

Uganda ADS Seller's Manual

Module 3: Treatment that the ADS Can Initiate

Sessions 1–5



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ACRONYMS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlets
ADS	Accredited Drug Shop
AIDS	acquired immunodeficiency syndrome
AL	artemether-lumefantrine
ANC	antenatal care
Bp	blood pressure
DADI	District Assistant Drug Inspector
DHO	District Health Officer
FEFO	first expiry, first out
FIFO	first in, first out
FP	family planning
GIT	gastrointestinal track
Hb	haemoglobin
HC	Health centre
HIV	human immunodeficiency virus
iCCM	integrated community case management
IMCI	Integrated Management of Childhood Illness
IM	intramuscular
IV	intravenous
Kg	kilogram

LAM	lactation amenorrhoea method
LC	Local Council
Mg	milligram
MOH	Ministry of Health
MSH	Management Sciences for Health
NDA	National Drug Authority
ORS	oral rehydration solution
PNFP	private not for profit
PSU	Pharmaceutical Society of Uganda
RDT	rapid diagnostic test
SDSI	Sustainable Drug Seller Initiative
UCG	Uganda clinical guidelines
UTI	urinary tract infection
WHO	World Health Organization

ACKNOWLEDGEMENTS

The development of this manual has been a combined effort of different individuals.

In addition to community pharmacists, we wish to acknowledge the valuable contributions made by representatives of the following organizations during the process of developing this manual.

- Baylor Uganda
- Department of Paediatrics, Makerere University
- Department of Pharmacy, Makerere University
- Edco International, Ltd.
- Joint Medical Stores
- Kabale School of Nursing
- Kampala International University
- Management Sciences for Health (MSH)
- National Drug Authority (NDA)
- Pharmacy Division, Ministry of Health (MOH)





The training course has been adapted from the Tanzania accredited drug dispensing outlets (ADDO) dispensers' training manual, the integrated community case management (iCCM) manual, and the curriculum for training drug shop sellers by the STRIDES for Family Health project in Uganda. This manual has also drawn information from Ugandan laws, regulations, and policies and guidelines about the diagnosis and management of common diseases.

The illustrations used in the unit about maternal and child care were adopted from iCCM for ADS.

MODULE 3: TREATMENT THAT CAN BE INITIATED AT THE ADS

SESSION ONE: INTRODUCTION

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.

The ADS operator should bear all the above in mind to avoid a misconception that whoever visits a drug shop has come to buy medicines or to get treatment.

The success of the treatment usually depends on good customer care, communication skills, good medical knowledge base, and a positive attitude about work.

Clients who seek care at the ADS usually come with symptoms that require proper history taking to enable you come up with a proper diagnosis.

Conditions that can be managed at the ADS

The following conditions may be diagnosed and managed by a licensed and trained accredited drug seller after proper examination and diagnosis. In the event the ADS is uncertain about the diagnosis, a referral to the nearest health facility should be done.

1. Uncomplicated malaria in both adults and children.
2. Upper respiratory tract infections
 - a. Common colds, allergic rhinitis (adults and children)
 - b. Non-severe pneumonia **in children 2 months to 5 years only** (with no danger signs or chest in-drawing, or stridor in calm child)
3. Diarrhoea in children and adults, **except** in cases of bloody diarrhoea, severe diarrhoea, or severe dehydration, or persistent diarrhoea.
4. Ear infections, except in cases of tender swelling behind the ear (mastoiditis).

5. Anaemia and malnutrition in children 2 months to 5 years only, except for severe cases as defined in this manual.
6. Minor skin conditions like boils, ringworm, athlete's foot, scabies, chicken pox, nappy rash and minor cuts, skin allergies.
7. Eye conditions only including foreign bodies and sty.
8. Treatment of lice.

The ADS should also offer the following services to their clients:

- 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
- Advice on family planning (FP) and initiating clients on condoms and oral contraceptives
- Follow up on FP methods
- Advice on the need for FP and FP methods
- Advice on newborn care
- Advice on proper nutrition and care for children
- Assessing clients for chronic conditions, such as diabetes, hypertension, asthma
- First aid, as outlined in this manual

ADS **MUST** refer all cases of the conditions listed above in case:

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

ADS also have the responsibility of alerting the responsible district persons when they suspect a client has any of the following notifiable diseases:

- Cholera, Ebola, Marburg

SESSION TWO: FIRST AID AND EMERGENCY CARE

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.

Good samaritan

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

First aid box/kit

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

Aims for offering first aid

First aid is the immediate assistance given to a casualty before professional medical care can be provided.

Ideally, good first aid should be given by a person who is trained to offer it. First aid is given to a casualty to:

1. Save the life of the injured person.
2. Prevent the illness or injury from getting worse.
3. Relieve pain and prevent infection.
4. Promote quick recovery.

Note: The role of the first aider is to assess the situation, give immediate and the right treatment, and to arrange the injured person to be seen by a professional medical person.

Qualities of a first aider

A good first aider should have the following qualities:

- ✚ The right knowledge and skill on first aid.
- ✚ Willing to assist another first aider.
- ✚ Creative in order to use the available resources in the community.
- ✚ Trustworthy (Will not steal the casualty's property).
- ✚ Observant in order to monitor whatever is happening to the casualty.
- ✚ Good communication skills and confidence.
- ✚ Empathetic (kind-hearted).
- ✚ Calm but quick at decision making.

