



# CLINIC GUIDE

MOBILIZE CLINIC GUIDE

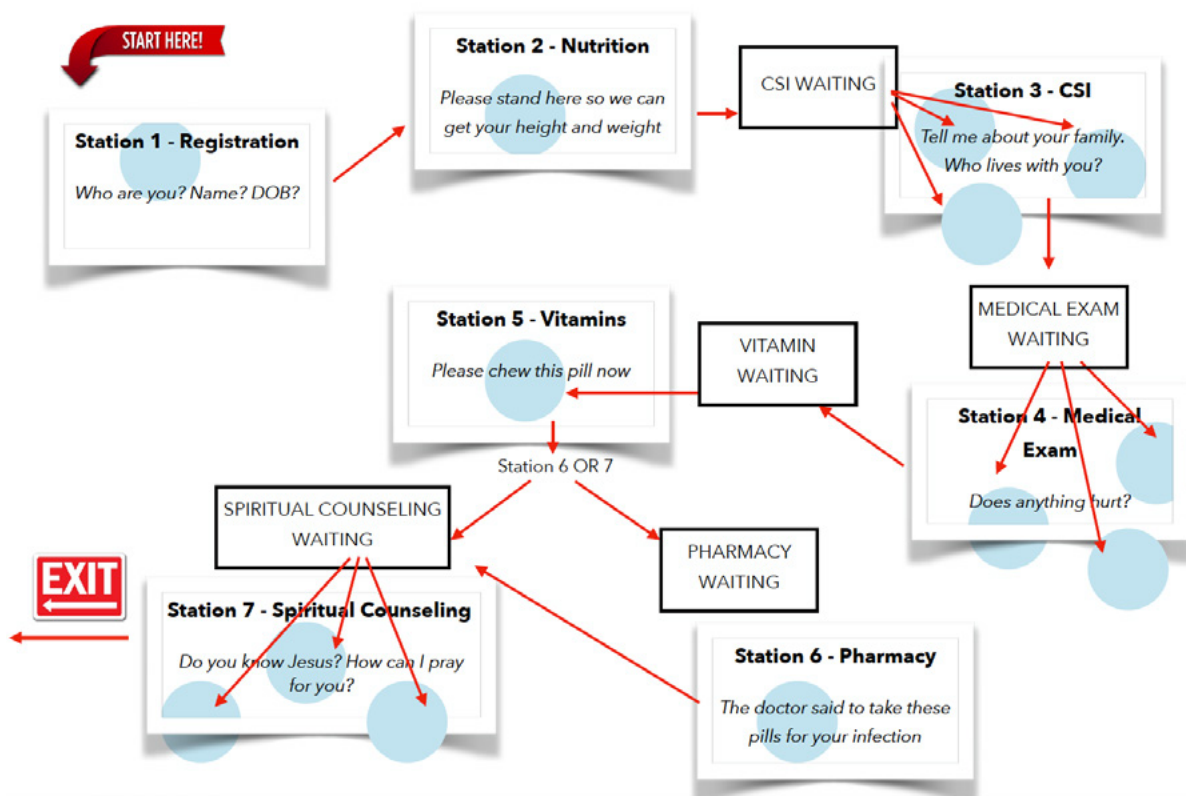
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# INTRODUCTION

In this guide, you will find details for each clinic station, which have been proven to work well for what we are trying to accomplish. Each clinic in each country and community bring new and different needs and circumstances. If you find that your area needs new inspiration, please bring your ideas to the team leader AFTER your first day of clinic. Our best practices are an accumulation of fantastic ideas from Team Members through the years.

## CLINIC FLOW



# REGISTRATION

## SUPPLY CHECKLIST:

- Numbered Cards
- Patient Labels
- Black Pens

- Wrist Bands
- Paper Bags
- Patient Examination Forms/CSI Forms
- Stapler/Extra Staples

## INSTRUCTIONS:

- Greet the patient and collect their number card from them.
- Patient Label sheets have three identical labels horizontally. Write the patient's name, age/birthdate, and male/female on each of THREE patient labels IN THE SAME ROW ACROSS so that the number in the upper left corner of the labels all match for the same patient.
- Place the first label (see below) on a wristband close to the white end. This positioning will allow for the proper placement as the adhesive will best line up when wristband is applied to the wrist.
- Place the second label (see below) on the outside top of a paper bag.
- Place the third label (see below) on the upper left corner of a Patient Examination Form. Fold the form in half and place inside the paper bag. Tell them to keep their bag and what's inside with them the entire time they are at clinic. They're finished! Show them where to go to continue in Nutrition waiting area.



# NUTRITION

## PURPOSE:

Physical Assessment using a Z-Score (See World Health Organization ([who.int](http://who.int))). Here is a description from the World Health Organization (WHO):

*There are three different systems by which a child or a group of children can be compared to the reference population: Z-scores (standard deviation scores), percentiles, and percent of median. For population-based assessment—including surveys and nutritional surveillance—the Z-score is widely recognized as the best system for analysis and presentation of anthropometric data because of its advantages compared to the other methods (5). At the individual level, however, although there is substantial recognition that Z-score is the most appropriate descriptor of malnutrition, health and nutrition centers have been in practice reluctant to adopt its use for individual assessment. In this database, weight-for-height, height-for-age and weight-for-age are interpreted by using the Z-score classification system. The Z-score system expresses the anthropometric value as a number of standard deviations or Z-scores below or above the reference mean or median value. A fixed Z-score interval implies a fixed height or weight difference for children of a given age. For population-based uses, a major advantage is that a group of Z-scores can be subjected to summary statistics such as the mean and standard deviation. The formula for calculating the Z-score is (5): Z-score (or SD-score) = (observed value - median value of the reference population) / standard deviation value of reference population.*

## SETUP:

The below graphic is a recommendation. Your actual setup will depend on your working area:



## ATTITUDE:

You are the first ones the children/clients see. Try and have fun with them and make them feel comfortable. Some of these children have never interacted with a foreigner before and can fear a medical treatment. Play with the children, bring stickers, take their picture and show the photo to them, etc.

