

Health and Education for Haiti Medical Mission Treatment Guidelines 2009

INTRODUCTION

These are treatment guidelines for mission teams working with Health and Education for Haiti (HEH). The guidelines are not immutable or comprehensive algorithms for treatment, but are guidelines to promote continuity and appropriateness of care. In addition, the guidelines will help to orient new practitioners to working on HEH medical missions, and facilitate better planning of a rational pharmaceutical cache to accompany the teams.

These treatment guidelines are dynamic, and will be modified over time. Improving our diagnostic capabilities, increasing the availability of medications through our pharmacy cache and enhancing our knowledge of local health care resources for referral and ongoing care will drive the modifications of these guidelines. It is expected that these guidelines will be changed, expanded, and enhanced as they are used by the mission teams.

The goals of treatment on HEH missions are to respect culture, relieve suffering, promote health and do no harm. Care provided by the mission teams must be integrated into the local system of health. Traditional healthcare must be respected. In addition, practitioners are expected to practice within the scope of their U.S. professional licenses. Additionally, Haiti is a Catholic country and we are provided facilities and coordination through the local clergy. It is our policy to respect our hosts by remaining silent on the topics of abortion and birth control.

Careful consideration must be given to all chronic disease management. Initiation of chronic pharmacological therapy should be done only when the practitioners have reasonable assurance that ongoing monitoring of care will be accomplished. There is a nurse permanently assigned to the parish dispensaries, physicians at the Jeremie hospital and village health workers through the Haitian Health Foundation that may be available to provide ongoing care. It is imperative to determine if the patients can access these ongoing systems of care.

The treatment guidelines have several assumptions that must be understood:

1. Treatment must always be individualized. This is determined by the practitioner and the patient. The guidelines help to promote general continuity between providers and teams.
2. The Pharmacy is staffed with either a Haitian Nurse or Pharmacist. Do not rely on these professionals to calculate doses. Be specific in your written orders, and if it is a unique situation, go to the pharmacy and personally explain your orders through a translator to ensure that it is dispensed correctly. For routine medications like Acetaminophen, Ibuprofen, etc, the pharmacy staff will dispense accordingly in a standard dosing.
3. Enteric parasites in Haiti are epidemic. This is presumed to be Ascariasis, but there is also Trichiuris and Necator. All patients seen on HEH medical missions for the first time during the mission will be provided treatment for these parasites. This medication will be dispensed by the triage staff automatically before the patient encounter. There is no need for the practitioner to write prescriptions for these medications. Pregnant women, infants under one year, and persons recently wormed through other national programs (schools) should not receive this treatment.
4. The guidelines are based upon syndromic diagnosis and treatment. There are very few definitive diagnostic tools in Western Haiti. When possible, we will pursue promoting better diagnostic confirmation, but this may be slow in development.
5. These guidelines are not meant to be comprehensive treatment plans or inclusive of all conditions you will experience in Haiti. These are the more common presenting ailments. Practitioners should be prepared to see a variety of unique medical conditions that are not experienced in the United States. Review of some of these “tropical” conditions prior to departure will be helpful. Dengue fever, yaws, polio, typhoid fever, filariasis, leishmaniasis and malaria are still present in Haiti.

REFERRALS

You can expect to see a variety of conditions for which surgical correction is the appropriate treatment. Untreated hernias, skin disfigurements and cataracts are common. There may be surgical referral resources available for these conditions, and assistance through Health and Education for Haiti to help pay for the surgery. Be discriminating about your use of these referrals to ensure that these limited financial resources are used to care for the most needy. Consulting with the local nurse and/or mission coordinator can help you to make these decisions.

Referral resources in Western Haiti are fluid. A section of these guidelines describe these resources. This list will be updated by each team as they learn of additional or changing health resources in Western Haiti. All referrals from the HEH medical missions will be coordinated and tracked through a referral coordinator. There will be a designated referral coordinator for each mission team. If a person needs to be referred for any type of care, the practitioner will complete a referral form and the patient and form will be given to the referral coordinator. The referral coordinator will then make appropriate financial and transportation arrangements with the patient and/or family to get the necessary care. This will involve providing the family with a small amount of money to pay for transportation and food, and a note from the HEH medical mission ensuring payment for the patient's care. The practitioner should NOT attempt to get involved in these arrangements or negotiations. The referral coordinators will work with locals to determine what is appropriate, and have a much better understanding of the multiple factors that enter into these decisions. Generally a liaison from the parish will be involved in the decisions. The referral coordinator will also track which patients have been referred, to whom, when and for what condition.

