

Accredited Drug Shops Training

Uganda

Module 3: Session 1

Treatment That Can Be Initiated at the ADS



Objectives

As a result of actively participating in this session, the individual will be able to:

1. Identify whether a specific condition can be managed at an ADS.
2. Identify whether a specific service can be offered at an ADS.

Introduction

- This is the treatment that is started by the ADS operator from his/her shop.
- The majority of clients in the community prefer to visit drug shops or pharmacies before proceeding to health centres or hospitals.

Why Do Clients Visit Drug Shops?

- To get treatment
- To buy medicines
- To seek advice
- To make inquiries about the availability of certain services, etc.

Elements of Successful Treatment

The success of treatment usually depends on:

- Good customer care
- Communication skills
- A good medical knowledge base
- Proper assessment
- A positive attitude about work

Conditions the ADS Can Manage

- Uncomplicated malaria in both adults and children
- Upper respiratory tract infections
 - Common colds, allergic rhinitis (adults and children)
 - Non-severe pneumonia **in children 2 months to 5 years only** (with no danger signs or chest in-drawing, or stridor in calm child)
- Diarrhoea in children and adults
 - **Except** in cases of bloody diarrhoea, persistent diarrhoea, severe diarrhoea, or severe dehydration

Conditions the ADS Can Manage (cont.)

- Ear infections
 - Except in cases of tender swelling behind the ear (mastoiditis)
- Anaemia and malnutrition in children 2 months to 5 years only
 - Except for severe cases
- Minor skin conditions (boils, ringworm, athlete's foot, scabies, chicken pox, nappy rash, minor cuts, skin allergies)
- Eye conditions involving foreign bodies or sty
- Treatment of lice

Services the ADS Can Offer

- Routine deworming, especially for children under 5 years
- Follow up on all clients managed at the ADS, where necessary
- Checking immunisation status for children under 5 years
- Family planning
 - Advice on family planning
 - Initiating clients on condoms and oral contraceptives
 - Follow up on family planning methods

Services the ADS Can Offer (cont.)

- Advice on newborn care
- Advice on proper nutrition and care for children
- Assessing clients for referral for chronic conditions, such as diabetes, hypertension, asthma
- First aid, as outlined in the ADS Seller's Manual

Special Emphasis

The ADS operator **MUST** refer all cases of the conditions listed above in the following instances:

- They are unsure of the diagnosis and/or management.
- A case is severe in nature.
- The client has already received the recommended treatment and has not responded to treatment.

Additional Responsibilities

Alerting the responsible district personnel when they suspect a client has any of the following diseases:

- Cholera
- Ebola
- Marburg

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Module 3: Session 2

First Aid



Objectives

As a result of actively participating in this session, the individual will be able to:

1. State the purpose of first aid.
2. Define five common terms used in first aid.
3. Name the six steps for management of an emergency.
4. Explain how to carry out the five initial assessment priorities (i.e., DR ABC).

Objectives (cont.)

5. Describe how to give first aid to victims of the following emergencies:

- Not breathing
- Choking
- Fainting
- Wounds/bleeding
- Nose bleeding
- Burns and scalds
- Fractures
- Dislocation
- Poisoning
- Stings and bites

What is First Aid?

First Aid is the emergency help given to an injured or a suddenly ill person before he or she is taken to a health unit.

First Aid Can Be Given By

- A good Samaritan (volunteer)
- A responsible person, like a health worker
- A trained first aider
- A police officer
- A Red Cross worker
- An ADS seller

Goals of First Aid

1. To save the life of the injured person.
2. To prevent the injury or illness from getting worse.
3. To relieve pain and prevent infection.
4. To promote quick recovery.



Definition of Terms

Emergency

- Emergency is a sudden, serious, and dangerous event or situation that needs immediate action to deal with it.

Casualty

- A casualty is a person who is injured or ill.

First Aider

- A first aider is a person who is trained to offer first aid.

Definition of Terms (cont.)

Good Samaritan

- A person who gives help and sympathy to people who need it.

First aid box/kit

- A box or bag that contains items used to offer first aid.

Qualities of a Good First Aider

- Has the right knowledge and skill on first aid.
- Is willing to assist another first aider.
- Is creative in using the available resources in the community.
- Has good communication skills.
- Is confident.

Qualities (cont.)

- Is trustworthy (won't steal the casualty's property).
- Is observant in monitoring whatever is happening to the casualty.
- Is empathetic (puts him/herself in the shoes of the casualty).
- Is calm but quick at decision making.

Steps in Management of An Emergency

1. Look for danger to yourself, then to the casualty/victim.
2. Find out what happened, and take precautions to avoid a similar occurrence.
3. If you are at the incident scene, make the situation safe by removing or reducing the cause of danger.
4. Assess the casualty and decide on what action to take as soon as possible.
5. Give initial treatment; and if the casualty requires further attention, refer to a health facility.
6. After the incident, tidy up the treatment site and restock your first aid kit.

Management of a Casualty

The initial assessment and priorities can be remembered by the letters **DR ABC:**

- **D**anger
- **R**esponse
- **A**irway
- **B**reathing
- **C**irculation

D - Danger

- ✓ Check for danger to yourself and the casualty.
- ✓ Remove the danger or remove the casualty, if you cannot remove the danger.
- ✓ Send for help if there is somebody with you.

R - Response

- ✓ Check if the casualty is conscious/can respond.
- ✓ Ask questions, such as: “Are you all right?”
- ✓ Give a command like: “Please open your eyes.”
- ✓ Give a gentle shake to see whether he or she can respond.

A – Airway

- ✓ Quickly check for any obvious obstruction to the airway (e.g., the tongue may slip back and block the airway; teeth, blood clots, soil, etc. may be present).
- ✓ Clear away any obstruction to the airway.
- ✓ Open the airway by lifting the chin while carefully tilting the head back.