## ACTIVITY:

You will need to measure their height, weight and document their age into the computer to obtain a Z-Score. The Z-Score is used to determine nutritional status and duration of course of vitamins. Please note: While working with the children, if you see something (sores, bruises, etc.) or hear something (a rumble in the chest, etc.) while holding the child, make sure you write it on the form.

## INSTRUCTIONS:

(Please note: You need to have either the iPad or iPhone with the Z-Score app.)

1. Check that the name and number on the wrist band, the bag, and the paperwork all match.
2. AGE: Document their age.
  - It is best to use the birthdate for all children 18 and younger. The Z-score is accurate only if the actual birthdate is entered.
3. HEIGHT: Use the stadiometer and document their height.
  - You can set to take the measurement in inches, feet, centimeters or meters. Please use centimeters to obtain the proper number to enter into the application.
  - × If you are missing equipment to measure height, a tape measure taped on the wall or yardstick could work.
  - × All children should remove their shoes to take their height. The child's feet should be together and back against the wall with their hands to their sides and looking straight ahead.
  - × For babies too young to stand, tape a measuring tape to a table or firm suitcase and lay the child down. Use caution and extend the feet and straighten the head for the most accurate measurements. Please use a second set of hands for assistance. Clean the desk or suitcase with a Clorox wipe before and after use.

4. WEIGHT: Document their weight.

- Please use the scale and document the weight in kilograms.

5. MUAC: For children  $\leq$  60 Months

- Mid upper arm circumference (MUAC) may be used to category in order to support your overall impression nutritional risk.
- The subject's left arm should be bent at the elbow at angle, with the upper arm held parallel to the of the body. Measure the distance between the protrusion on the shoulder (acromion) and the point the elbow (olecranon process). Mark the mid-point.
- Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight. (This information is from [bapan.org.uk](http://bapan.org.uk))



6. DOCUMENT THE FORM: (Z-score will be between -3 and 3)

- Patients  $>$  60 Months: Examiner updates the computer to get the Z-Score (Weight/Age Z-Score) and puts that on the form.
- Patient  $\leq$  60 Months: Examiner updates the computer to get the Z-Score (MUAC/Age Z-Score) and puts that on the form.

7. Document the correct status in the Malnutrition section of the form.

8. If their shoes are off, have them put them on in the next waiting station.

9. Move the child to the CSI waiting area.

- Monitor the waiting line for CSI. If they are backed up, stop measuring patients and wait until you feel it is appropriate to start adding people to their line.)

# CHILD SAFETY INITIATIVE (CSI):

“Give justice to the weak and the fatherless; maintain the right of the afflicted and the destitute. Rescue the weak and the needy; deliver them from the hand of the wicked.” Psalm 82:3-4

## PROGRAM OVERVIEW:

At Developing Workers, we believe that every person is dearly loved and created by God. It is this foundational belief which drives us to come alongside community leaders around the world equipping them with strategies to carry out the Great Commission. A basic need of every person is safety. If children are to flourish, they must understand that they have great value. They are valuable to God and they are valuable to their community.

The Child Safety Initiative is designed to screen and identify children at risk for social/emotional, physical and sexual abuse. Our vision is to help children begin to know their value in God’s eyes. We achieve this by activating and training community leaders to protect and develop these children as emerging healthy adults and leaders in their communities.

## CSI TEAM CONTACTS:

### DR. JOHN HOLLEBEEK

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## OUR MISSION:

To protect and develop those precious in God’s eyes; those unable to protect themselves, to guard their well-being in the community, and to encourage their healthy development as future leaders in their community.

## OVERVIEW VIDEOS:

Developing Workers has prepared four videos to provide an overview of the CSI process. These videos are by Dr. John Hollebeek and can be accessed at [developingworkers.com/team-resources/](http://developingworkers.com/team-resources/). To access the videos, scroll down to the CSI Child Safety Initiative Videos “CSI Overview parts 1-4”.



## CSI STEPS:

1. Identify Child Champion; including a lead Child Champion who will oversee caseload
2. Train Child Champions
3. Screen the children
4. Empower Child Champions to follow-up with the children

### IDENTIFY CHILD CHAMPIONS:

First, a community leader/pastor identifies Child Champions in the community. A Child Champion is an individual who is respected in the community and has a history of caring for and protecting children. They have displayed an ability to connect with children and show compassion to them. Child Champions are also individuals who are committed to children and will be responsible to mentor and support children who have been identified as at risk or in need; helping empower these children to reach their God given potential. This is achieved by creating opportunities for transformational development across spirit, mind and body.

### TRAIN CHILD CHAMPIONS/HERO & LEAD CHILD CHAMPION/HERO:

Second, Child Champions are trained and a Lead Child Champion is identified. This begins prior to the arrival of Developing Workers Mobilize Medical team in the form of email correspondence, videos and a Zoom meeting. Training continues when the Developing Workers Mobilize Medical team arrives in country. The CSI team meets with the identified Child Champions every morning prior to clinic and every day after clinic for additional training and debriefing. The Lead Child Champion will hold other Child Champions accountable for following up with identified children and ensuring that the Child Safety Follow Up form is maintained.

### SCREEN THE CHILDREN:

Third, screening of each child. There are a few simple questions asked of each child (via a translator, preferably the Child Champion) to determine if the child is fearful of anyone in their home or community. If so, several follow-up questions will be asked to determine any current or past physical, sexual or emotional abuse. Files will be created for children who have been identified as at risk for or having suffered abuse and will be shared with the appropriate community leader.

### EMPOWER CHILD CHAMPIONS:


Last, is follow-up with identified children. Tools and follow-up folders will be given to the Child Champions for follow-up. The frequency of follow-up is determined by the severity of the abuse or potential harm to the child. Follow-up is to help meet the needs of the children to feel safe in their homes and communities and will be documented by the Lead Child Champion using the Child Safety Follow Up form.

DEVELOPING WORKERS CHILD SAFETY FOLLOW-UP SHEET

DATE	NAME	DATE OF BIRTH	CHILD ID NUMBER	LOCATION	NATURE OF ABUSE/TRAUMA	CHILD CHAMPION NAME	CHILD CHAMPION CONTACT NUMBER
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

## CSI RATING GUIDE:

Those children at risk for or having suffered abuse are ranked using the following rating guide. These ratings are used as a general guideline. Please use your judgment or ask if you are uncertain.