HOSPITALIZATIONS

There is a small hospital in Jeremie where most referrals are sent. It is NOT like the hospitals in the US. It has electricity intermittently. It can do surgery when there is electricity and supplies. It is staffed by local Haitian private physicians, and Cuban physicians who do "national service" in Haiti. The Cuban physicians are very well trained, and often have sub-specialization. Limitations on equipment and supplies, however, make it difficult for them to practice their specialties in Jeremie.

Hospital care in Haiti, like many developing nations, is not full-service care. It is "pay as you go". Supplies are purchased as they are needed. If there isn't money, there isn't care. Patients must have a family member accompany them to do bedside care and to cook meals. Without a family member, patients will not fare well in the hospital. Patients' decisions to be hospitalized or not will often depend upon the availability of a family member to stay with them at the hospital.

Team members are often given an opportunity to visit the hospital sometime during their mission. It often allows the team members to see the type of hospital care provided to patients referred earlier in the week.

DIAGNOSTIC TESTING

There is very limited diagnostic testing available. Radiology is available at the hospital in Jeremie, but it obviously depends upon the availability of electricity. Generally if a patient requires an x-ray of any type, they should be referred for care to the hospital. The laboratory at the hospital also has limited capacity. In 2004 we started a mobile field laboratory that will be used by the teams on our missions to Leon. This lab is limited to urine analysis, pregnancy testing, hemoglobin, HIV, syphilis, malaria, blood glucose, CBC, and chemistry. There is also a microscope at the clinic in Leon that can be used. Generally, however, diagnosis is based upon syndromic assessment and the practitioner's clinical acumen.

ELECTIVE CLINIC PROCEDURES

Many patients will present with conditions that would be easily corrected with a simple office procedure in the US. Lipomas, nodules, polydactylia, and cysts are common. Performing elective procedures to remove or drain these problems on our missions is not recommended. Limited sterile supplies, lack of a clean or sterile procedure area, and limited time make these procedures difficult and risky. There may be a few situations where a procedure can be done quickly and safely, but for the most part do not do elective procedures.

There are suturing and other wound care supplies at the clinic. Closure of simple lacerations is doable. More complex wound management that may require deep debridement or tendon repair should not be attempted. Even though the practitioner may have the skill, the environment and supplies do not adequately support these types of procedures.

EMERGENCIES

There will generally be one or two serious, emergency during your mission. In the past, these have included status epilepticus, fractures, serious lacerations, acute CVAs, and car accidents. There will be limited supplies to handle these situations. Practitioners need to be practical, sensitive and creative in determining the best management of these emergencies. Generally, advanced cardiac life support measures, aside from supporting the airway, are not available. The team may have a few emergency rescue medications, but these will be limited.

MEDICAL RECORDS

Whenever possible, documentation of patient encounters by team members will be done in the patient's medical chart. When the patient does not have an established record in one of our clinics, a patient encounter form brought by the teams will be used. Due to the large number of patients, encounter notes are brief. Ensure the notes contain the diagnosis (primary, secondary and tertiary if appropriate) and medications. Remember that these records will be used to collect the patient encounter information needed for weekly reports to the Grande-Anse Minister of Health, and will also be used to collect data for the planning future missions.