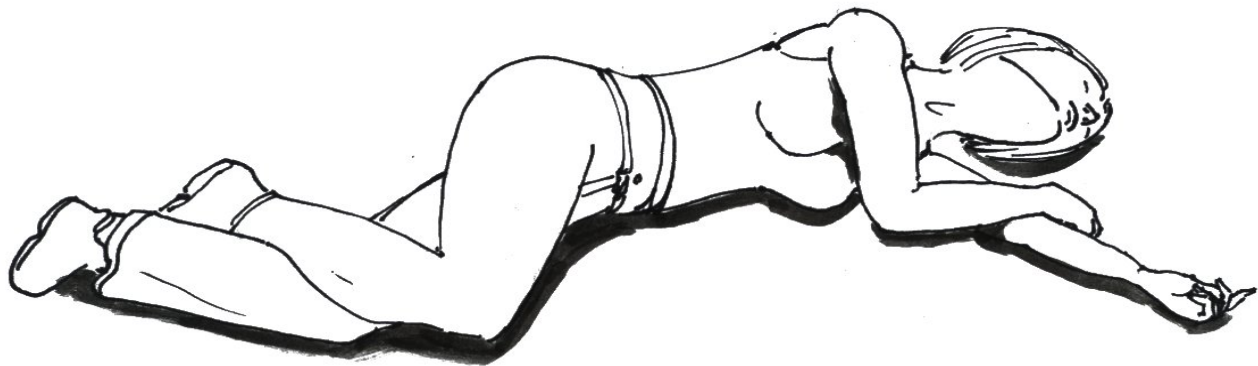
B – Breathing

- ✓ Once you have opened the airway, check for breathing by:
 - Placing your cheek just above the casualty's mouth and nose.
 - Looking at the chest and watching for movement.
 - Listening for breathing.
 - Feeling for breath against your cheek.
- ✓ Check for ten seconds.



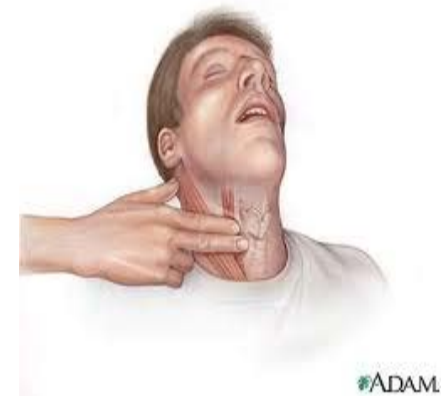
B- Breathing (cont.)

- ✓ If the casualty is not breathing, start resuscitation immediately.
- ✓ If the victim is unconscious and is breathing, put him or her in recovery position immediately.



C – Circulation

- ✓ Check for blood circulation by taking pulse in the neck (carotid pulsation) for ten seconds.
- ✓ Check for any bleeding.



Resuscitation of the Casualty



Figure A



Figure D



Figure B



Figure E



Figure C

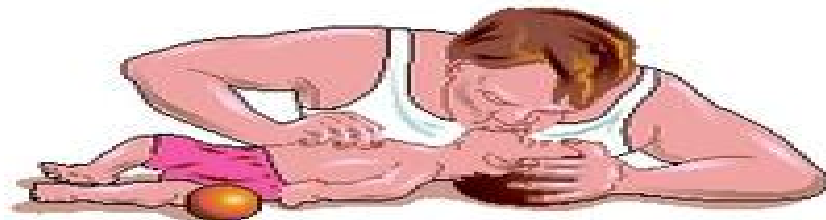


Figure F

Resuscitation of the Casualty (cont.)

Step 1 (Figure A)

- Clear the airway.

Step 2 (Figure B)

- With casualty lying on his/her back, put your palm on the casualty's forehead and gently tilt the head back.
- Then with the other hand, gently lift the chin forward to open the airway.

Resuscitation (cont.)

Step 3 (Figure C)

- With the airway open, pinch the person's nostrils shut and cover the person's mouth with yours, making a seal.
- Give one rescue breath — lasting one second — and watch to see if the chest rises.
 - If the chest rises, give a second rescue breath. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear.

Resuscitation (cont.)

Step 4 (Figure D)

- If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver, and then give the second breath.

Step 5 (Figure E)

- Thirty chest compressions followed by two rescue breaths is considered one cycle.

Step 6 (Figure F)

- Continue resuscitation until there are signs of movement or emergency medical personnel take over.

Other Points to Remember

- Always sit or lie a casualty down before attending to him or her.
- Do not rush to move a casualty from the scene of an accident.
- Be calm, steady, and in control of the situation.
- Keep crowds away and use other first aiders/health workers or bystanders (observers) present.
- Keep casualty dry and warm (cover lightly) and minimize movement where necessary.
- Reassure the casualty and care takers.

Points to Remember (cont.)

- Get background history, including description of accident/illness from bystanders or from the casualty, if possible.
- Cover wounds to prevent infection.
- Never give unconscious casualties anything to eat or to drink.
- Ensure the privacy of the casualty; it's your responsibility.
- Accompany the casualty to the health unit.
- Always work from in front of the casualty.

First Aid for Some Common Conditions

Choking

- Backslaps
- Abdominal thrusts

Choking (Backslaps)

Actions:

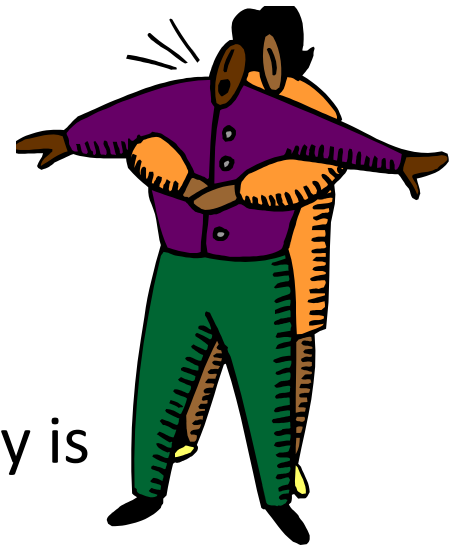
Step 1: Backslaps

- Reassure the victim.
- Bend victim forward with head lower than the chest.
- Encourage him/her to cough.
- Slap up to five times between the shoulder blades (the force of the slap should be moderate so as not to cause further injury).
- See if you can remove the obstruction.

Choking (Abdominal Thrusts)

Step 2: Abdominal thrusts

- If backslaps are unsuccessful, try up to five abdominal thrusts.
- Stand behind the victim.
- Link your hands below their rib cage.
- Pull sharply, inwards and upwards.
- If not successful, call for help.
- Keep repeating the cycle of backslaps and abdominal thrusts until the airway is clear or help arrives.



Fainting

- Signs and symptoms
- Actions to take

Fainting

- Fainting is a temporary loss of consciousness due to poor blood supply to the brain.
- Fainting may be accompanied by symptoms, such as:
 - Dizziness
 - Blurred vision (not being able to see well)
 - Person may feel unsteady
 - Sweating
 - Skin may become cold
 - General body weakness

Fainting: Actions to Take

1. Lay casualty on his/her back.
2. Loosen the casualty's clothing (especially around the neck and waist).
3. Elevate the casualty's legs above the level of the heart to increase blood flow to the brain.
4. Ensure that the casualty gets plenty of fresh air.
5. Reassure the casualty and help her/him sit up gradually.

