give one dose of paracetamol in health center for high fever (38.5°C) or above</td>
</tr>
<tr>
<td>• Advise mother when to return immediately</td>
</tr>
<tr>
<td>• Follow up in 2 days if fever persists</td>
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### Measles

<table>
<thead>
<tr>
<th>Pus draining from the eye or</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEASLES WITH EYE OR MOUTH COMPLICATIONS</strong></td>
</tr>
<tr>
<td>• Give Vitamin A</td>
</tr>
<tr>
<td>• If pus draining from the eye, apply tetracycline eye ointment</td>
</tr>
<tr>
<td>• If mouth ulcers, teach the mother to treat with gentian violet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clouding of cornea or</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEVERE COMPLICATED MEASLES</strong></td>
</tr>
<tr>
<td>• Give Vitamin A</td>
</tr>
<tr>
<td>• Give first dose of an appropriate antibiotic</td>
</tr>
<tr>
<td>• If clouding of the cornea or pus draining from the eye, apply tetracycline eye ointment</td>
</tr>
<tr>
<td>• Refer URGENTLY to hospital</td>
</tr>
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<table>
<thead>
<tr>
<th>Deep or extensive mouth ulcers</th>
</tr>
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<tbody>
<tr>
<td><strong>VERY SEVERE FEBRILE DISEASE</strong></td>
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<tr>
<td>• Give first dose of an appropriate antibiotic</td>
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<td>• Treat the child to prevent low blood sugar</td>
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<th>Any general danger sign or</th>
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<tr>
<td><strong>VERY SEVERE FEBRILE DISEASE</strong></td>
</tr>
<tr>
<td>• Stiff neck</td>
</tr>
</tbody>
</table>
Dengue Fever

**MEASLES**
- Measles now or within the last 3 months
- Give Vitamin A

| Bleeding from nose or gums or | SEVERE DENGUE HEMORRHAGIC FEVER | If skin petechiae or Tourniquet test, are the only positive signs give ORS |
| Bleeding in stools or vomitus or | | If any other signs are positive, give fluids rapidly as in Plan C |
| Black stools or vomitus or | | Treat the child to prevent low blood sugar |
| Skin petechiae or | | DO NOT GIVE ASPIRIN |
| Cold clammy extremities or | | Refer all children Urgently to hospital |
| Capillary refill more than 3 seconds or | | |
| Abdominal pain or | | |
| Vomiting | | |
| Tourniquet test ( + ) | | |

No signs of severe dengue hemorrhagic fever

| FEVER: DENGUE HEMORRHAGIC UNLIKELY | DO NOT GIVE ASPIRIN |
| | Give one dose of paracetamol in health center for high fever (38.5°C) or above |
| | Follow up in 2 days if fever persists or child shows signs of bleeding |
| | Advise mother when to return immediately |

Does the child have an ear problem?

<p>| Tender swelling behind the ear | MASTOIDITIS | Give first dose of appropriate antibiotic |
| | | Give paracetamol for pain |
| | | Refer URGENTLY |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| Pus seen draining from the ear and discharge is reported for less than 14 days or Ear pain | • Give antibiotic for 5 days  
• Give paracetamol for pain  
• Dry the ear by wicking  
• Follow up in 5 days |
| Pus seen draining from the ear and discharge is reported for less than 14 days | • Dry the ear by wicking  
• Follow up in 5 days |
| No ear pain and no pus seen draining from the ear                         | • No additional treatment |
Check for Malnutrition and Anemia

Give an Appropriate Antibiotic:

**A. For Pneumonia, Acute ear infection or Very Severe disease**

<table>
<thead>
<tr>
<th>Age or Weight</th>
<th>COTRIMOXAZOLE BID FOR 5 DAYS</th>
<th>AMOXYCILLIN BID FOR 5 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult tablet</td>
<td>Tablet</td>
</tr>
<tr>
<td>2 months up to 12 months (4 - &lt; 9 kg)</td>
<td>1 / 2</td>
<td>1 / 2</td>
</tr>
<tr>
<td></td>
<td>5 ml</td>
<td>5 ml</td>
</tr>
<tr>
<td>12 months up to 5 years (10 – 19 kg)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7.5 ml</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