Contents of a first aid box

The contents of a first aid box differ, depending on the expected events and the ages of the people being cared for.

The content of a first aid box/kit should be monitored regularly to avoid use of expired items during first aid.

First aid boxes/kits used in the community usually contain some of the following:

- ✚ A small roll of cotton wool
- ✚ Sterile cotton gauze swabs to clean wounds
- ✚ A variety of different types of plasters
- ✚ A pair of scissors
- ✚ Thermometer
- ✚ Rescue sheet

- ✚ A bottle of normal saline
- ✚ Alcohol cotton swab
- ✚ Hydrogen peroxide
- ✚ Iodine solution
- ✚ Crepe bandage
- ✚ Medicines, such as charcoal, paracetamol, or aspirin
- ✚ Rust resistant tweezers
- ✚ Disposable gloves
- ✚ Liniment /Deep heat
- ✚ Glucose
- ✚ Surgical blades
- ✚ Burn cream
- ✚ Safety pins
- ✚ Oral rehydration solution (ORS)
- ✚ Splints
- ✚ Notebook and pen



First aid contents and their uses

ITEM	USES
Surgical blade	✓ Used for cutting any torn skin
Thermometer	✓ Used for measuring temperature
Hydrogen peroxide	✓ Used for cleaning the injured area
Povidone iodine	✓ Applied to the wound to prevent infection after cleaning it
Cotton gauze	✓ Applied to the wound during dressing
A pair of scissors	✓ Used for cutting gauze and plasters during dressing of the injured area
Assorted plasters	✓ Used to cover the injured area
Glucose	✓ Given to the casualty in order to give him/her energy when the blood sugar is lower than normal (client very weak)
Deep heat/Liniment	✓ Applied to the injured part (but with no broken skin) to relieve pain.
Disposable gloves	✓ Worn by the first aider on the hands to prevent contact with the casualty's blood or other body fluids
Oral Rehydration Solution	✓ Given to the client in case of dehydration
Splints	✓ Piece of wood tied to a broken arm or leg to keep it in the right position
Bandage	<ul style="list-style-type: none"> ✓ Prevent or reduce swelling ✓ Provide support for limbs/joints ✓ Restrict movement ✓ Maintain pressure over a dressing to control bleeding.

Steps to take for management of an emergency

Remember: Give first aid to the most seriously injured victims first.

Remember: Follow DR ABC when responding to an emergency.

1. **D**anger
2. **R**esponse

3. **Airway**
4. **Breathing**
5. **Circulation**

D - Danger

- ✚ Check for dangers to yourself and the victim.
- ✚ Remove the dangers, or remove the victim if you can't remove the danger.
- ✚ Send for help if there is somebody with you.

R - Response

- ✚ Check to see if the victim is conscious or 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 the victim can respond.

A – Airway

- ✚ Check for any obvious obstruction to the airway (e.g., has the tongue slipped back and blocked the airway? Are there teeth, blood clots, soil, etc. blocking it?)
- ✚ Open the airway:
 - At the same time that you lift the chin,
 - Carefully tilt the head back.

B – Breathing

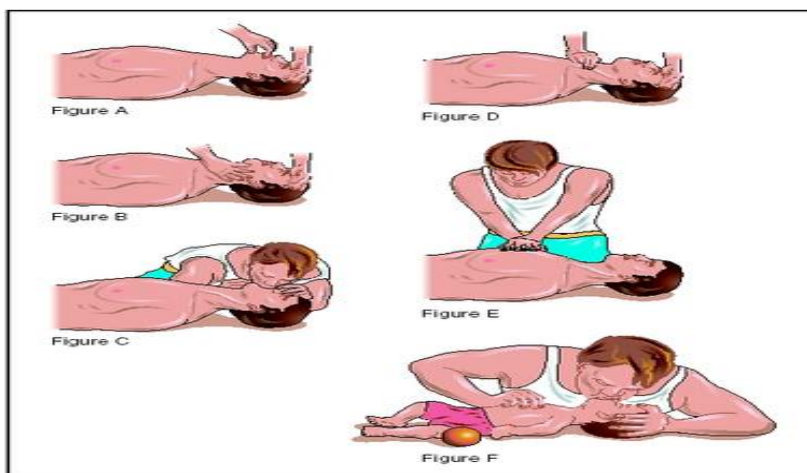
- ✚ After you have opened the airway ...
- ✚ Place your cheek just above the victim's mouth and nose.
- ✚ Feel for breath against your cheek.
- ✚ Look at the chest and watch for movement.

- ✚ Listen for breathing.
- ✚ Check for ten seconds.
- ✚ If the victim is not breathing, start resuscitation immediately.
- ✚ If the victim is breathing, put him or her in recovery position immediately.

C – Circulation

- ✚ Take the victim's pulse in the neck (carotid pulsation) for ten seconds.
- ✚ Check for any bleeding.

Mouth to mouth breathing (Resuscitation)



Step 1 (Figure A)

- Clear the airway.

Step 2 (Figure B)

- With the 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.

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.

Step 4 (Figure D)

- If the chest doesn't rise, repeat the head-tilt, chin-lift manoeuvre 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)

- Repeat the cycle (thirty chest compressions followed by two rescue breaths) until there are signs of movement or emergency medical personnel take over.