Fainting: Actions to Take (cont.)

6. If she or he starts to feel faint again, help her/him to lie down again and raise the legs again until she/he recovers fully.

7. If the casualty recovers:

- Explain what happened
- Give a cold, sweet drink and a cold splash

8. If casualty doesn't show signs of improving, refer immediately to the nearest health centre.

Wounds and Bleeding

- Minor bleeding
- Major bleeding
- Nose bleeding

Wounds and Bleeding

Minor bleeding (small cuts):

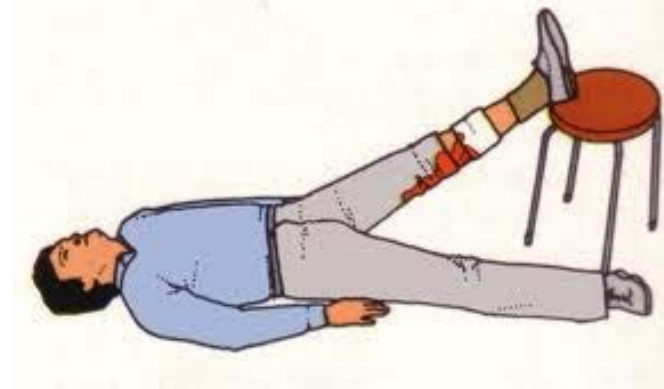
1. Encourage the wound to bleed for a few minutes.
2. Apply direct pressure for ten minutes.
3. If dirty, clean it with antiseptic (e.g., surgical spirit, hydrogen peroxide, etc.) and gently dry the area.
4. Cover with sterile dressing (plaster or clean dressing).
5. Provide an antiseptic for daily cleansing.



Wounds and Bleeding (cont.)

Major bleeding:

1. Lay the victim down.
2. Carefully expose wound.
3. Apply direct pressure on the wound with a clean pad or sterile dressing.
 - If there is an embedded object, apply pressure around the sides of the wound.
4. When bleeding is controlled, apply a sterile dressing and bandage on top of the original pad.



Wounds and Bleeding (cont.)

Major bleeding: (cont.)

5. If blood seeps through the dressing, add more dressing.
6. If the wound is on a limb, raise the limb.
7. Treat for shock.
8. Arrange for transport to the nearest health facility.

Nose Bleeding



Nose Bleeding

First aid steps:

1. Place the victim in a sitting position with the head bent forward. (This allows the blood to flow from the nostrils.)
2. Tell the victim to pinch the nostrils together and to breathe through the mouth for 10 minutes.
3. After ten minutes, tell him or her to release the nostrils.
 - a. If there is still bleeding, tell him or her to pinch the nostrils again for ten minutes.
 - b. If there is bleeding for over 30 minutes, refer him or her to the nearest health facility.

Nose Bleeding (cont.)

First aid steps: (cont.)

4. Clean the area with warm water once bleeding has stopped.
5. Advise the victim not to speak, swallow, cough, spit, or sniff to avoid interfering with blood clotting.
6. Advise the victim to rest for a few hours, avoiding blowing the nose or picking any clots.

Burns and Scalds

- Burns and scalds
- Actions to take
- Classifications of burns
- Actions not to take


Burns and Scalds

- A **burn** is an injury caused by contact with dry heat (such as hot metal, iron box, hot knife, fire wood, etc.)
- A **scald** is a burn that occurs as a result of contact with hot liquid or steam.

First Aid for Burns and Scalds

1. Move the injured person away from the source of the heat (danger).
2. Cool the burnt area by pouring cold water on it.
3. Remove clothing and jewelry from the burnt area, unless stuck to the burn.
4. Watch for signs of shock.
5. Place sterile gauze or a clean cloth over burn.
6. Refer the casualty with a 2nd or 3rd degree burn to the nearest health centre.

Classification of Burns

Class of burn	Signs and symptoms
<p data-bbox="156 425 533 472">First degree burn</p> 	<ul data-bbox="898 439 1779 968" style="list-style-type: none">✓ Burn is limited to the out layer of the skin✓ Skin appears red✓ Swelling and tenderness✓ Burn heals quickly✓ Burnt skin may peel off

Classification of Burns (cont.)

Second degree burn



- ✓ Burn involves the outer layer and deeper layer of the skin.
- ✓ Formation of blisters
- ✓ Skin is red and painful

Third degree burn



- ✓ Burn affects all layers of the skin
- ✓ Nerves, blood vessels may be damaged
- ✓ Little or no pain present due to nerve damage

Four Actions NOT to Take

- Do not apply fat (butter), sugar, cooking oil, or any liquids from an electric transformer to the burn! This will retain heat in the body.
- Do not use towels, cotton wool, or blankets to cover the burnt area.
- Do not remove anything stuck to a burn (e.g., burnt clothes).
- Do not pierce the blisters or touch the burnt area as this may lead to infection.

Fractures

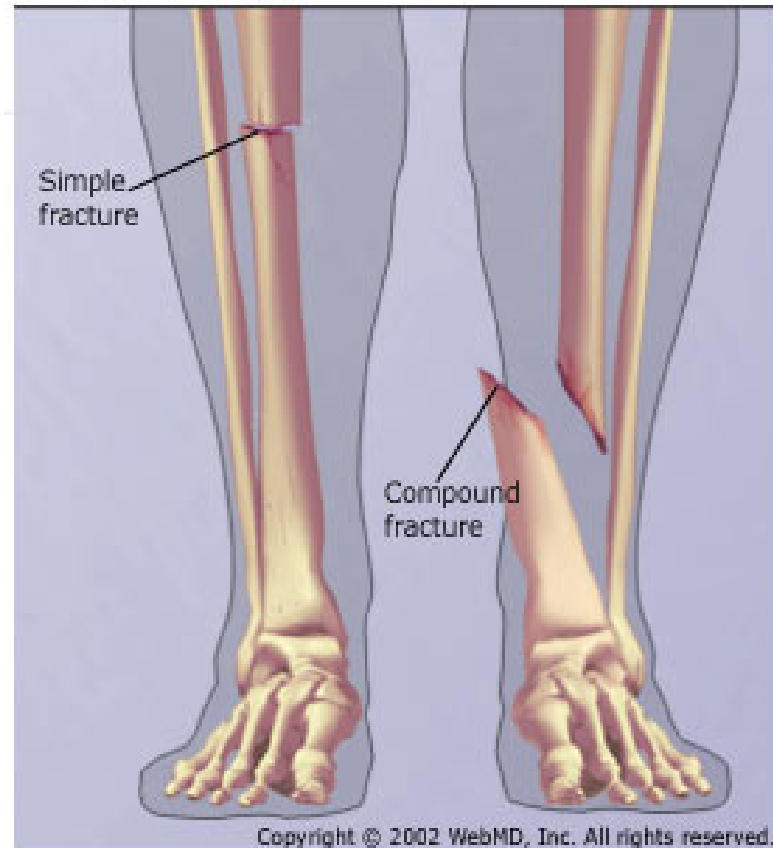
- Open fracture
- Closed fracture
- Signs and symptoms
- Actions to take
- Actions not to take