- 
- 1. ANTICIPATE TO BE SEEN WEEKLY**
    - Near daily threats or risk of harm, perpetrator may or may not be in home
    - Visible scarring or bruising/other unexplained injury
    - Reported neglect
    - Thoughts of self-harm
    - Pregnancy in child or suspected risk of trafficking
  - 2. ANTICIPATE TO BE SEEN BI-WEEKLY**
    - Weekly threat of abuse and/or prior history of significant abuse
    - Bullying with assault
    - Domestic violence observed or involved
    - Substance use
  - 3. ANTICIPATE TO BE SEEN EVERY THREE WEEKS**
    - Recent trauma without risk of harm
    - Substance experimentation
    - Hearing or seeing things not there
    - Signs of low mood or depression different than the child's norm
  - 4. MONITORED BUT NOT SEEN REGULARLY**
    - Trauma history
    - Family disruption
    - School conflicts
  - 5. MONITORED BUT NOT SEEN REGULARLY**
    - Low risk or mild conflict
    - Not requiring consistent follow-up for safety

## CSI YOUTH TALKS:

### ALL YOUTH:

1. Every human being, male and female, has value and deserves respect as we are all created in God's image. (Genesis 1:26-27)
2. Every person's physical body deserves respect; our own and others.
3. Male and female bodies have physical differences - Discuss differences here (see bottom of sheet for boys/girls specific talks).
4. Differentiate between appropriate and inappropriate touch of our bodies and the bodies of others:
  - × If a person's touch makes the other person feel uncomfortable, it is inappropriate, regardless of the relationship you have with the person.
  - × If anyone touches you inappropriately, tell a safe/trusted adult.
  - × There are ways in which no one should touch you unless you are married, and you should not touch another person in this way unless you are married.
  - × If you are being touched inappropriately by someone, it is not your fault and you should tell a safe/trusted adult.
  - × Dangers of pornography.

### BOYS SPECIFIC:

1. Boys/Young men are to be leaders in their families, schools and communities, they should tell others to respect themselves and others.
2. Define respect.
3. What is a leader?
4. Why is it important to be an upright citizen?  
How can you be an example to those around you?
5. Define integrity. Why is it important? Why is it a good foundation?

## GIRLS SPECIFIC:

1. You all are young ladies who are in different stages of development:
  - Some have not yet started their monthly cycle.
  - Some are just starting their monthly cycle.
  - Some have had their monthly cycle for several years.
  
2. Reason for your monthly cycle: Hormones:
  - Female hormones and male hormones
  - Hormones cause changes/development in your body.
  - Some of these changes are physical.
  - Development of reproductive/private parts
    - × Breasts
    - × Womb
    - × Pubic and underarm hair
  
3. Monthly cycle:
  - Hormone levels at certain times of cycle affect everyone differently and can be different from month to month.
    - × Lower abdominal cramping
    - × Headache
    - × Backpain
    - × Emotions
  
  - You may feel differently around opposite sex, shy, reserved. This is normal.
  - With every cycle, your body is preparing for pregnancy.
  
4. Preparation for pregnancy:
  - Beginning of cycle: hormones prepare the womb to be able to carry a baby.
  - When a woman does not get pregnant, the womb sheds the nutrients that have accumulated to nourish the fertilized egg.
  - This is your monthly cycle.
  
5. Changes in your thoughts about boys/young men:
  - It is normal to begin to be attracted to boys/young men, but they or anyone else should never touch you in a way that makes you feel uncomfortable. Tell a safe/trusted adult if someone touches you in a way that makes you feel uncomfortable.



# EXAMINATIONS

## INTRODUCTION:

If you are a Physician, Physician Assistance, Nurse Practitioner or Registered Nurse you will be utilized as an examiner, unless otherwise discussed. As an examiner, you will be relying fully on your assessment skills. You will see advanced disease processes and cases beyond our capacity on the field. It is our ethical responsibility to only start what we have the capacity to see to completion.

## CONTINUED CARE:

We are very cautious not to make any promises to patients leading them to believe we will continue any type of care after our team departs. If a patient perceives a promise, and that promise cannot be kept, the situation can cause immense harm to the field staff and Country Director and negatively impact their entire ministry.

If there is a case that may potentially need follow up, it is imperative that the Country Director, Medical Director and the Trip Leader are consulted immediately and are involved in the entire process. While there may be some additional resources available with some of our partners, there are guidelines for the patient to obtain that aid which may need intervention by the Country Director, Medical Director and Trip Leader.

## INSTRUCTIONS:

- Evaluate the patient as they approach your station:
- Watch as the patient walks toward you: their hair, skin, countenance, etc.
  - × Evaluate the parent-child relationship as they approach your station.
  - × Look for oedema in children who could potentially be severely malnourished.
  - × Consider cultural implications regarding eye contact, dress, and tribal jewelry.
- Greet the patient and build a covenant relationship with them before you start the exam. This bonding can be done through appropriate touch such as handshake or touching their arm, giving a big smile, or eyes contact. This connection is extremely important, especially when wearing a mask, as a mask could be frightening to children.
- When utilizing a translator, look at the patient when speaking. The translator will listen and translate even as your attention is directed to the patient.

- Check to confirm the wristband, exam form, and bag match.
- Review the CSI form prior to starting the exam. The CSI form could give you additional insight into the patient.
- Consider public health issues, water source, sanitation, food availability, household/family dynamics, schooling, shoes or no shoes etc.
- Examine patient.