Other points to remember

- ✚ Remove casualty from the cause of the emergency or the cause from the casualty.
- ✚ Always seat or lie a casualty down before attending to him or her.
- ✚ Keep casualty dry and warm (cover lightly) and minimize movement where necessary.
- ✚ Cover wounds to prevent infection.
- ✚ Be calm, steady, and in control of the situation.
- ✚ Reassure the casualty and caretakers.
- ✚ Do not rush to move a casualty from the scene of accident.
- ✚ Keep crowds away.

- ✚ Use other first aiders/health workers or bystanders (observers) present.
- ✚ Accompany the casualty to the health unit.
- ✚ Get background history: description of the accident/illness from bystanders or from the casualty, if possible.
- ✚ Never give unconscious casualties anything to eat or drink.
- ✚ Keep the privacy of the casualty; it's your responsibility.

FIRST AID FOR CHOKING

Signs

- ✚ Difficulty in breathing or speaking
- ✚ Grasping at the neck
- ✚ Pointing at the mouth and throat

Aim

Remove obstruction and allow the victim to breathe normally.

Actions to take

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.

Step 2: Abdominal thrusts

- ✚ If backslaps are unsuccessful, try up to five abdominal thrusts.
- ✚ Stand behind 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 airway is clear or help arrives.

FIRST AID FOR FAINTING

Fainting is a temporary loss of consciousness due to poor blood supply to the brain and the person may eventually collapse.

Fainting may be accompanied by symptoms such as:

- ✚ Dizziness
- ✚ Blurred vision (not being able to see well)
- ✚ Client may feel unsteady
- ✚ Sweating
- ✚ Skin may become cold
- ✚ General body weakness

Causes

- ✚ Standing in the sun for long hours.
- ✚ Over dosage of drugs.
- ✚ Going for a long time without eating and while being active.
- ✚ Drinking alcohol without eating food.
- ✚ Diseases, such as malaria and diabetes.

Actions to take

1. Lie 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.
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:
 - a. Explain what happened
 - b. 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.

FIRST AID FOR MINOR WOUNDS (SMALL CUTS)

First Aid

- ✚ Encourage the wound to bleed for a few minutes.

- ✚ Apply direct pressure for ten minutes.
- ✚ If dirty, clean it with antiseptic (e.g., surgical spirit, hydrogen peroxide, etc.) and gently dry the area.
- ✚ Cover with sterile dressing (plaster or clean dressing).
- ✚ Provide an antiseptic for daily cleansing.

FIRST AID FOR MAJOR BLEEDING

First Aid

- ✚ Lay the victim down.
- ✚ Carefully expose wound.
- ✚ 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.
- ✚ When bleeding is controlled, apply a sterile dressing and bandage on top of the original pad.
- ✚ If blood seeps through the dressing, add more dressing.
- ✚ If the wound is on a limb, raise the limb.
- ✚ Treat for shock.
- ✚ *Arrange for transport to the nearest health facility.*

FIRST AID FOR NOSE BLEEDING

This is bleeding from one or both nostrils.



Causes

A person may bleed from the nose due to various reasons, including:

- ✚ Over blowing of the nose due to a common cold
- ✚ High blood pressure
- ✚ Picking of the nose with finger nails
- ✚ Blow to the nose (accident)
- ✚ Disorders of the blood, such as haemophilia or leukaemia

Aims

To control blood loss and maintain proper breathing.

First aid



- ✚ Place the victim in a sitting position with the head bent forward.
- ✚ This allows the blood to flow from the nostrils.
- ✚ Tell the casualty to pinch the nostrils together and ask him/her to breathe through the mouth.

- ✚ Tell the casualty to keep pinching her nose.
- ✚ Advise the casualty not to speak, swallow, cough, spit, or sniff to avoid interfering with the blood clotting.
- ✚ Refer the client to the health centre if blood continues to flow.



FIRST AID FOR 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.

Classification of burns

Burns can be classified into 3 categories, depending on severity.

Class of burn	Signs and symptoms
First degree burn 	<ul style="list-style-type: none"> ✓ Burn is limited to the outer layer of the skin ✓ Skin appears red ✓ Swelling and tenderness ✓ Burn heals quickly ✓ Burnt skin may peel off
Second degree burn 	<ul style="list-style-type: none"> ✓ Burn involves the outer layer and deeper layer of the skin. ✓ Formation of blisters ✓ Skin is red and painful
Third degree burn	<ul style="list-style-type: none"> ✓ Burn affects all layers of the skin ✓ Nerves, blood vessels may be

Class of burn	Signs and symptoms
	<p>damaged</p> <ul style="list-style-type: none"> ✓ Little or no pain present due to nerve damage

First aid (actions to take)

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

Actions NOT to take

- ✘ Do not apply fat (butter), sugar, or cooking oil to the burn as this retains heat in the body or any liquids from an electric transformer.
- ✘ 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.

Causes of burns

The majority of burns in the community occur among children.

Common causes of burns among children include:

- ✚ Contact with hot water or porridge
- ✚ Contact with burning fire or charcoal stoves
- ✚ Contact with hot iron boxes
- ✚ Contact with burning candle

Common causes of burns among adults include: Hot iron box

- ✚ Hot sauce pans
- ✚ House fire
- ✚ Corrosive substances (e.g., acids)
- ✚ Hot water due to domestic violence

Aim of giving first aid for burns and scalds

- ✚ To reduce the effect of heat on the skin.
- ✚ To relieve pain.
- ✚ To prevent fluid loss and infection.