**B. For Dysentery**

<table>
<thead>
<tr>
<th>AGE OR WEIGHT</th>
<th>COTRIMOXAZOLE BID FOR 5 DAYS</th>
<th>AMOXYCILLIN BID FOR 5 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TABLET</td>
<td>SYRUP</td>
</tr>
<tr>
<td></td>
<td>SYRUP 250MG/5ML</td>
<td></td>
</tr>
<tr>
<td>2 – 4 months (4 - &lt; 6kg)</td>
<td>½</td>
<td>5 ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.25 ml (¼ tsp)</td>
</tr>
<tr>
<td>4 – 12 months (6 - &lt; 10 kg)</td>
<td>½</td>
<td>5 ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.5 ml (½ tsp)</td>
</tr>
<tr>
<td>1 – 5 years old (10 – 19 kg)</td>
<td>1</td>
<td>7.5 ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1 tsp)</td>
</tr>
</tbody>
</table>
### C. For Cholera

<table>
<thead>
<tr>
<th>AGE OR WEIGHT</th>
<th>TETRACYCLINE QID FOR 3 DAYS</th>
<th>COTRIMOXAZOLE BID FOR 3 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 – 4 months</td>
<td>Capsule 250mg</td>
<td>½</td>
</tr>
<tr>
<td>( 4 - &lt; 6kg )</td>
<td>5ml</td>
<td>5ml</td>
</tr>
<tr>
<td>4 – 12 months</td>
<td>½</td>
<td>1 / 2</td>
</tr>
<tr>
<td>( 6 - &lt; 10 kg )</td>
<td>5ml</td>
<td>5ml</td>
</tr>
<tr>
<td>1 – 5 years old</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>( 10 – 19 kg )</td>
<td>7.5ml</td>
<td>7.5ml</td>
</tr>
</tbody>
</table>

**Give an Oral Antimalarial**

<table>
<thead>
<tr>
<th>CHOLOROQUINE Give for 3 days</th>
<th>Primaquine Give single dose in health center for P. Falciparum</th>
<th>Primaquine Give daily for 14 days for P. Vivax</th>
<th>Sulfadoxine + Pyrimethamine Give single dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>TABLET ( 150MG )</td>
<td>TABLET ( 15MG)</td>
<td>TABLET ( 15MG)</td>
</tr>
<tr>
<td>2 months – 5 months</td>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>5 months – 12 months</td>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>12 months – 3 years old</td>
<td>1</td>
<td>1</td>
<td>½</td>
</tr>
<tr>
<td>3 years old – 5 years old</td>
<td>1 ½</td>
<td>1 ½</td>
<td>1</td>
</tr>
</tbody>
</table>

**GIVE VITAMIN A**
<table>
<thead>
<tr>
<th>AGE</th>
<th>VITAMIN A CAPSULES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200,000 IU</td>
</tr>
<tr>
<td>6 months – 12 months</td>
<td>1/2</td>
</tr>
<tr>
<td>12 months – 5 years old</td>
<td>1</td>
</tr>
</tbody>
</table>

**GIVE IRON**

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>Iron/Folate Tablet FeSO₄ 200mg + 250mcg Folate (60mg elemental iron)</th>
<th>Iron Syrup FeSO₄ 150 mg/5ml (6mg elemental iron per ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2months-4months (4 - &lt;6kg)</td>
<td></td>
<td>2.5 ml</td>
</tr>
<tr>
<td>4months – 12months (6 - &lt;10kg)</td>
<td></td>
<td>4 ml</td>
</tr>
<tr>
<td>12months – 3 years (10 - &lt;14kg)</td>
<td>1/2</td>
<td>5 ml</td>
</tr>
<tr>
<td>3years – 5 years (14 – 19kg)</td>
<td>1/2</td>
<td>7.5 ml</td>
</tr>
</tbody>
</table>

**GIVE PARACETAMOL FOR HIGH FEVER (38.5°C OR MORE) OR EAR PAIN**

<table>
<thead>
<tr>
<th>AGE OR WEIGHT</th>
<th>TABLET (500MG)</th>
<th>SYRUP (120MG / 5ML)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months – 3 years (4 - &lt;14kg)</td>
<td>¼</td>
<td>5 ml</td>
</tr>
<tr>
<td>3 years up to 5 years (14 – 19 kg)</td>
<td>1/2</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

**GIVE MEBENDAZOLE**

- Give 500mg Mebendazole as a single dose in health center if:
  - hookworm / whipworm are a problem in children in your area, and
  - the child is 2 years of age or older, and
  - the child has not had a dose in the previous 6 months
VIII - DOH PROGRAMS

DENTAL HEALTH PROGRAM
- To improve the quality of life of the people through the attainment of the highest possible oral health.
- Objective: To prevent and control dental diseases and conditions like dental caries and periodontal diseases thus reducing their prevalence.