#### ADDITIONAL NOTES:

- Please bring your tools with you to clinic each day.
- A private exam area can typically be found if needed. Please take a translator with you and consider that they may need to be the same sex as the patient for privacy and cultural reasons.
- Nurses should take complex cases to any of the team physicians or other practitioners for diagnosis or consultation, as needed.
- Laceration trays, scalpels, sutures, glucometer, pregnancy test strips and UA test strips are all available in first aid suitcase along with many other supplies. If specific supplies are needed, please consult with the Trip Leader to check for availability.
- The closest hospital or clinic can be identified by the Medical Director or Trip Leader at the start of each clinic day. When considering a hospital trip, the Country Director, Medical Director and Trip Leader all need to be involved in the decision.
- Parasitic disease is vast, very common, and can present in many different ways. Typical common complaints or symptoms are headaches, anemia, distended abdomen, mid epigastric pain, diarrhea, dehydration, and occasionally visible worms in stool. If at all suspicious of parasitic disease, treat the patient with a full treatment of Mebendazole. If the patient is malnourished or under 5, increase vitamins to 90 days.
- In the case of a Sexually Transmitted Infection (STI), if there is a need to have the patient's partner return for treatment, a wristband of a specified color can be used as a "FastPass" to get the partner to the front of the line and to your station. Please consult with your Trip Leader for assistance in obtaining a wristband.

## EXAMINER TOOL KIT:

- Stethoscope
- Otoscope\*
- Blood pressure cuff\*
- Spot oximeter
- Ear cures
- Pen light or flashlight
- Reflex hammer
- Anything else you would like to have available for your exam.

*\*These items will also be available for use in the team supply suitcase.*

## OUR GOALS:

1. Hear the patients' complaints and stories.
2. Help the patients by meeting their physical needs as best we can.
3. Hope that Someone greater than us, the Great I AM, the mighty Healer knows their every pain, need and concern, and that He cares very deeply for them.

## NON-ACCIDENTAL TRAUMA: TEN-4/FACES

### TEN:

- **T**orso  
*Chest, abdomen, back, genitals, buttocks*
- **E**ars
- **N**eck

Any bruises on an immobile infant

### FACES:

- **F**renulum
- **A**ngle of the jaw
- **C**heek
- **E**yelids
- **S**ubconjunctival hemorrhage

Any bruising in the TEN FACES regions of a child 4 years and younger

## ABUSIVE VS. ACCIDENTAL BURNS:



### INFLICTED:

Symmetric with sharp demarcations  
Usually without splash marks



### ACCIDENTAL:

Undulating borders and pattern  
consistent with the flow of hot liquid  
Splash marks and varying depth



## VITAMIN & WORM STATION:

Vitamins is a dynamic workstation that does not carry life or death consequences but is hectic and fun. All examiners send their patients to this one station, so it can occasionally get backed up and the line will be long. Don't worry – long lines are normal at this station. Treating younger children can take a little extra time. If you feel your line is getting too long, ask the Trip Leader to either slow the examiners down for a few minutes or find someone who can help you catch up.

### SETUP:

Set up your station and make sure you have everything handy before patients start coming to your line. Everyone will leave with a toothbrush and vitamins. And almost everyone will take a worm pill and a vitamin A pill.

## SUPPLY CHECKLIST:

- |  |  |
|--|--|
| <input type="checkbox"/> Water   | <input type="checkbox"/> 30 Day Adult Vitamin packs                      |
| <input type="checkbox"/> Cups  | <input type="checkbox"/> 90 Day Adult Vitamin packs                      |
| <input type="checkbox"/> Toothbrushes  | <input type="checkbox"/> Folic Acid/Prenatal Vitamins                    |
| <input type="checkbox"/> Vitamin A capsules (use cup to serve from)                                  | <input type="checkbox"/> Infant Poly Vits                                |
| <input type="checkbox"/> Mebendazole (dewormer medication) (use cup to serve from)                   | <input type="checkbox"/> Dewormer Treatment bags (5 tables in each)      |
| <input type="checkbox"/> Tissues (for when the children spit out their worm pill – yes, it happens.) | <input type="checkbox"/> Dum Dum suckers                                 |
| <input type="checkbox"/> 30 Day Children’s Vitamin packs   | <input type="checkbox"/> Small garbage bag taped to your table for trash |
| <input type="checkbox"/> 90 Day Children’s Vitamin packs   | <input type="checkbox"/> Sharpie   |

## GENERAL INSTRUCTIONS:

1. Check that the name and number on the wrist band, the bag, and the paperwork all match.
2. Below is the primary portion of the exam form you will be looking at for the worm and vitamin station.

1) DE-WORM: TREATMENT OR PROPHYLAXIS		
<input type="checkbox"/> Prophylaxis: Mebendazole x 1 chew tab	<input type="checkbox"/> Treatment: Mebendazole 1 chew tab BID x 3d (5)	<input type="checkbox"/> No Worm Med - Recently treated or pregnant (1st trimester) or < 2yo
2) VITAMINS	Normal Exam	Severe Malnutrition
Infant	<input type="checkbox"/> Infant Multivitamin, As Directed	
Children 2-10	<input type="checkbox"/> 30 d Children’s Vitamins w/iron	<input type="checkbox"/> 90 d Children’s Vitamins w/iron
Adult 11+	<input type="checkbox"/> 30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins w/iron
Pregnant	<input type="checkbox"/> 90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	
3) EXAM RESULTS		
<input type="checkbox"/> Normal Exam	<input type="checkbox"/> No other diagnosis/meds	<input type="checkbox"/> Pharmacy Needed

3. Look at their form on the label and check the patient’s age. Please note: Mebendazole cannot be used in the first trimester of pregnancy or in children <2 years of age.
4. Look at the LABS section to see if the is the patient is pregnant. Please note: Mebendazole cannot be used in the first trimester of pregnancy or in children <2 years of age.

LABS		Other	1	2	3
Pregnant:	Urinalysis:				
Blood Sugar:	Other:				

## NOTES:



5. Make sure the form was signed by the examiner and has notes on it (sometimes patients can get in the wrong line). Examiners should have indicated which vitamins they want and whether the patient is receiving Mebendazole. If this area is not filled in or something seems off, please stop and go ask the examiner.
6. If the patient is receiving a full Mebendazole treatment and additional vitamins, show them each bag separately. Mark the bag with a sharpie with instructions on taking the medications/vitamins.
7. Each bag should be marked and explained separately.
8. When communicating with the patient, acting out what you need them to do, in exaggerated fashion is helpful. It is always best to have a translator so the patient can be told the medications they will be taking.

