

INTEGRATED PREVENTION AND MANAGEMENT OF SELECTED ACUTE AND CHRONIC ILLNESS
(IPMSACI)

USE ALL BOXES THAT MATCH THE SYMPTOMS TO DIAGNOSE THE ILLNESS (For children under 5 years use the IMCI job aide)

1. **Greet** the patient in a warm and welcoming manner so as to put the patient at ease
2. **Check** for emergency signs (especially if the patient looks very unwell)
3. **Ask** about the problem. During the first ‘golden’ minute, let the patient speak freely and ask open-questions to find out more details: ‘How long has it been going on’; ‘Where is the pain’
Also ask if there is cough, fever or diarrhoea?
4. **Identify** the relevant box relating to the presenting problem, e.g. if cough, look at the ‘cough/difficult breathing’ box.
5. **Look, listen and feel** for signs relevant to the presenting problem (as shown in the first column)
6. Assess ‘**IF**’ signs are present: start from the top looking for ‘pink signs’; if there are no ‘pink signs’, look at the orange row; if there are no orange signs, look at the yellow row; if there are no yellow signs, look at the green row.

Diagnose then, if there are other symptoms, look at other relevant boxes – there may be more than one illness.

Give Treatments according to the rightmost ‘treatment’ column and explain. Adult doses are given below, **for children over 5 years see the CC drug guide**. Refer to Upazila Health Complex or nearest government hospital urgently if any patient classified in a pink box. The orange column is for non urgent referral. Follow up in 2 days if any patient classified in a yellow box (unless different follow-up specified in the box)

7. **Give preventive care and advice** and consider screening for common diseases: e.g. ask all women if they want FP advice; if age > 40 years, check BP and if overweight, check blood glucose, if female and age > 30 years ask for VIA check.. (see box at the last page).

SYMPTOMS ASK:	IF	DIAGNOSE AS:	TREATMENTS and explanation
<p>!. Emergency signs/symptoms</p> <ul style="list-style-type: none"> › Airway and Breathing: airway obstructed, blue lips(central cyanosis)or severe breathing distress › Sshock: excessive sweating cold hands and feet , very fast pulse (>110) or low systolic BP (<90), › Heavy bleeding? › Pain: where? type,?duration? - If in chest: chest ‘heavy’ or ‘tight’?, - If in abdomen: abdomen hard ? Vomiting/Defication? -If in neck: severe or neck trauma, or severe 	One or more emergency signs present	EMERGENCY CONDITION	<ul style="list-style-type: none"> • If obstructed breathing, prop patient up or help to position of best breathing • Lay the patient to one side to make it easy for drooling saliva or vomit • If unconscious, manage to keep the airway open • • If wheezing give salbutamol, if can take • In case o shock put their feet higher than their headt, and keep them warm • Give glucose or a sweet drink, if can take • Give first dose of amoxicillin 4 x 250mg capsules or Cotrimoxazole 480x2mg, if can take <p>Refer URGENTLY to Upazila Health Complex or nearest government hospital (in case of difficult breathing or neck trauma , help to keep neck straight.</p>