OSTEOPOROSIS PROGRAM
- It is characterized by a decrease in bone mass and density that progresses without a symptom or pain until a fracture occurs generally in the hip, spine or wrist.
- Objectives:
  - To increase awareness on the prevention and control of osteoporosis as a chronic debilitating condition;
  - To increase awareness by physicians and other health professionals on the screening, treatment and rehabilitation of osteoporosis;
  - To empower people with knowledge and skills to adopt healthy lifestyle in preventing the occurrence of osteoporosis.

HEALTH EDUCATION & CO
- Accepted activity at all levels of public health used as a means of improving the health of the people through techniques which may influence peoples thought motivation, judgment and action.

Three aspects of health education:
- Information
- Communication
- Education

Sequence of steps in health education:
- Creating awareness
- Creating motivation
- Decision making action

REPRODUCTIVE HEALTH
1. Family Planning
2. MCH & Nutrition
3. Prevention / treatment of Reproductive Tract Infection & STD
4. Prevention of abortion & its complication
5. Education & counseling on sexuality & sexual health
6. Adolescent sexual reproductive health
7. Violence against women
8. Men’s reproductive health ( Male sexual disorder )
9. Breast CA & other gyne problem
10. Prevention / treatment of infertility

OLDER PERSONS HEALTH SERVICES
- Participation in the celebration of Healthy National Elderly Week ( Oct 1-7)
  - Lecture on healthy lifestyle for the elderly
- Provision of drugs for the elderly( 20% discount)

GUIDELINES FOR GOOD NUTRITION
- Nutritional Guidelines are primary recommendations to promote good health through proper nutrition.

ACTIVITIES:
1. Malnutrition Rehabilitation Program
   - Targeted Food Task Force Assistance Program (TFAP)
   - Nutrition Rehabilitation Ward
   - Akbayan sa Kalusugan sa Kabataan (ASK Project)
2. Micronutrient Supplementation Program
   - “23 in ’93”
   - Fortified Vitamin Rice
   - “Health for More in ’94”
   - “Buwan ng Kabataan, Pag-asa ng Bayan”
**PROTEIN ENERGY MALNUTRITION**

1. **Marasmus** – looks like an old worried man  
   - less subcutaneous fats

2. **Kwashiorkor** - a moon face child  
   - with flag sign (hair changes)

**VITAMIN A DEFICIENCY**

Early symptoms:  Xeropthalmia (Nightblindness)

- Bitot's spot (silvery foamy spot located @ lateral sclera)
- Corneal Xerosis (eye lesion)
- Conjunctival Xerosis (scar in the eyes)
- Keratomalacia (whitish to grayish sclera)

**BLINDNESS**

**RESPIRATORY INFECTION CONTROL**

- Provision of medicines
- Consultative meetings with CARI coordinators
- Monitoring of health facilities on the implementation of the program

**ALTERNATIVE MEDICINE**

- RA 8423
- 23 IN 93

A. **Herbal Medicine (LUBBY SANTA)**

<table>
<thead>
<tr>
<th>Herbal Medicine</th>
<th>USES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lagundi (Vitex Negundo)</td>
<td>Skin diseases</td>
</tr>
<tr>
<td><strong>SHARED</strong></td>
<td><strong>Headache, Asthma, fever, cough &amp; colds</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Rheumatism</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Eczema</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Dysentery</strong></td>
</tr>
<tr>
<td>Ulasimang Bato (Peperonia Pellucida)</td>
<td>Lowers uric acid</td>
</tr>
<tr>
<td>Bawang (Allium Sativum) HAT</td>
<td>Headache and Toothache</td>
</tr>
<tr>
<td>Bayabas (Psidium Guajava)</td>
<td>Anti septic, Anti-diarrheal</td>
</tr>
<tr>
<td>Yerba Buena (Mentha Cordifolia)</td>
<td>Rheumatism and other body aches, analgesics</td>
</tr>
<tr>
<td>Sambong (Blumea Balsamifera)</td>
<td>Edema, diuretics</td>
</tr>
<tr>
<td>Akapulko</td>
<td>Fungal infection, skin diseases</td>
</tr>
<tr>
<td>Niog Niogan (Quisqualis Indica)</td>
<td>Anti-helminthic</td>
</tr>
<tr>
<td>Tsaang Gubat (Carmona Retusa)</td>
<td>Diarrhea</td>
</tr>
</tbody>
</table>
MATERNAL- CHILD CARE

I - Maternal Care

A. FAMILY PLANNING

I. Spacing / Artificial Method
   A. Hormonal
   B. Mechanical & Barrier
   C. Biologic
   D. Natural

II. Permanent (surgical/irreversible)
   H. Tubal Ligation
   I. Vasectomy

III. Behavioral Method

B. BREASTFEEDING

II - CHILD CARE

A. UNDER FIVE CARE PROGRAM
   • A package of child health-related services focused to the 0-59 months old children to assure their
     wellness and survival

Growth Monitoring Chart (GMC)
   • A standard tool used in health centers to record vital information related to child growth and
     development, to assess signs of malnutrition.