PHARMACETICAL DOSAGES

Medication	Dosage
Abendazole	Adults:400mg *1 Peds:,1y.o. 100mg*1; 1-2y.o. 200mg *1, >2y.o. 400mg *1day
Albuterol Syrup	Adult:2mg tid Peds:0.1 mg/kg/dose tid
Albuterol Inhaler	Adult:2 puffs qid Peds:2 puffs qid
Amoxicillin	Adult:250-500 mg tid Peds:40-80 mg/kg/day
Antacid (preferably Calcium based)	Adult: prn Peds: generally not indicated
ASA	Adult:325mg 1-2 qid Peds:not indicated
APAP	Adult:325mg 1-2 qid Peds:10-15mg/kg/dose qid
Benzyl Benxoate (scabicide)	Adult and Peds: apply once and leave on for 8 hours
Ceftriaxone	Adult:250-1000 mg IM Peds:50mg/kg IM
Cephalexin	Adult:250-500mg qid Peds:50 mg/kg/day qid
Chloroquine	Adult:1gm po 1, 500mg in 6 hours, then 500mg qd2days Peds:10mg/kg*1, 5mg/kg in 6 hours, then 5mg/kg qd for 2 days
Cimetadine	Adult:400mg bid Peds:20-40 mg/kg/day bid
Ciprofloxacin	Adult:250-500mg bid Peds: contraindicated

Medication	Dosage
Diphenhydramine	Adult:25-50mg qid Peds:1mg/kg/day qid
Doxycycline	Adult:100mg bid Peds:contraindicated
Docusate	Adult: 100-250mg qd or bid Peds: 6-12yo: 40-120mg/day 3-6yo: 20-60mg/day <3yo: 10-40mg/day
Enalapril	Adult: 5-20 mg daily
Erythromycin	Adult:250-500mg qid Peds:40mg/kg/day (qid)
Erythromycin Ophthalmic Ointment/Drops	Adult:qid Peds:qid
Ferrous Sulfate	Adult: 325 mg tid Peds: 5 mg/kg/day (tid)
Fluconazole	Adult: 100mg (as indicated for the type of infection) Peds: 3 mg/kg (as indicated for the type of infection)
Gentian Violet	Adult and Peds: apply qd
Griseofulvin	Adult: 330mg UM tab qd Peds UM Tabs: 10mg/kg/day Peds microsize susp: 20mg/kg/day
Hydrocortisone 1% Cream	Adults and Peds: tid
Hydrochlorthiazide	Adult: 12.5 – 50 mg
Ibuprofen	Adult:400-600mg tid Peds:5-10mg/kg/dose (q4h)
Ivermectin (6 mg tablets)	Adult: 200 mcg/kg taken once Peds: 200 mcg/kg taken once
Ketoconazole	Adult: 200-400 mg qd

Medication	Dosage
	Peds: 3.3-6.6 mg/kg/day
Mebendazole	Adult:100mg bid for 3 days Peds:100mg bid for 3 days
Methyldopa	Adult:250-500mg qd, bid, or tid
Metronidazole	Adult:500mg tid Peds:30mg/kg/day (tid)
Miconazole Cream	Adult and Peds:tid
Mineral Oil	Adult: 15-45ml qhs Peds: (>6y.o.) 5-15ml qhs
Multivitamins	Adult and Peds: one daily
Neosporin or Bacitracin Ointment (in small dispensable packets)	As directed
Nystatin Suspension	Adult and Peds:1 ml qid
Prenatal Vitamins	Adult: qd
Polymixin B and Neosporin and Hydrocortisone Ear Drops	Adult and Peds:3 gtts qid
Prednisone	Adult:as prescribed Peds:2mg/kg/day for 4 days, then 1mg/kg/day for 4 days
Ranitidine	Adult:150mg bid Peds:4-5mg/kg/day bid
TMP-SMX (single strength tabs)	Adult:2 tablets bid Peds:5mg TMP/kg bid or for suspension 0.5ml/kg bid

WESTERN HAITI HEALTH RESOURCES FOR REFERRAL

There are several health resources in the Grande-Anse Province of Western Haiti that all practitioners must be aware of in order to coordinate care. Our mission is to augment the existing health system, NOT replace it. For many of the patients, the mission teams are the only Western allopathic care they receive. When the teams are not in Haiti, the population must rely upon the existing systems of care. It is important the mission teams know about these services and how to link patients to these resources. Every year we learn more about available resources. This list will be expanded accordingly.