headache? Sudden reduced level of consciousness,, sudden loss of use of arm, leg, vision or speech (signs of stroke)			
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<p>2. COUGH OR DIFFICULT BREATHING?</p> <p>Ask about:</p> <ul style="list-style-type: none"> For how long? Breathless lying flat? Chest pain? <ul style="list-style-type: none"> -Is it new? -Occasionally? -Old? Type of pain <ul style="list-style-type: none"> -Severe? --Mild? Coughing up blood? Previous episodes? If so, do these episodes wake you at night or early in the morning? Night fever and sweats? Hoarseness > 2 weeks Smoking history Treatment for a chronic lung or heart problem (asthma, COPD, heart failure, TB, Cancer of Lung) Excessive weight gain or loss <p>Take the temperature Take pulse, very high is more than 100 (if above 12 years) or more than 120 if 5-12 years old</p> <p>look and listen for:</p> <p>Wheez</p> <ul style="list-style-type: none"> Count breaths for one minute <table border="1"> <thead> <tr> <th>Age years</th> <th>Fast breathing</th> <th>Very fast breathing</th> </tr> </thead> <tbody> <tr> <td>5- 12 years</td> <td>30 or more breaths/min</td> <td>40 or more breaths/min</td> </tr> <tr> <td>>12 years</td> <td>20 or more breaths/ min</td> <td>30 or more breaths/min</td> </tr> </tbody> </table> <p>If wheezing and fast breathing: Give 2 salbutamol tablets and after 30 mins count the breaths and reassess</p>	Age years	Fast breathing	Very fast breathing	5- 12 years	30 or more breaths/min	40 or more breaths/min	>12 years	20 or more breaths/ min	30 or more breaths/min	<p>One or more of:</p> <ul style="list-style-type: none"> Very fast breathing Fever > 102°F Pulse > 120, or Lethargy or not able to walk unaided Breathless lying flat Severe chest pain Coughing up blood 	<p>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> Give first dose of amoxicillin 4x250 mg or Cotrimoxazole 2x480mg (if can take) If wheeze give salbutamol 4 mg, (if possible give salbutamol inhaler) If fever, give first dose of Paracetamol AND Refer URGENTLY to Upazila Health Complex or nearest government hospital
	Age years	Fast breathing	Very fast breathing									
	5- 12 years	30 or more breaths/min	40 or more breaths/min									
	>12 years	20 or more breaths/ min	30 or more breaths/min									
<ul style="list-style-type: none"> Cough or difficult breathing for 3 weeks or more, or Recurrent cough or wheeze, wakes at night Night fever and sweats Hoarseness > 2 weeks 	<p>POSSIBLE CHRONIC LUNG/ HEART PROBLEM</p>	<ul style="list-style-type: none"> If cough > 3 weeks, send to Upazila Health Complex or nearest government hospital to detect the cause If wheezing treat with salbutamol, and if has had episodes previously – refer to Upazila Health Complex or nearest government hospital to assess for asthma or chronic lung disease (COPD) Advise when to return immediately If a smoker, counsel to stop 										
<ul style="list-style-type: none"> Fast breathing Chest pain ‘sharp’ (refer urgently in case of heaviness in chest and spreading of pain) 	<p>PNEUMONIA</p>	<ul style="list-style-type: none"> Give amoxicillin 500mg capsule(2x250mg) x3 a day for 5 days If wheezing also give salbutamol 4 mg tablets x 3 a day for 5 days Advise when to return immediately Follow up in 2 days If persists or recurs then refer to Upazila Health Complex or nearest government hospital If smoker, advise them to stop 										
<ul style="list-style-type: none"> No signs of pneumonia or chronic lung disease (none of the above) 	<p>NO PNEUMONIA COLD/ COUGH, or ACUTE BRONCHITIS</p>	<ul style="list-style-type: none"> Soothe throat/cough with safe remedy Advise when to return immediately Say to return in 2 days ‘if not improving’ If a smoker, advise to stop 										
<p><i>Note: If breathing rate not fast, no antibiotic needed. If cough > 3 weeks, send to the Upazila Health Complex or nearest government hospital to detect the cause.</i></p>												