Types of Fractures

Fractures are divided into 2 main types, namely:

- Open (compound) fracture
- Closed (simple) fracture

Bone Fractures



Open Fracture

- An open fracture is a broken bone in which there is an open wound at the site of the fracture.
- This type of fracture has high chances of getting infected with bacteria.

Closed Fracture

In this type of fracture, the broken bone remains inside the skin.

Common Causes of Fractures

Children	Adults
✓ Bicycle or boda boda accidents	✓ Accidents (bicycle, boda boda accidents , motor)
✓ Football	✓ Fighting
✓ A fall from a tree	✓ Osteoporosis in elderly women
✓ A fall into a ditch	
✓ Fighting	

Signs and Symptoms

- Pain and swelling
- Bending and twisting of the fractured site
- Bleeding from the site (open fracture)
- Difficulty in moving the injured part
- Deformity of the injured part

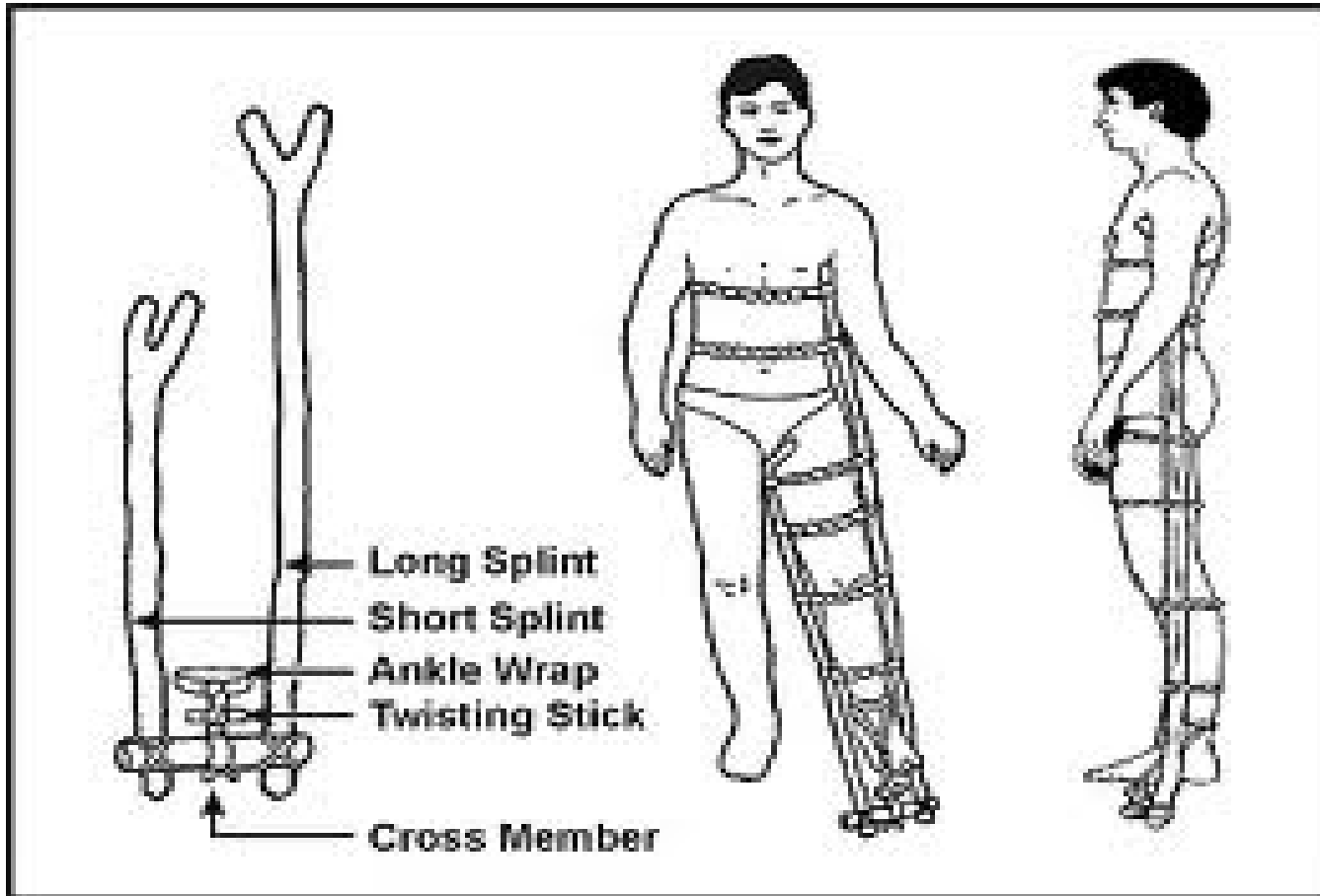
Aim of First Aid

- To prevent movement at the injury site.
- To arrange for transfer to the health centre/hospital in a comfortable transport.

First Aid (Actions to Take)

1. Apply a splint to the injured limb.
2. Support the injured part:
 - a. If it's an upper limb, provide an arm sling.
 - b. If it's a lower limb, tie the uninjured leg to the injured one.
3. Transfer the casualty to the hospital.

Use of Splint in Fracture: Image



Actions That You Should NOT Take

- Do not attempt to straighten an injured limb.
- Do not bandage tightly over the injured site if a victim has an open fracture.
- Do not allow the casualty to eat or drink until he/she is seen by the qualified health staff.

Dislocation

- This is the displacement of a bone from its normal position in the body (usually a joint).
- Dislocation usually occurs at the shoulder, ankle, or the hip joints.



Signs and Symptoms

- Severe pain
- Difficulty in moving the affected joints
- Restlessness
- Swelling and bruising around the joint
- Bending or twisting of the area

Causes

- Instant twisting of the joint during walking or football.

Aim of first aid

- To prevent movement at the injured site.
- Arrange for transfer to the health centre or hospital.