Organization	Services
Haitian Health Foundation (284-6333) <i>(Headquarters in Jeremie, but have village health workers in many of the rural communities.)</i> Director: Dr. Betty Gebrian (American) OB Residential Center:	HIV Testing Diabetes Epilepsy Feeding Programs for Children High Risk Pregnancy and OB Residential Center Acute Lower Respiratory Track Infection Treatment De-worming Programs Vaccination
Jeremie Hospital (There are local Haitian physicians that are in private practice. There are also a group of Cuban physicians that are assigned to the hospital as an outreach activity of Cuba to help other countries in the West Indies.)	<p style="text-align: right;">NAME</p> Orthopedics _____ Internal Medicine _____ OB-GYN _____ Pediatrics _____ Ophthalmology _____
PRED (Catholic Nuns)	Traditional herbal healing Health education services and community based programs throughout the province.
Parish Dispensary Clinic Nurse: _____ Pharmacy Tech: Robinson TB Program: Jean Claude	Immunizations Prenatal care (Vitamin A and Tetanus) Nurse care with treatment by algorithms Pharmacy (when medications are available)
Community Birth Attendants/Midwives	Arrangements made privately with expectant mothers.
Gebeau (Jeremie)	Tuberculosis Care

	Optometry and Ophthalmology care
CARE (Jeremie)	Support program for families with members with HIV/AIDS
Missionaries of Charity (Jeremie) Hospice	This group runs an orphanage that also serves as a feeding and support center for severely malnourished and Failure to Thrive children.
Port au Prince Hospitals	There are several hospitals and specialty services in Port au Prince that can be used. However, travel to and staying in Port au Prince is expensive and a significant hardship for the patient and their family.
Childspring International 404-228-7770 REB@childspringintl.org www.childspringintl.org	Case management and transport of children needing care outside of Haiti.

TREATMENT GUIDELINES

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
HEENT			
Headache	<ul style="list-style-type: none"> • History • R/O Infection • R/O Dental Caries • R/O Vision Problem 	Peds: APAP Adults: APAP	Peds: Ibuprofen Adults: Ibuprofen
Conjunctivitis	<ul style="list-style-type: none"> • Red conjunctiva • Purulence • No eyeball pain • Vision OK 	Neonates: (assume gonorrhoea) Ceftriaxone and Erythromycin Oint Peds and Adult: Erythromycin Oint.	Peds: Erythromycin (oral) Adult: Erythromycin or Doxycycline (oral)
Conjunctivitis Inclusion (Trachoma)	<ul style="list-style-type: none"> • Swollen conjunctiva • Cobblestoned conjunctiva • Corneal Scarring • Mainly adults and teens 	Peds: Erythromycin (oral and ophthalmic ointment) Adults: Erythromycin (oral and ophthalmic ointment)	Adults: Tetracycline (oral and ophthalmic ointment)
Otitis Media	<ul style="list-style-type: none"> • Ear pain • Diminished hearing • Red and/or dull TMs 	Peds and Adults: Amoxicillin	Peds: Ceftriaxone or TMP- SMX Adults: TMP-SMX or Erythromycin
Otitis Externa	<ul style="list-style-type: none"> • Ear pain • Swollen EAC and drainage 	Peds and Adults: Polymixin/Neosporin/Hydrocortisone drops	Peds and Adults: Consider adding oral Amoxicillin or Erythromycin

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Sinusitis	<ul style="list-style-type: none"> • 14 days duration • Purulent nasal discharge • Facial pain • Headache 	Peds and Adults: Amoxicillin	Peds and Adults: TMP-SMX
Allergic Rhinoconjunctivitis	<ul style="list-style-type: none"> • Rhinorrhea (clear) • Sneezing • Conjunctival edema • Seasonal 	Peds: Diphenhydramine Adults: Diphenhydramine	Peds: Claritan Adults: Claritan
Viral URI	<ul style="list-style-type: none"> • Rhinorrhea • Sneezing • Coughing • Low grade fever 	Peds: Oral rehydration Adults: Oral rehydration	Peds and Adults: APAP and Diphenhydramine
Acute Pharyngitis	<ul style="list-style-type: none"> • Sore throat • Exudate • Tonsil enlargement • Fever 	Peds: Amoxicillin Adults: Amoxicillin	Peds and Adults: Erythromycin
Oral Moniliasis (Thrush)	<ul style="list-style-type: none"> • White patches on oral mucosa • Primarily infants 	Peds: Nystatin Adults: Nystatin (consider HIV)	Peds and Adults: Gentian Violet or oral Ketoconazole
RESPIRATORY SYSTEM			
Bronchitis	<ul style="list-style-type: none"> • Productive Cough • Fever • Rhonchi that clear with coughing 	Peds: Bactrim Adult: Erythromycin/Doxycycline	Peds or Adults: TMP-SMX or Doxycycline in adults.