<p>3. FEVER (NON MALARIA AREA) (Fever by history, or feels hot, or temperature more than 99.5°F) For how long?</p> <p>Check the following:</p> <ul style="list-style-type: none"> • Neck stiff • Temperature 102°F or more • Fast breathing rate, (as the table above) • Signs of dehydration, as below • Confusion, agitation, lethargy? • Very weak, not able to walk unaided • Not able to drink • Rash – non blanching • Runny nose, dry cough or red throat • Swelling, and/or not using an arm, leg or joint • Abdominal/ loin pain • Passing urine often • Pain on passing urine • Red, inflamed or oozing skin, or wound Jaundice • • Convulsion, vomiting 	<p>Any of these signs:</p> <ul style="list-style-type: none"> • Confusion, agitation, lethargy or • Neck stiff • Temperature 102°F or more • Fast / deep breathing or • Cannot walk unaided or • Not able to drink or • Rash, non-blanching/petechial 	MENINGITIS/ VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> • Give first dose of 500mg or Cotrimoxazole 960mg (2 tablets) • Give one dose of Paracetamol (2 tablets) <p>AND</p> <ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital.
	<ul style="list-style-type: none"> • Swelling of, or not using, an arm, leg or joint 	SEPTIC JOINT or BONE	<ul style="list-style-type: none"> • Refer to Upazila Health Complex or nearby government hospital.
	<ul style="list-style-type: none"> • No cause found for fever, OR/AND • If jaundice present 	FEVER CAUSE UNKNOWN	<ul style="list-style-type: none"> • Refer to Upazila Health Complex or nearby government hospital.
	<ul style="list-style-type: none"> • Red, inflamed or discharging skin or wound 	SKIN INFECTION	<ul style="list-style-type: none"> • Refer to Upazila Health Complex or nearby government hospital. •
	<ul style="list-style-type: none"> • Loin or lower abdominal pain or tenderness • Passing urine more often • Burning pain on urination 	POSSIBLE UTI	<ul style="list-style-type: none"> • Give Cotrimoxazole 960mg(2 tablets) twice daily for 5 days • Review in 5 days • If not improving, refer to Upazila Health Complex or nearby government hospital for urine tests and treatment • • If also vaginal or penile discharge, then assess for STI, see ‘Stomach pain/genito-urinary’ section below • Advise to drink more fluid
	<ul style="list-style-type: none"> • > 7 days fever 	PERSISTENT FEVER	<ul style="list-style-type: none"> • Treat if an apparent cause, and review in 2 days • If cough > 3 weeks Upazila Health Complex for diagnosis. • Refer to Upazila Health Complex or nearby government hospital if no apparent cause
	<ul style="list-style-type: none"> • Runny nose, or cough or red throat and/ or • None of the above 	MILD VIRAL ILLNESS	<ul style="list-style-type: none"> • Give Paracetamol • Advise when to return urgently • Return in 2 days if fever persists • If fever > 7 days – refer to assess
<p>4. FEVER (IF LIVES IN OR VISITED A MALARIA AREA) Chittagong, Cox’s Bazar, Rangamati, Bandarban, Khagrachari (Fever by history, or feels hot, or temperature more than 99.5°F) <input type="checkbox"/> Do a rapid diagnostic test (RDT) or blood slide for malaria</p>	<ul style="list-style-type: none"> • RDT positive and: • Any of the above ‘very severe febrile’ signs 	MALARIA / SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> ➤ Give oral anti-malarial medicine and Paracetamol, AND • Refer URGENTLY Upazila Health Complex or nearby government hospital. ➤
	<ul style="list-style-type: none"> • RDT positive 	MALARIA	<ul style="list-style-type: none"> • Give oral anti-malarial medicine • Advise when to return immediately • Review in 2 days, if no improvement refer to Upazila Health Complex or nearby government hospital