First Aid (Actions to Take)



- Advise the casualty to keep calm and minimize movement.
- Support the injured part.
- Minimize movement of the injured part by applying a firm bandage.
- Apply a cold compress/ice to the affected part.
- Arrange and transport the casualty to the hospital.

Poisoning

- Inhaled poisons
- Swallowed poisons
- Skin contact poisons



Poisoning

Aim of First Aid

- Maintain the casualty's open airway, breathing, and circulation.
- Maintain or make the environment safe for the victim and yourself.
- Identify the poison, if possible.
- Obtain urgent medical aid.



Inhaled Poisons

Actions:

1. Move the victim to open air or open windows.
2. If possible, cut off the source of the poison.
3. Make an initial assessment.
 - ✓ If the victim is breathing but unconscious, place in recovery position and monitor (DR ABC).
 - ✓ If victim has stopped breathing, start resuscitation.
4. Refer to a health facility as soon as possible.

Swallowed Poisons



Actions:

1. Make initial assessment.
 - ✓ If victim is unconscious, put in recovery position, monitor (DR ABC), and be prepared to resuscitate.
 - ✓ If victim is conscious, place in recovery position and try to find out what he or she has taken.
2. Collect container(s) that held poison.
3. Do not induce vomiting.

Swallowed Poisons (cont.)

4. If victim has taken a corrosive poison, give frequent sips of water or milk.
5. If resuscitation is required, use a barrier to protect yourself.
6. Refer the victim to the nearest health unit for further management.
7. Send with the victim:
 - ✓ Containers that held the poison
 - ✓ Sample of casualty's vomit, if she or he vomits

Skin Contact Poisons

Actions:

1. Make initial assessment.
2. Do **NOT** touch affected area with bare hands.
3. Wash away the poison with large amounts of water.
 - Avoid splashing contaminated water onto yourself or into the victim's eyes, mouth, or nose.
 - If chemical burns, keep splashing with water for at least 20 minutes.
 - Do not re-use the same water.

Skin Contact Poisons (cont.)

4. Remove any clothing contaminated by poison, if it is safe.
5. Try to preserve the victim's privacy, if possible.
6. If victim is unconscious, place into recovery position and monitor (DR ABC).
7. Be prepared to resuscitate.
 - ✓ Use barrier if face is contaminated.
8. If no improvement, refer to nearest health unit.

Stings and Bites

- **Insect stings**



- **Animal bites**



- **Snake bites**



Insect Stings

- Sting is the damage and pain caused by contact with the poison from an insect.
- Common causes of stings in the community include bees, wasps, and Nairobi fly.



Signs and Symptoms

- Sharp stinging pain
- Whiteness at the point of the bite
- Swelling and redness of the affected site
- Restlessness

Aim of First Aid

- To relieve swelling and pain.
- Transfer to the health centre or hospital, if necessary.

First Aid (Actions to Take)

1. Remove casualty from danger.
2. Reassure casualty
3. Ask casualty to roll down in case of bee stings.
4. Give casualty a blanket to cover him/herself.
5. Remove stingers with fingernails, if visible, or with tweezers, if available.

First Aid (Actions to Take - cont.)

6. Apply cold water or ice pack against the affected area for at least 10 minutes.
7. Give Piriton or Cetirizine for 3 days to relieve the itching.
8. Refer the client to the health centre, if necessary.

Animal Bites

- A bite is a puncture or a wound of the skin caused by a living animal.
- The most common bites in the community are those caused by dogs, cats, foxes, monkeys, and snakes.



Animal Bites (cont.)

- A bite from any of those animals requires first aid and medical attention to prevent bacterial infection or viral infection (e.g., rabies).
- Most common bites are minor unless the animal is infected with rabies.

Does the Animal Have Rabies?

It is possible that a dog has rabies if it:

- Becomes wild
- Becomes very restless
- Foams around the mouth

If a casualty has been bitten by an animal with rabies, refer the casualty to the nearest health unit immediately.

Aims of First Aid for an Animal Bite

- Control bleeding
- Minimize the risk of infection

First Aid (Actions to Take)

1. Put on disposable gloves, if available.
2. Wash the bitten part with plenty of water and soap to prevent infection.
3. Reassure the casualty.
4. Control any bleeding by pressing firmly.
5. Cover the wound lightly with sterile gauze or adhesive plaster.
6. Refer the casualty immediately to the nearest health unit.

Snake Bites

Aim of First Aid:

- Reassure the victim
- Prevent the spread of snake poison
- Get urgent medical help



Actions to Take

1. Wash the wound with soap and water, if available.
2. Reassure the victim to reduce anxiety.
3. Keep the victim at rest, lying down with affected part level to his/her heart.
4. If bite is on a limb, apply a pressure bandage to immobilize the area; apply a splint if necessary.
5. Immediately refer the client to a health centre III or IV.