B. EXPANDED PROGRAM ON IMMUNIZATION
   • LEGAL BASIS
     • PD #996 – Compulsory basic
     • PP #147 – National Immunization Day
     • PP #773 – Knock out Polio Days
     • PP # 1064 – polio eradication campaign
     • PP #4 - Ligtas Tigdas month

MENTAL HEALTH

• a state of well-being where a person can realize his or her own abilities, to cope with the normal
  stresses of life and work productively

Components of Mental Health Program
• Stress Management and Crisis Intervention
• Drugs and Alcohol Abuse Rehabilitation
• Treatment and Rehabilitation of Mentally-Ill Patients
• Special Project for Vulnerable Groups

SENTRONG SIGLA MOVEMENT

AIM: to promote availability of quality health services

4 pillars:
• Quality assurance
• Grants & technical assistance
• Health promotion
• Award

COMMUNITY ORGANIZING PARTICIPATORY ACTION RESEARCH

Community Organizing
• a continuous and sustained process of
  EDUCATING THE PEOPLE,
  CRITICAL AWARENESS
  MOBILIZING
Participatory Action Research
• A combination of education, research and action.
• The purpose is the EMPOWERMENT of people

4 Phases:
• Pre entry
• Entry
• Organizational Building
• Sustenance and Strengthening

Laws Affecting CHN Implementation:
RA 8749 - Clean Air Act (2000)
RA 6425 – Dangerous Drug Act: sale, administration and distribution of prohibited drugs is punishable by law
RA 9173
RA 2382 – Philippines Medical Act: define the practice of medicine in the Philippines
RA 1082 – Rural Health Act: employment of more physicians, nurses, midwives who will live in the rural areas to help raise the health condition.
RA 3573 - Reporting of Communicable Disease
RA 6675 – Generic Act: promotes, requires and ensures the production of an adequate supply, distribution, use of drugs identified by their generic names.
RA 6365
RA 6758
RA 4703
RA 7305 – Magna Carta for Public Health Workers (approved by Pres. Corazon C. Aquino): aims to promote and improve the social and economic well being of health workers, their living conditions.
RA 7160 – Local Government Code: responsibility for the delivery of basic services of the national government

IX - CHRONIC COMMUNICABLE DISEASES
I - TUBERCULOSIS
• TB is a highly infectious chronic disease that usually affects the lungs.

Causative Agent: Mycobacterium Tuberculosis
S/S:
• cough
• afternoon fever
• weight loss
• night sweat
• blood stain sputum

Prevalence/Incidence:
• ranks sixth in the leading causes of morbidity (with 114,221 cases) in the Philippines
• sixth leading cause of mortality (with 28507 cases) in the Philippines.

Nursing and Medical Management
• Ventilation systems
• Ultraviolet lighting
• Vaccines, such as the bacillus Calmette Guerin (BCG) vaccine
• drug therapy

Preventing Tuberculosis
• BCG vaccination
• Adequate rest
• Balanced diet
• Fresh air
• Adequate exercise
• Good personal Hygiene

DOTS (Direct Observed Treatment Short Course)

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Type of TB Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Regimen I</td>
<td>2RIPE / 4RI</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>• New pulmonary smear (+) cases</td>
<td></td>
</tr>
<tr>
<td>• New seriously ill pulmonary smear (-) cases w/ extensive lung lesions</td>
<td></td>
</tr>
<tr>
<td>• New severely ill extra-pulmo TB</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regimen II</th>
<th>2RIPES/ 1RIPE / 5RIE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New pulmonary smear (+) case</td>
<td></td>
</tr>
<tr>
<td>• New seriously ill pulmonary smear (-) cases w/ extensive lung lesions</td>
<td></td>
</tr>
<tr>
<td>• New severely ill extra-pulmo TB</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regimen III</th>
<th>2RIP / 4RI</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New smear(-) but with minimal pulmonary TB on radiography as confirmed by a medical officer</td>
<td></td>
</tr>
<tr>
<td>• New extra-pulmo TB (not serious)</td>
<td></td>
</tr>
</tbody>
</table>