to Upazila

5. DIARRHOEA?	Any of these signs:	SEVERE	• Refer URGENTLY to Upazila Health
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<p>ASK:</p> <ul style="list-style-type: none"> For how long? If > 14 days is 'persistent'; see below Is there blood in the stool? Is there fever? Not able to drink or drinks poorly? <p>LOOK AND FEEL:</p> <ul style="list-style-type: none"> Lethargic or unconscious? Sunken eyes? Skin pinch goes back very slowly (>2 seconds) Skin pinch goes back slowly Dry lips and tongue Drinks eagerly, thirsty <ul style="list-style-type: none"> If >14 days is 'persistent'=> 	<ul style="list-style-type: none"> Lethargic / unconscious Sunken eyes Not able to d to Health Complex or nearby government hospital rink or drinks poorly Skin pinch goes back very slowly 	DEHYDRATION	Complex or nearby government hospital. Advise frequent sips of ORS if can drink.
	<p>Two of these signs:</p> <ul style="list-style-type: none"> Drinks eagerly, thirsty Dry lips and tongue Skin pinch goes back slowly 	SOME DEHYDRATION	<ul style="list-style-type: none"> Give ORS in clinic for 4 hours and reassess Give ORS to take home Ask to continue drinking a little and often and to take normal food Advise when to return immediately Follow up in 5 days if not improving
	<ul style="list-style-type: none"> Not enough signs to classify as dehydration 	NO DEHYDRATION	<p>Counsel on home treatment:</p> <ul style="list-style-type: none"> Give extra fluid Continue eating Advise when to return immediately Follow up in 5 days if not improving
	Use this box if persistent		
	<ul style="list-style-type: none"> If blood in stool => 	<p>14 days or more and dehydration present</p>	SEVERE PERSISTANT DIARRHOEA
	<p>14 days or more and no dehydration</p>	PERSISTANT DIARRHOEA	<ul style="list-style-type: none"> Give Metronidazole 400mg thrice daily for 5 days Advise extra fluids and to continue eating Follow up in 5 days – if not improved
	<p>Blood in stool</p>	BLOOD DYSENTERY	<ul style="list-style-type: none"> Give Cotrimoxazole 960mg x 2 for 5 days Advise extra fluids/ORS, hand washing with soap follow up in 2 days
<ul style="list-style-type: none"> For diarrhoea <i>only</i> give antibiotics if blood, persistent (>14 dys) or fever (also go to the fever box) 			

<p>6. WEIGHT LOSS, ANAEMIA, MALNUTRITION ?</p> <ul style="list-style-type: none"> Weight loss of unknown cause, or visible wasting/loose clothing? <p>Ask:</p> <ul style="list-style-type: none"> How much? and how long? About diet <p>Look for:</p> <ul style="list-style-type: none"> Oedema of both feet? Sunken eyes? Look at the palms and conjunctiva for pallor <p>f pallor ask:</p>	<ul style="list-style-type: none"> Severe palmar and conjunctival pallor Pallor and breathlessness at rest or ≥ 20 breaths per minute Black stools Blood in stools or urine Weight loss reported, or loose clothing or visible wasting Pitting oedema of legs Sunken eyes Unablie to stand 	SEVERE ANAEMIA, WEIGHT LOSS OR UNDER NUTRITION	<ul style="list-style-type: none"> Refer to treat the anaemia and/or Assess for weight loss; exclude TB, diabetes, cancer or other serious disease <i>If a malaria area, do RDT, and if positive, give treatment</i> Check random blood glucose
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<ul style="list-style-type: none"> • Black stools (faeces)? • Blood in stools? • Blood in urine? • In women heavy menstrual periods, abnormal or post-menopausal bleeding? <p>CHECK the breathing rate</p>	<ul style="list-style-type: none"> • Palmar or conjunctival pallor 	ANAEMIA	<ul style="list-style-type: none"> • Give Ferrous fumarate/folic acid x 2 daily, counsel to adhere (3 months) • Advise locally available foods rich in iron • Give albendazole if none in last 6 months • <i>If malaria area do RDT - if positive treat and follow up in 14 days</i> • If diarrhoea, treat as above, see in 14 days • If heavy periods see “Stomach pain/genito-urinary” section below.
	<p>No pallor Little weight loss (<5%)</p>	NO ANAEMIA NOR SIGNIFICANT WEIGHT LOSS	<ul style="list-style-type: none"> • Advise on healthy eating and energy and nutrient rich food