#### WATER:

- Fill cups with water and have additional water easily accessibly while you are distributing vitamins and Mebendazole.

#### TOOTHBRUSH:

- Explain that the toothbrush is for brushing their teeth twice a day: inside, outside, upside, downside of their teeth.
- Place the toothbrush in their bag.
- Remind the patient that toothbrushes are not for sharing.

#### VITAMIN A:

- Each person 3 years old and older receives a Vitamin A capsule to be taken with a sip of water while at your station.
- Please read the information sheet (below) on why we use Vitamin A. Both children and adults receive this vitamin, even though it is most beneficial for the children.
- Try to keep the Vitamin A out of direct sunlight.
- Verify the patient swallows the Vitamin A capsule.

### DEWORMER PILL:

- Check the exam form to see if prophylaxis Mebendazole is indicated.
- If so, have patient chew the pill and then take a sip of water.
- The Dum Dums are good to give to the patient after they take their pill.
- The worm pills tastes horrible, and the children may spit them out. If the child spits it out, you can try again, or if the parent is with the child, you can send the pill home for the parent to give to the child.
- We use Mebendazole for children >2 years old.
- Reminder: Mebendazole cannot be used in the first trimester of pregnancy or in children <2 years of age.

### DEWORMER TREATMENT:

- When indicated that the patient needs “Treatment,” the bag of 5 Mebendazole tablets is given to the patient.
- The patient also receives the one (1) dewormer tablet (Mebendazole) that they take at your station.
- Instruct the patient to take another dewormer tablet (Mebendazole) that evening.
- Continue to take one pill in the morning and one pill in the evening until they are gone.
- The entire treatment is 3 days long.

### VITAMINS:

- Check the exam form to see what vitamin is ordered.
- If so, collect vitamin pack from your table and explain to patient/child and caregiver to take one each day.
- Use a sharpie to indicate “AM” as noted by the rising sun on the vitamin bag. Mark with a “1”.
- Some children’s vitamins we use need to be chewed. Please read bag and communicate that to the patient, of applicable.

## PRENATAL VITAMINS/FOLIC ACID:

- If we do not have prenatal vitamins to dispense, as it is sometimes cost prohibitive, then we use Folic Acid and Adult Multivitamins for pregnant women.
- For pregnant women, we give enough Folic Acid to last the duration of their pregnancy. This supply of folic acid will need to be packed at the vitamin station (not at pharmacy).
- For pregnant women, we also give enough Adult Multivitamins to last 3 months past their due date (if supplies allow).
- Instruct the patient not to share her vitamins, as they are medicine, prescribed only to her.

## ADDITIONAL NOTES:

- Any instance when more than one bag of vitamins needs to be given to one patient, the vitamins need to be combined into one bag so not to be confused as different medications. We want to avoid anyone taking more than their prescribed dose. Please do not staple multiple bags together, as stapling multiple bags together can lead to confusion for the patient on how and when to take their vitamins.
- The infant Poly Vits come with a built-in dropper. Show the caregiver how to pull up 1 ML for administration. Warn them that the vitamins can stain clothing so use caution. To administer, lean the baby back while in your arms or caregivers' arms and place dropper in the back of the neck and slowly administer.
- Prenatal vitamins are good multipurpose vitamins and when in stock may be used for non-pregnant patients.

## NEXT STEPS:

Once a patient is finished at the Worm and Vitamin station, they have two options:

- If patient needs additional medications (marked on backside of the exam form), they should go to pharmacy.
- If no other meds are needed, they should go to Spiritual Counseling.

## ADDITIONAL INFORMATION (VITAMIN A):

Vitamin A deficiency (VAD) is the leading cause of preventable blindness in children. Xerophthalmia, which is abnormal dryness of the conjunctiva and cornea of the eye, is associated with VAD and when left untreated can lead to blindness. The World Health Organization estimates that worldwide there are approximately 250 million children under the age of five that are affected by VAD. An estimated 250,000 to 500,000 vitamin A deficient children become blind each year. Half of these children die within 12 months of losing their sight.

Although this problem is most prevalent in Africa and South East Asia, it is certainly existent throughout the developing nations. According to UNICEF, “Of 82 countries deemed ‘priorities’ for national level vitamin A supplementation programs, 57 had coverage estimates available for 2014. Half of these 57 countries achieved the recommended coverage of 80 percent.” As a result, half did not receive the 80 percent level, and for those that did, a significant number of children remained untreated. While the problem is most prevalent in Africa and South East Asia; central American countries are also at risk.

*“About 40% of Mexican children in rural areas had deficient values of plasma vitamin A” (Rosado, 1995). Furthermore, it was noted as far back as 1989 that vitamin A deficient Guatemalan children grow poorly, are more anemic, have more infections and are more likely to die than their peers (Sommer, 1989).*

The World Health Organization recommends that all children between the ages of six months and six years in developing nations that are at risk receive vitamin A supplementation. The supplementation is as simple as just one vitamin A capsule every six months. The cost of treating a child for one year is only 14 cents! Vitamin A capsules are available on Blessings International’s order form for international missions and can easily be provided by any mission team providing care and treatment to children from six months to six years of age. By receiving this vitamin supplementation, child mortality and blindness can be significantly reduced.

# PHARMACY:

## SETUP:

- Usually we have 3 DW team members working in Pharmacy with one interpreter:
- One person to label bags for the meds.
- One person to count pills and pack the meds.
- One person to work with an interpreter to give the medication to the patient and do a consultation.

## LABELING BAGS FOR THE MEDS:

- Use the binders that have all of med labels. Put the correct stickers of meds ordered from the exam form on med bags so the person counting pills can fill the bags.
- Check the age of the patient first to make sure the meds ordered make sense for that age.
- Make sure all meds are given for the diagnosis marked. For example:
  - × If diarrhea - make sure all meds given
  - × If cellulitis with abscess or dental abscess, make sure both meds given
  - × Etc...
- Make sure extra labels are added, if needed (e.g. "Take As Needed" stickers are added for Ibuprofen and Acetaminophen, or a "Body sticker" may be needed if multiple creams are given).
- Be careful to use the correct labels (e.g. acetaminophen comes in various strengths).
- If you're not sure about how something was marked on the form, it's okay to go ask the examiner.