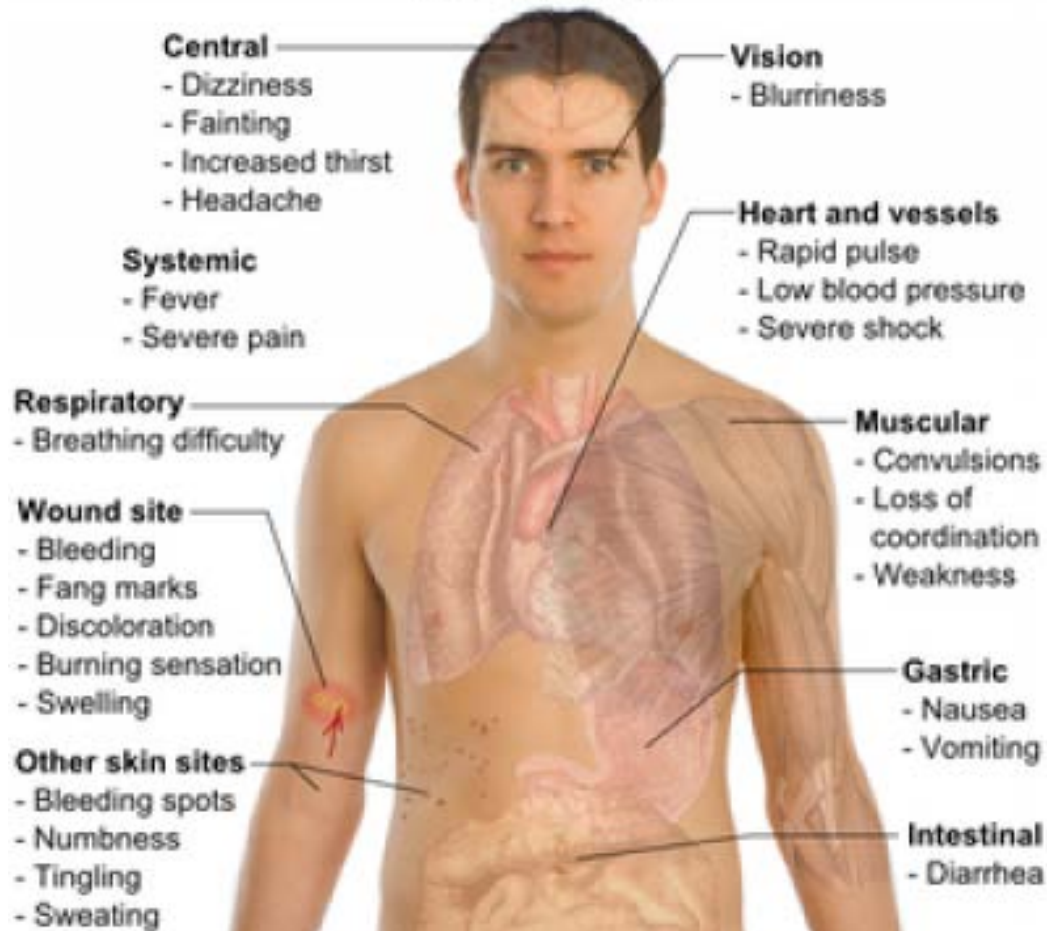
Actions You Should NOT Take

- Do not cut the wound.
- Do not apply suction to the wound.
- Do not use a tourniquet or constricting bandage
- Do not apply or inject chemicals or medicines into the wound.
- Do not use ice on the wound.



Snake Bites: Symptoms

General symptoms of Snakebite



Accredited Drug Shops Training

Uganda

Module 3: Session 3

Client Assessment



Objectives

As a result of actively participating in this session, the individual will be able to:

1. Demonstrate the steps that an ADS seller can use to accurately diagnose and manage selected disease conditions in clients six years and older.
2. Describe at least two ways that social and cultural beliefs in the community affect the diagnosis and management of disease.

Client Assessment

- The process by which the ADS seller:
 - **obtains** information about the client, and
 - **evaluates** the information to help identify how to manage the client's condition.
- Client information may be obtained from:
 - clients themselves
 - family members
 - caregivers



Information Needed

- Complaints/symptoms from the client in his or her own words.
- Recent history that pertains to those symptoms.
- Medications that have been taken.
- Medication history, including compliance and adverse effects.
- Allergies
- Age
- Social and family history, etc.

Skills Needed

- Active listening
- Putting oneself in the shoes of the client
- Non-judgmental attitude
- Kindness
- Language of communication



Client Assessment Steps

- Step 1: Receive the client courteously and respectfully.
- Step 2: Take a history of the client's condition.
- Step 3: Evaluate the information you have received and decide what to do for the client.
- Step 4: Explain the client's condition and the action to be taken.



Client Assessment Steps

Step 1: GREET

- Receive the client courteously and respectfully.
- This creates the foundation for an honest and open interaction between the ADS and the client.



Client Assessment Steps

Step 2: ASK and EXAMINE

1. The age of the client or child.
2. The client's problem /complaint /illness.
3. Look for any danger signs
 - a. If one or more danger signs are present, **REFER** the client.
 - b. If no danger signs are present, **continue** with the assessment.
4. How long the client has had the problem.
5. What treatment, if any, the client has received for this condition.
 - a. If medicines have been given, ask how they were taken.
6. Any history of drug allergy.

Client Assessment Steps

Step 2: ASK (continued)

7. The family and social history (depending on the condition).
8. Other useful information related to specific conditions (e.g., use of mosquito nets for malaria clients, general sanitation and hygiene for diarrheal diseases, etc.)

Client Assessment Steps

Step 3: EVALUATE

- The information obtained
- Decide what to do for the client



Client Assessment Steps

Step 4: EXPLAIN AND TREAT OR REFER

- Explain the client's condition
- Treat the client
- or
- Give initial treatment and refer
- or
- Refer the client right away



Accredited Drug Shops Training

Uganda

Module 3: Session 4

Assessment and Care for a Sick Child



The ICCM Job Aid for the Sick Child

I recommend not using a PPT presentation for this session – just using the ICCM job aid.

Accredited Drug Shops Training

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Module 3: Session 5

Skin Diseases in Children



Objectives

As a result of actively participating in this session, the individual will be able to:

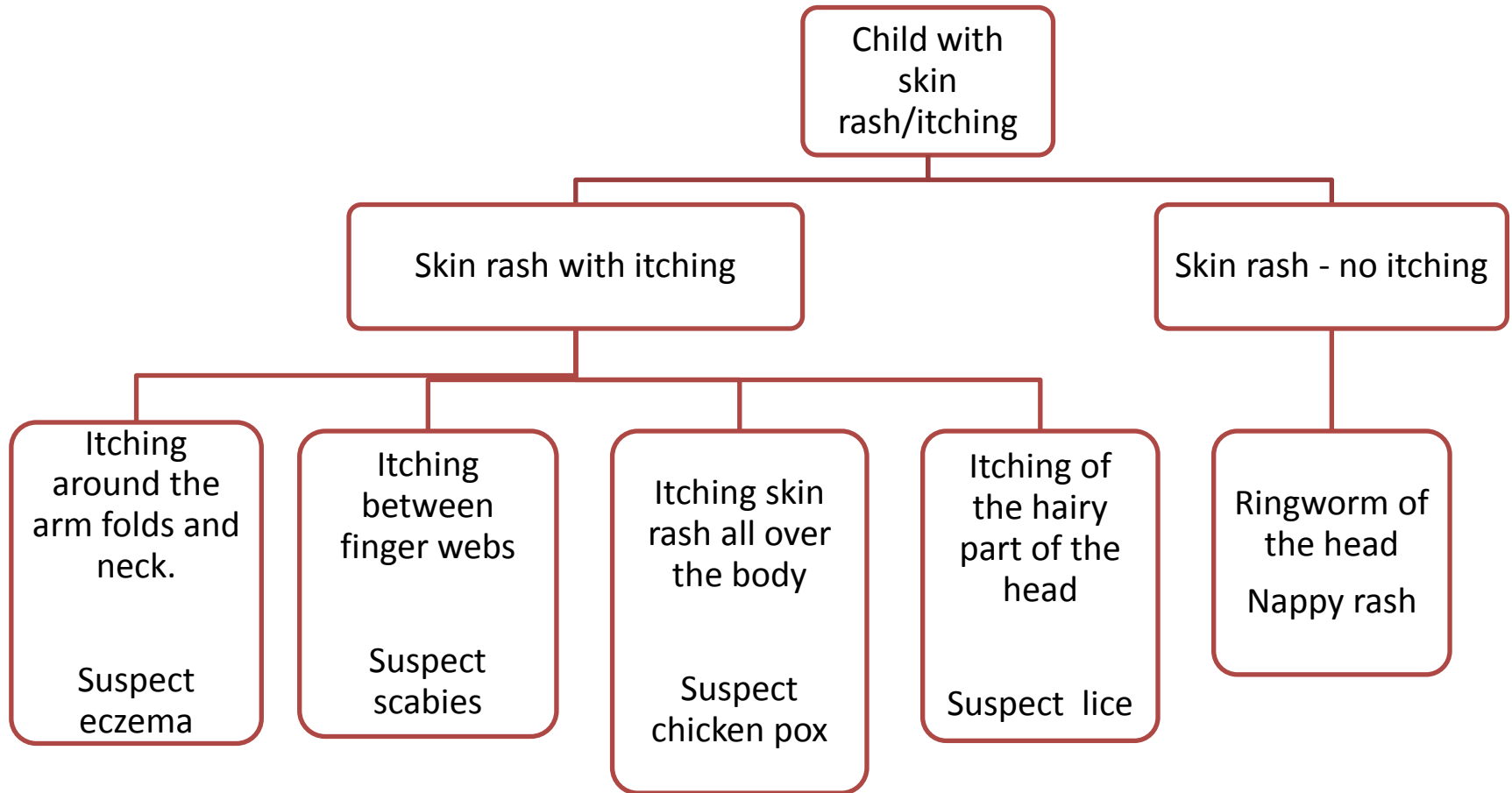
1. Match the signs and symptoms of common skin diseases affecting children with those diseases.
2. Locate the guidelines for management of those common skin diseases in the ADS Seller's Manual.
3. Demonstrate how to advise the caregiver about treatment for the child's skin disease.

Introduction

- Rash and itching are conditions that affect the skin.
- Diseases that affect the skin often also affect the nails and hair.
- Skin rash is common among children.
- Common causes of skin rash in children include:
 - Eczema
 - Scabies
 - Ringworm of the head
 - Nappy rash
 - Lice infestation
 - Chicken pox

Causes of Skin Rash and Itching

Flow Chart



Eczema

Definition and Overview

- Eczema is a chronic allergic skin disease associated with severe itching of the skin.
- It is very common among children with family history of allergic diseases, such as asthma and allergic rhinitis.

Signs and Symptoms

- Itching of the skin.
- Skin is usually dry but may sometimes produce pus or blisters.
- Skin rash around the face, neck, behind the knee, and arm folds.
- Skin rash may come and go.
- Scratching may cause wounds on the skin.

Areas Normally Affected by Eczema



Children with Eczema



General Measures

Educate the care giver:

- Eczema is chronic and not curable.
- Keep the child's finger nails short to avoid bruising the skin during scratching.
- The child should avoid contact with substances that may trigger a reaction (e.g., soap).
- The child should avoid foods that worsen his/her symptoms (e.g., grasshoppers, meat, etc.).

General Measures (cont.)

- The child should avoid activities that dry the skin (e.g., swimming).
- The child should wear light cotton clothes to prevent over sweating.
- The caregiver can apply skin moisturizers, like aqueous cream, oilatum soap, or sudocrem to prevent the skin from drying.
- The caregiver should use mild soap, such as Johnson's baby soap, to bathe the child.

Drug Treatment

1. Apply hydrocortisone cream 1% twice daily for 1 week; then reduce the frequency of application as follows:

- Apply once daily for 1 week
- Apply once every after 2 days for 1 week
- Apply once every after 3 days for 1 week

If no response

2. Apply Betamethasone cream twice daily for 1 week; then reduce the frequency as noted for hydrocortisone above.

Antihistamines

3. Give drugs, such as chlorpheniramine (Piriton), together with the creams to stop itching of the skin.

Chlorpheniramine (Piriton)		
Age of child	Dose	Dosage
6-12 years	2 mg (1/2 a tablet)	3 times daily for 5 days
2-5 years	1 mg (1/4 a tablet)	3 times daily for 5 days
1-2 years	1 mg (1/4 a tablet)	2 times daily for 5 days
Less than 1 year	not recommended	not recommended

Guidelines for Referral

- Clients not responding to treatment.
- Clients with wounds containing pus.
- Clients with a skin rash covering the whole body.

Nappy Rash

Definition and Overview

- Nappy rash is a skin rash caused by prolonged contact with urine and feces.
- It affects areas normally covered by a baby's nappy.
- It is common in babies and children wearing nylon nappies/Pampers and those with diarrhea.
- Poor hygiene is a major contributing factor to its development.

Signs and Symptoms

- Redness over the nappy area
- Burning sensation



Pictures of a child with nappy rash

General Measures

Advise the mother to:

- Change the nappy whenever the child urinates or defecates.
- Wash and rinse the nappies well.
- Try to use disposable nappies (e.g., Pampers), where possible.
- Undress the baby to expose the affected area to the air.
- Apply protective substances (e.g., prickly heat powder or Zinc Oxide cream).
- Not to use ordinary powders around the baby's genitals. (It combines with urine and irritates the skin.)

Drug Treatment

1. Apply **Hydrocortisone cream** twice daily for 5 days.

If no improvement within 3 days, then add on:

2. Apply **Clotrimazole cream** twice daily for 7 days.

Guidelines for Referral

Refer:

- Infants who have failed to respond to treatment.
- Infants with nappy rash covering a wide area.

Scabies

Definition and Overview

- Scabies is a highly contagious skin disease caused by tiny parasites.
- It is associated with severe itching that worsens at night.
- It tends to affect other household members at the same time.
- It is spread by direct, prolonged skin contact with an infected person. (e.g., sharing of bedding or clothes with an infected person).
- People with poor personal hygiene have higher chances of getting scabies.

Signs and Symptoms

- Skin itching, especially at night.
- Very tiny, pimple-like rash between the finger webs, buttocks, palm of the hands, and penis.
- Wounds caused by scratching.

General Measures

- Wash client's clothes and bed sheets and iron them to eliminate eggs.
- Treat all the family members at the same time, even those without symptoms.
- With proper treatment, it should disappear within 2 weeks.