FIRST AID FOR FRACTURES

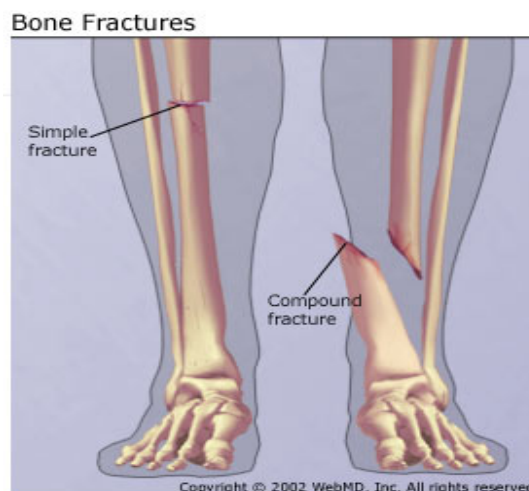
A fracture is simply defined as a broken bone.

Any bone in the body can be broken, but long bones of the arms and legs have high chances of getting broken because of their shapes.

Most fractures occur as a result of injury or accidents.

Types of fractures Fractures are divided into two main types, namely:

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



Open fractures

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.

Causes of fractures

Children	Adults
Bicycle or boda accidents	Accidents (bicycle, boda, 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 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)

Apply a splint to the injured limb.

Support the injured part with an arm sling in case it's an upper limb.

For lower limbs, tie the uninjured leg to the injured one and transfer to the hospital.

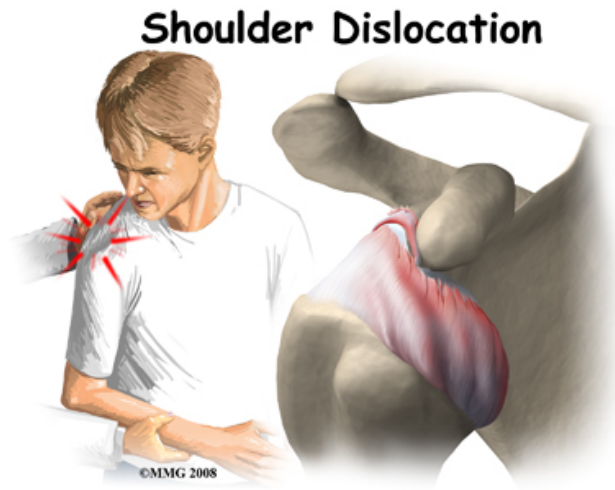
Note:

- ✚ 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 medical personnel and he/she has been instructed to do so.

FIRST AID FOR DISLOCATION

This is the displacement of a fracture (bone) from its normal position in the body.

Dislocation usually occurs around the shoulder, ankle, and 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

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

FIRST AID FOR STINGS AND BITES



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)

- ✚ Remove client from danger (if applicable).
- ✚ Reassure client.
- ✚ Give a blanket to cover him/herself.
- ✚ Remove stings with fingernails, if visible, or with tweezers, if available.
- ✚ Apply cold water or ice pack against the affected area for at least 10 minutes.
- ✚ Give Piriton or Cetirizine for 3 days to relieve the itching.

- ✚ Refer the client to the health centre, if necessary.

FIRST AID FOR ANIMAL BITES

A bite is a puncture or a wound to the skin caused by living animals.

The most common bites in the community are those caused by dogs, cats, fox, monkeys, and snakes.

Any bite from any of those animals requires first aid and medical attention to prevent bacterial infection or viral infection, e.g., rabies.

Signs and symptoms

Most common bites are minor unless the animal, like a dog, is infected with rabies.

Dog bite



Dog bites are very dangerous as they can cause rabies.

Signs of a dog with rabies

- ✚ Dog becomes wild
- ✚ Restlessness
- ✚ Foam around the mouth

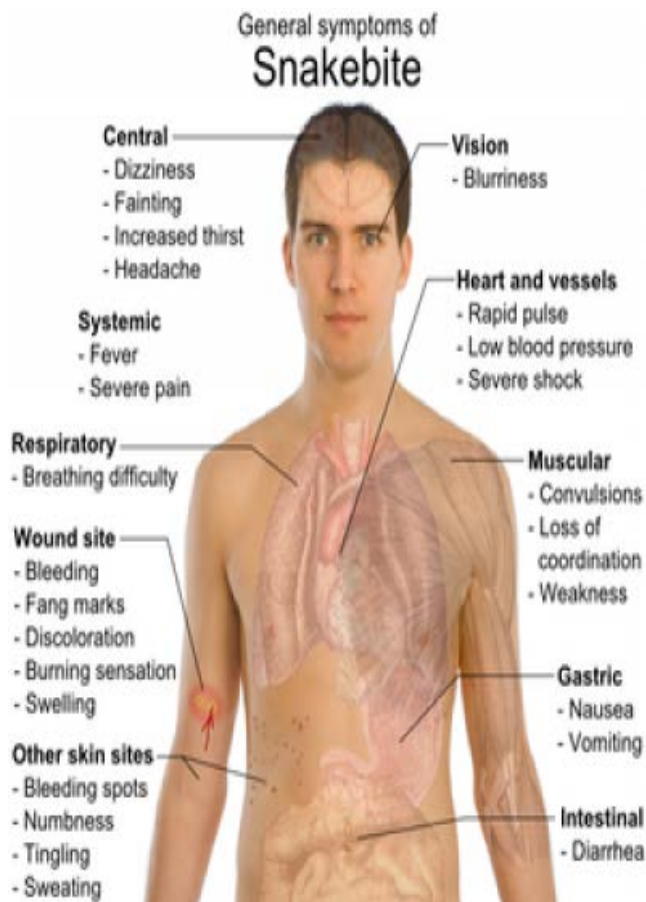
Aim of first aid

- ✚ Control bleeding
- ✚ Minimize the risk of infection
- ✚ Transfer the casualty to the health centre or hospital