II - LEPROSY

- Sometimes known as Hansen's disease
- is an infectious disease caused by , an aerobic, acid fast, rod-shaped mycobacterium
- Gerhard Armauer Hansen
- Historically, leprosy was an incurable and disfiguring disease
- Today, leprosy is easily curable by multi-drug antibiotic therapy

Signs & Symptoms

<table>
<thead>
<tr>
<th>Early stage(CLUMP)</th>
<th>Late Stage(GMISC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in skin color</td>
<td>Gynecomastia</td>
</tr>
<tr>
<td>Loss in sensation</td>
<td>Madarosis(loss of eyebrows)</td>
</tr>
<tr>
<td>Ulcers that do not heal</td>
<td>Inability to close eyelids (Lagophthalmos)</td>
</tr>
<tr>
<td>Muscle weakness</td>
<td>Sinking nosebridge</td>
</tr>
<tr>
<td>Painful nerves</td>
<td>Clawing/contractures of fingers &amp; nose</td>
</tr>
</tbody>
</table>

Prevalence Rate

- Metro Manila, the prevalence rate ranged from 0.40 – 3.01 per one thousand population.

MANAGEMENT:

- Dapsone, Lamprene
- clofazimine and rifampin
- Multi-Drug-Therapy (MDT)

- six month course of tablets for the milder form of leprosy and two years for the more severe form

X - Vector Borne Communicable Disease

I – LEPTOSPIROSIS

- an infectious disease that affects humans and animals, is considered the most common zoonosis in the world

Causative Agent: Leptospira interrogans

S/S:

- high fever
- chills
- vomiting
- red eyes
- diarrhea
- severe headache
- muscle aches
- may include jaundice (yellow skin and eyes)
- abdominal pain

TREATMENT:

PET - > Penicillins, Erythromycin, Tetracycline

II - MALARIA
Malaria (from Medieval Italian: mala aria - "bad air"; formerly called ague or marsh fever) is an infectious disease that is widespread in many tropical and subtropical regions.

**Causative Agent:** Anopheles female mosquito

**Signs & Symptoms:**
- Chills to convulsion
- Hepatomegaly
- Anemia
- Sweats profusely
- Elevated temperature

**Treatment:** Chemoprophylaxis – chloroquine taken at weekly interval, starting from 1-2 weeks before entering the endemic area.

**Preventive Measures:** (CLEAN)
- Chemically treated mosquito nets
- Larvae eating fish
- Environmental clean up
- Anti mosquito soap/lotion
- Neem trees/eucalyptus tree

**III - FILARIASIS**

- name for a group of tropical diseases caused by various thread-like parasitic round worms (nematodes) and their larvae
- larvae transmit the disease to humans through a mosquito bite
- can progress to include gross enlargement of the limbs and genitalia in a condition called elephantiasis

**S/S:**

**Asymptomatic Stage**
- Characterized by the presence of microfilariae in the peripheral blood
- No clinical signs and symptoms of the disease
- Some remain asymptomatic for years and in some instances for life

**Acute Stage**
- Lymphadenitis (inflammation of lymph nodes)
- Lymphangitis (inflammation of lymph vessels)
- In some cases the male genitalia is affected leading to orchitis (redness, painful and tender scrotum)

**Chronic Stage**
- Hydrocoele (swelling of the scrotum)
- Lymphedema (temporary swelling of the upper and lower extremities)
- Elephantiasis (enlargement and thickening of the skin of the lower and / or upper extremities, scrotum, breast)

**MANAGEMENT:**
- Diethylcarbamazine
- Ivermectin,
- Albendazolethe
- No treatment can reverse elephantiasis

**VI – SCHISTOSOMIASIS**

- parasitic disease caused by a larvae

**Causative Agent:** Schistosoma intercalatum, Schistosoma japonicum, Schistosoma mansoni

**Signs & Symptoms:** (BALLIPS)
- Bulging abdomen
- Abdominal pain
- Loose bowel movement
- Low grade fever
- Inflammation of liver & spleen
- Pallor
- Seizure

**Treatment:** Diethylcarbamazepine citrate (DEC) or Hetrazan (drug of choice)
VII – DENGUE

- **DENGUE** is a mosquito-borne infection which in recent years has become a major international public health concern.
- It is found in tropical and sub-tropical regions around the world, predominantly in urban and semi-urban areas.

**S/S: (VLINOSPARD)**
- Vomiting
- Low platelet
- Nausea
- Onset of fever
- Severe headache
- Pain of the muscle and joint
- Abdominal pain
- Rashes
- Diarrhea

**TREATMENT:**
- The mainstay of treatment is supportive therapy.
  - intravenous fluids
  - A platelet transfusion