<p>STOMACH PAIN/ GENITO-URINARY PROBLEM? Men and Women Ask:</p> <ul style="list-style-type: none"> • For how long ? • Pain, ‘point to where it is’ • Passing urine often? • Burning on urination? • Blood in urine? • Vomiting? Blood? • Constipation? <p>Look and feel: Lie patient flat, press gently with the flat part of your fingers (not finger tips), Is the abdomen:</p> <ul style="list-style-type: none"> • Tender (painful when touched)? • Soft or hard? • Is pain worse when you quickly lift the examining hand off? • Swollen? • Is there a mass felt? <p>Or is there:</p> <ul style="list-style-type: none"> • Jaundice (yellow eyes) <p>Measure temperature and heart rate. If fever: see section above.</p> <p>If 50 years or above, ask about:</p> <ul style="list-style-type: none"> • a change in their usual stool (more or less frequent?); if present for a month or more – refer. <p>Women only ask:</p> <ul style="list-style-type: none"> • Menstrual pain or • Missed period or • Irregular bleeding • Bleeding when have sex • 45 year old, ask if post 	<p>Severe abdominal pain, or Abdomen tender <u>and</u> any of:</p> <ul style="list-style-type: none"> • Fever > 100.4°F • Pulse > 110 (adult) or • Stomach muscles feel hard, or pain is worse as lift hand off, or • Mass • Not able to drink, or • Jaundice (yellow eyes) 	SEVERE ABDOMINAL PROBLEM	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital • Say take no food or drink until seen by doctor (surgery may needed)
	<ul style="list-style-type: none"> • Lower abdomen tender on touch, in women 	PELVIC INFLAMMATORY DISEASE (PID)	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government to Gynaecologist hospital
	<ul style="list-style-type: none"> • Recent missed period or abnormal bleeding or • Bleeding during pregnancy • Anaemia 	MISCARRIAGE	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> • Can’t urinate, or testis pain 	SEVERE DISEASE	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> • Blood in urine 	KIDNEY DISEASE	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> • Diarrhoea and/or vomiting • Constipation • Abdomen soft and no fever and none of the above 	DIARRHOEA, VOMITING OR CONSTIPATION	<ul style="list-style-type: none"> • If diarrhoea, see diarrhoea above • If also fever, see fever above • If constipation advise more fluids, vegetables and fruits
	<ul style="list-style-type: none"> • Burning pain mid central upper abdomen, but abdomen is soft 	GASTRITIS	<ul style="list-style-type: none"> • Give an antacid; say if persists or recurs to go to Upazila Health Complex or nearby government hospital