First aid (actions to take)

- ✚ Put on disposable gloves, if available.
- ✚ Wash the bitten part with plenty of water and soap to prevent infection.
- ✚ Reassure the casualty.
- ✚ Control any bleeding by pressing firmly.
- ✚ Cover the wound lightly with sterile gauze or adhesive plaster.
- ✚ Refer the casualty immediately to the nearest hospital/health centre.

FIRST AID FOR SNAKE BITES



Aims

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

Actions to take

- ✚ Wash the wound with soap and water, if available.
- ✚ Reassure the victim to reduce anxiety.
- ✚ Keep the victim at rest, lying down with affected part level to his/her heart.

- ✚ If bite is on a limb, apply a pressure bandage to immobilize the area; apply a splint, if necessary.
- ✚ Immediately refer the client to health centres III or IV.

What you must NOT do!

- ✚ 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.

FIRST AID FOR POISONING

Aims

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

Inhaled Poisons

Actions to take

- ✚ Remove casualty to open air or open windows.
- ✚ If possible, cut off source of poison.
- ✚ Make initial assessment.

- ✚ If casualty is breathing but unconscious, place in recovery position and monitor DR ABC.
- ✚ If casualty has stopped breathing, commence artificial ventilation and chest compressions, if required.
- ✚ Refer for further management in a health centre.

Swallowed poisons

Actions to take

- ✚ Make initial assessment.
- ✚ If casualty is unconscious, put in recovery position, monitor DR ABC, and be prepared to resuscitate.
- ✚ If casualty is conscious, place in recovery position and try to find out what has been taken.

Do not induce vomiting

- ✚ If casualty has taken a corrosive poison, give frequent sips of water or milk.
- ✚ Use barrier to protect yourself if resuscitation is required.
- ✚ Refer to more specialised health centre for further management.
- ✚ If casualty vomits, save sample for the medical team.
- ✚ Identify containers that held poison if possible, and give to the medical team.

Skin contact

Actions to take

- ✚ Make initial assessment.
- ✚ Do not touch the affected area with bare hands.
- ✚ Remove any clothing contaminated by the poison, where possible and if it is safe.
- ✚ Wash away the poison with large amounts of water; avoid splashing onto yourself or into the casualty's eyes, mouth, or nose.
- ✚ If chemical is causing burns, keep splashing with water for at least 20 minutes.

- ✚ Do not re-use the same water.
- ✚ Try to preserve the casualty's privacy, if possible.
- ✚ If casualty is unconscious, place into recovery position and monitor RABC.
- ✚ Be prepared to resuscitate; use barrier if face is contaminated.
- ✚ If no improvement, refer to a more specialised health facility for further management.

Injected poisons

Actions to take

- ✚ Make initial assessment.
- ✚ If casualty is unconscious, put in recovery position, monitor RABC, and be prepared to resuscitate.
- ✚ Place in recovery position even if casualty is conscious; keep him/her calm and quiet and monitor RABC.
- ✚ If possible, identify injected syringes, needles, samples, or the substance.
- ✚ Refer to more specialised health facility for further management.

SESSION THREE: CLIENT ASSESSMENT

Client Assessment Process

It is very important that when clients come to the ADS, the medicine seller assesses their health, past drug history, and social issues and beliefs about that condition. This provides an opportunity for the medicine seller to adequately understand the client's problem.

Client assessment is the process by which the health worker obtains information related to the client, either from the client him/herself, family members, or caregivers, or from other sources, and evaluates the information for the purpose of deciding how to manage the client's problem.

The following information may be needed during the client assessment:

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

Qualities/skills needed during client assessment

- Active listening
- Empathy
- Non-judgmental
- Kind
- Language of communication

Steps to be followed during client assessment

Step 1: GREET

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

Step 2: ASK

Take a history about the client's condition. Find out the following in the order given:

1. Ask about the client's age.
2. Ask the client about the main complaint/illness.
3. How long it has been occurring.
4. Any treatment received for the condition; if medicines had been given, ask how they were taken/swallowed.
5. Ask about any history of drug allergy.
6. Depending on the condition, establish the family and social history.
7. Other useful information related to specific conditions: use of mosquito nets for malaria clients, general sanitation and hygiene for diarrheal diseases, etc.

The information obtained from the client should be kept confidential to maintain trust and a good relationship.

Step 3: EVALUATE

Evaluate the information obtained and decide what to do for the client: treat the client, give initial treatment and refer, or refer the client right away.

Step 4: TAKE ACTION - TREAT, COUNSEL OR REFER

Explain to the client about their condition and the action taken. If you are treating the client, educate the client about the treatment given.