Drug Treatment

Children:

- Apply diluted **Benzyl benzoate emulsion** - *12.5%* (dilute 25% by adding equal amount of water) to the whole body for 3 days without bathing.

Adults:

- Apply **Benzyl benzoate emulsion** (BBE 25%) to the whole body.

OR

- Apply **Sulphur ointment** 10% 2 times daily for 1 week.

Antihistamines

Add medicines, such as chlorpheniramine (Piriton), to the treatment to stop itching of the skin.

Chlorpheniramine (Piriton)		
Age of child	Dose	Dosage
6-12 years	2 mg (1/2 a tablet)	3 times daily for 5 days
2-5 years	1 mg (1/4 a tablet)	3 times daily for 5 days
1-2 years	1 mg (1/4 a tablet)	2 times daily for 5 days
Less than 1 year	not recommended	not recommended

Prevention

Advise the client or caregiver to:

- Bathe with antiseptic soap (e.g., Protex, Dettol)
- Avoid close contact with the person who has scabies.
- Keep the infected school-going children at home until treatment is completed.
- Wash clothes regularly.

Lice

Definition and Overview

- Lice are tiny insects/parasites that affect the hairy part of the body.
- Lice may affect the scalp, pubic areas, and body.

How Do You Get Lice?

- Head-to-head contact while playing among children.
- Sharing contaminated combs, hats, brushes, etc.

Signs and Symptoms

- Itching of the scalp.
- Sensation of something moving on the hair or skin.
- Sores caused by scratching.
- Visible small eggs (nits) attached to the hair.
- Visible (very small) crawling insects (lice) on hair.

General Measures

- Remove the lice and nits (small eggs from the lice) using a toothed comb.
- Cut off the hair in case of head lice.
- Wash all clothing and beddings in hot water and leave them to dry in the sun.
- Treat the whole family to prevent re-infestation.

Preventive Measures

- Avoid sharing combs and clothes.
- Soak infected combs, brushes. etc. in hot water for 10 minutes.
- Cut off the hair.
- Bathe daily with soap and water.
- Shampoo the head regularly.

Drug Treatment

1. Apply benzyl benzoate lotion to the scalp.
2. Wait 24 hours.
3. Wash scalp.
4. Repeat treatment after 1 week.

Ringworm of the Head

Definition and Overview

- This is a skin disease caused by a fungus (not by worms) that affects the scalp (head).
- Ringworm of the head mainly affects school-going children, and it's less common in adults.

How Do You Get Ringworm of the Head?

- Head-to-head contact during playing
- Sharing contaminated materials, such as combs and hats.

Signs and Symptoms

- Round scaly patches on the scalp.
- Loss of hair from the affected part of the head.
- Wounds filled with pus in severe cases.
- Dandruff

Fungal Infection of the Scalp

Photos of children with ringworm of the head



Drug Treatment

Drugs used include oral antifungals, such as griseofulvin.

Griseofulvin		
Age of child	Dose	Dosage
6-12 years	500 mg	1 time daily for 1 month with a fatty meal
2-5 years	250 mg	1 time daily for 1 month with a fatty meal

- *Whitefield's ointment* maybe applied to the scalp in combination with griseofulvin.

NOTE: Topical antifungals, such as clotrimazole or miconazole creams, are NOT effective.

Information for the Client

Advise the caregiver or client:

- Use griseofulvin for the recommended 1 month treatment.
- Give (or take) griseofulvin with food containing more fats to enable it to be absorbed well.
- Although griseofulvin may cause headache as a side effect, the headache will subside with continued use.

Guidelines for Referral

Refer:

- Clients with severe infection.
- Clients who fail to respond to the treatment described above.
- Ringworm of the head associated with wounds containing pus.

Chicken Pox

Definition and Overview

- Chicken pox is a highly contagious viral disease characterized by skin blisters and fever.
- It is common among children.
- Adults who never suffered from the disease during childhood may also get it.

How Do You Get Chicken Pox?

Chicken pox is transmitted by direct contact with the fluids from blisters of an infected person when they rupture.

Signs and Symptoms

- Red, itchy skin rash
- Severe skin itching
- Mild headache
- Fever
- General body weakness

Child with Chicken Pox



General Measures

Advise the caregiver to:

- Keep the child away from others or school until the rash has healed.
- Give a lot of drinks to the child.
- Cut the child's finger nails short and clean to prevent skin breaking during scratching.
- Bathe the child regularly with water and antiseptic soap, such as Protex, Lifebuoy, Dettol.

General Measures (cont.)

Advise the adult client to:

- Avoid scratching as much as possible.
- Bathe regularly with water and antiseptic soap, such as Protex, Lifebuoy, Dettol.

Drug Treatment

- Apply calomine lotion 2 times daily for 5 days to reduce the itching.
- Give pain killers to reduce fever.

Paracetamol		
Age of child	Dose	Dosage
6-12 years	500 mg	3 times daily for 3 days
1-5 years	250 mg	3 times daily for 3 days
3 mos. - 1 year	120 mg	3 times daily for 3 days

Antihistamines

These medicines reduce itching of the skin common in clients with chicken pox.

Chlorpheniramine (Piriton)		
Age of child	Dose	Dosage
6-12 years	2 mg (1/2 a tablet)	3 times daily for 5 days
2-5 years	1 mg (1/4 a tablet)	3 times daily for 5 days
1-2 years	1 mg (1/4 a tablet)	2 times daily for 5 days
Less than 1 year	not recommended	not recommended

Guidelines for Referral

Refer:

- Babies under 6 months.
- Clients with wounds containing pus.
- HIV-positive clients with chicken pox.

Key Questions to Ask

1. For how long has the child had a skin rash?



More than a month -
Suspect eczema, ringworm of the head, or head lice

Less than 2 weeks –
Suspect chicken pox or scabies

Short period of time (i.e., 1-2 days) –
Suspect nappy rash (usually affects babies under one year)

2. Which part of the body is affected by the rash/itching?



Head:
Suspect head lice or ringworm of the head

Arm folds & neck:
Suspect eczema

Finger webs & buttocks:
Suspect scabies

Whole body:
Suspect chicken pox

Genital area:
Suspect nappy rash

Key Questions to Ask (cont.)

3. When is the itching severe?



Itching most when it is hot or when the child sweats – **Eczema**

Itching most at night – **Scabies**

Itching at any time of the day – **Chicken pox**

4. What does the rash look like?



Refer to the pictures of the individual skin diseases in the ADS Seller's Manual.