<p>menopause bleeding?, if so refer</p> <ul style="list-style-type: none"> > 30 years, ask if has had or knows about VIA test? If available locally refer for a test <p>Men only ask:</p> <ul style="list-style-type: none"> Do you have pain in your scrotum (if yes, trauma? refer) Discharge? Burning/irritation? 	<ul style="list-style-type: none"> Passing urine often and burning (but no discharge) 	URINE INFECTION	<ul style="list-style-type: none"> Give Cotrimoxazole 960mg for 5 days Advise to drink more water Review in 2 days If not improved refer to Upazila Health Complex of nearby government hospital for urine test and treatment If 40 years or more do glucose test
	In Women		
	<p>Any one of:</p> <ul style="list-style-type: none"> Bleeding after sex Burning/ irritation Abnormal discharge Husband has urethral burning and discharge 	POSSIBLE GONORRHOEA OR CHLAMYDIAL INFECTION	<ul style="list-style-type: none"> Refer to the UH Upazila Health Complex of nearby government hospital C If husband has urethral burning and discharge refer him also to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> > 45 years, Post menopausal bleeding 	POSSIBLE CANCER	<ul style="list-style-type: none"> Refer to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> Itchy White curd-like vaginal discharge 	CANDIDA	<ul style="list-style-type: none"> Apply gentian violet locally Review in 5 days If no improvement, refer to UHC for treatment
	<ul style="list-style-type: none"> Whitedischarge and Fishy odour No signs of the above 	BACTERIAL VAGINOSIS	<ul style="list-style-type: none"> Metronidazole single dose 2g Review in 5 days If no improvement, refer to UHC for treatment
	<ul style="list-style-type: none"> Menstrual bleeding heavier or more painful than usual 	HEAVY or PAINFUL PERIODS	<ul style="list-style-type: none"> May start the contraceptive pill Give paracetamol for pain If persists or > 45 years, refer to UHC or nearby government hospital for treatment
	<ul style="list-style-type: none"> Missed period Eligible couple 	POSSIBLE PREGNANCY	<ul style="list-style-type: none"> Start check according to pregnancy guideline
	In Men		
<ul style="list-style-type: none"> Burning/irritation and/or Discharge, white or yellow 	GONORRHOEA OR CHLAMYDIAL INFECTION	<ul style="list-style-type: none"> Refer to Upazila Health Complex or nearby government hospital . Ensure referral of his wife also 	
<p>7. GENITAL OR ANAL PROBLEM</p> <p>wound, blisters, ulcer, wart, or tender lump in groin in men or women</p>	<ul style="list-style-type: none"> Wound or blisters or Ulcer Tender groin lump or Warts 	GENITAL OR ANAL PROBLEM	<ul style="list-style-type: none"> Refer to Upazila Health Complex or nearby government hospital. Ensure referral of his/her wife/husband also.
<p>8. SKIN, MOUTH OR BREAST PROBLEM</p> <p>If so, ask</p> <ul style="list-style-type: none"> What problem? When started? Spread out? Where started? What changes since it began? 	<ul style="list-style-type: none"> Generalised wide-spread, redness, with small bumps or blisters, or Skin lesions which are growing, irregular shape, irregular colour, ulcerated Red, warm, tender area or wound with <i>spreading</i> red 	<p>DRUG REACTION? or</p> <p>SEVERE TISSUE INFECTION</p>	<ul style="list-style-type: none"> Stop medications they've taken Give one Chlorpheniramine Maleate 4mg tablet Refer URGENTLY to Upazila Health Complex or nearby government hospital .