Factors that have an impact on client assessment

Health beliefs and practices

Clients usually come for health care with predetermined beliefs and preferences. These are influenced by their culture. It is a pattern of shared meanings, beliefs, and behaviours that are learned and acquired by a group of people during the course of history. Culture reflects the whole human behaviour, including values, attitudes, and ways of relating to and communicating with each other. It also encompasses an individual's concepts of self, universe, time, and space, as well as health, disease, and illness.

Medicine sellers must keep in mind that clients will have various views of health, illness, disease, and cure that are shaped by their particular cultural and beliefs. One of the important aspects that medicine sellers must keep in mind is what the client believes causes disease and illness.

Family relationships

A family remains the basic social unit for most people. Because the family is an integral part of most people's lives, it affects how they view and, ultimately, how they use health care services.

While attending to a client, try to understand how his/her family can help him or her to make a quick recovery. For example, in many cases, clients may require bed rest or special diet, which the family must provide.

Communication

Medicine sellers need to be aware of the way people in a particular locality express their feelings, both verbally and in body language. This is important as it will make both the medicine seller and the client understand each other better.

CLIENT ASSESSMENT GUIDE

Steps in assessing the client:

Step 1



Receive the client courteously and respectfully.

Step 2



Take a history of the client's condition.

Allow the client to present his/her symptoms as you listen actively.

Ask more detailed questions focusing on:

- ✚ Duration of symptoms
- ✚ What other symptoms the client has
- ✚ Find out what treatment has been given so far
- ✚ Find out the response to previous treatment, if any

Step 3



Evaluate the information you have gathered and decide what to do for the client.

In case a danger sign is present, give pre-referral treatment and refer immediately.

Step 4



Explain the client's condition, treat, and advise

In case of no danger sign:

- ✚ Explain your findings to the client
- ✚ Give treatment & advice in case it is minor/mild **or**
- ✚ **REFER** the client to the appropriate health centre with a proper explanation of why you are referring him/her.

SESSION FOUR: ASSESSMENT AND CARE FOR A SICK CHILD UNDER FIVE




Assessing a sick child that is younger than 5 years of age

Charts are available and used according to age group (refer to the iCCM job aid).

For children younger than 5 years of age, the ADS is advised to go through the general assessment, as described in the iCCM job aid. In addition, when a main symptom is present, go through the following steps:

- ✚ Check for signs of malnutrition, anaemia, and classify the nutritional status.
- ✚ Check the immunisation status and determine if the child needs immunisation today (refer if needed).
- ✚ Check the Vitamin A supplementation status in children aged 6 months or more and decide if the child needs supplementation today.
- ✚ Remember the CHILD DAYS PLUS program and refer for booster.
- ✚ Check the de-worming status in children aged 1 year or more and decide if the child needs de-worming today.
- ✚ Assess any other problems.

Some common presenting symptoms in children

Symptom	Illustration
Cough	 A black and white line drawing of a young child sitting on the ground, coughing. The child's mouth is open, and there are curved lines around their head and chest to indicate the sound and effort of coughing. The child is wearing a simple loincloth.
Diarrhoea	 A black and white line drawing of a young child squatting on the ground. The child is facing right, and their body is hunched over. There is a small pile of stool on the ground in front of the child's feet. The child is wearing a simple loincloth.
Fever	 A black and white line drawing showing a close-up of a child's face. A hand is placed on the child's forehead, with fingers spread, to check for a fever. The child's eyes are closed, and their mouth is slightly open. The child is lying down on a surface.

Pus discharge from the ear



Itching and skin rash



Running nose and sneezing








General checklist for sick children

All children who are brought to the ADS should be assessed fully for effective management, prevention, and advice.

Question to ask	Remarks
Age of the client	Needed to calculate the dose. Helps to know the contraindications.
Weight of the child	Ask the mother/caregiver the weight of the child. Helps in determining the dose and contraindications. Helps to assess for malnutrition.
Presenting symptoms	Find out why the child has been brought to the drug shop. Find out if the child has a fever, diarrhoea, cough, pus discharge from the ear, running nose or a skin rash. Ask for other hidden signs and symptoms.
Duration of symptoms	Helps to know whether the disease is acute or chronic. May guide on treatment, advice or referral.
Treatment given	Find out: <ul style="list-style-type: none"> • The treatment given to the child so far.

Question to ask	Remarks
	<ul style="list-style-type: none"> • Duration the medicine was given. • Child's response to treatment.
Immunization history	Find out: Whether or not the child is fully immunized.
Nutritional status	Measure the upper arm circumference using MUAC tapes.
Identify the danger signs	
1. Vomiting everything	 A black and white illustration of a young child crouching on the ground, leaning forward with their mouth open, and a stream of liquid is being vomited onto the ground in front of them.
2. Convulsions	 A black and white illustration of a child lying on their back on the ground. Their body is rigid, and their limbs are extended, with wavy lines around their head and body indicating convulsions or spasms.
3. Unable to breast feed	 A black and white illustration of a woman sitting and holding a baby. She has a distressed expression, and the baby is crying. This illustrates a mother who is unable to breastfeed her child.

Question to ask	Remarks
4. Chest in drawing	
5. Very sleepy/unconscious	

All pictorial illustrations adapted from iCCM

SESSION FIVE: SKIN DISEASES IN CHILDREN

Introduction

The skin is the biggest organ of the body.

It contains three layers: epidermis, dermis, and subcutaneous tissue.







Diseases affecting the skin also affect the nails and hair.