## COUNTING PILLS/PACKING MEDS:

- Fill each of the labeled med bags with the correct medicine (i.e. Be sure to check the strengths of each med).



## DISPENSING MEDS TO PATIENTS:

### WELCOME:

- Greet your patient J and make sure you have the right person (Please compare the wristband number to exam form).
- If the patient is a young child, ask for parent or teacher.
- Pull out any meds they have in their bag:
  - × Did they get a toothbrush?
  - × Did they get a bag of vitamins? Can they explain how to take their vitamin?
  - × Do they need a worm treatment? Is that med in their bag? Can they explain how to take it?

### EXPLAIN THE MEDS:

- Do pills in bag look correct? (right drug, right number)
  - × Explain what the med is for using non-medical terms (e.g. Instead of saying “pneumonia”, say “an infection in your lungs”).
  - × Mark med bag (with slash marks) in front of patient as you explain what it is and how often they take it.
  - × Point out “pain stickers” when explaining PRN meds. Make sure they know the difference between meds they need to finish and meds to take only if they need it.
  - × If they have a lot of meds (i.e. more than 3), lay all of the meds on the table and ask them to explain them back to you.

## PHARMACY TERMINOLOGY:

**NOTE:** Capitalization does not change the terminology/abbreviation. The terms listed are shown in the most common format and what we typically use. However, some professionals may use various combinations of upper and lower case letters.

<b>am</b> - morning	<b>PO</b> - orally (by mouth)	<b>SOB</b> - shortness of breath
<b>app</b> - applicator	<b>prn</b> - as needed	<b>stat</b> - now/immediately
<b>BID</b> - twice a day	<b>Qam</b> - every morning	<b>tab</b> - tablet
<b>BP</b> - blood pressure	<b>QD</b> - every day	<b>TID</b> - 3 times a day
<b>cap</b> - capsule	<b>QH</b> - every hour	<b>TBS</b> - tablespoon
<b>gtt</b> - drop	<b>QID</b> - 4 times a day	<b>tsp</b> - teaspoon
<b>hr</b> - hour	<b>QOD</b> - every other day	<b>yo</b> - years old
<b>hs</b> - bedtime	<b>Qpm</b> - every evening	
<b>INJ</b> - inject	<b>Q4° - 6°</b> - every 4 to 6 hours	

## LIQUID MEASUREMENTS:

**CC** = cubic centimeter

**1CC** = 1mL

**2.5ML** = 1/2 tsp

**5ML** = 1 tsp

**10ML** = 2 tsp

**15ML** = 1 TBLS (tablespoon)

**NOTE:** Sometimes liquid meds will come with a measuring cup. If so, use a black sharpie to mark the line for the patient (e.g. 1 tsp / 5mL).

## Ibuprofen Dosage Table for Fever and Pain\*

Child's Weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	
Infant Drops 50 mg/1.25 mL	1.25	1.875	2.5	3.75	5	--	--	--	mL
Liquid 100mg/5 mL	2.5	4	5	7.5	10	12.5	15	20	mL
Chewable 50 mg tablets	--	--	2	3	4	5	6	8	tabs
Junior strength 100 mg tablets	--	--	--	--	2	2 ½	3	4	tabs
Adult 200 mg tablets	--	--	--	--	1	1	1 ½	2	tabs

\*Read table notes below.

### TABLE NOTES:

**AGE LIMIT:** Don't use under 6 months of age unless directed by your child's pediatrician, because safety has not established and doesn't have FDA approval. Avoid multi-ingredient products in children under 6 years of age.

**DOSAGE:** Determine by finding child's weight in the top row of the dosage table.

**FREQUENCY:** Dose every 6 to 8 hours. Maximum 4 doses in a 24-hour period.

## Acetaminophen Dosage Table for Fever and Pain\*

Child's Weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	
Syrup: 160 mg/5 mL	1.25	2.5	3.75	5	7.5	10	12.5	15	20	mL
Chewable 80 mg Tablets	--	--	1½	2	3	4	5	6	8	tabs
Chewable 160 mg Tablets	--	--	--	1	1½	2	2½	3	4	tabs
Adult 325 mg Tablets	--	--	--	--	--	1	1	1½	2	tabs
Adult 500 mg Tablets	--	--	--	--	--	--	--	1	1	tabs

\*Read table notes below.

### TABLE NOTES:

**AGE LIMIT:** Do not use acetaminophen under 12 weeks of age unless directed by your pediatrician because fever during the first 12 weeks of life should be documented in a medical setting. If a fever is present, your baby needs a complete evaluation. (Exception: Fever from an immunization in a child 8 weeks of age or older. If present, please consult with your pediatrician.)

**DOSAGE:** Determine by finding child's weight (in pounds) in the top row of the dosage table.

Measuring the dosage (in metric units): Dosing syringes are more accurate than household utensils. Use the syringe or device that comes with the medication. If one does not come with the medication, ask the pharmacist for a medicine syringe. Household spoons are not reliable.