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Asthma	<ul style="list-style-type: none"> • Intermittent and reversible wheezing 	Peds: Albuterol Syrup Prednisone Hydration and Recheck in 3 days Adults: Albuterol Inhaler Prednisone Hydrate and Recheck in 3 days	Adult and Peds: Subcutaneous Epinephrine if severe Treat for worms all cases.
Bronchiolitis	<ul style="list-style-type: none"> • Less than 5 y.o. • Expiratory wheezing • Single occurrence 	Peds: Oral rehydration Consider Albuterol Syrup	
Pertussis	<ul style="list-style-type: none"> • Cough for over 2 weeks • Whooping cough • Afebrile 	Peds and Adults: Erythromycin for 14 days	Adults and Peds: TMP-SMX bid for 14 days
Pneumonia	<ul style="list-style-type: none"> • Fever • Cough • Tachypnea • Chest pain 	Neonate: Refer to hospital Peds: Bactrim Adult: Erythromycin	Adult or Peds: Consider Ceftriaxone if severe. Adults: Doxycycline or Amoxicillin
Tuberculosis	<ul style="list-style-type: none"> • Productive and persistent cough • Fever/Night Sweats • Hemoptysis 	Adult and Peds: Refer to local TB program	
CARDIOVASCULAR SYSTEM			
Congestive Heart Failure	<ul style="list-style-type: none"> • Wet rales • Peripheral edema • Orthopnea/Dyspnea 	Refer for hospitalization.	
Hypertension (mild and moderate)	<ul style="list-style-type: none"> • BP < 180/110 • BP > 140/90 	Adults: Low salt diet Recheck BP with local provider	

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Hypertension (severe)	<ul style="list-style-type: none"> • BP > 180/110 	Adults: Low salt diet <i>Treat only if patient can access ongoing monitoring</i> Aldomet, HCTZ or Enalapril Encourage follow-up	Enalapril 5-40 mg qd
GASTROINTESTINAL SYSTEM			
Intestinal Parasites (pinworms, Ascariasis, hookworm)	<ul style="list-style-type: none"> • Asymptomatic • Pruritis • Wheezing • Worms seen 	Peds: Abendazole Adult: Abendazole (all patients will receive worm meds)	Adult and Peds: Mebendazole
“Acide” a.k.a. Dyspepsia (mild and moderate)	<ul style="list-style-type: none"> • Intermittant heartburn 	Adult or Peds: Calcium Antacid	Ginger (ginger is used as a traditional treatment in Haiti)
“Acide” Dyspepsia (severe) (Suspect PUD, GERD, gastritis)	<ul style="list-style-type: none"> • Daily epigastric pain • One month or more in duration • GI bleeding • Weight loss 	Peds and Adults: Ranitidine	Peds and Adults: Proton Pump Inhibitor if available
Diarrhea (mild to moderate)	<ul style="list-style-type: none"> • < 1 week duration • < 10 dehydration • Non-toxic • < 5 stools/day • No blood in stool 	Infants: Continue breastfeeding. Supplement with ORS. Recheck the next day. Peds: ORS and recheck in 2-3 days Adult: ORS	