Most conditions affecting the skin present in form of skin rash, skin itching, and wounds.

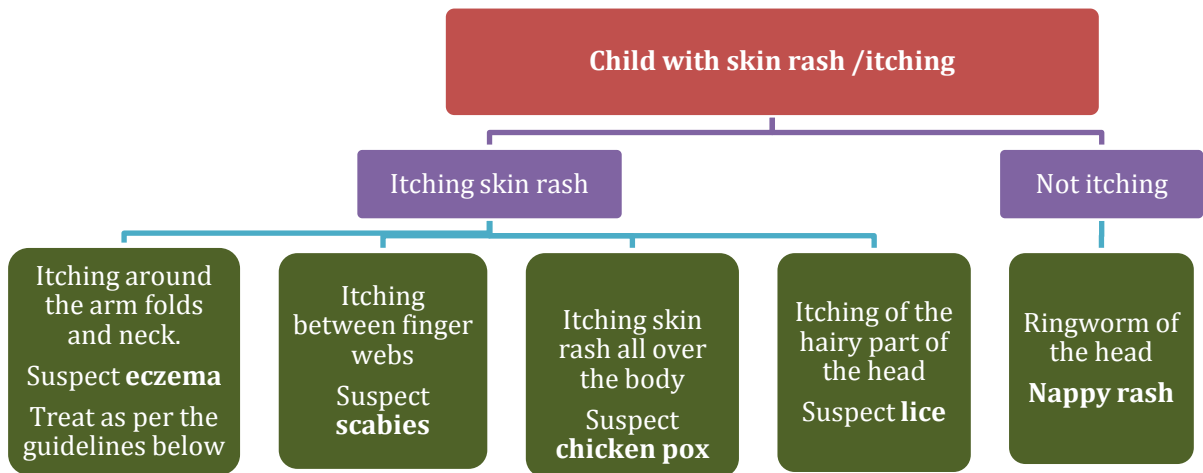
SKIN RASH

Skin rash is a common presenting symptom among children.

Common causes of skin rash in children include:

-  Eczema
-  Scabies
-  Ringworm of the head
-  Nappy rash
-  Lice infestation
-  Chicken pox

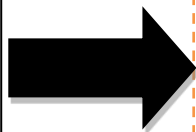
Causes of Skin Rash and Itching Flow Chart



Key questions to ask a caregiver or a mother with a child who has a skin rash

During your assessment, ask the parent/caregiver the following questions:

For how long has the child had a skin rash?



Eczema, ringworm of the head, and head lice tend to be chronic, i.e., last for more than a month.

Chicken pox & scabies are acute and last for less than 2 weeks.

Nappy rash usually affects babies below one year and lasts for a short period of time.

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



Head: Suspect head lice and ringworm of the head

Arm folds & neck: Suspect eczema

Finger webs & buttocks: Suspect scabies

Whole body: Suspect chicken pox

Genital area (around the vagina/penis): Suspect nappy rash.

When is the itching severe?



Eczema rash tends to itch a lot when it is hot or when the child sweats.

Scabies rash tends to itch more at night.

Chicken pox rash itches at any time of the day and the client has a fever.

Check for the appearance and distribution of the rash.



Refer to the pictures of the individual skin diseases as illustrated in this manual.

ECZEMA

Eczema is a chronic allergic skin disease associated with severe itching of the skin.

Eczema is very common among children with personal family history of allergic diseases, such as asthma and allergic rhinitis.

Signs and symptoms

- ✚ Itching of the skin
- ✚ Skin is usually dry
- ✚ Skin rash around the face, neck, behind the knee and arm folds, legs
- ✚ Wounds on the skin caused by scratching
- ✚ On and off skin rash



Picture of an eczema client

General measures

- ✚ Educate the caregiver that eczema is chronic and not curable.
- ✚ Clients should avoid contact with substances that may irritate the skin, e.g., washing soap.
- ✚ Finger nails should be cut short to avoid bruising the skin during scratching.
- ✚ Clients should avoid foods that worsen his/her symptoms, e.g., grasshoppers, meat, etc.
- ✚ Advise clients to avoid activities that promote dryness of the skin, e.g., swimming.
- ✚ Advise client to wear light cotton clothes to prevent over sweating.
- ✚ Use skin moisturizers, like aqueous cream, oilatum soap, sudo cream to prevent the skin from drying.
- ✚ Advise the mother to use mild soap, such as Johnson's baby soap, while bathing the baby.

- ✚ Advise the mother/caregiver to cover the baby's hands with mittens (baby gloves) to prevent bruising the skin when scratching.

Drug treatment

- ✚ Hydrocortisone cream 1% applied twice daily for 1 week, then reduce the frequency of application to every 2 days for 4 weeks.
- ✚ If no response, Betamethasone cream applied twice daily for 1 week then reduce the frequency to 3 times in a week for the next 4 weeks.

Antihistamines

- ✚ Antihistamines are added to skin creams to reduce the itching associated with eczema.
- ✚ Sedative antihistamines, like chlorpheniramine, are recommended.

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

Cetirizine

Adults and children above 6 years, 10 mg (1 tablet) once daily for 1 week.

Children

2-6 years; 5 mg (1/2 a tablet) once daily for 7 days.

Note: These medicines may make the client feel sleepy, therefore warn them about it.

Antibiotics

Are recommended in case a child with eczema develops infected sores after scratching.