**FREQUENCY:** Repeat every 4-6 hours as needed. Maximum 5 doses in a 24-hour period.

MED	CHECK DOSAGE! -age -strength	EXPLAIN PURPOSE using non medical words	EXPLAIN how to use medicine along with label instructions	Extra Stickers
Acetaminophen	MULTIPLE FORMS! MULTIPLE DOSAGES!	For pain in...	Point out pain sticker and explain that they do not need to take this if they are feeling better (i.e. no pain)	Add PRN pain sticker
Acydovir	Extra Med			
Amlodipine	For adults only!	For high blood pressure	Circle recorded blood pressure on exam form. Explain that it's high. Medicine will help lower blood pressure. In 1-2 months after being on med, get rechecked with a doctor. If it's working, get more med at a pharmacy. Highlight name of medicine on their form. If you become light headed or feel faint stop taking and get blood pressure rechecked.	
Amoxicillin	MULTIPLE FORMS! MULTIPLE DOSAGES!	For infection in...	Very important to finish all of this medicine, even if you are feeling better otherwise infection will come back... even worse	
Antibiotic Cream	LOOK ALIKE ALERT! Make sure you have the correct cream	For wound/Rash on...	Keep wound/rash clean and dry	Add body sticker if multiple creams given
Anti Fungal Cream	LOOK ALIKE ALERT! Make sure you have the correct cream	For Rashes	Keep rash dry	Add body sticker if multiple creams given
Azithromycin	Extra Med	For infection in...	Very important to finish all of this medicine, even if you are feeling better otherwise infection will come back... even worse	
Beclomethasone	Extra Med and LOOK ALIKE ALERT! Make sure you have the correct inhaler	For problem breathing (asthma)	(Use spacer for new users) Show how to inhale medicine...want med to get in lungs to help with breathing. Rinse mouth after using inhaler. Point out sun, moon, star sticker and explain that they need to use every day (and explain how it's different from Salbutamol which is for emergencies) Store in cool area out of sunlight.	
Bismuth		For upset stomach	Take before you eat. Point out pain sticker and explain that they do not need to take this if they feel better (i.e. no stomach pain)	Add PRN stomach pain sticker
Calcium Carbonate		For heartburn	Chew after you eat if having heartburn. Point out pain sticker and explain that they do not need to take this if they feel better (i.e. no heartburn)	Add PRN heartburn pain sticker
Ceftriazone	Extra Med			
Cephalexin	MULTIPLE DOSAGES!	For infection in...	Very important to finish all of this medicine, even if you are feeling better otherwise infection will come back... even worse	
Cetirizine	MULTIPLE DOSAGES!	For allergies (itchy eyes, stuffy/runny nose, etc.)	Take around the same time every day	
Chloroquine	Extra Med	For malaria	This should be given with fever reduction med. Follow up with local provider.	
Cipro		For infection in...	Very important to finish all of this medicine, even if you are feeling better otherwise infection will come back... even worse	
Clindamycin	Extra Med			
Cold Pack		For runny nose	Important to get germs off your hands after you blow your nose, show them how to use with our hand sanitizer	
Coartem	MULTIPLE DOSAGES!	For malaria		
Co-trimoxazole (Bactrim)	Extra Med and MULTIPLE DOSAGES!		Very important to finish all of this medicine, even if you are feeling better. Avoid exposure to sunlight.	
Diphenhydramine		Can be used to help sleep	Will make you sleepy, so take before you go to bed at night	
Docusate Sodium		For constipation - cannot go to the bathroom	Drink lots of water, tell patient to take this medication by mouth. Stop taking med if they have relief or develop diarrhea. Do not take with mineral oil.	
Doxycycline	Extra Med - NOT for kids under 8	Malaria or infection or acne	Very important to finish all of this medicine, even if you are feeling better otherwise infection will come back... even worse. Do not take with Milk, avoid exposure to sunlight	
Erythromycin	Extra Med			
Eye Drops (Polyvinyl/Visine)	LOOK ALIKE ALERT!	For dry eyes	Use as needed when eyes hurt. If eyes feel better, don't use. Don't touch tip of dropper to eye or get dirty... don't want dirt/germs in eye	Add PRN eye pain sticker
Fluconazole	NOT if pregnant	For infection in private area	Have patient swallow pill now	
Gentamicin	LOOK ALIKE ALERT!	For ear/eye infection	Don't touch tip of dropper to eye/ear or get dirty... don't want dirt/germs in eye/ear. Don't share	Use correct sticker - For ears? Or eyes?
Griseofulvin	MULTIPLE DOSAGES! Not if pregnant	For tinea/ infection on head/skin	Very important to finish all of the medicine even if skin looks better. Take with food or milk to avoid upset stomach, avoid excess sun exposure	
Hydrocortisone Cream	LOOK ALIKE ALERT! Make sure you have the correct cream	For rash/itchy skin	Will help stop the itching. Do not apply to open wound. Keep area clean and dry. May sting, stop using when skin is clear.	Add body sticker if multiple creams given
Ibuprofen	MULTIPLE DOSAGES! Not if pregnant.	For pain in...	Eat something before taking med. Use pain chart to explain when to take 1 tab vs. 2 tabs. Point out pain sticker. Take as needed - only when having pain.	Add PRN pain sticker
Infant formula			Explain how to mix... measure water first and then add correct number of level scoops of formula. Use within a few hours of mixing. If currently breast feeding discuss frequency so not to impede milk supply. Dispense with bottle.	
Ivermectin	Check dosing chart	For scabies (bug in the skin)	Med will kill the bug in the skin. But bugs also in clothes/bedding. Need to wash or boil everything otherwise will come back. (Or can put everything in black, closed garbage bag for 2 days) Important to wash skin with soap. Family may also have bugs so they should seek treatment and follow the same instructions for washing.	
Levofloxacin	MULTIPLE DOSAGES!	For infection (in lungs or in bladder)	Very important to finish all of the medicine even if feeling better. Don't take with any other meds, so take at night before going to bed. Take with food.	

MED	CHECK DOSAGE! -age -strength	EXPLAIN PURPOSE using non medical words	EXPLAIN how to use medicine along with label instructions	Extra Stickers
Lice Treatment		For bugs in hair	Medication will kill the bug in the hair. But bugs also in clothes/bedding. Need to wash or boil everything otherwise will come back. (Or can put everything in black, closed garbage bag for 2 days) Wash hair with this special medication once a week. Family may also have bugs so they should seek treatment and follow the same instructions for washing.	
Metronidazole	MULTIPLE DOSAGES!	For infection on skin/in mouth	Very important to finish all of this medicine, even if you are feeling better otherwise infection will come back... even worse. Upset stomach or metallic taste could occur. Take with food. Drink plenty of water.	
Nystatin Oral Solution	Extra Med	For thrush/ sores in mouth	swish and spit	
Ocean spray nasal spray			Use as needed to clean out your nose	
Omeprazole		For stomach ulcer		
Oral rehydration (ORS) packets		For dehydration (not drinking enough)	Mix 1/2 packet with 1/2 liter bottle of water. May add some flavored drink mix to make it taste better. <i>(Demonstrate how to mix and give 1st bottle to them)</i> . Drink 2-4 bottles today <i>(Depends on age)</i>	
Prednisone	Extra Med	For asthma or inflammation	Take with food. Finish all of this medication even if feeling better.	
Ranitidine	MULTIPLE DOSAGES!	For ongoing stomach problems	Can be taken with or without food. To prevent heartburn and acid indigestion, take ranitidine 30-60 minutes before eating food or drinking beverages that can cause indigestion.	
Salbutamol	LOOK ALIKE ALERT!	For extreme shortness of breath or full asthma attack	Make sure "breathing sticker" is on inhaler to show that it's for emergency only/ different from Beclomethasone. Store in cool area out of sunlight.	Add PRN inhaler sticker
Tinidazole	MULTIPLE DOSAGES!	For diarrhea	Take with food to avoid upset stomach, could leave a metallic taste, drink plenty of water. Finish all of this medication even if feeling better.	
Zinc	MULTIPLE DOSAGES!	For diarrhea	Can cause upset stomach so take with food. Can crush for kids. Finish all of this medication even if feeling better.	