<ul style="list-style-type: none"> • Has it spread out gradually, or new separate areas appear? • Itchy? or tender? • Are family members also affected? • Taking any medicine? 	area		
<p>LOOK</p> <ul style="list-style-type: none"> • Enlarged lymph nodes: > 2 cm diameter, more than 3, increasing in size or present >6 weeks? 	<ul style="list-style-type: none"> • Breast lump or • Discharge from nipple • Nipple turned in 	BREAST PROBLEM	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital
<ul style="list-style-type: none"> • Is it is infected, such as: red, tender, warm, pus or crusts, or wet 'oozing'? • Is the centre different to the edge? • Is the surface scaly? 	<p>Mouth, any of:</p> <ul style="list-style-type: none"> • Ulcer (not by injury) present for more than 3 weeks • White or red patch which can't be scraped off • Lump which won't move • Painful opening of mouth • Numbness 	MOUTH PROBLEM Possible cancer	<ul style="list-style-type: none"> • Refer URGENTLY to Upazila Health Complex or nearby government hospital •
<p>If BREAST problem – look for:</p> <ul style="list-style-type: none"> • Nipple discharge? or • Nipple turned in? or • Lump felt ? 	<ul style="list-style-type: none"> • Lymph node >2 cm diameter, more than 3, increasing in size or present >6 weeks 	LYMPH NODES	<ul style="list-style-type: none"> • Refer to Upazila Health Complex or nearby government hospital •
<p>If MOUTH problem look for of:</p> <ul style="list-style-type: none"> • Ulcer (not by injury)? • White or red patch? • Fixed lump? • Painful opening of mouth? • Numbness in mouth? 	<ul style="list-style-type: none"> • Tender, red, wet, oozing or crusts 	INFECTED SKIN	<ul style="list-style-type: none"> • Give antibiotic, • After the infection has been cured, treat for scabies according to next box
	<ul style="list-style-type: none"> • Itchy rash and excoriations; web space of fingers, wrist and body (face is spared) 	SCABIES	<ul style="list-style-type: none"> • Apply Benzyl Benzoate (BB) , all skin from neck down, keep it whole day , then bath for consecutive 3 days. For children same lotion should be used adding half amount of water • Treat other family members in the same way • All cloths and beddings should be washed boiled in water • If itching, give one Chlorpheniramine Maleate 4mg tablet
	<ul style="list-style-type: none"> • Wet, oozing sore areas or scratched thick patches, +/- • A red area, where exposed to an allergic substance e.g. detergent 	ECZEMA	<ul style="list-style-type: none"> • Refer to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> • A rash or ulceration due to contact with any metal (e.g. imitation jewellery) or chemical substance (e.g. hair dye) 	CONTACT DERMATITIS	<ul style="list-style-type: none"> • Avoid using that thing which causes rash or ulceration in any part of body <p>If severe reaction occur and there is swelling or blister, refer to Upazila Health Complex or nearby government hospital</p>
	<ul style="list-style-type: none"> • Pale, round, bald scaling patches on scalp, or round patches with a thicker edge on body, or between toes 	RINGWORM (Tinea)	<ul style="list-style-type: none"> • Apply Benzoic and salicylic acid (Whitfield) ointment to affected area 3 times a day for 3 weeks.

	<ul style="list-style-type: none"> Itchy rash, small papules Warts 	SKIN PROBLEM NOT SERIOUS	<ul style="list-style-type: none"> If itchy, give Chlorpheniramine Maleate 4mg tablet x 3/ day as required
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<p>9. HEADACHE OR NEUROLOGICAL OR MENTAL HEALTH PROBLEM</p> <p>Ask and look for:</p> <ul style="list-style-type: none"> Reduced level of consciousness Recent head trauma or Behavioural changes or Loss of body function e.g. Speech change, vision loss, new weakness/numbness of face, arms or legs Neck stiffness Memory problem Recent confusion Recent convulsion or Prolonged headache >2 weeks <p>If recent illness with fever:</p> <ul style="list-style-type: none"> Tender above or below eyes? <p>If repeated/recurrent headache:</p> <ul style="list-style-type: none"> Visual symptoms? Vomiting? One-sided? Migraine diagnosis previously? <p>If 40 years or more - do BP</p> <p>If pregnant for 5 months - do BP and refer if raised.</p> <p>If patient or relative says, or they look depressed or anxious, ask if:</p> <ul style="list-style-type: none"> Low mood/ depressed Loss of interest in things previously enjoyed Has suicidal intention or Very anxious, or gets panic feelings 	<p>Recently, any one of:</p> <ul style="list-style-type: none"> Reduced level of consciousness Any kind of weakness /numbness of any part of body Neck stiffness Speech problem Recent head trauma Behavioural change Recent confusion Recent convulsion Headache 2 weeks or more Diastolic blood pressure >120 	SERIOUS NEUROLOGICAL PROBLEM	<ul style="list-style-type: none"> Refer URGENTLY to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> Strange thoughts, or Can hear or see things which others cannot, or Suicidal intent or Does not know where he is/ confused, or reduced consciousness 	SERIOUS MENTAL PROBLEM	<ul style="list-style-type: none"> Refer URGENTLY to Upazila Health Complex or nearby government hospital A caring relative to stay with them at all times to ensure they go and to hear what the doctor says. Give a sugary drink and biscuit
	<p>Has these 2 symptoms:</p> <ul style="list-style-type: none"> Low mood/ depressed and loss of interest in things previously enjoyed or, Has suicidal intention or Very anxious, or gets panic feelings 	DEPRESSION AND/OR ANXIETY?	<ul style="list-style-type: none"> Refer to UHC to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> Tender over the sinuses (above or below the eyes) 	SINUSITIS	<ul style="list-style-type: none"> Give Amoxicillin 250mg x3 for 5 days Give Paracetamol 2 x 4 times a day
	<ul style="list-style-type: none"> Repeated headaches with: <ul style="list-style-type: none"> Visual symptoms or Vomiting or One-sided or Migraine diagnosis 	MIGRAINE	<ul style="list-style-type: none"> Give Paracetamol 2 x 4 times a day Explain keep Paracetamol ready to start to take early if headache, and to rest in a dark room.
	<ul style="list-style-type: none"> None of the above Not high blood pressure 	SIMPLE HEADACHE	<ul style="list-style-type: none"> Give Paracetamol, say to take 2 x 4 a day while they have a headache Say to return if persist or worse