Erythromycin

Children 2-8 years, 250 mg 4 times daily for 7 days.

Below 2 years, 125 mg 4 times daily for 7 days.

Guidelines for referral

- ✚ Children who fail to respond to treatment.
- ✚ Children with extensive coverage of skin rash.
- ✚ Clients with infected sores.

NAPPY RASH

Nappy rash is a skin condition that affects areas normally covered by a baby's nappy.

The skin rash develops as a result of reaction to prolonged contact with urine and faeces.

It is common in babies and children wearing nappies and those with diarrhoea.

Poor hygiene is a major contributing factor to its development.

Signs and symptoms

- ✚ Redness over the nappy area
- ✚ Burning sensation

General measures

- ✚ Advise the mother to change the nappy whenever the child urinates or defecates.
- ✚ Advise the mother to wash and rinse the nappies well.
- ✚ Encourage use of disposable nappies, e.g., Pampers, where possible.
- ✚ Advise the mother to use cotton knickers/underwear and loose clothes.
- ✚ Tell the mother to undress the baby to expose the affected area to the air.
- ✚ Use of protective substances, e.g., prickly heat powder or Zinc Oxide cream.

- ✚ Do not use ordinary powders around the baby's genitals since it combines with urine and irritates the skin.

Pictures of a child with nappy rash



Drug treatment

- ✚ Hydrocortisone cream applied twice daily for 5 days.
- ✚ If no improvement within 3 days, then add on: Clotrimazole cream applied twice daily for 7 days.

Guidelines for referral

- ✚ Clients who have failed to respond to treatment.

- ✚ Clients with infected nappy rash.
- ✚ Clients with nappy rash covering a wide area.
- ✚ Infants with a nappy rash.

LICE (PEDICULOSIS)

Lice are a skin disease that affects the hairy part of the body.

It is caused by lice (a tiny insect).

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 the hair.

General measures

- ✚ Remove the lice and nits (small eggs from the lice) using a fine-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

- ✚ Bath daily with soap and water.
- ✚ Regular use of shampoos to wash the head.
- ✚ Avoid sharing combs and clothes.
- ✚ Soak infected combs, brushes, etc. in hot water for 10 minutes.

Drug treatment

- ✚ Apply Benzyl benzoate lotion to the scalp and wash after 24 hours.
- ✚ Repeat treatment after a week.

RINGWORM OF THE HEAD

This is a skin disease that affects the head caused by fungi.

Ringworm of the head mainly affects school-going children; it's less common in adults.

How do you get ringworm of the head?

- ✚ It is transmitted from person to person 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 parts of the head.

✚ Wounds filled with pus in severe cases.

✚ Dandruff

Fungal infection of the scalp



Drug treatment

Oral antifungals, such as 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

Topical antifungals

Whitefield's ointment maybe applied to the head twice daily for 4 weeks.

Note: Whitefield's ointment is not very effective and may not work well in severe cases unless combined with oral antifungal.

Guidelines for referral

- ✚ Clients with ringworm covering the whole head.
- ✚ Clients who fail to respond to the above treatment.

- ✚ Ringworm of the head is associated with wounds.

SCABIES

Scabies is a highly contagious skin disease caused by tiny parasites.

The disease is associated with severe itching that worsens at night.

People with poor personal hygiene have higher chances of getting scabies.

Scabies tends to affect other household members at the same time.

How do you get scabies?

- ✚ Scabies is spread by direct, prolonged skin contact with an infected person.
- ✚ Sharing of beddings or clothes with an infected person.

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.

Drug treatment

Benzyl benzoate emulsion (BBE 25%): Apply to the whole body for 3 days without bathing.

Children 12.5% (dilute 25% by adding equal amount of water): Apply to the whole body.

or

Sulphur ointment 10%: apply 2 times daily for 1 week.

Antihistamines

They are added to the treatment to stop the itching.

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

- ✚ Regular bathing with antiseptic soap, e.g., Protex, Dettol, and water,
- ✚ Avoid close contact with the person who has scabies.
- ✚ Keep the infected school-going children at home until treatment is completed.
- ✚ Regular washing of clothes.
- ✚ Health education

CHICKEN POX

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
- ✚ Sore throat



Child with chicken pox

- ✚ History of contact with a child with chicken pox
- ✚ General body weakness

General measures

- ✚ Keep the child away from others or school until the rash has healed.
- ✚ Advise the mother to give a lot of drinks to the child.
- ✚ Cut the finger nails short and clean to prevent skin breaking during scratching.
- ✚ Advise the client to avoid scratching where possible, especially in adults.
- ✚ Advise the client to regularly bathe with water and antiseptic soap, such as Protex, lifebuoy, Dettol.

Drug treatment

Calamine lotion applied 2 times daily for 5 days to reduce the itching.

Pain killers (helps to reduce fever associated with chicken pox).

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

Antibiotics

They are used in case the skin gets infected with bacteria.

Erythromycin

Age of child	Dose	Dosage
8-12 years	500 mg	4 times daily for 5 days
2-8 years	250 mg	4 times daily for 5 days
Less than 2 years	125 mg	4 times daily for 5 days





Antihistamines

These drugs reduce itching of the skin common in clients with chickenpox.

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

-  Babies under 6 months.
-  Clients with infected wounds.
-  HIV positive clients with chicken pox.
-  Pregnant mothers with chicken pox.