# SPIRITUAL COUNSELING:

Spiritual counseling is an essential station of every clinic. We believe that the patient's faith and hope in a living Savior is what will best encourage them. Our goal is to share the Gospel with everyone who comes through clinic. You will be paired with a translator because many of the people you will encounter will not speak English. We ask for translators that are believers, but there are times where ministry to a translator in spiritual counseling is God's plan. Be open, but for sure "vet" your translator. Get to know them. Care for them. Find out if they know Jesus. It will help you know how to proceed.

## INTRODUCTIONS:

- Be real and be genuine.
- Introduce yourself.
- Ask their name. Even if you aren't be able to say it back to them correctly, try to repeat their name back to them. We mess up name pronunciation all the time, but it shows a willingness to get to know the person.

## ASK QUESTIONS:

- How did you hear about clinic/camp?
- Do you go to a local church?
- Do you have any spiritual beliefs?
- Who is Jesus to you?
- How can we pray for you?

## THE GOSPEL:

There may be different nuances that each of us brings to the gospel presentation. The following are the basics that we want to communicate through relational conversation:

## ALL HAVE SINNED:

- "for all have sinned and fall short of the glory of God." **ROMANS 3:23**
- "Therefore, just as through one man sin entered into the world, and death through sin, and so death spread to all men, because all sinned" **ROMANS 5:12**

#### THE CONSEQUENCE OF SIN:

- “For the wages of sin is death, but the free gift of God is eternal life in Christ Jesus our Lord.” **ROMANS 6:23**

#### THE SOLUTION:

- “But God demonstrates His own love toward us, in that while we were yet sinners, Christ died for us.” **ROMANS 5:8**
- “For by grace you have been saved through faith; and that not of yourselves, it is the gift of God; not as a result of works, so that no one may boast.” **EPHESIANS 2:8-9**

#### OUR RESPONSE:

- “that if you confess with your mouth Jesus as Lord, and believe in your heart that God raised Him from the dead, you will be saved; for with the heart a person believes, resulting in righteousness, and with the mouth he confesses, resulting in salvation.” **ROMANS 10:9-10**
- If someone responds to the gospel and wants to trust Christ as Savior, you will lead them through the following prayer:
  - × **A PRAYER OF REPENTANCE:** I know I am a sinner and need a savior.
  - × **A PRAYER OF FAITH:** I put my trust in Jesus Christ alone for my salvation.
- If turning from another religion, you may also say: I turn from worshipping \_\_\_\_\_ to Christ alone.

#### AVOID:

- **TERMS:** I do not use terms like “ask Jesus into my heart.”
- **PRESSURE:** I don’t pressure anyone to pray with me.

#### DO:

- Make it clear, they are saying yes to Jesus and nothing else. They are choosing to worship the God of the Bible through the power of the Holy Spirit because of what Jesus did on the cross.
- Share the truth and offer to lead them through prayer.
- Trust the Holy Spirit to do the work.

## SALVATION BRACELETS:

In Spiritual Counseling, we often use salvation bracelets to help the children understand the message of the Gospel. The bracelets are a clear illustration that the children can take with them. Below is a picture of the bracelets and a short description of each color bead.



- The yellow bead reminds us of heaven. God loves us and wants us all to be with Him in heaven.
- The black bead reminds us of sin. Because we have all sinned, we cannot be with God.
- The red bead reminds us of the blood of Jesus. Jesus took the punishment of our sins by dying on the cross.
- The white bead reminds us that when we believe in Jesus, we will be made clean from sin. We now can have a relationship with God and will one day be with Him in heaven.
- The green bead reminds us that it is important to grow in our relationship with Jesus.

## ADDITIONAL RESOURCES:

[answersingenesis.org/world-religions/understanding-world-beliefs/](https://answersingenesis.org/world-religions/understanding-world-beliefs/)

[thegospelcoalition.org/article/10-things-every-christian-should-know-about-islam/](https://thegospelcoalition.org/article/10-things-every-christian-should-know-about-islam/)

## PRAY FOR HEALING:

Don't be afraid to pray for healing. Do not promise it but pray in faith.

### ONE EXAMPLE:

Here is a picture of Arbaj. He was patient #401 on a day when we were to end at 250 patients, then 300, then 400, but God had a different plan. Arbaj had a life threatening abscess between the eyes. He could not see, because the infection had impacted his vision. We prayed for healing and he immediately receives his sight back. Within 7 days, he was completely healed, happy, and healthy. (See Pictures).



#### DIFFICULT SITUATIONS:

If you suspect abuse, please inform CSI Leaders (Dr. John Hollebeek or Lynda Hartzler) immediately. You will be briefed on this as a team.

If things come up in counseling, know that our best remedy is prayer. In some cases, if you feel like we need to do something more, talk to your Team Leaders first before you say or do anything. Your Team Leaders have been involved in almost any situation you can imagine on a trip: major illness/injury, abuse, homelessness, no food, etc. If they say we can help, then we do; if they say we can't, WE CANNOT. Your Team Leaders work directly with our field partners to remedy everything we can, but sometimes helping may create greater hurt. Please trust your Team Leaders – they will fight for justice and solutions every time they can.



**DEVELOPING  
WORKERS**