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Diarrhea (severe)	<ul style="list-style-type: none"> • > 1 week duration • > 10% dehydration • > 5 stools/day • Blood and mucous in stools • Febrile 	<p>Peds: ORS in clinic. Consider IV hydration in clinic. TMP-SMZ or Amoxicillin if bloody/mucoid stool</p> <p>Adult: ORS in clinic. Consider IV hydration. Cipro or TMP-SMZ if bloody/mucoid stools.</p>	<p>Consider hospitalization if toxic and continued hydration needed.</p> <p>Consider adding Metronidazole.</p> <p>Recheck next day in clinic.</p>
Constipation	<ul style="list-style-type: none"> • < 1 BM per week 	Peds and Adult: Mineral Oil	Peds and Adults: Colace
GENITOURINARY SYSTEM			
Cystitis	<ul style="list-style-type: none"> • Dysuria • Frequency/Urgency • Incontinence 	<p>Peds: Amoxicillin for 7-14 days</p> <p>Adult: TMP-SMZ Non-pregnant woman needs 3 days, men and pregnant women need 7 days. <i>(Do not use TMP-SMZ within 2 weeks of EDC in pregnant women.)</i></p>	<p>Peds: TMP-SMZ</p> <p>Adult: Amoxicillin or Doxycycline</p>
Pyelonephritis	<ul style="list-style-type: none"> • Fever • Flank or abdominal pain • Dysuria • Frequency/Urgency 	<p>Peds: ORS and Amoxicillin</p> <p>Adult: Cipro or Amoxicillin</p>	<p>Peds and Adult: TMP-SMZ Consider Ceftriazone if toxic or not able to take oral meds. Consider IV hydration in clinic.</p>

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Vaginitis	<ul style="list-style-type: none"> Vaginal discomfort/pruritis Discharge 	<p>Peds: Needs exam. Treat as appropriate.</p> <p>Adult: Empiric treatment. Doing a vaginal exam in clinic is very difficult. There is also no supportive lab. Limit pelvic exams to suspected PID, abnormal cervical bleeding, etc.)</p> <p>Miconazole or Metronidazole</p>	Adult: Nystatin or Clotrimazole Cream. Consider betadine douche or gentian violet if available
Gonorrhea/Chlamydia	<ul style="list-style-type: none"> Purulent urethral or cervical discharge Prostatitis with discharge 	<p>Adults: Cipro 500mg *1 and Doxycycline for 14 days.</p> <p>Treat partners.</p>	Adult: Ceftriaxone IM and Doxycycline for 14 days
Prostatitis	<ul style="list-style-type: none"> Older men +/- non-purulent discharge 	Adult: Doxycycline for 7 days	Adult: Erythromycin for 7 days
Pelvic Inflammatory Disease	<ul style="list-style-type: none"> Lower abdominal or pelvic pain Tender cervical movement Not pregnant by LMP 	<p>Adult: Ceftriaxone IM and Doxycycline and Metronidazole for 14 days</p> <p>Treat partners</p>	Adult: Ciprofloxin 1 gram - 1 dose, then Doxycycline for 14 days
Syphilis	<ul style="list-style-type: none"> Painless chancre on genitalia 	Adult: Benzathine Penicillin	
MUSCULOSKELETAL SYSTEM			
Myalgias or Arthralgias (minor)	<ul style="list-style-type: none"> Vague, generalized symptoms Minimal physical findings Non-disabling 	<p>Adult and Peds: APAP</p> <p><i>(Rural Haitians live a physically demanding life with little automation. Muscle and joint pains are common complaints.)</i></p>	Adult and Peds: Ibuprofen
Osteoarthritis	<ul style="list-style-type: none"> Painful joints 	Adult and Peds: APAP	Adult and Peds: Ibuprofen

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
	<ul style="list-style-type: none"> Joint swelling or disfigurement 		
Low Back Pain	<ul style="list-style-type: none"> History of injury 	Adult and Peds: APAP <i>(Most rural Haitians are subsistence farmers that spend much time stooped over tending to their crops by hand. Low back pain is a common complaint.)</i>	Adult and Peds: Ibuprofen
NEUROLOGICAL AND ENDOCRINE SYSTEM			
Seizures	<ul style="list-style-type: none"> Generalized or focal shaking. Intermittent Recurring 	Adult and Peds: Refer to the local Haitian Health Foundation Epilepsy Program.	Hysterical reactions and pseudoseizures are frequently misdiagnosed.
Goiter	<ul style="list-style-type: none"> Symmetrical thyroid enlargement Non-tender Not thyrotoxic 	Adults: Multivitamins	Nontoxic goiters are common. Treatment with long term iodine therapy is often unrealistic and not requested.
DERMATOLOGICAL SYSTEM			
Impetigo	<ul style="list-style-type: none"> Multiple, crusted skin lesions 	Advise scrubbing daily and applying Neosporin ointment. Adult and Peds: Amoxicillin	Adult and Peds: Erythromycin
Scabies	<ul style="list-style-type: none"> Pruritis Generalized popular lesions with foci on hands, waist, axilla and groin 	Adult and Peds: Ivermectin Treat entire family Wash linen and place in the sun for 24 hours. Trim finger nails	<i>(Pharmacy staff will explain the procedure for treatment.)</i>