<p>10. EYE PROBLEM</p> <p>Ask for how long?</p> <p>Less than 2 weeks (acute):</p> <ul style="list-style-type: none"> Any pain due to injury Sight reduced? or Red? or Painful? White pupil Squint <p>Longer than 2 weeks (chronic):</p> <ul style="list-style-type: none"> Reduced sight, 	<ul style="list-style-type: none"> Injury to Cornea Recent reduced vision or Red and painful eye Vision problem with headache 2 or more weeks White pupil Squint 	SERIOUS EYE PROBLEM	<ul style="list-style-type: none"> Refer URGENTLY to Upazila Health Complex or nearby government hospital
	<ul style="list-style-type: none"> Red irritated (not painful) eye, no loss of sight 	EYE INFECTION (Conjunctivitis)	<ul style="list-style-type: none"> Apply Chloramphenicol eye drops, 2 drops, 6 times a day for 5 days
	<ul style="list-style-type: none"> None of the above and 	POOR EYESIGHT	<ul style="list-style-type: none"> Refer to Upazila Health Complex

<ul style="list-style-type: none"> • Difficult reading or • Unclear in the distance • Vision problem with headache 	<ul style="list-style-type: none"> • Poor reading or distance vision (long standing) 		or nearby government hospital for eye test and/or select glasses
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Keep this job-aid on your desk where you can look at it during consultations. Read your “How to diagnose and treat in primary care” and use W.E.L.L - to improve your communication skill during consultations. For all patients, think of screening and prevention.

SCREENING & PREVENTION

Diabetes glucose test and BP test if 40+ years and look over-weight (or waist is > 102cm men or > 88cm women):

- If BP > 140/90 repeat reading and if also high, refer for treatment.
- If random blood glucose is > 11 mmol/L, repeat - say to return in morning after no food/breakfast. If over 7 mmol/L, diagnose diabetes and refer to UHC NCD corner, BADAS clinic or nearby government hospital.

Known diabetes or high BP or overweight :

- counsel patient and family member about cooking with less oil and salt,
- Advise to avoid

sugary drinks or foods. Counsel about how they can increase daily activity or to walk minimum 30 minutes.

- **Counsel all patients** to keep appointments and take prescribed medications regularly.
- **Advise when to return urgently** Upazila Health Complex or nearby government hospital

Anaemia and/or under nutrition: discuss what healthy foods are available and affordable.

Drug doses and details: see your CC drug guide. Always ask if an allergy e.g. to an antibiotic. Ask a woman if pregnant or if breast feeding; if so, do not use oral drugs, except Paracetamol or Amoxicillin.

Women’s health: If pregnant arrange antenatal care. If not, discuss contraception wishes: pill, injectable, IUD, implant? Send to FWA. If married and > 30 years and not had cervical cancer VIA check in the last 3 years, arrange VIA check and if is not available locally, refer for VIA to Upazila Health Complex or nearby government hospital .