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Pediculosis (lice)	<ul style="list-style-type: none"> Nits in the hair Scalp itching Adult arthropod seen 	Adult and Peds: Benzyl Benzoate for 12 hours. Treat entire family Wash linen and place in the sun for 24 hours. Trim finger nails	Adult and Peds: Gamma Benzene or Permethrins (if available)
Eczema	<ul style="list-style-type: none"> Dry, scaly patches of skin Atopic areas affected 	Peds and Adults: Hydrocortisone 1%	Severe: Prednisone (oral)
Tinea Capitis Corporis Cruris	<ul style="list-style-type: none"> Raised, scaly annular lesions with central clearing 	Adult and Peds: Miconazole Cream Ketoconazole, Fluconazole or Griseofulvin	Adult and Peds: Griseofulvin (oral) for the severe capitis infections. Ketaconazole if available.
Tinea versicolor	<ul style="list-style-type: none"> Hypopigmented patches of skin 	Ketaconazole (one dose)	
Pruritus	<ul style="list-style-type: none"> Generalized itching without rash 	Adult and Peds: Diphenhydramine	Adult and Peds: Hydrating lotion if available
MISCELLANEOUS CONDITIONS			
Malaria	<ul style="list-style-type: none"> Periodic fevers, often in the PM Headache Myalgias No localizing signs 	Peds and Adult: Chloroquine <i>(Haitians are often familiar with this disease and will tell you they have "Malaria". For some, it can be a recurring problem.)</i>	
Anemia	<ul style="list-style-type: none"> Pale conjunctiva and nailbeds 	Peds and Adults: Ferrous sulfate and Albendazole	<i>(need to treat for worms)</i>
Animal Bite	<ul style="list-style-type: none"> History of bite Open or infected wound 	Clean and Debride Peds: Cephalexin Adult: Doxycycline	Peds and Adult: Cipro or Ceftriaxone if severe infection.

Diagnosis	Syndrome	Primary Treatment	Alternative Treatment
Infected Wound	<ul style="list-style-type: none"> • Dirty wound • Purulence • Redness/Indurations 	Clean and debride. Tetanus immunoglobulin (250-500IU IM) (if available) Tetanus toxoid (if available) Adult and Peds: Cephalexin	Peds and Adult: Erythromycin <i>(Sterile technique is very difficult to accomplish at the clinic. There is a single sink with running water.)</i>
Malnutrition	<ul style="list-style-type: none"> • Wasting • Growth retardation • Edema • Kwashikor syndrome 	This is a common complaint in Haiti, and unfortunately there is little that can be done. There is a feeding program for children with the Haitian Health Foundation in Jeremie, but it is for the severely malnourished.	Peds and Adult: Multivitamins <i>(It is a poor substitute for the real need, FOOD!) Referral to the Sisters of Charity or HHF for the severely malnourished.)</i>
Immunizations	<ul style="list-style-type: none"> • Well Child Care 	This is done by the HHF or the nurse at the parish dispensary. There is a cold chain supported through UNICEF.	Make sure children you see are plugged into some system of vaccination.
Family Planning	<ul style="list-style-type: none"> • Health Maintenance 	This is done through HHF. Remember this is a predominantly Catholic society, so respect the health beliefs on family planning.	Refer to the clinic staff for ongoing care
Pregnancy	<ul style="list-style-type: none"> • Health Maintenance 	Prenatal Vitamins and Iron Refer all newly identified pregnant clients to the dispensary nurse. She will ensure the client gets into the usual system of prenatal care and monitoring.	Same day referral to the dispensary nurse.
Insomnia	<ul style="list-style-type: none"> • History 	Common complaint. Relieving chronic pain syndromes may help. Diphenhydramine for severe cases.	